

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 Traditional Copay Plan Mid

1/1/2025 - 12/31/2025

	er Calendar Year	per	nefit Maximum	Benefit
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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 Deductible	e 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	Rider Available for Purchase
Implants	Rider Available for Purchase
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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.