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

Washington - Voluntary Essential Saver Plan **1/1/2025 - 12/31/2025**

Benefit Maximum per Calendar Year	**Reimbursement is based on MAC***
Per Member per Year	$750
	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	Not Covered
Periodontics	
Treatment of gum disease	Not Covered
Scaling and root planing	Not Covered
Endodontics	
Root canal therapy	Not Covered
Major Restoration Services	
Gold or porcelain crowns	Not Covered
Bridges	Not Covered
Removable Prosthetic Services	
Full upper and lower dentures	Not Covered
Partial dentures	Not Covered
Relines	Not Covered
Rebases	Not Covered
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	$25
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.

**In Washington state, oral surgery services are not covered except for orthognathic surgical services for dependent children.

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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-6pm) 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.

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