

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 GPCP

1/1/2018 - 12/31/2019

Oregon Homecare Workers Benefit Trust

Group Number: 19581-003

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on UCC) *
Benefit Maximum per Calendar Year (covered Services subject to either Benefit Maximum count toward both Benefit Maximums)	\$2,500	
Dental Office Visit Charge – Applies to all visits	\$0	
Deductible (Per Calendar Year; applies to all services unless otherwise indicated)	You pay	
For one Member	\$0	
For an entire Family	\$0	
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible)	You pay	
Oral exam	\$0	\$0
X-rays	\$0	\$0
Teeth cleaning	\$0	\$0
Fluoride	\$0	\$0
Basic Restoration Services	You pay	
Routine fillings	\$0	\$0
Plastic and steel crowns	\$0	\$0
Simple extractions	\$0	\$0
Oral Surgery Services	You pay	
Surgical tooth extractions	20% Coinsurance	20% Coinsurance
Periodontics	You pay	
Treatment of gum disease	\$0	\$0
Scaling and root planing	\$0	\$0
Endodontics	You pay	
Root canal therapy	20% Coinsurance	20% Coinsurance
Major Restoration Services	You pay	
Gold or porcelain crowns	40% Coinsurance	40% Coinsurance
Bridges	40% Coinsurance	40% Coinsurance
Removable Prosthetic Services	You pay	
Full and partial dentures	40% Coinsurance	40% Coinsurance
Relines	40% Coinsurance	40% Coinsurance
Rebases	40% Coinsurance	40% Coinsurance

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Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)	You pay	
Adults and children age 13 years and older	\$25	\$25
Children age 12 years and younger	\$0	\$0
Orthodontics	Not a covered benefit	Not a covered benefit
Implants	40% Coinsurance	40% Coinsurance

*"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.