

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 - \$2000 Max

2024 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 | \$2,000 |
| Deductible | |
| For one Member per Year | \$0 |
| For an entire Family per Year | \$0 |
| 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 | \$400 |
| For two or more members per Year | \$800 |
| Dental Office Visit | \$10 per visit, plus any Cost Share shown below for specific Services |
| Preventive and Diagnostic Services (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 |
| Minor Restoration Services | |
| Routine fillings | 20% Coinsurance |
| Simple extractions | 20% Coinsurance |
| Restorations (composite / acrylic and steel) | 20% Coinsurance |
| Oral Surgery Services | |
| Major oral surgery | 20% Coinsurance |
| Surgical tooth extractions | 20% Coinsurance |
| Periodontics | |
| Scaling and root planing | 20% Coinsurance |
| Periodontal surgery | 20% Coinsurance |
| Treatment of gum disease | 20% Coinsurance |
| Endodontics (Root canal and related therapy) | |
| Anterior tooth | 20% Coinsurance |
| Bicuspid tooth | 20% Coinsurance |
| Molar tooth | 20% Coinsurance |
| Major Restoration Services | |
| Bridges abutments | 50% Coinsurance |
| Noble metal gold or porcelain crowns | 50% Coinsurance |
| Inlays & Pontics | 50% Coinsurance |

Removable Prosthetic Services

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

Emergency Dental Care

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| 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)

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

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| 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 |
|--|-----------------|

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|--|-------------|
| Orthodontics (Orthodontic treatment for abnormally aligned or positioned teeth) | Not covered |
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| Dental Implant Services (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.

Questions? Call Member Services (M-F, 8 am-6 pm) or visit 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.