

## **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 J 1/1/2024 - 12/31/2024

Benefit Maximum per Calendar Year

You pay	Per Member per Year	None
Shown below for specific Services   Deductible (Per Calendar Year, applies to all services unless otherwise indicated)   For one Member per Year   \$0   \$0   Preventive and Diagnostic Services (Not subject to or counted toward the Deductible)   Oral exam   \$0   \$0   X-rays   \$0   \$0   X-rays   \$0   \$0   X-rays   \$0   \$0   X-rays   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$		You pay
For one Member per Year For an entire Family per Year So Freventive and Diagnostic Services (Not subject to or counted toward the Deductible)  Arays  X-rays So Feeth cleaning Fluoride So Minor Restoration Services Routine fillings Plastic and steel crowns Simple extractions Patients Simple extractions For Coinsurance For Surgical tooth extractions For Coinsurance For Soaling and root planing For Coinsurance Soaling and root planing For Coinsurance For Coin		\$0 / \$5 / \$10 / \$15 / \$20
For an entire Family per Year \$0  Preventive and Diagnostic Services (Not subject to or counted toward the Deductible)  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 \$50% Coinsurance  Periodontics  Treatment of gum disease \$50% Coinsurance  Scaling and root planing \$50% Coinsurance  Endodontics  Root canal therapy \$50% 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  Relines \$50% Coinsurance  Relines \$50% Coinsurance  Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)  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	Deductible (Per Calendar Year; applies to all services unless or	therwise indicated)
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible) Oral exam 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 Surgery Services Surgical tooth extractions Treatment of gum disease \$50% Coinsurance Scaling and root planing \$50% Coinsurance  Endodontics Root canal therapy \$50% Coinsurance  Major Restoration Services  Gold or porcelain crowns Bridges Foll upper and lower dentures Partial dentures \$50% Coinsurance Partial dentures Rebases \$50% Coinsurance Rehases \$50% Coinsurance Partial dentures Rebases \$50% Coinsurance Rehebases \$50% Coinsurance Rehebase \$50% Coinsurance Rehebas	For one Member per Year	\$0
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 \$50% Coinsurance  Periodontics  Treatment of gum disease \$50% Coinsurance  Scaling and root planing \$50% Coinsurance  Endodontics  Root canal therapy \$50% 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%	For an entire Family per Year	\$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 Surgery Services Surgical tooth extractions \$50% Coinsurance Periodontics Treatment of gum disease \$50% Coinsurance Scaling and root planing \$50% Coinsurance  Endodontics Root canal therapy \$50% 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 Relines \$50% Coinsurance Rebases \$50% Coinsurance Rebases \$50% Coinsurance Relines \$50% Coinsurance Reli	Preventive and Diagnostic Services (Not subject to or counter	d toward the Deductible)
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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 50% Coinsurance  Periodontics  Treatment of gum disease 50% Coinsurance Scaling and root planing 50% Coinsurance  Endodontics  Root canal therapy 50% Coinsurance  Major Restoration Services Gold or porcelain crowns 50% Coinsurance Bridges 50% Coinsurance  Removable Prosthetic Services Full upper and lower dentures 50% Coinsurance Relines 50% Coinsurance Re	X-rays	\$0
Minor Restoration Services         Routine fillings       20% Coinsurance         Plastic and steel crowns       20% Coinsurance         Simple extractions       20% Coinsurance         Oral Surgery Services         Surgical tooth extractions       50% Coinsurance         Periodontics         Treatment of gum disease       50% Coinsurance         Scaling and root planing       50% Coinsurance         Endodontics         Root canal therapy         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         Relines       50% Coinsurance         Rebases         Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)         Adults and children age 13 years and older       \$25         Children age 12 years and younger       \$0         Telephone and video visits       \$0 </td <td>Teeth cleaning</td> <td>\$0</td>	Teeth cleaning	\$0
Routine fillings 20% Coinsurance Plastic and steel crowns 20% Coinsurance Simple extractions 20% Coinsurance  Oral Surgery Services Surgical tooth extractions 50% Coinsurance  Periodontics  Treatment of gum disease 50% Coinsurance Scaling and root planing 50% Coinsurance  Endodontics  Root canal therapy 50% 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 Relines 50% Coinsurance  Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)  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	Fluoride	\$0
Plastic and steel crowns Simple extractions 20% Coinsurance  Oral Surgery Services Surgical tooth extractions 50% Coinsurance  Periodontics Treatment of gum disease Scaling and root planing 50% Coinsurance  Endodontics Root canal therapy 50% Coinsurance  Major Restoration Services Gold or porcelain crowns Bridges Full upper and lower dentures Partial dentures Full upper and lower dentures Febases Rebases Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum) Adults and children age 13 years and older Children age 12 years and younger Telephone and video visits Ridger Solve Coinsurance Rider Available for Purchase Rider Available for Purchase	Minor Restoration Services	
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Oral Surgery Services     50% Coinsurance       Surgical tooth extractions     50% Coinsurance       Periodontics     50% Coinsurance       Scaling and root planing     50% Coinsurance       Endodontics     800 Coinsurance       Root canal therapy     50% Coinsurance       Major Restoration Services     50% Coinsurance       Bridges     50% Coinsurance       Removable Prosthetic Services     50% Coinsurance       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 or Benefit Maximum)     Adults and children age 13 years and older     \$25       Children age 12 years and younger     \$0       Teledentistry     \$0       Teledentistry     Rider Available for Purchase	Plastic and steel crowns	20% Coinsurance
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Periodontics Treatment of gum disease 50% Coinsurance Scaling and root planing 50% Coinsurance  Endodontics Root canal therapy 50% 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 Rebases 50% Coinsurance Ritrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum) 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	Oral Surgery Services	
Treatment of gum disease Scaling and root planing Scaling and root planing Scaling and root planing Scot Coinsurance  Endodontics Root canal therapy Sow Coinsurance  Major Restoration Services Gold or porcelain crowns Sow Coinsurance Bridges Sow Coinsurance  Removable Prosthetic Services Full upper and lower dentures Sow Coinsurance Partial dentures Sow Coinsurance Relines Rebases Sow Coinsurance Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum) Adults and children age 13 years and older Sow Coinsurance Rebases Sow Coinsurance Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum) Adults and children age 13 years and older Sow Coinsurance Rebases Rider Available for Purchase	Surgical tooth extractions	50% Coinsurance
Scaling and root planing 50% Coinsurance  Endodontics  Root canal therapy 50% 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 or Benefit Maximum)  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	Periodontics	
Endodontics  Root canal therapy  50% Coinsurance  Major Restoration Services  Gold or porcelain crowns  50% Coinsurance  Bridges  Full upper and lower dentures  Partial dentures  Relines  Relines  Rebases  Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)  Adults and children age 13 years and older  Children age 12 years and younger  Teledentistry  Telephone and video visits  So% Coinsurance  \$0  Teledentistry  Telephone and video visits  Rider Available for Purchase	Treatment of gum disease	50% Coinsurance
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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 or Benefit Maximum)  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	Major Restoration Services	
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Partial dentures 50% Coinsurance Relines 50% Coinsurance Rebases 50% Coinsurance  Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)  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	Removable Prosthetic Services	
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Teledentistry Telephone and video visits \$0 Orthodontics Rider Available for Purchase	Adults and children age 13 years and older	\$25
Telephone and video visits \$0  Orthodontics Rider Available for Purchase	Children age 12 years and younger	\$0
Orthodontics Rider Available for Purchase	Teledentistry	
	Telephone and video visits	\$0
Implants Rider Available for Purchase	Orthodontics	Rider Available for Purchase
	Implants	Rider Available for Purchase



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.