

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 Traditional 100 - \$50 Ded/\$1000 Max - Voluntary

2023 Contract

You pay	
Benefit Maximum (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	\$1,000
Dental Office Visit – Per visit	\$10
Deductible	
For one Member per Year	\$50
For an entire Family per Year	\$150
Out-of-Pocket Maximum (Applies to covered Services you receive until the end of the month which you turn 19 years of age)	
For one Member per Year	\$375
For two or more members per Year	\$750
Preventive and Diagnostic Services (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
Minor Restoration Services	
Routine fillings	20% Coinsurance after Deductible
Restorations (composite / acrylic and steel)	20% Coinsurance after Deductible
Simple extractions	20% Coinsurance after Deductible
Oral Surgery Services	
Surgical tooth extractions	50% Coinsurance after Deductible
Periodontics	
Treatment of gum disease	50% Coinsurance after Deductible
Scaling and root planing	50% Coinsurance after Deductible
Endodontics (Root canal and related therapy)	
Anterior tooth	50% Coinsurance after Deductible
Bicuspid tooth	50% Coinsurance after Deductible
Molar tooth	50% Coinsurance after Deductible
Major Restoration Services	
Noble metal gold or porcelain crowns	50% Coinsurance after Deductible
Bridges abutments	50% Coinsurance after Deductible
Removable Prosthetic Services	
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

Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)	
Members age 13 years and older	\$25
Members age 12 years and younger	\$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
Orthodontics (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.