

Kaiser Permanente A better choice for good health

PEBB 2024 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