

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 - \$100 Ded/\$1500 Max + Ortho

2023 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 | \$1,500 |
| Dental Office Visit – Per visit | \$10 |
| Deductible | |
| For one Member per Year | \$100 |
| For an entire Family per Year | \$300 |
| 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 | \$375 |
| For two or more members per Year | \$750 |
| Preventive and Diagnostic Services (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 |
| 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 | |
| Noble 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 |

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| 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) | All Members: 50% of Charges up to the \$1,500 Lifetime Benefit Maximum, and 100% of Charges thereafter. |

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, or you may go to <http://www.kp.org/plandocuments>.

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, all areas: 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.