

Kaiser Foundation Health Plan of the NW — 2024 Dental Benefit Outline



	Kaiser Permanente*
Providers/Network	Kaiser Permanente Dental Associates
	Member Pays:
Calendar Year Deductible	None
Calendar Year Benefit Maximum (plan pays)	\$1,750 per individual ¹
Preventive Care	
	Limit of two cleanings per calendar year
<ul style="list-style-type: none"> • Exams • Cleanings • Diagnostic 	<ul style="list-style-type: none"> • \$10 copay per visit¹ • \$10 copay per visit¹ • \$10 copay per visit¹
Basic Services	
<ul style="list-style-type: none"> • Restorative • Oral Surgery (extractions) • Endodontic/periodontic 	<ul style="list-style-type: none"> • \$10 copay, then 20% • \$10 copay, then 20% • \$10 copay, then 20%
Major Services	
<ul style="list-style-type: none"> • Crowns • Cast Restorations • Dentures/bridge work • Implants 	<ul style="list-style-type: none"> • \$10 copay, then 50% • \$10 copay, then 50% • \$10 copay, then 50% • \$10 copay, then 50%
Travel Benefits	
Out-of-Area Coverage	Kaiser Permanente allows a benefit of up to \$100 of reimbursement on an approved out-of-area emergency claim.
Rates (per member, per month)	
• Adult	• \$67.44
• Child	• \$27.34

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

* To be enrolled in the Kaiser Permanente dental plan, you must live in the Kaiser Permanente dental service area.

¹ Charges for preventive services do not apply to the calendar year benefit maximum.