

# Dental Plan 1



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

Regence BlueCross BlueShield of Oregon

## Oregon Auto Trades Association

Effective October 1, 2008

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

Benefit Features	
Maximum benefit per person per calendar year	\$1,500
Deductible per person per calendar year	\$50
Maximum number of individual deductibles per family	3
<b>Preventive Services</b>	<b>Deductible Waived - We Pay</b>
<ul style="list-style-type: none"> <li>➤ Examinations</li> <li>➤ Cleaning</li> <li>➤ X-rays</li> <li>➤ Fluoride treatments</li> </ul>	100%
<b>Restorative Services</b>	<b>After Deductible - We Pay</b>
<ul style="list-style-type: none"> <li>➤ Fillings</li> <li>➤ Simple extractions</li> <li>➤ Space maintainers</li> <li>➤ Root canal therapy</li> <li>➤ Periodontal scaling, root planing, and maintenance</li> <li>➤ Emergency treatment</li> </ul>	80%
<b>Complicated Services</b>	<b>After Deductible - We Pay</b>
<ul style="list-style-type: none"> <li>➤ Periodontal surgery</li> <li>➤ Complex oral surgery</li> </ul>	80%
<b>Major Services</b>	<b>After Deductible - We Pay</b>
<ul style="list-style-type: none"> <li>➤ Crowns</li> <li>➤ Bridges</li> <li>➤ Implants</li> <li>➤ Dentures</li> </ul>	50%
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.

**More Information >**

## 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](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.

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

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