



Regence Life and Health

DENTAL PLANS

Regence Life and Health Insurance Company
is an Independent Licensee of the Blue Cross and Blue Shield Association

share the wellSM



Regence

Life and Health Insurance Company

GOOD HEALTH ISN'T COMPLETE without good dental care.

That's where dental coverage from Regence Life and Health comes in.

Total wellness requires a healthy mouth. That's why we're pleased to offer a variety of affordable dental programs for individuals and families.

We offer a range of dental plan options to meet your needs.

If you choose a managed care plan, you'll work with a participating provider who can combine the best available scientific evidence with clinical experience to develop a personalized oral health plan for you.

You can also choose one of our innovative open-access plans. They give you greater choice over your dental care while rewarding you for being proactive about your oral health.

Individual Incentive 10 Dental

Take care of yourself and watch your benefits grow

Individual Incentive 10 Dental rewards you for receiving routine preventive care. Each year that you visit the dentist for an annual exam and cleaning means greater benefits and fewer out-of-pocket expenses the next year.

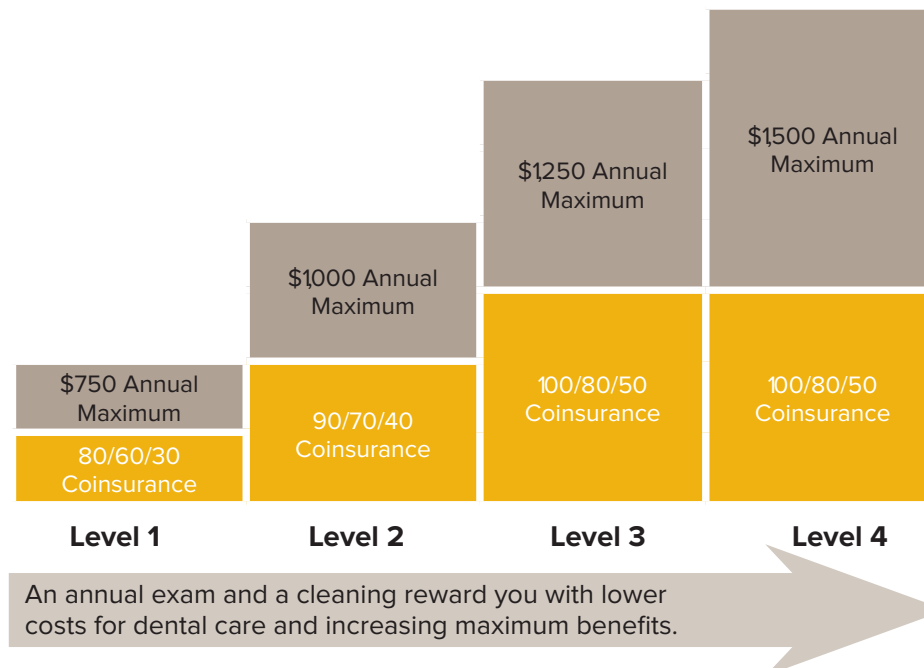
This plan features:

- Six-month waiting period for restorative services and 12-month waiting period for major services
- Deductible waived for exams and cleanings covered under Preventive Services
- \$50 deductible for other covered services
- The ability to choose any dentist but save even more by using one of our network providers (find a network provider at regence.com)
- Optional vision rider available (reimburses up to \$150 in vision services and/or hardware per member every two years)

Here's how it works

When you get your teeth cleaned and examined every year, you're rewarded with greater benefits the next year. Watch your annual benefits increase and your out-of-pocket coinsurance decrease.

By year four, you can reach a maximum annual benefit of \$1,500. And the percentage the plan pays in coinsurance can increase to 100/80/50 by year three. This means we'll pay 100% of preventive care, such as routine cleanings; 80% of restorative care, such as fillings; and 50% of major dental care like crowns or root canals.



Outline of coverage: Individual Incentive 10 Dental

Covered services are those dentally appropriate services or supplies that are required to prevent, diagnose or treat diseases or conditions of the teeth and supporting tissues. These services must be performed by a dentist or other provider practicing within the scope of his or her license.

Subject to the limitations and conditions described in the policy, the following will be considered covered services under your policy:

Preventive services

- Cleanings, limited to two per benefit year, whether they're considered cleanings or periodontal maintenance (periodontal maintenance covered under major services)
- Oral exams allowed, two per benefit year
- Fluoride treatment: two applications per benefit year for members age 17 and under
- X-ray bitewings: one set limited to twice per benefit year; panoramic and full-mouth series: limited to once every three years
- Sealants allowed for permanent bicuspids and molars for members age 17 and under
- Space maintainers allowed for members age 11 and under

Restorative services

- Fillings, composite and amalgam
- Emergency treatment for pain relief only
- Oral surgery, including surgical extractions, removal of teeth, biopsies and incision and drainage
- General anesthesia or intravenous sedation allowed for surgical extractions of teeth and for members age six and under
- Direct pulp capping

Major services

- Crowns or onlays and related services
- Bridges (fixed partial dentures)
- Dentures (full or partial) and related services
- Endosteal implants and related services; implants limited to four per lifetime per member
- Endodontics, including root canal treatment, pulpotomy and apicoectomy
- Periodontal maintenance, limited to two per benefit year in lieu of preventive cleaning
- Scaling and root planing allowed once every two years per quadrant
- Debridement allowed once every three years
- Gingivectomy and gingivoplasty allowed once every three years per quadrant
- Osseous and mucogingival surgery allowed once every five years per quadrant

Replacement of prosthetics is limited to replacements made at least seven years from the most recent placement; limited to once in a seven-year period.

Individual Dollar-Based Dental

Dental done your way

Individual Dollar-Based Dental puts you in control of your dental health dollars. The plan is dollar-based. This means you can use your coverage almost any way you choose, with few exclusions and limitations. Each year you visit the dentist for an annual exam and cleaning, you're rewarded with a benefit increase the following year.

You decide how to spend your benefit dollars.

This plan features:

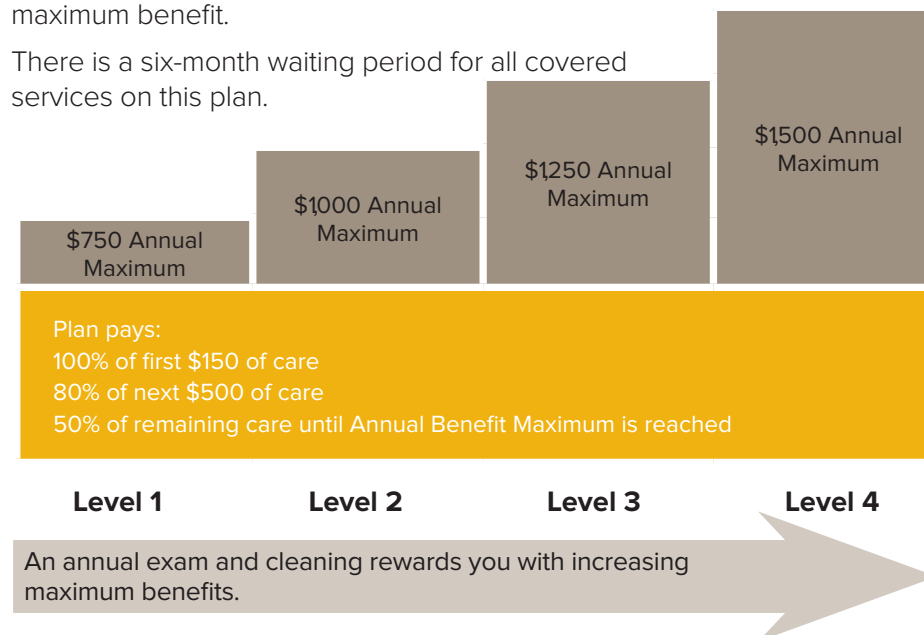
- No deductibles
- No limitations or exclusions for covered services (orthodontia, teeth bleaching and veneers are not covered services)
- The ability to choose any dentist but save even more by using one of our network providers (find a network provider at regence.com)
- Optional vision rider available (reimburses up to \$150 in vision services and/or hardware per member every two years)

Here's how it works

Each year that you take advantage of an annual exam and cleaning, the benefit dollars available to you increase. The goal is to reach \$1,500 in available benefits by year four.

Every year the plan pays: 100% of the first \$150 of care, 80% of the next \$500 of care, and 50% of remaining care until you reach your annual maximum benefit.

There is a six-month waiting period for all covered services on this plan.



Outline of coverage: Individual Dollar-Based Dental

Covered services are those dentally appropriate services or supplies that are required to prevent, diagnose, or treat diseases or conditions of the teeth and supporting tissues. These services must be performed by a dentist or other provider practicing within the scope of his or her license.

Managed Care Dental

Coverage that keeps your teeth healthy and your costs down

With Managed Care Dental, you get a variety of services covered at predictable copays. You'll work with a participating provider to maintain your oral health and enhance your overall health through routine exams and other preventive care.

This plan features:

- No deductibles
- No annual maximums
- Routine exams, teeth cleanings, periodontal screenings and evaluations provided for just a \$15 visit charge
- X-rays, fillings and a variety of other dental services provided at a low copay
- Orthodontia coverage regardless of age
- Emergency dental care coverage
- Orthodontic and some major services covered after a six-month waiting period
- Optional vision rider available (reimburses up to \$150 in vision services and/or hardware per member every two years)

Please refer to the summary of benefits, included in this brochure, for an overview of the plan and a list of limitations and exclusions.

Friendly offices are nearby

Services must be rendered by a participating provider. For the purposes of this plan, participating providers are Willamette Dental Group, and the providers who are employed by or are under contract with Willamette Dental Group, or any of its affiliates.

Participating provider offices are conveniently located throughout the area. You can find addresses and directions at **WillametteDental.com**.

Care is just a call away

After you sign up for Individual Managed Care Dental, you should call 1 (800) 359-6019 to schedule your first appointment with a participating provider. You can see a dentist in as soon as three to six weeks.

Managed Care Dental summary of benefits

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Annual maximum | None |
| Deductible | None |
| Visit charge | \$15 per visit |
| SUMMARY OF COVERED SERVICES AND SERVICE COPAYS | WHAT YOU PAY <i>(Please note: Service copays and coinsurance are charged per service)</i> |
| SERVICES COVERED WITH NO SERVICE COPAY | |
| Routine and emergency oral evaluations | \$15 visit charge |
| Teeth cleanings for children under age 13 | |
| Bitewing X-rays | |
| Periodontal screenings | |
| Periodontal maintenance | |
| SERVICES PROVIDED WITH ADDITIONAL \$10 SERVICE COPAY | |
| Nitrous oxide (per visit) | \$15 visit charge plus \$10 service copay |
| SERVICES PROVIDED WITH ADDITIONAL \$20 SERVICE COPAY | |
| Panoramic X-rays | \$15 visit charge plus \$20 service copay |
| After-hours visit | |
| SERVICES PROVIDED WITH ADDITIONAL \$30 SERVICE COPAY | |
| Teeth cleanings for members age 13 and over | \$15 visit charge plus \$30 service copay |
| Filings - amalgam, anterior composite, or posterior primary composite (per tooth) | |
| Simple denture/partial repairs | |
| Simple extractions | |
| ORTHODONTIA | |
| Pre-orthodontic service | Pre-orthodontic service copay will be deducted from the comprehensive orthodontic copay if the member elects orthodontic treatment |
| Initial orthodontic exam | \$15 visit charge plus \$25 service copay |
| Study models and X-rays | \$15 visit charge plus \$125 service copay |
| Comprehensive orthodontia | \$2,600 service copay per case |
| OTHER | |
| Out-of-area emergency care (50 miles or more from a WDG office) | You pay applicable service copays and fees. Willamette Dental reimburses up to \$100 of covered services. |
| Additional services covered by this policy (Please see the Schedule of Covered Services, Copays and Coinsurance for a complete list.) | \$15 visit charge plus 80% coinsurance |
| OPTIONAL VISION BENEFIT RIDER | |
| You may elect to add vision benefits to with your dental coverage. The vision benefit reimburses up to \$150 per member for vision exams and/or hardware every 24 months. | |

This is a brief summary of benefits. For full coverage provisions, including a description of limitations and exclusions, refer to your policy.

There is a six-month waiting period for all Orthodontic Services and some Major Services, including Permanent Crowns and some Prosthetic Services and Supplies.

Please note: If you cancel Individual Managed Care Dental, there is a 12-month waiting period before you can re-enroll.

The benefits of this plan are not subject to any coordination of benefits provision.

Individual Incentive 10 Dental

Exclusions

These services and supplies are not covered:

- Additional procedures to construct new crown under existing partial denture framework
- Application of desensitizing resin for cervical and/or root surface
- Bleaching of teeth
- Collection of cultures and specimens
- Connector bar or stress breaker
- Cosmetic/reconstructive services and supplies (certain exceptions apply)
- Diagnostic casts or study models
- Duplicate X-rays
- Endodontic endosseous implants
- Exfoliate cytology sample collection or brush biopsy
- Expenses payable by motor vehicle insurance or other liability insurance coverage
- Experimental/investigational treatments, procedures, and services and supplies
- Fees, taxes, interest
- Gold foil restorations
- Hospitalization for dentistry
- Implant maintenance procedures, including: removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis
- Incision and drainage of abscess extraoral soft tissue, complicated or non-complicated
- Indirect pulp capping
- Interim partial or complete dentures
- Labial veneers
- Local anesthesia, sterilization, and supplies billed as separate charges (these procedures are considered inclusive of billed procedures)
- Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue per tooth
- Maxillofacial prosthetic procedures
- Military service-related conditions: any condition resulting from military service in the armed forces of any country
- Modification of removable prosthesis following implant surgery
- Nitrous oxide
- Non-direct patient care
- Occlusal analysis and adjustments
- Occlusal guards
- Oral hygiene instructions
- Oral/facial photographic images
- Orthodontic services, including craniomandibular orthopedic treatment; procedures for tooth movement, regardless of purpose; correction of malocclusion; preventive orthodontic procedures; and other orthodontic treatment
- Pediatric dentures
- Pin retention in addition to restoration
- Precision attachments

- Prescription drugs, including take home prescription drugs, pre-medications, therapeutic drug injections, or supplies
- Provisional splinting
- Pulp vitality tests
- Radical resection of maxilla or mandible
- Radiographic/surgical implant index
- Removal of nonodontogenic cyst, tumor or lesion
- Replacement of lost, stolen or broken dental appliances
- Self-help, non-dental self-care, training, or instructional programs
- Services and supplies provided by a family member: services and supplies provided to a member by an immediate family member
- Surgical procedures for isolation of a tooth with rubber dam
- Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
- Treatment for an illness or injury caused by a member's unlawful instigation and/or active participation in a riot, rebellion, war or illegal act
- Treatment of simple or compound fractures of the mandible
- Treatment of Temporomandibular Joint Dysfunction
- Unspecified implant procedures
- Work-related injuries

Individual Dollar-Based Dental

Exclusions

Your policy does not cover:

- Bleaching of teeth
- Labial veneers
- Orthodontic services, including craniomandibular orthopedic treatment; procedures for tooth movement, regardless of purpose; correction of malocclusion; preventive orthodontic procedures; and other orthodontic treatment
- Expenses payable by motor vehicle insurance or other liability insurance coverage
- Treatment for an illness or injury caused by a member's unlawful instigation and/or active participation in a riot, rebellion, war or illegal act
- Work-related injuries

Managed Care Dental

Exclusions

These services and supplies are not covered:

- Aesthetic dental procedures and complications arising out of such services
- Benefits not stated
- Charges by any person other than a participating provider except as otherwise indicated in the policy
- Cosmetic/reconstructive services and supplies (certain exceptions apply)
- Coverage available under any federal, state, or other governmental program, except where required by law
- Diagnostic casts or study models
- Endodontics, bridges, crowns, and other prosthetic devices or services if treatment was started or ordered prior to the member's effective date or delivered more than 60 days after the member's coverage under this policy has terminated
- Excision of a tumor; biopsy of soft or hard tissue; removal of a cyst
- Experimental/investigational treatments, procedures, services and supplies
- Extraction of permanent teeth for tooth guidance procedures; procedures for tooth movement
- Full-mouth reconstruction
- General Anesthesia, except as specified in the Schedule of Covered Services, Copays and Coinsurance.
- Habit-breaking or stress-breaking appliances
- Hospitalization for dentistry
- Maxillofacial prosthetic services
- Medication and supply charges
- Military service-related conditions
- Motor vehicle coverage and other insurance liability
- Non-direct patient care
- Occlusal treatment including complete occlusal adjustments and occlusal guards
- Personalized restorations, precision attachments, and special techniques
- Repair or replacement of lost, stolen, or broken items
- Replacement of sound restorations
- Services and supplies for treatment of an illness or injury caused by riot, rebellion, war and illegal acts
- Services for accidental injury to natural teeth that are provided more than 12 months after the date of the accident
- Services or supplies and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved a participating provider
- Temporomandibular Joint (TMJ) dysfunction treatment
- Transseptal fiberotomy
- Treatment started prior to the member's effective date under this policy or completed after this policy terminates
- Work-related injuries

This is a brief summary of the individual dental plans available from Regence Life and Health Insurance Company. For full coverage provisions, including a complete list of Covered Services and Exclusions, please refer to your policy.

To learn more, contact your producer
or call toll-free: 1-888-REGENCE (1-888-734-3623)

Enroll online today! regenceLife.com