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 Choice 100 - $50 Ded / $2000 Max

2021 Contract

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on 90%UCC) *
	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	$50	
For an entire Family	$150	
Out-of-Pocket Maximum (Applies to covered Services you receive until the end of the month in which you turn 19 years of age)		
For one Member	$350	None
For an entire Family	$700	None
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible or Benefit Maximum)		
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 (Not subject to or counted toward the Deductible or Benefit Maximum)		
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
Orthodontic treatment for abnormally aligned or positioned teeth	Not covered	Not covered

*"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.

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