

## OR & WA LARGE GROUP TRADITIONAL PREVENTAMAX

BENEFIT CATEGORY	ED	EC	EA	EE	EF	EB	EJ
Benefits	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays
Preventive and diagnostic services	\$0	\$0	\$0	\$0	\$0	\$0	20%
Basic restorative services	20%	20%	20%	20%	20%	20%	20%
Simple extractions	20%	20%	20%	20%	20%	20%	20%
Oral surgery	20%	50%	20%	50%	20%	50%	20%
Periodontics	20%	50%	20%	50%	20%	50%	20%
Endodontics	20%	50%	20%	50%	20%	50%	20%
Major restorative services	50%	50%	50%	50%	50%	50%	50%
Removable prosthetic services	50%	50%	50%	50%	50%	50%	50%
Annual benefit maximum	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000

## OR & WA LARGE GROUP PPO PREVENTAMAX (MAC/UCC)

BENEFIT CATEGORY	FG		FE		FH		FD		FI		FB		FN	
Benefits	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays
Network	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Reimbursement	MAC	UCC	MAC	UCC	MAC	UCC	MAC	UCC	MAC	UCC	MAC	UCC	MAC	UCC
Preventive and diagnostic services	\$0	\$0	\$0	10%	\$0	\$0	\$0	10%	\$0	\$0	\$0	10%	20%	20%
Basic restorative services	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%
Simple extractions	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%
Oral surgery	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%
Periodontics	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%
Endodontics	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%	20%	30%	20%	20%
Major restorative services	50%	50%	50%	60%	50%	50%	50%	60%	50%	50%	50%	60%	50%	50%
Removable prosthetic services	50%	50%	50%	60%	50%	50%	50%	60%	50%	50%	50%	60%	50%	50%
Annual benefit maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

## OR & WA LARGE GROUP TRADITIONAL

BENEFIT CATEGORY	Q	F	M	J	Y	L	W	9	91	T	AN
Benefits	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays
Preventive and diagnostic services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
Basic restorative services	\$0	\$0	20%	20%	50%	\$0	\$0	20%	20%	20%	20%
Simple extractions	\$0	\$0	20%	20%	50%	\$0	\$0	20%	20%	20%	20%
Oral surgery	\$0	\$0	20%	50%	50%	\$0	20%	20%	20%	50%	20%
Periodontics	20%	50%	20%	50%	50%	20%	20%	20%	20%	50%	20%
Endodontics	20%	50%	20%	50%	50%	20%	20%	20%	20%	50%	20%
Major restorative services	50%	50%	50%	50%	50%	50%	20%	50%	50%	50%	50%
Removable prosthetic services	50%	50%	50%	50%	50%	50%	20%	50%	50%	50%	50%
Annual benefit maximum	NONE	NONE	NONE	NONE	NONE	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000

## OR & WA LARGE GROUP PPO (MAC/UCC)

BENEFIT CATEGORY	LD		97		TA		ME		LN	
	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays
Network	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Reimbursement	MAC	UCC	MAC	UCC	MAC	UCC	MAC	UCC	MAC	UCC
Preventive and diagnostic services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%	20%
Basic restorative services	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Simple extractions	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Oral surgery	20%	20%	20%	20%	50%	50%	20%	20%	20%	20%
Periodontics	20%	20%	20%	20%	50%	50%	20%	20%	20%	20%
Endodontics	20%	20%	20%	20%	50%	50%	20%	20%	20%	20%
Major restorative services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Removable prosthetic services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Annual benefit maximum	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

**OR & WA LARGE GROUP PPO (MAC/UCC) continued**

BENEFIT CATEGORY	LB		96		TO		LC		95	
Benefits	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays
Network	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Reimbursement	MAC	UCC	MAC	UCC	MAC	UCC	MAC	UCC	MAC	UCC
Preventive and diagnostic services	\$0	10%	\$0	10%	\$0	10%	\$0	\$0	\$0	\$0
Basic restorative services	20%	30%	20%	30%	20%	30%	20%	20%	20%	20%
Simple extractions	20%	30%	20%	30%	20%	30%	20%	20%	20%	20%
Oral surgery	20%	30%	20%	30%	50%	60%	20%	20%	20%	20%
Periodontics	20%	30%	20%	30%	50%	60%	20%	20%	20%	20%
Endodontics	20%	30%	20%	30%	50%	60%	20%	20%	20%	20%
Major restorative services	50%	60%	50%	60%	50%	60%	50%	50%	50%	50%
Removable prosthetic services	50%	60%	50%	60%	50%	60%	50%	50%	50%	50%
Annual benefit maximum	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000	\$2,000	\$1,500	\$1,500	\$1,000

**OR & WA LARGE GROUP PPO PREVENTAMAX (MAC/MAC)**

BENEFIT CATEGORY	FF		FC		FA		FM	
Benefits	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays
Network	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Reimbursement	MAC	MAC	MAC	MAC	MAC	MAC	MAC	MAC
Preventive and diagnostic services	\$0	\$0	\$0	\$0	\$0	\$0	20%	20%
Basic restorative services	20%	20%	20%	20%	20%	20%	20%	20%
Simple extractions	20%	20%	20%	20%	20%	20%	20%	20%
Oral surgery	20%	20%	20%	20%	50%	50%	20%	20%
Periodontics	20%	20%	20%	20%	50%	50%	20%	20%
Endodontics	20%	20%	20%	20%	50%	50%	20%	20%
Major restorative services	50%	50%	50%	50%	50%	50%	50%	50%
Removable prosthetic services	50%	50%	50%	50%	50%	50%	50%	50%
Annual benefit maximum	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000

## OR & WA LARGE GROUP PPO (MAC/MAC)

BENEFIT CATEGORY	LA		94		TT		LP	
	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays	Member pays
Network	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Reimbursement	MAC	MAC	MAC	MAC	MAC	MAC	MAC	MAC
Preventive and diagnostic services	\$0	\$0	\$0	\$0	\$0	\$0	20%	20%
Basic restorative services	20%	20%	20%	20%	20%	20%	20%	20%
Simple extractions	20%	20%	20%	20%	20%	20%	20%	20%
Oral surgery	20%	20%	20%	20%	50%	50%	20%	20%
Periodontics	20%	20%	20%	20%	50%	50%	20%	20%
Endodontics	20%	20%	20%	20%	50%	50%	20%	20%
Major restorative services	50%	50%	50%	50%	50%	50%	50%	50%
Removable prosthetic services	50%	50%	50%	50%	50%	50%	50%	50%
Annual benefit maximum	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000

Please see your *Evidence of Coverage (EOC)* for a complete description of these terms:

PPO—Preferred provider organization.

MAC—Maximum allowable charge.

UCC—Usual and customary charge. Kaiser Foundation Health Plan of the Northwest determines such charges at the 90th percentile of the standard fees for that area where the service was received.

Note: Dentists who do not belong to our PPO have not agreed to our contracted fee schedule. That means they charge higher fees, and the member may have higher out-of-pocket costs.

This brochure is not a contract. Plan details are provided in the *Evidence of Coverage (EOC)*. To obtain an *EOC* for a particular plan, contact Membership Services.