All plans offered and underwritten by Kaiser Foundation Health Plan
of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Summary of Dental Benefits

KP WA Adult Choice - $1500/$50 Ded

2025 Contract

Dental Services are only covered for Members age 19 years and older.

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on 90% UCC) *
	You pay	
Benefit Maximum		
Per Member per Year	$1,500	$1,500
Deductible		
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 or Benefit Maximum)		
Oral exam, including evaluations and diagnostic exams	$0	$0
Fluoride treatments	$0	$0
Teeth cleaning	$0	$0
Space maintainers	$0	$0
X-rays	$0	$0
Minor Restoration Services		
Routine fillings	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Simple extractions	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Restorations (composite / acrylic and steel)	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Oral Surgery Services		
Major oral surgery	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Surgical tooth extractions	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Periodontics		
Scaling and root planing	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Periodontal surgery	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Treatment of gum disease	20% Coinsurance after Deductible	20% Coinsurance after Deductible

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on 90% UCC) *
	You pay	
Endodontics		
Root canal and related therapy	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Major Restoration Services		
Bridges abutments	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Noble metal gold or porcelain crowns	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Inlays & Pontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Removable Prosthetic Services		
Full upper and lower dentures	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Partial dentures	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Rebases	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Relines	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Emergency Dental Care or Urgent Dental Care	The Cost Share that normally applies for non-emergency dental care Services	
Other Dental Services (not subject to or counted toward the Deductible or Benefit Maximum)		
Nightguards (limit one every five years)	35% Coinsurance	35% Coinsurance
Nitrous oxide	$25	$25
Orthodontic Services (not subject to or counted toward the Benefit Maximum)		
Orthodontic treatment for abnormally aligned or positioned teeth	Not covered	Not covered
Dental Implant Services	Not covered	Not covered

* "UCC" means Usual and Customary Charge. "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) or Usual and Customary Charges (UCC) incurred above the applicable Benefit Maximum.

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/ppo** for a searchable provider directory.

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org** All areas: 1-800-813-2000. **Dental Choice Customer Service** (M-F, 7 am-7 pm): 1-866-653-0338 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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