

## 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

Oregon T055 12/1/2024 - 11/30/2025

**West Linn Wilsonville School District** 

**Group Number: 16503-013** 

| Benefit Maxi | <b>mum</b> per | Calendar | Year |
|--------------|----------------|----------|------|
|              |                |          |      |

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|--|-----------------------|
| Per Member per Year  | None                  |
|  | You pay               |
| <b>Dental Office Visit Charge</b> – per visit, plus any Cost Share shown below for specific Services | \$10                  |
| Deductible (Per Calendar Year; applies to all services unless other                                  | wise indicated)       |
| For one Member per Year  | \$0                   |
| For an entire Family per Year  | \$0                   |
| Preventive and Diagnostic Services (Not subject to or counted to                                     | ward 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   | 20% Coinsurance       |
| Scaling and root planing   | 20% Coinsurance       |
| Endodontics  |                       |
| Root canal therapy   | 20% Coinsurance       |
| Major Restoration Services   |                       |
| Gold or porcelain crowns   | 50% Coinsurance       |
| Bridges  | 50% Coinsurance       |
| Removable Prosthetic Services  |                       |
| Full upper and lower dentures  | 50% Coinsurance       |
| Partial dentures   | 50% Coinsurance       |
| Relines  | 50% Coinsurance       |
| Rebases  | 50% Coinsurance       |
| Nitrous oxide (Not subject to or counted toward the Deductible or E                                  | Benefit Maximum)      |
| Adults and children age 13 years and older   | \$25                  |
| Children age 12 years and younger  | \$0                   |
| Teledentistry  |                       |
| Telephone and video visits   | \$0                   |

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| Orthodontics | Members age 17 years and younger: First \$100 of Charges, then 30% Coinsurance of remaining Charges up to a total maximum payment of \$300 per lifetime.  Members age 18 years and older: No Coverage. |
|--------------|--|
|              |  |

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**.

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, all areas: 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.

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