



# Summary of dental benefits

**OR W**

04/01/2011 through 03/31/2012

Lewis & Clark College	1495
<b>Dental office visit charge</b>	\$15 <sup>1</sup>
<b>Annual deductible</b>	None
<b>Annual benefit maximum</b>	\$1,500
<b>Benefit</b> (when provided, prescribed, or authorized by a Kaiser Permanente Plan dentist)	<b>You pay</b>
<b>Preventive and diagnostic services</b>	
Oral exams and X-rays, teeth cleaning, fluoride treatments, instruction in care of your teeth and gums, and prescribed space maintainers	No additional charge
<b>Basic restorative services</b>	
Routine fillings, plastic and stainless steel crowns	No additional charge
<b>Simple extractions</b>	No additional charge
<b>Oral surgery</b>	
Surgical tooth extractions, including diagnosis and evaluation	20%
<b>Periodontics</b>	
Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing	20%
<b>Endodontics</b>	
Root canal and related therapy, including diagnosis and evaluation	20%
<b>Major restorative services</b>	
Gold or porcelain crowns, inlays, and bridge abutments and pontics	20%
<b>Removable prosthetic services</b>	
Full and partial dentures, relines and rebases	20%
<b>Emergency treatment</b>	
From Plan providers:	\$25 for emergency and urgent care visits on the same or next business day plus any other charges that normally apply.
From non-Plan providers:	Balance after you are reimbursed up to \$100 for qualifying claims outside the service area.
<b>Orthodontics</b>	50% up to \$1,500; you pay 100% thereafter.
<b>Please note:</b>	
◆ You pay \$15 for nitrous oxide for adults and children 13 and older.	
◆ You pay 10 percent of charges for nightguards.	

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**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.

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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 A Guide to Your Benefits (or EOC) or call Membership Services. In the case of conflict between this summary and the EOC, the EOC will prevail.

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Footnotes: <sup>1</sup>Applies to each dental office visit. For plans with a deductible, this charge applies only to preventive and diagnostic services.