

# 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

OR Carewell Traditional

1/1/2026- 12/31/2026

OR Carewell SEIU 503

Group Number: 19581-001

## Benefit Maximum per 2026 Year

Per Member per Year	\$2,500
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	<b>You pay</b>
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<b>Dental Office Visit Charge</b> – per visit, plus any Cost Share shown below for specific Services	\$0 per office visit
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## Deductible (Per 2026 Year; applies to all services unless otherwise indicated)

For one Member per Year / For an entire Family per Year	\$0 / \$0
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## Preventive and Diagnostic Services (Not subject to or counted toward the Deductible or Benefit Maximum)

Oral exam	\$0
X-rays	\$0
Teeth cleaning	\$0
Fluoride	\$0

## Minor Restoration Services

Routine fillings	\$0
Plastic and steel crowns	\$0
Simple extractions	\$0

## Oral Surgery Services

Surgical tooth extractions	10% Coinsurance
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## Periodontics

Treatment of gum disease	\$0
Scaling and root planing	\$0 per quadrant

## Endodontics

Root canal therapy	10% Coinsurance
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## Major Restoration Services

Gold or porcelain crowns	30% Coinsurance
Bridges	30% Coinsurance

## Removable Prosthetic Services

Full upper and lower dentures	30% Coinsurance
Partial dentures	30% Coinsurance
Relines	30% Coinsurance
Rebases	30% Coinsurance

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

Nitrous oxide for all ages	\$25
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## Teledentistry

Telephone and video visits	\$0
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## Orthodontics

	Not Covered
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## Implants

	30% Coinsurance up to the Benefit Maximum and 100% of charges thereafter.
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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](https://kp.org/plandocuments).

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**Questions? Call Member Services** (M-F, 8 am-6 am) or visit [kp.org](http://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

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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.