

Kaiser Permanente A better choice for good health

PEBB 2022 benefits summary — dental

Part-Time Employees

| Plan benefits | You Pay† |
|---|-----------------|
| Dental office visit copayment | \$5 |
| Deductible | None |
| Plan year maximum | \$1250 |
| Preventative and Diagnostic Services (dental office visit charge waived) (Not subject to the benefit plan year maximum) | You Pay |
| Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers | \$0 |
| Routine fillings, inlays, and stainless-steel crowns | 50% Coinsurance |
| Simple tooth extractions | 50% Coinsurance |
| Surgical tooth extractions, including diagnosis and evaluation | 50% Coinsurance |
| Diagnosis, evaluation, and treatment of gum disease including scaling and root planing | 50% Coinsurance |
| Root canal and related therapy including diagnosis and evaluation | 50% Coinsurance |
| Gold or porcelain crowns | 50% Coinsurance |
| Full and partial dentures, relines, rebases | 50% Coinsurance |
| Bridge retainers and pontics | 50% Coinsurance |
| Other Benefits (not subject to benefit maximum) | |
| Nitrous Oxide | |
| Adults and children age 13 years and older | \$15 |
| Children age 12 years and younger | \$0 |
| Night Guards | 10% coinsurance |
| Athletic Mouth Guards – Once per 12 months | 10% coinsurance |

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

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/pebb