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 Choice 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.

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on 90%UCC) *
	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	None
For an entire Family per Year	$850	None
Preventive and Diagnostic Services (Not subject to the Deductible)		
Oral exam, including evaluations and diagnostic exams	20% Coinsurance	20% Coinsurance
Fluoride treatment	20% Coinsurance	20% Coinsurance
Teeth cleaning	20% Coinsurance	20% Coinsurance
Sealants	20% Coinsurance	20% Coinsurance
Space maintainers	20% Coinsurance	20% Coinsurance
X-rays	20% Coinsurance	20% Coinsurance
Minor Restoration Services		
Routine fillings	75% Coinsurance	75% Coinsurance
Simple extractions	75% Coinsurance	75% Coinsurance
Restorations (composite / acrylic and steel)	75% Coinsurance	75% Coinsurance
Oral Surgery Services		
Major oral surgery	75% Coinsurance	75% Coinsurance
Surgical tooth extractions	75% Coinsurance	75% Coinsurance
Periodontics		
Scaling and root planing	75% Coinsurance	75% Coinsurance
Periodontal surgery	75% Coinsurance	75% Coinsurance
Treatment of gum disease	75% Coinsurance	75% Coinsurance
Endodontics		
Root canal and related therapy	75% Coinsurance	75% Coinsurance
Major Restoration Services		
Bridges abutments	75% Coinsurance	75% Coinsurance
Noble metal gold or porcelain crowns	75% Coinsurance	75% Coinsurance
Inlays & Pontics	75% Coinsurance	75% Coinsurance

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on 90%UCC) *
	You pay	
Removable Prosthetic Services		
Full upper and lower dentures	75% Coinsurance	75% Coinsurance
Partial dentures	75% Coinsurance	75% Coinsurance
Rebases	75% Coinsurance	75% Coinsurance
Relines	75% Coinsurance	75% Coinsurance
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 the Deductible)		
Nightguards (limit one every five years)	35% Coinsurance	35% Coinsurance
Nitrous oxide		
Members age 13 years and older	$25	$25
Members age 12 years and younger	$0	$0
Teledentistry Services - Telephone and video visits	$0	$0
Medically Necessary orthodontics (diagnosis of cleft palate/lip)	50% Coinsurance	50% Coinsurance
Orthodontics (Orthodontic treatment for abnormally aligned or positioned teeth)	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 Customer Service at 1-866-653-0338 (M-F, 7 am-7 pm) or visit **kp.org.** 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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