

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 LHCJ

7/1/2018 - 6/30/2019

Archdiocese of Portland In Oregon

Group Number: 3766-102

Benefit Maximum per Member, per Calendar Year	None
	You pay
Dental Office Visit Charge – Applies to all visits	\$5
Deductible (Per Calendar Year)	
For one Member	\$0
For an entire Family	\$0
Preventive and Diagnostic Services	
Oral exam	\$0
X-rays	\$0
Teeth cleaning	\$0
Fluoride	\$0
Basic Restoration Services	
Routine fillings	\$0
Plastic and steel crowns	\$0
Simple extractions	\$0
Oral Surgery Services	
Surgical tooth extractions	20% Coinsurance
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	20% Coinsurance
Bridges	20% Coinsurance
Removable Prosthetic Services	
Full and partial dentures	20% Coinsurance
Relines	20% Coinsurance
Rebases	20% Coinsurance
Nitrous oxide (Not counted toward the Benefit Maximum)	
Adults and children age 13 years and older	\$25
Children age 12 years and younger	\$0
Orthodontics	Not a covered benefit

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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.

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.
