

# SUMMARY OF DENTAL BENEFITS

10/01/2008 through 09/30/2009

OREGON EDUCATION BENEFIT BOARD – DENTAL PLAN 7

<b>Benefit</b>	<b>You Pay</b>
<b>Dental Office Visit Charge</b>	\$5
<b>Benefit Maximum</b>	None
<b>Plan Year Deductible</b>	
Individual	\$0
Family	\$0
<b>Preventive and Diagnostic Services (Not applicable to the Deductible)</b>	<b>You Pay</b>
Oral Exam	No additional charge after office visit copay
X-rays	No additional charge after office visit copay
Teeth cleaning	No additional charge after office visit copay
Fluoride treatments	No additional charge after office visit copay
Space maintainers	No additional charge after office visit copay
<b>Basic Restorative Services</b>	<b>You Pay</b>
Routine fillings	No additional charge after office visit copay
Crowns (plastic/acrylic and steel)	No additional charge after office visit copay
Simple extractions	No additional charge after office visit copay
<b>Oral Surgery</b>	<b>You Pay</b>
Surgical tooth extractions including diagnosis and evaluation	No additional charge after office visit copay
Major Oral Surgery	No additional charge after office visit copay
<b>Periodontics</b>	<b>You Pay</b>
Diagnosis and evaluation	No additional charge after office visit copay
Treatment of gum disease	No additional charge after office visit copay
Scaling and root planing	No additional charge after office visit copay
<b>Endodontics</b>	<b>You Pay</b>
Root canal, related therapy, including diagnosis and evaluation	No additional charge after office visit copay
<b>Major Restoration Services</b>	<b>You Pay</b>
Gold or porcelain crowns	\$45 for each crown
Inlays	\$45 for each inlay
Bridge abutments	\$45 for each bridge abutment
Pontics	\$45 for each pontic
<b>Removable Prosthetic Services</b>	<b>You Pay</b>
Full and partial dentures	\$65 for each full denture, \$95 for each partial denture
Relines	\$25 for each reline
Rebases	\$25 for each rebase
<b>Fixed Prosthetic Service</b>	<b>You Pay</b>
Dental Implants	50%

<b>Emergency Services</b>	<b>You Pay</b>
From Health Plan Providers	\$25 for Emergency and Urgent Service visits on the same or next business day plus any other Charges that normally apply.
From non-Health Plan providers	Any Charges that normally apply plus amounts that exceed reasonable and customary Charges for qualifying claims.
<b>Other Benefits</b>	<b>You Pay</b>
Nightguards	10% of the full price
Nitrous oxide	
Adults and children age 13 years and older	\$15.00
Children age 12 years and younger	No Charge

**Questions? Call Membership Services (M-F, 8am – 6pm)**

All areas...1-866-223-2375. 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 (or EOC) or call Membership Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.