

Summary of dental benefits

01/01/2010 through 12/31/2010

OR 9

HARRISON ELECTRICAL WORKERS - DENTAL	02454-004
Dental office visit charge	\$10¹
Annual benefit maximum	\$1,500
Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan dentist)	You pay
Preventive and diagnostic services	
Oral exams and X-rays, teeth cleaning, fluoride treatments, instruction in care of your teeth and gums, and prescribed space maintainers	No additional charge
Basic restorative services	
Routine fillings, plastic and stainless steel crowns	20%
Simple extractions	20%
Oral surgery	
Surgical tooth extractions, including diagnosis and evaluation	20%
Periodontics	
Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing	20%
Endodontics	
Root canal and related therapy, including diagnosis and evaluation	20%
Major restorative services	
Gold or porcelain crowns, inlays, and bridge abutments and pontics	50%
Removable prosthetic services	
Full and partial dentures, relines and rebases	50%
Emergency treatment	
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.
Orthodontics	20% up to \$2,000; you pay 100% thereafter.
Please note:	
◆ You pay \$15 for nitrous oxide for adults and children 13 and older.	
◆ You pay 10 percent of charges for nightguards.	