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 80 - $50 Ded/$1000 Max

2021 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	$1,000
Dental Office Visit – Per visit	$10
Deductible	
For one Member per Year	$50
For an entire Family per Year	$150
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	$350
For two or more members per Year	$700
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible or Benefit Maximum)	
Oral exam, including evaluations and diagnostic exams	20% Coinsurance
X-rays	20% Coinsurance
Teeth cleaning	20% Coinsurance
Fluoride treatments	20% Coinsurance
Minor Restoration Services	
Routine fillings	20% Coinsurance after Deductible
Restorations (composite / acrylic and steel)	20% Coinsurance after Deductible
Simple extractions	20% Coinsurance after Deductible
Oral Surgery Services	
Surgical tooth extractions	20% Coinsurance after Deductible
Periodontics	
Treatment of gum disease	20% Coinsurance after Deductible
Scaling and root planing	20% Coinsurance after Deductible
Endodontics (Root canal and related therapy)	
Anterior tooth	20% Coinsurance after Deductible
Bicuspid tooth	20% Coinsurance after Deductible
Molar tooth	20% Coinsurance after Deductible
Major Restoration Services	
Nobel metal gold or porcelain crowns	50% Coinsurance after Deductible
Bridges abutments	50% Coinsurance after Deductible
Removable Prosthetic Services	
Full upper and lower dentures	50% Coinsurance after Deductible
Partial dentures	50% Coinsurance after Deductible
Relines	50% Coinsurance after Deductible
Rebases	50% Coinsurance after Deductible

Nitrous oxide (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
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
Orthodontics (Orthodontic treatment for abnormally aligned or positioned teeth)	Not covered

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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