



OREGON HOME CARE COMMISSION	11428-001
Dental office visit charge	\$10*
Annual deductible	None
Annual benefit maximum	\$1,500

Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan dentist)	You pay
Preventive and diagnostic services	
Oral exams and X-rays, teeth cleaning, fluoride treatments, instruction in care of your teeth and gums, and prescribed space maintainers	\$10
Basic restorative services	
Routine fillings, plastic and stainless steel crowns	20%
Simple extractions	
	20%
Oral surgery	
Surgical tooth extractions, including diagnosis and evaluation	20%
Periodontics	
Diagnosis, evaluation, and treatment of gum disease, including scaling and root planning	20%
Endodontics	
Root canal and related therapy, including diagnosis and evaluation	20%
Major restorative services	
Gold or porcelain crowns, inlays, and bridge abutments and pontics	50%
Removable prosthetic services	
Full and partial dentures, relines and rebases	50%
Emergency treatment	
From Plan providers:	\$25 for emergency and urgent care visits on the same or next business day plus any other charges that normally apply.
From non-Plan providers:	Balance after you are reimbursed up to \$100 for qualifying claims outside the service area.
Orthodontics	
	Not a covered benefit

Please note: *applies to each office visit

- You pay \$15 for nitrous oxide for adults and children 13 and older.
- You pay 10 percent of charges for night guards.

Limitations and Exclusions

Benefits for work-in-progress are excluded for the following services and related materials: a) a prosthetic or other appliance, or modification of one, where an impression was made before your coverage became effective; b) a crown, bridge, or gold restoration for which a tooth was prepared before your coverage became effective; c) root canal therapy if the pulp chamber was opened before your coverage became effective is covered at 50 percent of charges.

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 your benefit coverage, claims review, and adjudication procedures, please see A Guide to Your Benefits (or EOC) or call Membership Services. In the case of conflict between this summary and the EOC, the EOC will prevail.