

## Summary of Dental Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Membership Services: 1-800-813-2000

**Group Number: 1568-173** 

Oregon T008 4/1/2023 - 3/31/2024

**Multnomah Bar Association** 

You pay
\$10
otherwise indicated)
\$0
\$0
ted toward the Deductible )
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
50% Coinsurance
50% Coinsurance
50% Coinsurance
50% Coinsurance
50% Coinsurance
50% Coinsurance
50% Coinsurance
50% Coinsurance
50% Coinsurance
le or Benefit Maximum)
\$25
\$0
All Members: 50% of Charges up to the \$2,000 Lifetime Benefit Maximum, and 100% of Charges thereafter.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to **kp.org/plandocuments**.

ORLGDental0122





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, all areas: 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.