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

Traditional PLAN EF

1/1/2024 - 12/31/2024

Per Member per Year	\$1,000	
	You pay	
Dental Office Visit Charge – per visit, plus any Cost Share shown below for specific Services	\$0 / \$5 / \$10 / \$15 / \$20	
Deductible (Per Calendar Year; applies to all services unless or	therwise indicated)	
For one Member per Year	\$0	
For an entire Family per Year	\$0	
Preventive and Diagnostic Services (Not subject to or counte	d toward the Deductible or Benefit Maximum)	
Oral exam	\$0	
X-rays	\$0	
Teeth cleaning	\$0	
Fluoride	\$0	
Minor Restoration Services		
Routine fillings	20% Coinsurance	
Plastic and steel crowns	20% Coinsurance	
Simple extractions	20% Coinsurance	
Oral Surgery Services		
Surgical tooth extractions	20% Coinsurance	
Periodontics		
Treatment of gum disease	20% Coinsurance	
Scaling and root planing	20% Coinsurance	
Endodontics		
Root canal therapy	20% Coinsurance	
Major Restoration Services		
Gold or porcelain crowns	50% Coinsurance	
Bridges	50% Coinsurance	
Removable Prosthetic Services		
Full upper and lower dentures	50% Coinsurance	
Partial dentures	50% Coinsurance	
Relines	50% Coinsurance	
Rebases	50% Coinsurance	
Nitrous oxide (Not subject to or counted toward the Deductible		
Adults and children age 13 years and older	\$25	
Children age 12 years and younger	\$0	
Teledentistry		
Telephone and video visits	\$0	
Orthodontics	Rider Available for Purchase	
Implants	Rider Available for Purchase	

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KAISER PERMANENTE

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**.

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.

