

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

Plan LB

1/1/2020 - 12/31/2020

Group Number: 0000-001

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on UCC) *
Benefit Maximum per Calendar Year (covered Services subject to either Benefit Maximum count toward both Benefit Maximums)	\$2,000	
You pay		
Deductible (Per Calendar Year; applies to all services unless otherwise indicated)		
For one Individual	\$0	
For an entire Family	\$0	
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible)		
Oral exam	\$0	10% Coinsurance
X-rays	\$0	10% Coinsurance
Teeth cleaning	\$0	10% Coinsurance
Fluoride	\$0	10% Coinsurance
Minor Restoration Services		
Routine fillings	20% Coinsurance	30% Coinsurance
Plastic and steel crowns	20% Coinsurance	30% Coinsurance
Simple extractions	20% Coinsurance	30% Coinsurance
Oral Surgery Services		
Surgical tooth extractions	20% Coinsurance	30% Coinsurance
Periodontics		
Treatment of gum disease	20% Coinsurance	30% Coinsurance
Scaling and root planing	20% Coinsurance	30% Coinsurance
Endodontics		
Root canal therapy	20% Coinsurance	30% Coinsurance
Major Restoration Services		
Gold or porcelain crowns	50% Coinsurance	60% Coinsurance
Bridges	50% Coinsurance	60% Coinsurance
Removable Prosthetic Services		
Full and partial dentures	50% Coinsurance	60% Coinsurance
Relines	50% Coinsurance	60% Coinsurance
Rebases	50% Coinsurance	60% Coinsurance
Nitrous oxide (Not subject to or counted toward the Deductible)		
Adults and children age 13 years and older	\$25	\$25
Children age 12 years and younger	\$0	\$0
Orthodontics	Not a covered benefit	Not a covered benefit

*"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.