

Summary of Dental Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Membership Services: 1-800-813-2000

KP WA Adult Choice 100 \$50 Ded/\$1000 Max

2023 Contract

| | In-network benefit (reimbursement is based on MAC) * | Out-of-network benefit (reimbursement is based on 90%UCC) * |
|---|--|---|
| You pay | | |
| Benefit Maximum | | |
| Per Member per Year | \$1,000 | \$1,000 |
| Deductible | | |
| For one Member | \$50 | |
| For an entire Family | \$150 | |
| Preventive and Diagnostic Services (Not subject to or counted toward the Deductible or Benefit Maximum) | | |
| Oral exam, including evaluations and diagnostic exams | \$0 | \$0 |
| X-rays | \$0 | \$0 |
| Teeth cleaning | \$0 | \$0 |
| Fluoride treatment | \$0 | \$0 |
| Minor Restoration Services | | |
| Routine fillings | 20% Coinsurance after Deductible | 20% Coinsurance after Deductible |
| Restorations (composite/acrylic and steel) | 20% Coinsurance after Deductible | 20% Coinsurance after Deductible |
| Simple extractions | 20% Coinsurance after Deductible | 20% Coinsurance after Deductible |
| Oral Surgery Services | | |
| Surgical tooth extractions | 20% Coinsurance after Deductible | 20% Coinsurance after Deductible |
| Periodontics | | |
| Treatment of gum disease | 20% Coinsurance after Deductible | 20% Coinsurance after Deductible |
| Scaling and root planing | 20% Coinsurance after Deductible | 20% Coinsurance after Deductible |
| Endodontics | | |
| Root canal therapy | 20% Coinsurance after Deductible | 20% Coinsurance after Deductible |
| Major Restoration Services | | |
| Noble metal gold or porcelain crowns | 50% Coinsurance after Deductible | 50% Coinsurance after Deductible |
| Bridges abutments | 50% Coinsurance after Deductible | 50% Coinsurance after Deductible |

Removable Prosthetic Services

| | | |
|---|----------------------------------|----------------------------------|
| Full and partial dentures | 50% Coinsurance after Deductible | 50% Coinsurance after Deductible |
| Relines | 50% Coinsurance after Deductible | 50% Coinsurance after Deductible |
| Rebases | 50% Coinsurance after Deductible | 50% Coinsurance after Deductible |
| Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum) | \$25 | \$25 |

Orthodontic Services (Not subject to or counted toward the Benefit Maximum)

| | |
|--|-------------|
| Orthodontic treatment for abnormally aligned or positioned teeth | Not covered |
|--|-------------|

*“UCC” means Usual and Customary Charge. “MAC” means Maximum Allowable Charge. See your Evidence of Coverage (EOC) for more details.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request, or you may go to **kp.org/plandocuments**.

Visit: kp.org/dental/nw/ppo for a searchable provider directory.

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org** Portland area: 503-813-2000

All other areas: 1-800-813-2000. TTY, all areas: 711. Language Interpretation Services, all areas: 1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.