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

Oregon T164

Clackamas County

1/1/2025 - 12/31/2025

Group Number: 1183-043

Benefit Maximum per Calendar Year

Per Member per Year	None
	You pay
Dental Office Visit Charge – per visit, plus any Cost Share shown below for specific Services	\$5
Deductible (Per Calendar Year; applies to all services unless otherw	vise indicated)
For one Member per Year	\$0
For an entire Family per Year	\$0
Preventive and Diagnostic Services (Not subject to or counted tow	vard the Deductible or Benefit Maximum)
Oral exam	\$0
X-rays	\$0
Teeth cleaning	\$0
Fluoride	\$0
Minor Restoration Services	
Routine fillings	\$0
Plastic and steel crowns	\$0
Simple extractions	\$0
Oral Surgery Services	
Surgical tooth extractions	\$0
Periodontics	
Treatment of gum disease	\$0
Scaling and root planing	\$0
Endodontics	
Root canal therapy	\$0
Major Restoration Services	
Gold or porcelain crowns	\$45 for each
Bridges	\$45 for each
Removable Prosthetic Services	
Full upper and lower dentures	\$65
Partial dentures	\$95
Relines	\$25
Rebases	\$25
Nitrous oxide (Not subject to or counted toward the Deductible or B	enefit Maximum)
Adults and children age 13 years and older	\$25
Children age 12 years and younger	\$0
Teledentistry	
Telephone and video visits	\$0

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Orthodontics	All Members: 50% of Charges up to the \$2,000 Lifetime Benefit Maximum, and 100% of Charges thereafter.
Implants	50% Coinsurance up to the \$2,000 Dental Implant Benefit Maximum.

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.

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