

# 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 - Essential Saver Plan

1/1/2025 - 12/31/2025

Benefit Maximum per Calendar Year		Reimbursement is based on MAC*
Per Member per Year		\$750
		<b>You pay</b>
<b>Deductible</b> (Per Calendar Year; applies to all services unless otherwise indicated)		
For one Member per Year		\$50
For an entire Family per Year		\$150
<b>Preventive and Diagnostic Services</b> (Not subject to or counted toward the Deductible)		
Oral exam		20% Coinsurance
X-rays		20% Coinsurance
Teeth cleaning		20% Coinsurance
Fluoride		20% Coinsurance
<b>Minor Restoration Services</b>		
Routine fillings		50% Coinsurance
Plastic and steel crowns		50% Coinsurance
Simple extractions		50% Coinsurance
<b>Oral Surgery Services</b>		
Surgical tooth extractions		Not Covered
<b>Periodontics</b>		
Treatment of gum disease		Not Covered
Scaling and root planing		Not Covered
<b>Endodontics</b>		
Root canal therapy		Not Covered
<b>Major Restoration Services</b>		
Gold or porcelain crowns		Not Covered
Bridges		Not Covered
<b>Removable Prosthetic Services</b>		
Full upper and lower dentures		Not Covered
Partial dentures		Not Covered
Relines		Not Covered
Rebases		Not Covered
<b>Nitrous oxide</b> (Not subject to or counted toward the Deductible or Benefit Maximum)		
Adults and children age 13 years and older		\$25
Children age 12 years and younger		\$0
<b>Teledentistry</b>		
Telephone and video visits		\$0
<b>Orthodontics</b>		Not Covered
<b>Implants</b>		Not Covered

\* "MAC" means Maximum Allowable Charge. For the Services that are subject to a Benefit Maximum, it is your responsibility to pay the full amount of any Charges (MAC) incurred above the applicable Benefit Maximum.

**Services received out-of-network and by a Non-Participating Provider are not covered, except in the case of a dental emergency.**

Your dentist must submit a request for prior authorization for any procedure over \$500. 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](https://kp.org/plandocuments)**.

Visit: **[kp.org/dental/nw/epo](https://kp.org/dental/nw/epo)** for a searchable provider directory.

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**Questions? Call Member Services** at 1-866-653-0338 (M-F, 8 am-6pm) or visit [kp.org](https://kp.org) TTY, all areas: 711. Language Interpretation Services, all areas: 1-800-324-8010

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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.