

## Multnomah County Employee Benefits

The Kaiser Dental 15 plan replaces the current Kaiser dental plan

Kaiser Dental Plan	Current Kaiser Dental	Kaiser Dental 15
<b>Annual Deductible</b>	None	None
<b>Annual Maximum Benefit</b>	None	None
	Services must be provided, prescribed, referred or authorized by Kaiser Permanente Plan Providers	Services must be provided, prescribed, referred or authorized by Kaiser Permanente Plan Providers
<b>Service:</b>		
Oral exam; X-rays; Teeth cleaning; Fluoride treatments; Space maintainers	100% after \$10 office copay	100% after \$15 office copay
Routine fillings; Crowns (plastic/acrylic & steel); Simple extractions	100% after \$10 office copay	100% after \$15 office copay
Surgical tooth extractions including diagnosis & evaluation	100% after \$10 office copay	100% after \$15 office copay
Diagnosis & evaluation; Treatment of gum disease; Scaling & root planing; Root canal; Related therapy	100% after \$10 office copay	100% after \$15 office copay
Gold or porcelain crowns; Inlays; Bridge abutments; Pontics	100% after \$45 copay for each crown, inlay, bridge abutment or pontic	100% after \$45 copay for each crown, inlay, bridge abutment or pontic
Full & partial dentures	100% after \$65 copay for each full denture; \$95 for each partial denture	100% after \$65 copay for each full denture; \$95 for each partial denture
Relines; Rebases	100% after \$25 copay for each reline or rebase	100% after \$25 copay for each reline or rebase
In-plan providers	You pay \$25 for same or next day emergency/urgent services plus any other charges that normally apply	You pay \$25 for same or next day emergency/urgent services plus any other charges that normally apply
Out-of-plan providers	You pay the balance after you are reimbursed up to \$100 for qualifying claims outside the service area.	You pay the balance after you are reimbursed up to \$100 for qualifying claims outside the service area.
Implants	Not covered	Up to \$2,000 toward an implant, which can cost \$5,000-\$6,000. One implant covered every 5 years
Nightguards	90% of the full price	90% of the full price
Nitrous oxide	Adults and children age 13 & up \$25; no charge for children age 12 & younger	Adults and children age 13 & up \$25; no charge for children age 12 & younger
Eligibility	Adults and Children	Adults and Children
Maximum lifetime benefit allowance plan pays per member (separate from dental yearly maximum)	\$3,000	\$3,000
Orthodontics	You pay 50% of the first \$6,000 in treatment costs; 100% of charges thereafter, Office visit copays apply	You pay 50% of the first \$6,000 in treatment costs; 100% of charges thereafter, \$15 Office visit copay applies

**Note - This is a high level plan summary. Refer to plan documents for complete descriptions of coverage.**