

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

KP OR Choice 80 Pediatric Dental Plan

2023 Contract

In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on 90%UCC) *
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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		\$0
For an entire Family		\$0
Out-of-Pocket Maximum		
For one Member	\$375	None
For an entire Family	\$750	None
Preventive and Diagnostic Services (Not subject to Deductible)		
Oral exam, including evaluations and diagnostic exams	20% Coinsurance	20% Coinsurance
X-rays	20% Coinsurance	20% Coinsurance
Teeth cleaning	20% Coinsurance	20% Coinsurance
Fluoride treatment	20% Coinsurance	20% Coinsurance
Minor Restoration Services		
Routine fillings	75% Coinsurance	75% Coinsurance
Restorations (composite/acrylic and steel)	75% Coinsurance	75% Coinsurance
Simple extractions	75% Coinsurance	75% Coinsurance
Oral Surgery Services		
Surgical tooth extractions	75% Coinsurance	75% Coinsurance
Periodontics		
Treatment of gum disease	75% Coinsurance	75% Coinsurance
Scaling and root planing	75% Coinsurance	75% Coinsurance
Endodontics		
Root canal therapy	75% Coinsurance	75% Coinsurance
Major Restoration Services		
Noble metal gold or porcelain crowns	75% Coinsurance	75% Coinsurance
Bridges abutments	75% Coinsurance	75% Coinsurance
Removable Prosthetic Services		
Full and partial dentures	75% Coinsurance	75% Coinsurance
Relines	75% Coinsurance	75% Coinsurance
Rebases	75% Coinsurance	75% Coinsurance
Nitrous oxide (Not subject to or counted toward the Deductible)		
Members age 13 years and older	\$25	\$25
Members age 12 years and younger	\$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. 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.