

# OEBB

## 2022-2023 benefits summary — dental

Plan benefits	Dental Plan †
Dental office visit copayment*	\$20
Deductible	None
Plan year maximum	\$4,000
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	\$0
Preventative Care Office Visit Copayment	\$0
Routine fillings, inlays, and stainless steel crowns <sup>1,2,3</sup>	\$0
Simple tooth extractions <sup>3</sup>	\$0
Surgical tooth extractions, including diagnosis and evaluation <sup>3</sup>	\$50
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing <sup>3</sup>	\$0
Root canal and related therapy including diagnosis and evaluation <sup>3</sup>	\$50
Gold or porcelain crowns and onlays <sup>3</sup>	\$250
Full and partial dentures, relines, rebases <sup>3</sup>	\$100
Bridge retainers and pontics <sup>3</sup>	\$250
Orthodontic treatment <sup>3</sup>	\$2,500 copay + \$20 per visit
Implants	50% (limit of 4 per lifetime)
Occlusal Guards (Night Guards)	10%
Athletic Mouth Guards	10%

†Services must be provided by a contracted Kaiser Permanente provider in order for benefits to be payable. See handbook for details.

\*Office visit copayment applies at each visit, in addition to any plan copayments for services, except for preventative services, you will pay a \$0 office visit copay.

<sup>1</sup>Posterior fillings paid to amalgam fee.

<sup>2</sup>Fillings are covered at 100% for amalgam fillings on back teeth and composite tooth color fillings on front (smile line) teeth. Patients can request composite fillings for back teeth and pay additional fees. Contact Kaiser Permanente directly for fee information.

<sup>3</sup>Benefit is subject to a 12-month benefit waiting period for late enrollees.

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 of your benefit coverage, exclusions and limitations, claims review, and adjudication procedures, please see your *Member Handbook*, also known as the *Evidence of Coverage (EOC)*, or call Member Services. In the case of a conflict between this summary and the *EOC*, the *EOC* will prevail.

To learn more about Kaiser Permanente, visit [my.kp.org/oebb](http://my.kp.org/oebb).

