

Summary of dental benefits

Harrison Electrical Workers 02454

Office visit charge	\$10
Annual deductible	None
Annual benefit maximum	\$2,000
Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan dentist)	You pay
Preventive and diagnostic services	
Oral examinations and X-rays, teeth cleaning (prophylaxis), fluoride treatments, instruction in the care of your teeth and gums, and prescribed space maintainers.	Office visit charge
Basic restorative services	
Routine fillings, plastic and stainless steel crowns.	Office visit charge
Simple extractions	Office visit charge
Major restorative services	
Gold and porcelain crowns, inlays, and bridge pontics.	Office visit charge plus 50% of charges
Removable prosthetic services	
Full and partial dentures, relines and rebases.	Office visit charge plus 50% of charges
Periodontics	
Diagnosis, evaluation, and treatment of disease of the gums, including scaling and root planing.	Office visit charge plus 20% of charges
Endodontics	
Root canal and related therapy, including diagnosis and evaluation.	Office visit charge plus 20% of charges
Oral surgery	
Surgical tooth extractions, including diagnosis and evaluation.	Office visit charge
Emergency treatment	
From Plan providers:	\$25 for emergency and urgent care visits plus any other copayments that normally apply
From non-Plan providers:	Balance after you are reimbursed up to \$100 for qualifying claims outside the service area
Orthodontics	
Orthodontic services and braces for children and adults.	20% copayment; Kaiser Permanente pays 80% up to \$2,000; you pay 100% thereafter

Please note:

- ◆ You will be charged a \$10 fee when you miss a dental appointment without calling in advance to cancel.
 - ◆ 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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Exclusions

The following are not covered:

- ◆ Services not approved by a Kaiser Permanente dentist. Kaiser Permanente does not pay for unauthorized services from dentists or facilities not affiliated with Kaiser Permanente, except as indicated under "Emergency Treatment."
- ◆ Conditions covered by workers' compensation or that are the employer's responsibility.
- ◆ Repair or replacement of fixed prosthetics or removable prosthetic appliances that are less than five years old.
- ◆ Surgery to correct malocclusion or temporomandibular joint disorders; treatment for problems of the jaw joint, including temporomandibular joint syndrome and craniomandibular disorders; and treatment of conditions of the joint linking the jaw bone and skull and of the complex of muscles, nerves, and other tissues related to that joint.
- ◆ Restorative or reconstructive treatment for specific congenital or developmental malformations.
- ◆ Full-mouth reconstruction and occlusal rehabilitation including appliances, restorations, and procedures needed to alter vertical dimension or occlusion or to splint or correct attrition or abrasion.
- ◆ Cosmetic services.
- ◆ Prescription drugs.
- ◆ More than two visits for routine teeth cleaning (oral prophylaxis) in any 12 consecutive month period.
- ◆ Conditions covered by government agencies or programs other than Medicaid.
- ◆ Genetic testing.
- ◆ Dental implants, including bone augmentation and fixed or removable prosthetic devices attached to or covering the implants; all related services, including diagnostic consultations, impressions, oral surgery, placement, removal and cleaning; and services associated with postoperative conditions and complications arising from implants.
- ◆ Removal and replacement, with alternative materials, of clinically acceptable material or restorations for any reason except the pathological condition of the tooth or teeth.
- ◆ General anesthesia and intravenous sedation.
- ◆ Medical, hospital, and certain dental services.
- ◆ Work in progress before your coverage is effective.
- ◆ Replacement of prefabricated, noncast crowns, including noncast stainless steel crowns, that were not placed by a Kaiser Permanente dentist.
- ◆ Experimental or investigational services.

Questions? Call Membership Services (MONDAY-FRIDAY, 8AM-6PM)

Portland area...503-813-2000 All other areas...1-800-813-2000 TTY...1-800-735-2900 (OR) ...1-800-833-6388 (WA)

This is not a contract. This benefit summary does not fully describe your benefit coverage. 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. Your group's service agreement is the binding document between Kaiser Foundation Health Plan of the Northwest and its members. In the case of conflict between this summary and the service agreement, the service agreement will prevail.
