

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 Choice 100 + Ortho Pediatric Dental Plan (2021)

2021 Contract

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on 90%UCC) *
You pay		
Deductible		
For one Member per Year		\$50
For an entire Family per Year		\$150
Out-of-Pocket Maximum (Applies to covered Services you receive on or after the first day of the month after you turn 19 years of age)		
For one Member per Year	\$350	None
For an entire Family per Year	\$700	None
Preventive and Diagnostic Services		
Oral exam, including evaluations and diagnostic exams	\$0	\$0
X-rays	\$0	\$0
Teeth cleaning	\$0	\$0
Fluoride treatment	\$0	\$0
Minor Restoration Services		
Routine fillings	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Restorations (composite/acrylic and steel)	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Simple extractions	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Oral Surgery Services		
Surgical tooth extractions	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Periodontics		
Treatment of gum disease	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Scaling and root planing	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Endodontics		
Root canal therapy	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Major Restoration Services		
Nobel metal gold or porcelain crowns	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Bridges abutments	50% Coinsurance after Deductible	50% Coinsurance after Deductible

Removable Prosthetic Services

Full and partial dentures	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Relines	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Rebases	50% Coinsurance after Deductible	50% Coinsurance after Deductible

Nitrous oxide

Members age 13 years and older	\$25	\$25
Members age 12 years and younger	\$0	\$0

Orthodontic Services

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	50% Coinsurance after Deductible
Orthodontics (Orthodontic treatment for abnormally aligned or positioned teeth)	50% of Charges up to the \$1,500 orthodontic lifetime benefit maximum, and 100% of Charges thereafter	50% of Charges up to the \$1,500 orthodontic lifetime benefit maximum, and 100% of Charges thereafter

**UCC” means Usual and Customary Charge. “MAC” means Maximum Allowable Charge. See your Evidence of Coverage (EOC) for more details.

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.

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: 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.