



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, 2014 through March 31, 2015

Benefit Maximum	\$1,500 per Calendar Year
	You Pay
Dental Office Visit Charge – Applies to all visits	\$15
Deductible (Per Calendar Year; 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 or counted toward the Deductible)	No additional charge
Basic Restoration Services (routine fillings, plastic and steel crowns, 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 (gold or porcelain crowns, bridges)	20% Coinsurance
Removable Prosthetic Services	
Full and partial dentures	20% Coinsurance
Relines	20% Coinsurance
Rebases	20% Coinsurance
Emergency Dental Care	
From Participating Providers	Copayments or Coinsurance that normally apply for non-emergency dental care Services.
From Non-Participating Providers outside the Service Area	All Charges over \$100
Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)	
Adults and children age 13 years and older	\$15
Children age 12 years and younger	\$0
Orthodontics	All Members: 50% of Charges up to the \$1,500 Lifetime Benefit Maximum, 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.
- Fees a provider may charge for an Emergency Dental Care or Urgent Dental Care visit.

- Full mouth reconstruction and occlusal rehabilitation.
- Genetic testing.
- Hospital call fees.
- Medical or Hospital Services, unless otherwise specified in this *Summary*.
- Missed appointment fees.
- Orthodontic Services unless orthodontic coverage as an additional benefit has been purchased.
- 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.
- Services covered by workers' compensation or that are the employer's responsibility.
- Services furnished by a family member.
- Services provided or arranged by criminal justice institutions for Members confined therein, unless care would be covered as Emergency Dental 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

- Repair or replacement due to normal wear of fixed and removable prosthetic devices that are less than five years old.
- Sedation and general anesthesia are not covered, except nitrous oxide.
- Works-in-Progress started prior to effective date of coverage.

Questions? Call Membership Services (M-F, 8 am-6 pm) or visit **kp.org/dental/nw**

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.