

Group Number: 1658-034

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 T172 1/1/2025 - 12/31/2025

Oregon Teamster Employers Trust - Plan 6

Benefit Maximum per Calendar Year	
Per Member per Year	\$1,500
	You pay

Dental Office Visit Charge – per visit, plus any Cost Share shown below for specific Services	\$20
Deductible (Per Calendar Year: applies to all services unless otherwis	e indicated)

Deductible (Per Calendar	Year; applies to a	Il services unless othe	rwise indicated)
For one Member per Ve	ar		

For one Member per Year	\$0
For an entire Family per Year	\$0

Preventive and Diagnostic Services	(Not subject to or cou	inted toward the Deductible	e Benefit maximum)

X-rays	\$0
Teeth cleaning	\$0
Fluoride	\$0
Minor Restoration Services	

Willion Restoration Services	
Routine fillings	\$0
Plastic and steel crowns	\$0
Simple extractions	\$0

Oral Surgery Services

Oral exam

Surgical tooth extractions	\$45 for each surgical extraction
Device de ation	

Periodontics		
	Treatment of gum disease	\$0
	Scaling and root planing	0.2

Endodontics

Root canal therapy	\$50 for anterior/\$75 for posterior/\$100 for molar per procedure per tooth
Major Restoration Services	· · · · · · · · · · · · · · · · · · ·

Gold or porcelain crowns	\$250
Bridges	\$250
Removable Prosthetic Services	

Full upper and lower dentures	\$250
Partial dentures	\$250
Relines	\$0
Rehases	\$0

1 tobacco		
Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)		
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Nitrous oxide (Not subject to or counted toward the Deductible or 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	All Members: \$2,000 Lifetime Benefit Maximum	

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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