

EncoreSM, ExpressionsSM and RadianceSM Plans

Introduction

EncoreSM, ExpressionsSM and RadianceSM focus on personal freedom and cost accountability. These products offer members choices about dental providers, benefit levels and services. We refer to these products as self-managed plans.

Encore^{SM*}

Provides preventive care to help preserve the member's oral, physical and emotional health at the lowest price possible.

Expressions^{SM*}

Provides upfront benefits which encourage preventive behavior and comprehensive coverage for when higher-priced treatments are needed.

RadianceSM

RadianceSM is ideal for employer groups that have members in areas where access to the Participating dental network may be limited. It provides broad provider choice at a lower price and that helps maintain the member's access to affordable dental care.

*EncoreSM and ExpressionsSM are network products and reimbursement is established based on the provider's network participation. RadianceSM is not a network product and there is no hold harmless for this plan.

More information about these products, including benefit summaries, is available in the Products section of our *Provider Web Site* at **www.or.regence.com/provider**.

Locating providers

EncoreSM, ExpressionsSM and RadianceSM use well-established provider networks as well as non-contracted providers. Members can choose to seek services from any provider.

Participating network providers can be found using our online directories available on our *Provider Web Site* at **www.or.regence.com/provider**. Participating providers can also be found in our paper directories.

See the EncoreSM, ExpressionsSM and RadianceSM sections on the following pages for more information.

This section summarizes the provider networks and covered benefits for EncoreSM, ExpressionsSM and RadianceSM. For complete and current benefit information, use Regence Online Services for Providers, found on our *Provider Web Site* at www.or.regence.com/provider or contact Regence Provider Customer Service for these products at 1 (800) 452-6333.

EncoreSM

Encore Benefits

- Annual maximum of \$500 or \$750
- Deductible may apply for all benefits
- Reimbursement levels are 80% for preventive, 50% for restorative and 0% for major services.

Participating (PAR) dental network providers:

- Members who seek services from Participating dental network providers generally incur the lowest out-of-pocket costs.
- Participating dental network providers will not charge members for balances beyond any deductible, copayment and/or coinsurance amount for covered services.

Non-contracted providers:

- Members who seek services from non-contracted providers generally incur the highest out-of-pocket costs.
- Non-contracted providers may bill members for balances over our allowable, in addition to any deductible, copayment and/or coinsurance amount for covered services.

ExpressionsSM

Expressions Benefits

- Annual maximum of \$1,000, \$1,500 or \$2,000
- Reimbursement levels are 100% for preventive (deductible is waived), 80% for restorative and 50% for major services
- Ortho rider is available with this plan. It has a lifetime maximum of \$1,000 or \$1,500, is limited to age 23 and under and has a 50% benefit after a 12 month waiting period.

Participating (PAR) dental network providers:

- Members who seek services from Participating dental network providers generally incur the lowest out-of-pocket costs.
- Participating dental network providers will not charge members for balances beyond any deductible, copayment and/or coinsurance amount for covered services.

Non-contracted providers:

- Members who seek services from non-contracted providers generally incur the highest out-of-pocket costs.
- Non-contracted providers may bill members for balances over our allowable, in addition to any deductible, copayment and/or coinsurance amount for covered services.

RadianceSM**Radiance Benefits**

- Annual maximum of \$1,000 or \$1,500
- Deductible may apply for all benefits
- Reimbursement levels are 100% for preventive, 80% for restorative and 50% for major services.
- Ortho rider is available with this plan. It has a lifetime maximum of \$1,000 or \$1,500, is limited to age 23 and under and has a 50% benefit after a 12 month waiting period.

RadianceSM is a non-network product. Providers may bill members for balances over our allowable in addition to any deductible, copayment and/or coinsurance amount for covered services.

**Additional benefit option for Clark County, Washington
- based employer groups**

Regence BCBSO offers the following additional benefit option to employer groups based in Clark, County Washington with EncoreSM, ExpressionsSM and RadianceSM dental plan participation. Optional benefits are offered at the employer group level; therefore, all members of an employer group with optional benefits, regardless of where they reside, are eligible for the optional benefits. Specific benefit information is available by calling Regence Provider Customer Service for these products at 1 (800) 452-6333 or using Regence Online Services for Providers available on our *Provider Web Site* at **www.or.regence.com/provider**.

Temporomandibular Joint Disorder (TMJ)

- \$1,000 calendar-year maximum. Deductible does not apply.

Identifying EncoreSM, ExpressionsSM and RadianceSM members

EncoreSM, ExpressionsSM and RadianceSM are options only to those employer groups which have decided on one of our two new medical products, InnovaSM and EngageSM or to those groups seeking only dental coverage. EncoreSM,

ExpressionsSM and RadianceSM members can be identified by their member card. These member cards are different from our other Regence member cards.

Member cards will be printed:

- Four-color
- With one of seven background designs: four cityscapes (Boise, Idaho; Portland, Ore; Salt Lake City, Utah; or Seattle, Wash.), two graphic designs (diamonds or circles), or a snowboarder image
- Listing one member name per card or the entire family on each card
- With the subscriber suffix listed as '00'

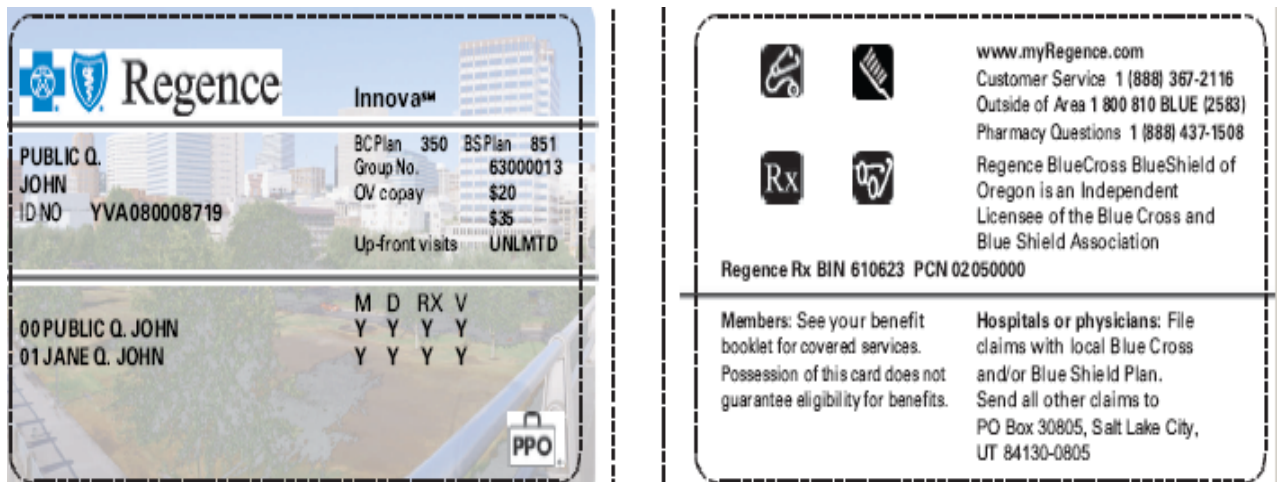
The medical product alpha prefixes for Regence BCBSO are:

InnovaSM = YVA and EngageSM = YVV

*****Dental only plans will not contain an alpha prefix.**

Members previously covered on a Regence medical Plan will receive new member numbers once enrolled in a new medical plan.

Here is an example of the member card for a family with both medical and dental:



Icons on the back of the card indicate various types of benefits available: medical (stethoscope), dental (toothbrush), pharmacy (Rx) and vision (eyeglasses) benefit information.

PLEASE NOTE: The vision icon, copayment, coinsurance and deductible information is not included on the member cards that were first issued when Innova and Engage were originally released in November 2007. To obtain this information, use Regence Online Services for Providers available on our *Provider Web Site* at www.or.regence.com/provider or contact Regence Provider Customer Service for these patients at **1 (800) 452-6333**.

Filing claims

Submit claims for EncoreSM, ExpressionsSM and RadianceSM patients electronically along with other Regence BCBSO claims or send paper claims to:

Regence BCBSO
Attention: Claims Services
PO Box 30805
Salt Lake City, UT 84130-0805

New vouchers

Claims for your EncoreSM, ExpressionsSM and RadianceSM patients will be reported on our new claims system *Claim Voucher*, which will be produced every Thursday and mailed no later than Friday. You will receive payment for EncoreSM, ExpressionsSM and RadianceSM patients separately from other Regence patients. The new, easy-to-read vouchers for these patients include:

- Boxes around the headers for each amount
- Line by line breakdowns
- Codes billed by line item
- Specific error messages

COMPANY LOGO, ADDRESS

Customer Service Phone No.: 1 (XXX) XXX-XXXX

Check cut to: JANE SMITH, DMD
1234 MAIN ST
HOMETOWN USA 12345

Provider ID 100100100
NPI NO: 0101010101

Date: 11/20/07
Voucher No: IM00000000143066

Page 1 of 2

CLAIM VOUCHER

NETWORK Original Claims

CUSTOMER SERVICE: 1 (XXX) XXX-XXXX

Date of Service		Proc. Code Modifier	Units	Billed Amount	Allowed Amount	Contractual Adjustment	Paid By Others	Risk Withhold	Amount Paid	Patient Responsibility					Interest Paid	Msg. Codes
From	Through									Deductible	Copay	Coinsurance	Non Covered	Total		

Patient Name: JOHN DOE Insured Name: JOHN DOE Group # 88888888 Claim #200000000002
Patient Acct.# 22222222 ID# 111111111 NETWORK Del Prov: JANE SMITH

11/12/07	11/12/07	D0120		\$50.00	\$48.00	\$2.00			\$48.00							PSS
		D1110		\$80.00	\$77.00	\$3.00			\$77.00							
Current Claim Total				\$130.00	\$125.00	\$5.00			\$125.00							

PSS: The charge exceeds the allowable amount for this service

Patient Name: JACK BROWN Insured Name: JACK BROWN Group # 99999999 Claim #200000000004
Patient Acct.# 33333333 ID# 123123123 NETWORK Del Prov: JANE SMITH

11/1/07	11/1/07	D721029		\$215.00	\$166.03				\$112.82	\$25.00		\$28.21	\$48.97	\$102.18		PSS
Current Claim Total				\$215.00	\$166.03				\$112.82	\$25.00		\$28.21	\$48.97	\$102.18		

PSS: The charge exceeds the allowable amount for this service.

Total NETWORK Claims

Billed Amount	Allowed Amount	Contract. Adjustment	Paid By Others	Risk Withhold	Amount Paid	Interest Paid	Balance Forward	Amount(-) Prev Paid
\$345.00	\$291.03	\$5.00			\$237.82			

COMPANY LOGO, ADDRESS

Customer Service Phone No.: 1 (XXX) XXX-XXXX

Check cut to: JANE SMITH, DMD
1234 MAIN ST
HOMETOWN USA 12345

Provider ID : 100100100
NPI NO: 0101010101

Date: 11/20/07 **Page** 2 of 2
Voucher No: IM00000000143066

PAYMENT SUMMARY

VOUCHER TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT RECOVERED THIS VOUCHER	TOTAL BALANCE FORWARD	TOTAL INTEREST	CHECK AMOUNT	CHECK DATE
\$345.00					\$237.82	11/20/07

PSS The charge exceeds the allowed amount for this service

Regence Customer Service

Regence has toll-free Customer Service phone numbers for you and separate Customer Service phone numbers for our EncoreSM, ExpressionsSM and RadianceSM members. These phone numbers are different than the phone numbers for our other members.

Provider Customer Service

Contact Regence Provider Customer Service at 1 (800) 452-6333 for inquiries regarding your EncoreSM, ExpressionsSM or RadianceSM patients.

Member Customer Service

EncoreSM, ExpressionsSM and RadianceSM members can contact our Member Customer Service phone number listed on the back of their member cards. Regence Provider and Member Customer Service phone numbers for each of our Plans are included below:

REGENCE CUSTOMER SERVICE FOR ENCORESM, EXPRESSIONSSM AND RADIANCESM MEMBERS		
Regence Plan	Provider Customer Service Phone Numbers	Member Customer Service Phone Numbers
Regence BlueShield of Idaho	1 (800) 475-1149	1 (888) 367-2117
Regence BlueCross BlueShield of Oregon	1 (800) 452-6333	1 (888) 367-2116
Regence BlueCross BlueShield of Utah	1 (877) 417-6222	1 (888) 367-2119
Regence BlueShield (in Washington)	1 (800) 253-0838	1 (888) 367-2112