

# 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 OR Family Choice 100 - \$100 Ded/\$2500 Max**

**2023 Contract**

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on 90%UCC) *
<b>You pay</b>		
<b>Benefit Maximum</b> (Applies to covered Services you receive on or after the first day of the month after you turn 19 years of age)		
Per Member per Year	\$2,500	\$2,500
<b>Deductible</b>		
For one Member		\$100
For an entire Family		\$300
<b>Out-of-Pocket Maximum</b> (Applies to covered Services you receive until the end of the month in which you turn 19 years of age)		
For one Member	\$375	None
For an entire Family	\$750	None
<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	\$0
X-rays	\$0	\$0
Teeth cleaning	\$0	\$0
Fluoride treatment	\$0	\$0
<b>Minor Restoration Services</b>		
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
<b>Oral Surgery Services</b>		
Surgical tooth extractions	20% Coinsurance after Deductible	20% Coinsurance after Deductible
<b>Periodontics</b>		
Treatment of gum disease	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Scaling and root planing	20% Coinsurance after Deductible	20% Coinsurance after Deductible
<b>Endodontics</b>		
Root canal therapy	20% Coinsurance after Deductible	20% Coinsurance after Deductible

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**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)

Members age 13 years and older	\$25	\$25
Members age 12 years and younger	\$0	\$0

**Medically Necessary orthodontics** (diagnosis of cleft palate/lip)

(Covered until the end of the month in which the Member turns 19 years of age)

50% Coinsurance after Deductible

50% Coinsurance after Deductible

**Orthodontics** (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](http://kp.org/dental/nw/ppo) for a searchable provider directory.

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**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.