

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 Deductible PLAN EJ

1/1/2025 - 12/31/2025

You pay	Per Member per Year	\$1,000
Shown below for specific Services		You pay
For one Member per Year For an entire Family per Available for Purchase		\$0 / \$5 / \$10 / \$15 / \$20
For an entire Family per Year Preventive and Diagnostic Services (Not subject to or counted toward the Deductible or Benefit Maximum) Oral exam Arays 20% Coinsurance X-rays 20% Coinsurance Teeth cleaning Fluoride Minor Restoration Services Routine fillings Plastic and steel crowns Surgical tooth extractions Treatment of gum disease Sculing and root planing Endodontics Root canal therapy Agor Coinsurance after Deductible Major Restoration Services Gold or porcelain crowns Sold or porcelain crowns Full upper and lower dentures Partial dentures Rebases Nitrous oxide (Not subject to or counted toward the Deductible or Conthodontics Nitrous oxide (Not subject to or counted toward the Deductible or Conthodontics Nitrous oxide (Not subject to or counted toward the Deductible or Enefit Maximum) Adults and children age 13 years and older Children age 12 years and younger Telephone and video visits Rider Available for Purchase Oral box Coinsurance of Eneductible or Counted Counte	Deductible (Per Calendar Year; applies to all services unless or	therwise indicated)
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Oral exam X-rays 20% Coinsurance X-rays 20% Coinsurance Teeth cleaning Fluoride 20% Coinsurance Fluoride 20% Coinsurance Minor Restoration Services Routine fillings Plastic and steel crowns Simple extractions 20% Coinsurance after Deductible Plastic and steel crowns Simple extractions 20% Coinsurance after Deductible Oral Surgery Services Surgical tooth extractions 20% Coinsurance after Deductible Periodontics Treatment of gum disease Scaling and root planing 20% Coinsurance after Deductible Endodontics Root canal therapy 20% Coinsurance after Deductible Major Restoration Services Gold or porcelain crowns 50% Coinsurance after Deductible Removable Prosthetic Services Full upper and lower dentures 50% Coinsurance after Deductible Relines Some Coinsurance after Deductible Relin	For an entire Family per Year	\$75 / \$150 / \$225 / \$300
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Implants Rider Available for Purchase	Orthodontics	Rider Available for Purchase
	Implants	Rider Available for Purchase



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.