

EncoreSM, ExpressionsSM, and RadianceSM Dental Plan Highlights

Plan features:

- **Encore Dental Plan:** This plan includes preventive and diagnostic services, as well as restorative services. There is no major services benefit. After satisfaction of the deductible, this plan will provide payment for the services at the percentages listed below up to the calendar year maximum. Payment of benefits is based on a percentage of the allowed amount. Participating providers have agreed to accept the allowed amounts as payment for services. Services of a nonparticipating provider are paid based on a percentage of the allowed amount. The member will be responsible for any additional charges over the allowed amount.
- **Expressions Dental Plan:** This plan includes preventive and diagnostic services, as well as restorative and major services. After satisfaction of the deductible, this plan will provide payment for the services at the percentages listed below up to the calendar year maximum. Payment of benefits is based on a percentage of the allowed amount. Participating providers have agreed to accept the allowed amounts as payment for services. Services of a nonparticipating provider are paid based on a percentage of the allowed amount. The member will be responsible for any additional charges over the allowed amount.
- **Radiance Dental Plan:** This plan includes preventive and diagnostic services, as well as restorative and major services. After satisfaction of the deductible, this plan will provide payment for the services at the percentages listed below up to the calendar year maximum. Services are paid based upon a percentage of the allowed amount. The member will be responsible for any additional charges over the allowed amount.

Dental Plan	Encore Dental Plan	Expressions Dental Plan	Radiance Dental Plan
Annual Deductible / Maximum Deductible applies to all covered services except where noted	\$0 / \$500	\$25 / \$1,000	\$25 / \$1,000
	\$50 / \$500	\$50 / \$1,000	\$50 / \$1,000
	\$25 / \$750	\$25 / \$1,500	\$75 / \$1,000
	\$50 / \$750	\$50 / \$1,500	\$75 / \$1,500
		\$25 / \$2,000	\$50 / \$2,000
Covered Services			
Preventive and Diagnostic Services <ul style="list-style-type: none"> • Bitewing x-rays: 2 per calendar year • Complete intra-oral mouth x-rays: Once in a 3-year period • Cleanings: 2 per calendar year (in lieu of periodontal maintenance) • Oral examinations: 2 per calendar year • Panoramic mouth x-rays: Once in a 3-year period • Sealants (bicuspid and molars only): Under 18 years of age • Space Maintainers: Under 12 years of age • Topical fluoride application: Under 18 years of age, 2 treatments per calendar year 	Regence pays 80% after the deductible	Regence pays 100%, the deductible does not apply	Regence pays 100% after the deductible

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	\$50 / \$500	\$50 / \$1,000	\$50 / \$1,000
	\$25 / \$750	\$25 / \$1,500	\$75 / \$1,000
	\$50 / \$750	\$50 / \$1,500	\$75 / \$1,500
		\$25 / \$2,000	\$50 / \$2,000
Covered Services			
Basic and Restorative Services <ul style="list-style-type: none"> • Endodontic services including root canal treatment, pulpotomy and apicoectomy • Emergency treatment for pain relief • Fillings consisting of composite and amalgam restorations • General dental anesthesia or intravenous sedation (subject to necessity) • Uncomplicated and complex oral surgery procedures • Periodontal maintenance: 2 per calendar year (in lieu of preventive cleanings) • Periodontal debridement: Once in a 3-year period • Periodontal scaling and root planing: Once per quadrant in a 2-year period 	Regence pays 50% after the deductible	Regence pays 80% after the deductible	Regence pays 80% after the deductible
Covered Services			
Major Services <ul style="list-style-type: none"> • Bridges: Once within a 7-year period after placement • Crowns, inlays and onlays: Once within a 7-year period after placement • Dentures (full and partial): Once within a 7-year period after placement • Implants (endosteal): 4 per member lifetime 	Not covered	Regence pays 50% after the deductible	Regence pays 50% after the deductible

Optional Services	Encore Dental Plan	Expressions Dental Plan	Radiance Dental Plan
Orthodontia (for groups 26 and larger) Limited to under age 24	Not covered	\$1,000 or \$1,500 lifetime maximum Regence pays 50%, deductible does not apply 12 month waiting period applies	\$1,000 or \$1,500 lifetime maximum Regence pays 50%, deductible does not apply 12 month waiting period applies

Program Included With All Plans	<p>➔ The Regence Engine: Members lead a healthier lifestyle and receive Regence Rewards—points redeemable for gift certificates to a wide variety of restaurants and retailers—when they participate in the Regence Engine's fitness, weight-loss and smoking cessation programs. Access the Regence Engine at www.myRegence.com</p>
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Additional Information	
Waiting Periods	No benefits are provided for treatment of Orthodontia for a period of 12 months of consecutive coverage.
General Exclusions	<p>Aesthetic Dental Procedures: Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.</p> <p>Antimicrobial Agents: Localized delivery of antimicrobial agents into diseased crevicular tissue via a controlled release vehicle.</p> <p>Collection of Cultures and Specimens</p> <p>Condition Caused By Active Participation in a War or Insurrection: The treatment of any condition caused by or arising out of a member's active participation in a war or insurrection.</p> <p>Condition Incurred In or Aggravated During Performances In the Uniformed Services: The treatment of any member's condition that the Secretary of Veterans Affairs determined to have been incurred in, or aggravated during, performance of service in the uniformed services of the United States.</p> <p>Connector Bar or Stress Breaker</p> <p>Cosmetic/Reconstructive Services and Supplies except for dentally appropriate services and supplies to treat a congenital anomaly and to restore a physical bodily function lost as result of injury or illness.</p> <p>Desensitizing: Application of desensitizing medicaments or desensitizing resin for cervical and/or root surface.</p> <p>Diagnostic Casts or Study Models</p> <p>Duplicate X-Rays</p> <p>Expenses Before Coverage Begins or After Coverage Ends: Services and supplies incurred before your effective date under the contract or after your termination under the contract except as may be provided under the other continuation options of the contract.</p> <p>Facility Charges: Services and supplies provided in connection with facility services, including hospitalization for dentistry and extended-care facility visits.</p> <p>Fees, Taxes, Interest: Charges for shipping and handling, postage, interest or finance charges that a dentist might bill.</p> <p>Fractures of the Mandible: Services and supplies provided in connection with the treatment of simple or compound fractures of the mandible.</p> <p>Gold-Foil Restorations</p> <p>Government Programs: Benefits that are covered, or would be covered in the absence of this plan, by any federal, state or government program.</p> <p>Home Visits</p> <p>Implants: Services and supplies provided in connection with implants, whether or not the implant itself is covered.</p> <p>Investigational Services: Investigational treatment or procedures (health interventions) and services, supplies and accommodations provided in connection with investigational treatments or procedures (health interventions).</p> <p>Medications and Supplies including take home drugs, pre-medications, therapeutic drug injections and supplies.</p> <p>Motor Vehicle Coverage and Other Insurance Liability</p> <p>Nitrous Oxide</p> <p>Non-Direct Patient Care including appointments scheduled and not kept, charges for preparing medical reports and visits or consultations that are not</p>

Additional Information

	in person, including telephone consultations and email exchanges.
	Non-Duplication of Medicare: When by law, this coverage would not be primary to Medicare had you properly enrolled in Medicare when first eligible, benefits will be reduced to the extent that those benefits are or would have been provided by any part of Medicare, regardless of whether or not you choose to accept those benefits.
	Occlusal Treatment: Services and supplies provided in connection with dental occlusion, including occlusal analysis, adjustments and occlusal guards.
	Oral Hygiene Instructions
	Oral Surgery treating any fractured jaw and orthognathic surgery. By orthognathic surgery, we mean surgery to manipulate facial bones, including the jaw, in patients with facial bone abnormalities performed to restore the proper anatomic and functional relationship of the facial bones.
	Orthodontic Dental Services including correction of malocclusion, craniomandibular orthopedic treatment, other orthodontic treatment, preventive orthodontic procedures and procedures for tooth movement, regardless of purpose. Unless optional orthodontia coverage is selected.
	Personal Comfort Items: Items that are primarily used for personal comfort or convenience, contentment, personal hygiene, aesthetics or other nontherapeutic purposes.
	Photographic Images
	Pin Retention in Addition to Restoration
	Precision Attachments
	Prosthesis including maxillofacial prosthetic procedures and modification of removable prosthesis following implant surgery.
	Provisional Splinting
	Replacements: Services and supplies provided in connection with the replacement of any dental appliance (including, but not limited to, dentures and retainers), whether lost, stolen or broken.
	Riot, Rebellion and Illegal Acts: Services and supplies for treatment of an illness, injury or condition caused by a member's voluntary participation in a riot, armed invasion, aggression, insurrection or rebellion or sustained by a member arising directly from an act deemed illegal by an officer or a court of law.
	Self-Help, Self-Care, Training or Instructional Programs
	Separate Charges: Services and supplies that may be billed as separate charges (these are considered inclusive of the billed procedure) including any supplies, local anesthesia and sterilization.
	Services and Supplies Provided by a Member of Your Family
	Services Performed in a Laboratory
	Surgical Procedures: Services and supplies provided in connection with the following surgical procedures: exfoliative cytology sample collection or brush biopsy; incision and drainage of abscess extraoral soft tissue, complicated or non-complicated; radical resection of maxilla or mandible; removal of nonodontogenic cyst, tumor or lesion; surgical stent and surgical procedures for isolation of a tooth with rubber dam.
	Temporomandibular Joint (TMJ) Dysfunction Treatment
	Third-Party Liability: Services and supplies for treatment of illness or injury for which a third party is or may be responsible.
	Tooth Transplantation: Services and supplies provided in connection with tooth transplantation, including reimplantation from one site to another and splinting and/or stabilization.
	Travel and Transportation Expenses
	Work-Related Conditions: Expenses for services and supplies incurred as a result of any work related injury or illness, including any claims that are resolved related to a disputed claim settlement. The only exception is if an enrolled employee is exempt from state or federal workers' compensation law.

This is a brief summary of benefits; it is not a certificate of coverage. For full coverage provisions, refer to the contract.