

# 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

Oregon R481

1/1/2022 - 12/31/2022

Carewell SEIU 503

Group Number: 19581-005

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on UCC) *
<b>Benefit Maximum</b> per Calendar Year (covered Services subject to either Benefit Maximum count toward both Benefit Maximums)	\$2,500	\$2,500
<b>You pay</b>		
<b>Deductible</b> (Per Calendar Year; applies to all services unless otherwise indicated)		
For one Member		\$0
For an entire Family		\$0
<b>Preventive and Diagnostic Services</b> (Not subject to or counted toward the Deductible or Benefit Maximum)		
Oral exam	\$0	\$0
X-rays	\$0	\$0
Teeth cleaning	\$0	\$0
Fluoride	\$0	\$0
<b>Minor Restoration Services</b>		
Routine fillings	\$0	\$0
Plastic and steel crowns	\$0	\$0
Simple extractions	\$0	\$0
<b>Oral Surgery Services</b>		
Surgical tooth extractions	10% Coinsurance	10% Coinsurance
<b>Periodontics</b>		
Treatment of gum disease	\$0	\$0
Scaling and root planing	\$0	\$0
<b>Endodontics</b>		
Root canal therapy	10% Coinsurance	10% Coinsurance
<b>Major Restoration Services</b>		
Gold or porcelain crowns	30% Coinsurance	30% Coinsurance
Bridges	30% Coinsurance	30% Coinsurance
<b>Removable Prosthetic Services</b>		
Full and partial dentures	30% Coinsurance	30% Coinsurance
Relines	30% Coinsurance	30% Coinsurance
Rebases	30% Coinsurance	30% Coinsurance
<b>Nitrous oxide</b> (Not subject to or counted toward the Deductible or Benefit Maximum)		
Adults and children age 13 years and older	\$25	\$25

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Children age 12 years and younger	\$0	\$0
<b>Orthodontics</b>	Not covered	Not a covered benefit
<b>Implants</b>	30% Coinsurance up to the Benefit Maximum and 100% of charges thereafter.	

\*\*"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.

**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.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.