

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 - Voluntary Essential Saver Plus Plan

1/1/2025 - 12/31/2025

Benefit Maximum per Calendar Year		Reimbursement is based on MAC*
Per Member per Year		\$1,500
		You pay
Deductible (Per Calendar Year; applies to all services unless otherwise indicated)		
For one Member per Year		\$50
For an entire Family per Year		\$150
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible)		
Oral exam		20% Coinsurance
X-rays		20% Coinsurance
Teeth cleaning		20% Coinsurance
Fluoride		20% Coinsurance
Minor Restoration Services		
Routine fillings		50% Coinsurance
Plastic and steel crowns		50% Coinsurance
Simple extractions		50% Coinsurance
Oral Surgery Services		
Surgical tooth extractions		50% Coinsurance
Periodontics		
Treatment of gum disease		50% Coinsurance
Scaling and root planing		50% Coinsurance
Endodontics		
Root canal therapy		50% Coinsurance
Major Restoration Services		
Gold or porcelain crowns		50% Coinsurance
Bridges		50% Coinsurance
Removable Prosthetic Services		
Full upper and lower dentures		50% Coinsurance
Partial dentures		50% Coinsurance
Relines		50% Coinsurance
Rebases		50% Coinsurance
Nitrous oxide (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
Teledentistry		
Telephone and video visits		\$0
Orthodontics		Not Covered
Implants		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**.

Visit: **kp.org/dental/nw/epo** for a searchable provider directory.

Questions? Call Member Services at 1-866-653-0338 (M-F, 8 am-6 pm) or visit kp.org. 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.