

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 R035

1/1/2021 - 12/31/2021

Marion County MCLEA

Group Number: 17372-004

Benefit Maximum per Calendar Year	None
	You pay
Dental Office Visit Charge – Per visit	\$0
Deductible (Per Calendar Year; applies to all services unless otherwise indicated)	
For one Member	\$0
For an entire Family	\$0
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible)	
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	\$0
Periodontics	
Treatment of gum disease	\$0
Scaling and root planing	\$0
Endodontics	
Root canal therapy	\$0
Major Restoration Services	
Gold or porcelain crowns	\$45
Bridges	\$45
Removable Prosthetic Services	
Full upper and lower dentures	\$65
Partial dentures	\$95
Relines	\$25
Rebases	\$25
Nitrous oxide (Not subject to or counted toward the Deductible)	
Adults and children age 13 years and older	\$25
Children age 12 years and younger	\$0
Orthodontics	Not a covered benefit

ORLGDental0120

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.