

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 Traditional Copay Plan Mid

1/1/2025 - 12/31/2025

Benefit	Maximum	per Ca	lendar	Year
---------	---------	--------	--------	------

20110111 Maximum por Galoridar Foar			
Per Member per Year	\$1,500		
	You pay		
Dental Office Visit Charge – per visit, plus any Cost Share shown below for specific Services	\$0 / \$5 / \$10 / \$15 / \$20		
Deductible (Per Calendar Year; applies to all services unless	otherwise indicated)		
For one Member per Year	\$0		
For an entire Family per Year	\$0		
Preventive and Diagnostic Services (Not subject to or count	ed toward the Deductible)		
Oral exam	\$0		
X-rays	\$0		
Teeth cleaning	\$0		
Fluoride	\$0		
Minor Restoration Services	,		
Routine fillings	\$80		
Plastic and steel crowns	\$80		
Simple extractions	\$0		
Oral Surgery Services			
Surgical tooth extractions	\$120 for each surgical extraction		
Periodontics	-		
Treatment of gum disease	\$0		
Scaling and root planing	\$40 per quadrant		
Endodontics			
Root canal therapy	\$150 for anterior/\$170 for posterior/\$200 for molar per procedure per tooth		
Major Restoration Services			
Gold or porcelain crowns	\$555		
Bridges	\$555		
Removable Prosthetic Services			
Full upper and lower dentures	\$680		
Partial dentures	\$750		
Relines	\$0		
Rebases	\$0		
Nitrous oxide (Not subject to or counted toward the Deductibl	e 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	Rider Available for Purchase		
Implants	Rider Available for Purchase		
	· · · · · · · · · · · · · · · · · · ·		

ORLGDental0124



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.