KAISER PERMANENTE®

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland,OR 97232

Summary of dental benefits

Lewis & Clark College 1495-006
Oregon Dental Plan W
April 1, 2012 through March 31, 2013

Benefit Maximum	$1,500
	You Pay
Dental Office Visit Charge – Applies to all visits	$15
Deductible (applies to all services unless otherwise indicated)	
For one Member	$0
For an entire Family	$0
Preventive and Diagnostic Services (oral exam, x-rays, teeth cleaning, fluoride) (Not subject to the Deductible)	No additional charge
Basic Restorative Services (routine fillings, simple extractions)	No additional charge
Oral Surgery Services (surgical tooth extractions)	20% Coinsurance
Periodontics (treatment of gum disease, scaling and root planing)	20% Coinsurance
Endodontics (root canal therapy)	20% Coinsurance
Major Restoration Services (crowns, bridges)	20% Coinsurance
Emergency Care	
From Dental Group Providers	$25 for Emergency Care and Urgent Care visits on the same or next business day plus any other Charges that normally apply.
From non-Dental Group providers	All Charges over $100
Nitrous oxide	
Adults and children age 13 years and older	$15
Children age 12 years and younger	$0
Orthodontics	Members age 17 years and younger: 50% of Charges up to Lifetime Benefit Maximum of $1,500, and 100% of Charges thereafter. Members age 18 years and older: 50% of Charges up to Lifetime Benefit Maximum of $1,500, and 100% of Charges thereafter.

Exclusions

- Conditions for which Service or reimbursement is required by law to be provided at or by a government agency.
- Cosmetic Services.
- Dental implants unless coverage for dental implants as an additional benefit has been purchased.
- Experimental or investigational treatments.
- Full mouth reconstruction and occlusal rehabilitation.
- Genetic testing.

- Hospital call fees.
- Medical or Hospital Services, unless otherwise specified in this *Summary*.
- Missed appointment fees.
- Non-Orthodontic recording of jaw movements or positions.
- Orthodontic Services unless orthodontic coverage as an additional benefit has been purchased.
- Prescription drugs obtainable with or without a prescription.
- Prosthetic devices following your decision to have a tooth (or teeth) extracted for nonclinical reasons or when a tooth is restorable.
- Replacement of prefabricated, noncast crowns, including noncast stainless steel crowns.
- Restorative or reconstructive treatment for specific congenital or developmental malformations.
- Sedation and general anesthesia are not covered, except when administered pursuant to the Nitrous Oxide benefit as described in the "Other Benefits" section of your EOC.
- Services covered by workers' compensation or that are the employer's responsibility.
- Services provided or arranged by criminal justice institutions for Members confined therein, unless care would be covered as Emergency Care.
- Speech aid prosthetic devices and follow up modifications.
- Surgery to correct malocclusion or temporomandibular joint disorders.
- Treatment to restore tooth structure lost due to attrition, erosion, or abrasion.

Limitations

- Dental Services in Conjunction with Medically Necessary General Anesthesia.
- Repair or replacement due to normal wear of fixed and removable prosthetics appliances.
- Works-in-Progress started prior to effective date of coverage.

Questions? Call Membership Services (M-F, 8 am-6 pm)
Portland area..503-813-2000. All other areas..1-800-813-2000. TTY..1-800-735-2900. 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 your benefit coverage, claims review, and adjudication procedures, please see your Evidence of Coverage (EOC) or call Membership Services. In the case of conflict between this summary and the EOC, the EOC will prevail.