

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

Membership Services: 1-800-813-2000

PPO DENTAL

1/1/2023 - 12/31/2023

SAIF Corporation

Group Number: 1816

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on MAC) *
Benefit Maximum per Calendar Year (covered Services subject to either Benefit Maximum count toward both Benefit Maximums)	\$2,000	\$2,000
You pay		
Deductible (Per Calendar Year; applies to all services unless otherwise indicated)		
For one Member		\$25
For an entire Family		\$75
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible)		
Oral exam	\$0	\$0
X-rays	\$0	\$0
Teeth cleaning	\$0	\$0
Fluoride	\$0	\$0
Minor Restoration Services		
Routine fillings	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Plastic and steel crowns	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Simple extractions	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Oral Surgery Services		
Surgical tooth extractions	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Periodontics		
Treatment of gum disease	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Scaling and root planing	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Endodontics		
Root canal therapy	20% Coinsurance after Deductible	20% Coinsurance after Deductible
Major Restoration Services		
Gold or porcelain crowns	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Bridges	50% Coinsurance after Deductible	50% Coinsurance after Deductible

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Removable Prosthetic Services

Full and partial dentures	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Relines	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Rebases	50% Coinsurance after Deductible	50% Coinsurance after Deductible

Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)

Adults and children age 13 years and older	\$25	\$25
Children age 12 years and younger	\$0	\$0

Orthodontics

	Members age 17 years and younger: 50% of Charges. Members age 18 years and older: No Coverage.	Members age 17 years and younger: 50% of Charges. Members age 18 years and older: No Coverage.
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Implants

	50% Coinsurance after Deductible up to the Benefit Maximum and 100% of charges thereafter.	
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**UCC" means Usual and Customary Charge. "MAC" means Maximum Allowable Charge. See your Evidence of Coverage (EOC) for more details.

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 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.