



cis benefits
www.cisbenefits.org



KAISER PERMANENTE®

Effective January 1, 2022- December 31, 2022

Dental I w/orthodontics	
Annual Deductible	None
Annual Benefit Maximum	Unlimited
Dental Office Visit Charge – applies to all visits	\$10
Preventive and Diagnostic Care – includes oral examinations and x-rays, teeth cleaning (prophylaxis), fluoride treatments, instruction in the care of your teeth and gums, and prescribed space maintainers	No additional charge
Restorative Services – includes routine fillings, plastic and stainless steel crowns	No additional charge
Simple Extractions	No additional charge
Oral Surgery	No additional charge
Periodontic Procedures – includes diagnosis, evaluation, and treatment of disease of the gums, including scaling and root planning	No additional charge
Endodontic Procedures – includes root canal and related therapy, including diagnosis and evaluation	No additional charge
Major Restorative Services – includes gold or porcelain crowns, inlays, bridge abutments and pontics	\$45 for each
Removable Prosthetics – Full and partial dentures Relines Rebasis	\$95 for each partial denture, \$65 for each full denture \$25 \$25
Orthodontics	50% covered for adults and children; \$1,000 maximum lifetime benefit; must use Plan providers

PLEASE NOTE:

- ◆ You will be charged a \$25 fee when you miss a dental appointment without calling in advance to cancel.
- ◆ You pay \$25 for nitrous oxide for adults and children 13 and older.
- ◆ You pay 10% of charges for night-guards.

This summary provides a brief description of your dental plan benefits. Any errors or omissions are unintentional. Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). EOCs are available upon request or you may go to <http://www.kp.org/plandocuments>.

Questions? Call Member Services (M-F, 8 am-6 pm) or **visit kp.org** Portland area: 503-813-2000
All other areas: 1-800-813-2000 TTY.711. Language Interpretation Services, all areas 1-800-324-8010

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 on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.
