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 OR Pediatric Traditional 80 Dental Plan

2025 Contract

Dental Services are only covered for Members through the end of the month in which they turn 19 years of age.

	You pay
Deductible	
For one Member per Year	$0
For an entire Family per Year	$0
Out-of-Pocket Maximum	
For one Member per Year	$425
For two or more members per Year	$850
Preventive and Diagnostic Services (Not subject to the Deductible)	
Oral exam, including evaluations and diagnostic exams	20% Coinsurance
Fluoride treatments	20% Coinsurance
Teeth cleaning	20% Coinsurance
Sealants	20% Coinsurance
Space maintainers	20% Coinsurance
X-rays	20% Coinsurance
Minor Restoration Services	
Routine fillings	75% Coinsurance
Simple extractions	75% Coinsurance
Restorations (composite / acrylic and steel)	75% Coinsurance
Oral Surgery Services	
Major oral surgery	75% Coinsurance
Surgical tooth extractions	75% Coinsurance
Periodontics	
Scaling and root planing	75% Coinsurance
Periodontal surgery	75% Coinsurance
Treatment of gum disease	75% Coinsurance
Endodontics (Root canal and related therapy)	
Anterior tooth	75% Coinsurance
Bicuspid tooth	75% Coinsurance
Molar tooth	75% Coinsurance
Major Restoration Services	
Bridges abutments	75% Coinsurance
Noble metal gold or porcelain crowns	75% Coinsurance
Inlays & Pontics	75% Coinsurance

	You pay
Removable Prosthetic Services	
Full upper and lower dentures	75% Coinsurance
Partial dentures	75% Coinsurance
Rebases	75% Coinsurance
Relines	75% Coinsurance
Emergency Dental Care	
From Participating Providers	The Cost Share that normally applies for nonemergency dental care Services
From Non-Participating Providers outside the Service Area (coverage is limited to $100 per incident)	All Charges over $100
Other Dental Services (Not subject to or counted toward the Deductible or Benefit Maximum)	
Nightguards (limit one every five years)	35% Coinsurance
Nitrous oxide	
Members age 13 years and older	$25
Members age 12 years and younger	$0
Teledentistry Services – Telephone and video visits	$0
Medically Necessary orthodontics (diagnosis of cleft palate/lip)	50% Coinsurance
Orthodontics (Orthodontic treatment for abnormally aligned or positioned teeth)	Not covered

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** All 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.

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