

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

Oregon T138

4/1/2024 - 3/31/2025

Willamette University

Group N(u)-2 1fj ET EMC 3

Dental Office Visit Charge ±per visit, plus any Cost Share shown below for specific Services	\$15
Deductible (Per Calendar Year; applies to all services unless otherwise indicated)	
For one Member per Year	\$0
For an entire Family per Year	\$0
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible or Benefit Maximum)	
Oral exam	



Orthodontics

All Members: 50% of Charges up to the \$1,500 Lifetime Benefit Maximum, and 100% of Charges thereafter.

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