

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 Traditional 100 - \$50 Pediatric Dental Plan

2023 Contract

Dental Services are only covered for Members through the end of the month in which they turn 19 years of age.

		You pay
Deductible		
For one Member per Year		\$50
For an entire Family per Year		\$150
Out-of-Pocket Maximum		
For one Member per Year		\$375
For two or more members per Year		\$750
Preventive and Diagnostic Services (Not subject to the Deductible)		
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
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)	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, or you may go to 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.