

# 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 Family Traditional 100 - \$1500 Max**

**2022 Contract**

	<b>You pay</b>
<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	\$1,500
<b>Dental Office Visit – Per visit</b>	\$10
<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	\$375
For two or more members per Year	\$700
<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
X-rays	\$0
Teeth cleaning	\$0
Fluoride treatments	\$0
<b>Minor Restoration Services</b>	
Routine fillings	20% Coinsurance
Restorations (composite / acrylic and steel)	20% Coinsurance
Simple extractions	20% Coinsurance
<b>Oral Surgery Services</b>	
Surgical tooth extractions	20% Coinsurance
<b>Periodontics</b>	
Treatment of gum disease	20% Coinsurance
Scaling and root planing	20% Coinsurance
<b>Endodontics</b> (Root canal and related therapy)	
Anterior tooth	20% Coinsurance
Bicuspid tooth	20% Coinsurance
Molar tooth	20% Coinsurance
<b>Major Restoration Services</b>	
Noble metal gold or porcelain crowns	50% Coinsurance
Bridges abutments	50% Coinsurance
<b>Removable Prosthetic Services</b>	
Full upper and lower dentures	50% Coinsurance
Partial dentures	50% Coinsurance
Relines	50% Coinsurance
Rebases	50% Coinsurance

<b>Nitrous oxide</b> (Not subject to or counted toward the Deductible or Benefit Maximum)	
Members age 13 years and older	\$25
Members age 12 years and younger	\$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
<b>Orthodontics</b> (Orthodontic treatment for abnormally aligned or positioned teeth)	Not a covered benefit

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.