

Kaiser Permanente A better choice for good health

PEBB 2024 benefits summary — dental

Full-Time Employees

Plan benefits	You Pay†
Dental office visit copayment	\$5
Deductible	None
Plan year maximum	\$1750
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	20% Coinsurance
Simple tooth extractions	20% Coinsurance
Surgical tooth extractions, including diagnosis and evaluation	20% Coinsurance
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	20% Coinsurance
Root canal and related therapy including diagnosis and evaluation	20% Coinsurance
Gold or porcelain crowns	25% Coinsurance
Full and partial dentures, relines, rebases	50% Coinsurance
Bridge retainers and pontics	50% Coinsurance
Orthodontic treatment (This benefit has a separate lifetime benefit maximum)	50% of charges up to the lifetime benefit maximum of \$1500, 100% of charges thereafter. (All ages)
Implants	50% of charges up to the benefit maximum, 100% of charges thereafter.
Night Guards (not subject to benefit maximum)	10% coinsurance
Athletic Mouth Guards – Once per 12 months (not subject to benefit maximum)	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 [kp.org](https://www.kp.org).