

Summary of dental benefits

For benefits effective 01/01/2006 to 12/31/2006

PACIFIC CONF. EVANGEL. CHURCH	02600-001
Dental office visit charge	\$10 ¹
Annual deductible	None
Annual benefit maximum	\$1,500
Benefit (when provided, prescribed, or authorized by a Kaiser Permanente Plan dentist)	You pay
Preventive and diagnostic services	
Oral exams and X-rays, teeth cleaning, fluoride treatments, instruction in care of your teeth and gums, and prescribed space maintainers	No additional charge
Basic restorative services	
Routine fillings, plastic and stainless steel crowns	No additional charge
Simple extractions	No additional charge
Oral surgery	
Surgical tooth extractions, including diagnosis and evaluation	20%
Periodontics	
Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing	20%
Endodontics	
Root canal and related therapy, including diagnosis and evaluation	20%
Major restorative services	
Gold or porcelain crowns, inlays, and bridge abutments and pontics	20%
Removable prosthetic services	
Full and partial dentures, relines and rebases	20%
Emergency treatment	
From Plan providers:	\$25 for emergency and urgent care visits on the same or next business day plus any other charges that normally apply.
From non-Plan providers:	Balance after you are reimbursed up to \$100 for qualifying claims outside the service area
Orthodontics	Not a covered benefit

Please note:

- ◆ You pay \$15 for nitrous oxide for adults and children 13 and older.
- ◆ You pay 10 percent of charges for nightguards.

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

Portland area...503-813-2000. All other areas...1-800-813-2000. TTY...1-800-735-2900.

Exclusions

The following are not covered:

- ◆ Services not approved by a Kaiser Permanente dentist. Kaiser Permanente does not pay for unauthorized services from dentists or facilities not affiliated with Kaiser Permanente, except as indicated under "Emergency treatment."
- ◆ Conditions covered by workers' compensation or that are the employer's responsibility.
- ◆ Repair or replacement of fixed prosthetics or removable prosthetic appliances that are less than five years old.
- ◆ Surgery to correct malocclusion or temporomandibular joint disorders; treatment for problems for the jaw point, including temporomandibular joint syndrome and craniomandibular disorders; and treatment of conditions of the joint linking the jaw bone and skull and of the complex of muscles, nerves, and other tissues related to that joint.
- ◆ Restorative or reconstructive treatment for specific congenital or developmental malformations.
- ◆ Full-mouth reconstruction and occlusal rehabilitation including appliances restorations, and procedures needed to alter vertical dimension or occlusion or to splint or correct attrition or abrasion.
- ◆ Cosmetic services.
- ◆ Prescription drugs.
- ◆ Prosthetic devices when necessary or desired following your decision to have a tooth (or teeth) extracted for nonclinical reasons or when a tooth is restorable.
- ◆ More than two visits for routine teeth cleaning (oral prophylaxis) in any 12 consecutive month period.
- ◆ Conditions covered by government agencies or programs other than Medicaid.
- ◆ Genetic testing.
- ◆ Dental implants, including bone augmentation and fixed or removable prosthetic devices attached to or covering the implants; all related services, including diagnostic consultations, impression, oral surgery, placement, removal and cleaning; and services associated with postoperative conditions and complications arising from implants.
- ◆ Removal and replacement, with alternative materials, of clinically acceptable material or restorations for any reason except the pathological condition of the tooth or teeth.
- ◆ General anesthesia and intravenous sedation.
- ◆ Medical, hospital, and certain dental services.
- ◆ Work in progress before your coverage is effective. Root canal therapy will be covered at 50% of charges if the pulp chamber was opened before your coverage became effective.
- ◆ Replacement of prefabricated, noncast crowns, including noncast stainless steel crowns, that were not placed by a Kaiser Permanente dentist.
- ◆ Experimental or investigational services.

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 your benefit coverage, claims review, and adjudication procedures, please see A Guide to Your Benefits (or EOC) or call Membership Services. In the case of conflict between this summary and the EOC, the EOC will prevail.

Footnotes: ¹Applies to each dental office visit. For plans with a deductible, this charge applies only to preventive and diagnostic services.