

# SUMMARY OF DENTAL BENEFITS

10/01/2011 through 09/30/2012

OREGON EDUCATORS BENEFIT BOARD—DENTAL PLAN 8



<b>Benefit</b>	<b>You Pay</b>
Dental office visit charge	\$20 per visit plus any copayment or coinsurance listed below for specific services
Benefit maximum	None
Plan year deductible	
Individual	\$0
Family	\$0
<b>Preventive and Diagnostic Services</b>	<b>You Pay</b>
Oral exam	\$0
X-rays	\$0
Teeth cleaning	\$0
Fluoride treatments	\$0
Space maintainers	\$0
<b>Basic Restorative Services</b>	<b>You Pay</b>
Routine fillings	\$0
Crowns (plastic/acrylic and steel)	\$0
Simple extractions	\$0
<b>Oral Surgery</b>	<b>You Pay</b>
Surgical tooth extractions including diagnosis and evaluation	\$0
Major oral surgery	\$0
<b>Periodontics</b>	<b>You Pay</b>
Diagnosis and evaluation	\$0
Treatment of gum disease	\$0
Scaling and root planing	\$0
<b>Endodontics</b>	<b>You Pay</b>
Root canal and related therapy, including diagnosis and evaluation	\$0
<b>Major Restoration Services</b>	<b>You Pay</b>
Gold or porcelain crowns	\$0
Inlays	\$0
Bridge abutments	\$0
Pontics	\$0
<b>Removable Prosthetic Services</b>	<b>You Pay</b>
Full and partial dentures	\$0
Relines	\$0
Rebases	\$0

<b>Fixed Prosthetic Service</b>	<b>You Pay</b>
Dental implants (limit of 4 implants per lifetime)	50%
<b>Emergency Services</b>	<b>You Pay</b>
From dental group providers/participating providers	\$25 for emergency and urgent service visits on the same or next business day plus any other charges that normally apply
From non-dental group providers/nonparticipating providers	All charges over \$100
<b>Other Benefits</b>	<b>You Pay</b>
Nightguards	10% of the full price
Nitrous oxide	
Adults and children age 13 years and older	\$15
Children age 12 years and younger	\$0
<b>Orthodontics (Optional Benefit Rider)</b>	<b>You Pay</b>
	First \$1,500, plus \$10 ortho office visit copay; then Plan pays all remaining charges (no benefit maximum)

Questions? Call Membership Services (Monday–Friday, 8 a.m.–6 p.m.)

All areas...1-866-223-2375 (toll free). TTY...1-800-735-2900. 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 of your benefit coverage, claims review, and adjudication procedures, please see your evidence of coverage (EOC) or call Membership Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

The information in this brochure applies when you use the Kaiser Permanente dental care system. The information in this brochure does not apply to Dental Choice members when they obtain services from PPO providers and facilities and nonparticipating providers and facilities. This brochure is not a contract. Read your *Evidence of Coverage (EOC)* carefully to make sure you understand your coverage.