

# Dentacare Plan



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon

Your Dentacare Plan provides coverage for dental services provided by Willamette Dental as listed below. Under this plan, all family members must select the same provider group. For assistance in locating a Willamette Dental office please visit our Web site at [www.or.regence.com](http://www.or.regence.com) or their Web site [www.willamettedental.com](http://www.willamettedental.com).

Benefit Features	
<b>Choice of providers</b>	Willamette Dental
<b>Maximum benefits</b>	There is no maximum benefit
<b>Visit charge</b>	\$10 each visit
<b>Services subject to copayment:</b>	
➤ Crown or inlay (each)	\$50
➤ Bridge (per tooth or tooth space affected)	\$50
➤ Periodontal treatment (per quadrant or procedure; includes maintenance procedures)	\$50
➤ Nitrous oxide (per occurrence)	\$20
➤ Dentures (each)	\$50
➤ Surgical tooth extractions (per tooth)	\$40
➤ Root planing (per quadrant)	\$40
➤ Root canal work:	
Single canal (anterior)	\$40
Two canals (bicuspid/molar)	\$80
Three or more canals (molar)	\$100
<b>Dental Implant Services:</b>	Check with Willamette Dental for the <b>copayment</b> amount, which they may change without notice
<b>After hours emergency charge at Willamette Dental</b>	\$10 (in addition to the \$10 visit charge)
<b>Dental services in hospital</b>	\$100 (in addition to applicable service copayments – does not include charge for the surgical suite)
<b>Pre-orthodontia copayment</b>	\$150
<b>Orthodontia – Provided only through Willamette Dental</b>	Fully covered after visit charge and \$2,800 copayment Six-month waiting period. No age limit for benefits.
<b>Out-of-area emergency benefit</b>	Up to \$100 (less any required copayment)

## As a new patient of Willamette Dental, you can expect your first visit to include:

- discussion of your medical and dental history
- necessary x-rays, a thorough examination, and the development of your treatment plan
- review of causes of decay, gum disease, and a demonstration of effective methods of brushing and flossing
- a cleaning along with fluoride and decay reducing treatment for children up to age 12
- the scheduling of a cleaning appointment for adults

Additional Information	
<b>myRegence.com</b>	<b>myRegence.com</b> is designed to advise you on health care and lifestyle options, navigate you through the health care system, and reward you who make healthy choices. Go to <a href="http://www.myRegence.com">www.myRegence.com</a> and view claims; get fitness and nutrition tips; learn about medical conditions, medications and formulary information; search for doctors; and research cost and care options.

## Limitations and Exclusions

This summary provides a brief description of your dentacare plan and is not a guarantee of payment. Once enrolled, your benefits booklet can be viewed online at [www.or.regence.com](http://www.or.regence.com). Please refer to your benefits booklet for a complete list of benefits, definitions, and the limitations and exclusions that apply.

### These Benefits Are Limited

- We will not duplicate benefits for which you are eligible under Medicare except as required by law.
- The replacement of an existing denture, crown, or bridge less than seven years after the date of the most recent placement. Nor will it cover a denture replacement made necessary by loss, theft, or breakage.

### Services And Supplies Not Covered

- Services or supplies you receive before your coverage starts or after your coverage ends. The date artificial teeth are prepared is considered as the date of service.
- Services that are not necessary dental care.
- Services and supplies related to the diagnosis or treatment of the temporomandibular joint.
- Lost, stolen, or broken appliances.
- Splints, nightguards, and other appliances used to increase vertical dimensions, restore bite, or correct habits such as tongue thrusting or teeth grinding.
- Treatment(s), procedures, equipment, medications, devices, and supplies that are experimental or investigational even when provided by foreign providers.
- Services or supplies not received from a Dentacare dentist (except as specifically listed).
- Surgery for fractures, cysts, or tumors.
- Models of teeth and surrounding tissue for purposes of study and treatment planning.
- Services provided by a dentist or denturist that are beyond the scope of his or her license.
- Cosmetic dental services including complications arising out of such services.
- General anesthesia, unless recommended by the referring or attending dentist for a medical condition which requires general anesthesia before services can be performed.
- Recording of jaw movements or positions.
- Services or supplies you receive from a dental or medical department maintained by or on behalf of any employer, a mutual benefit association, labor union, trustee, or similar person or group.
- Services and supplies not specifically listed.



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon

Toll-free, all areas 1 (800) 228-0978

TDD Line for people with hearing impairments 1 (800) 382-1003

[www.or.regence.com](http://www.or.regence.com)