

# 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 Traditional 100 - \$50 Ded/\$3000 Max**

**2023 Contract**

<b>You pay</b>	
<b>Benefit Maximum</b>	
Per Member per Year	\$3,000
<b>Dental Office Visit – Per visit</b>	\$10
<b>Deductible</b>	
For one Member per Year	\$50
For an entire Family per Year	\$150
<b>Preventive and Diagnostic Services</b> (Not subject to or counted toward the Deductible or Benefit Maximum)	
Oral exam, including evaluations and diagnostic exams	\$0
X-rays	\$0
Teeth cleaning	\$0
Fluoride treatments	\$0
<b>Minor Restoration Services</b>	
Routine fillings	20% Coinsurance after Deductible
Restorations (composite / acrylic and steel)	20% Coinsurance after Deductible
Simple extractions	20% Coinsurance after Deductible
<b>Oral Surgery Services</b>	
Surgical tooth extractions	20% Coinsurance after Deductible
<b>Periodontics</b>	
Treatment of gum disease	20% Coinsurance after Deductible
Scaling and root planing	20% Coinsurance after Deductible
<b>Endodontics</b> (Root canal and related therapy)	
Anterior tooth	20% Coinsurance after Deductible
Bicuspid tooth	20% Coinsurance after Deductible
Molar tooth	20% Coinsurance after Deductible
<b>Major Restoration Services</b>	
Noble metal gold or porcelain crowns	50% Coinsurance after Deductible
Bridges abutments	50% Coinsurance after Deductible
<b>Removable Prosthetic Services</b>	
Full upper and lower dentures	50% Coinsurance after Deductible
Partial dentures	50% Coinsurance after Deductible
Relines	50% Coinsurance after Deductible
Rebases	50% Coinsurance after Deductible
<b>Nitrous oxide</b> (Not subject to or counted toward the Deductible or Benefit Maximum)	\$25
<b>Orthodontic Services</b> (Not subject to or counted toward the Benefit Maximum)	
Orthodontic treatment for abnormally aligned or positioned teeth	Not covered

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 <http://www.kp.org/plandocuments>.

---

**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.