

Value Dental Plan



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

Regence BlueCross BlueShield of Oregon

Your Dental Plan provides coverage for services provided by Participating and Non-Participating Dental providers as listed below. Under this plan, Participating providers will not charge more than our contracted fees. Non-Participating providers will bill for the balances that exceed our contracted fees. Once enrolled, the **Participating Dental Network** is the panel of providers for which you will receive the greatest benefits. For assistance in locating a Participating Dental provider please refer to your provider directory or visit our Web site at www.or.regence.com.

Benefit Features	
Maximum benefit per person per calendar year	\$1,000
Deductible per person per calendar year	\$50
Maximum number of individual deductibles per family	3
Preventive Services	
(See preventive schedule on page 2)	
After Deductible - We Pay	
<ul style="list-style-type: none"> ➤ Examinations ➤ Cleaning ➤ X-rays ➤ Fluoride treatments 	80%
Restorative Services	
After Deductible - We Pay	
<ul style="list-style-type: none"> ➤ Fillings ➤ Simple extractions ➤ Space maintainers ➤ Root canal therapy ➤ Periodontal scaling, root planing, and maintenance ➤ Emergency treatment 	80%
Complicated Services	
(Twelve-month waiting period on complicated services)	
After Deductible - We Pay	
<ul style="list-style-type: none"> ➤ Periodontal surgery ➤ Complex oral surgery 	50%
Major Services	
(Twelve-month waiting period on major services)	
After Deductible - We Pay	
<ul style="list-style-type: none"> ➤ Crowns ➤ Bridges ➤ Implants ➤ Dentures 	50%

Additional Information	
myRegence.com	myRegence.com 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 www.myRegence.com 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.

See page 2 for limitations and exclusions >

Limitations and Exclusions

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

Preventive Services Schedule	
Oral Exams	Twice in any calendar year.
Cleaning	Twice in any calendar year.
X-rays	
➤ Full mouth	Once every 60 months.
➤ Bitewing	Once each calendar year.
Fluoride	Twice in any calendar year; covered only for age 17 and under.
Sealants	Once every 48 months; covered only for age 17 and under.

These Benefits Are Limited

- Crowns are covered only when a tooth cannot be restored with a filling or by any other means.
- Periodontal scaling and root planing, per quadrant, is limited to once every 24 months.
- Emergency services are limited to those provided for relief, not cure.
- X-ray must document the need for surgical extraction.
- Replacement of an existing denture or crown is covered only when seven or more years have passed since the date of the most recent placement.
- We may limit payment to the treatment method with the lesser charge.

These Services Are Not Covered

- Services provided by a member of your immediate family or household.
- Services or supplies you receive before your coverage starts or after your coverage ends.
- Services that are not necessary dental care.
- Replacement of teeth missing when this coverage begins.
- Appliances or restorations used for periodontal splinting (except for documented cases of bruxism), to increase vertical dimensions, to restore the occlusion (bite), or to correct habits such as tongue thrusting.

- Orthodontic services, except extractions for orthodontic purposes.
- Cosmetic dental services including complications arising out of such services.
- Recording of jaw movements or positions.
- Temporary dentures.
- Local anesthesia charged separately with fillings.
- General anesthesia, except when necessary for complex oral surgery or due to the existence of a concurrent medical condition.
- Premedications, take-home medicines, and supplies.
- Treatment(s), procedures, equipment, medications, devices, and supplies that are experimental or investigational even when provided by foreign providers.
- Temporomandibular (jaw joint) and related problems.
- Work-related conditions.
- Services or supplies you receive from a dental or medical department maintained on behalf of any employer.
- Models of teeth and surrounding tissue for purposes of study and treatment planning.
- Services and supplies to teach nutrition and oral hygiene techniques.



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

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

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