

# 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

KP OR Family Traditional 100 - \$1000 Max

2024 Contract

You pay	
<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	\$1,000
<b>Deductible</b>	
For one Member per Year	\$0
For an entire Family per Year	\$0
<b>Out-of-Pocket Maximum</b> (Applies to covered Services you receive until the end of the month which you turn 19 years of age)	
For one Member per Year	\$400
For two or more members per Year	\$800
<b>Dental Office Visit</b>	\$10 per visit, plus any Cost Share shown below for specific Services
<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
Fluoride treatments	\$0
Teeth cleaning	\$0
Sealants	\$0
Space maintainers	\$0
X-rays	\$0
<b>Minor Restoration Services</b>	
Routine fillings	20% Coinsurance
Simple extractions	20% Coinsurance
Restorations (composite / acrylic and steel)	20% Coinsurance
<b>Oral Surgery Services</b>	
Major oral surgery	50% Coinsurance
Surgical tooth extractions	50% Coinsurance
<b>Periodontics</b>	
Scaling and root planing	50% Coinsurance
Periodontal surgery	50% Coinsurance
Treatment of gum disease	50% Coinsurance
<b>Endodontics</b> (Root canal and related therapy)	
Anterior tooth	50% Coinsurance
Bicuspid tooth	50% Coinsurance
Molar tooth	50% Coinsurance
<b>Major Restoration Services</b>	
Bridges abutments	50% Coinsurance
Noble metal gold or porcelain crowns	50% Coinsurance
Inlays & Pontics	50% Coinsurance

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**Removable Prosthetic Services**

Full upper and lower dentures	50% Coinsurance
Partial dentures	50% Coinsurance
Rebases	50% Coinsurance
Relines	50% Coinsurance

**Emergency Dental Care**

From Participating Providers	The Cost Share that normally applies for non-emergency dental care Services
From Non-Participating Providers outside the Service Area (coverage is limited to \$100 per incident)	All Charges over \$100

**Other Dental Services** (Not subject to or counted toward the Deductible or Benefit Maximum)

Nightguards	10% Coinsurance
Nitrous oxide	
Members age 13 years and older	\$25
Members age 12 years and younger	\$0
<b>Teledentistry Services</b> – Telephone and video visits	\$0

<b>Medically Necessary orthodontics</b> (diagnosis of cleft palate/lip) (Covered until the end of the month in which the Member turns 19 years of age)	50% Coinsurance
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<b>Orthodontics</b> (Orthodontic treatment for abnormally aligned or positioned teeth)	Not covered
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<b>Dental Implant Services</b> (for Members age 19 years and older)	Not covered
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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](https://kp.org/plandocuments).

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**Questions? Call Member Services** (M-F, 8 am-6 pm) or visit [kp.org](https://kp.org) All 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.