

REGENCE LIFE AND HEALTH VOLUNTARY DENTAL

Regence Life and Health's Voluntary Dental coverage can help families maintain good oral health and more. Voluntary means that the employee pays for the majority of the premium, but they pay the less expensive, pre-tax group rates, making plans more affordable for both employers and employees.

Benefit Specifications

Regence Life and Health's Voluntary Dental product features two benefit maximum options, both of which cover standard preventive services such as cleanings, x-rays and fluoride treatments for children. Members may seek care from any dental provider. Regence has set rates for services from providers in our network. Members will be responsible for amounts exceeding the set rates for providers out of our network. A six-month waiting period applies to Restorative Services. A twelve-month waiting period applies to Major Services.

Regence Life and Health Identification Cards



The back of the card indicates the coinsurance and deductible information above the icon as well as where to send claims. Please note that dental claims are to be sent to PO Box 1271 M/S E3A Portland, OR 97207-1271.

Regence Life and Health Voucher



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

P.O. BOX 1271 MSE3A
 PORTLAND, OREGON 97207-1271

DR. GARY SMITH
 123 STREET ADDRESS
 PORTLAND OR 97220

DATE 09/06/06 GROUP ORTRGRPS
 CLAIM NUMBER 061860006-00 ABC COMPANY
 PATIENT NAME DOE, JOHN INSURED DOE, JOHN
 PATIENT HAS MET 0.00 OF THE 50.00 DEDUCTIBLE
 32.00 OF THE 750.00 YEARLY MAX

FROM DATE	DESCRIPTION	CHARGES	ALLOWED	DEDUCTIBLE	COINSURANCE	BENEFIT %	PREV PAID	PAID
07/30/06	D0150 TOOTH# 01	40.00	40.00	0.00	8.00	80	0.00	32.00

REMARKS	TOTALS ▶	40.00	40.00	0.00	8.00		0.00	32.00
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FORM RLH195 (Rev. 10/06)



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P.O. BOX 1271 MSE3A
 PORTLAND, OREGON 97207-1271

DATE 09/06/06

WELLS FARGO BANK

11-24
 1210(8)

No. 00028006

*****32.00

PAY *****32 DOLLARS AND 00 CENTS

TO THE ORDER OF DR. GARY SMITH
 123 STREET ADDRESS
 PORTLAND OR 97220

VOID AFTER 90 DAYS
 AUTHORIZED SIGNATURE(S)

Mark B. Smith

PLAN ORTRGRPS / CLAIM NUMBER OR 061860006-00

⑈00028006⑈ ⑆121000248⑆4121052773⑈

FORM RLH195 (Rev. 10/06)

Contact Information

RLH Claims Toll Free Phone #..... 1-800-2856-1129

*Listen for the RLH Dental phone prompt/ or Dial Extension 7967

Direct Oregon line to Dental..... 503-412-7967

RLH Claims Fax..... 503-412-7975

Submit claims to:

Regence Life and Health Insurance Company

Attn: Dental Claims Department

P.O. Box 1271 M/S E3A

Portland, OR 97207-1271