

# Regence Expressions<sup>SM</sup> Dental Plan

**\$50 Deductible**

**\$1,500 Maximum**

**NW Auto Trades Association**

**Effective Date: October 1, 2011**



# Regence

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

## Benefit Summary

<b>Deductible per calendar year</b>	\$50 Per Member \$150 Per Family (3 times the member amount)
<b>Maximum benefit per calendar year</b>	\$1,500 Per Member

## Understanding Your Benefits

- We will begin to pay benefits for covered services in any calendar year only after your deductible is satisfied unless otherwise specified.
- Once you have satisfied any applicable deductible, we pay a percentage of the allowed amount for covered services up to any maximum benefit. When our payment is less than 100%, you pay the remaining percentage. This is your **Coinsurance** (Member Responsibility).
- We do not reimburse Dentists for charges above the allowed amount. A **Participating Dentist** will not charge you for any balances for covered services beyond your deductible and/or coinsurance amount. **Nonparticipating Dentists**, however, may bill you for any balances over our payment level in addition to any deductible and/or coinsurance amount. You can find a list of providers at our Website or by calling Customer Service.

## Covered Dental Services (Per Member)

## Member Responsibility

<p><b>Preventive Dental Services</b></p> <ul style="list-style-type: none"> <li>▪ Bitewing x-rays: 2 per calendar year</li> <li>▪ Complete intra-oral mouth x-rays: Once in a 3-year period</li> <li>▪ Cleanings: 2 per calendar year (in lieu of periodontal maintenance)</li> <li>▪ Oral examinations: 2 per calendar year</li> <li>▪ Panoramic mouth x-rays: Once in a 3-year period</li> <li>▪ Sealants (bicuspid and molars only): Under 18 years of age</li> <li>▪ Space Maintainers: Under 12 years of age</li> <li>▪ Topical fluoride application: Under 18 years of age, 2 treatments per calendar year</li> </ul>	0% deductible waived
<p><b>Basic Dental Services</b></p> <ul style="list-style-type: none"> <li>▪ Endodontic services including root canal treatment, pulpotomy and apicoectomy</li> <li>▪ Emergency treatment for pain relief</li> <li>▪ Fillings consisting of composite and amalgam restorations</li> <li>▪ General dental anesthesia or intravenous sedation (subject to necessity)</li> <li>▪ Uncomplicated and complex oral surgery procedures</li> <li>▪ Periodontal maintenance: 2 per calendar year (in lieu of preventive cleanings)</li> <li>▪ Periodontal debridement: Once in a 3-year period</li> <li>▪ Periodontal scaling and root planing: Once per quadrant in a 2-year period</li> </ul>	20%
<p><b>Major Dental Services</b></p> <ul style="list-style-type: none"> <li>▪ Bridges: Except no benefits are provided for replacement made fewer than 7-years after placement</li> <li>▪ Crowns, inlays and onlays: Except no benefits are provided for replacement made fewer than 7-years after placement</li> <li>▪ Dentures (full and partial): Except no benefits are provided for replacement made fewer than 7-years after placement</li> <li>▪ Implants (endosteal): 4 per member lifetime</li> </ul>	50%

## **Dental Exclusions**

We will not provide benefits for any of the following conditions, treatments, services, supplies or accommodations, including any direct complications or consequences that arise from them. However, these exclusions will not apply with regard to an otherwise covered service for an injury, if the injury results from an act of domestic violence or a medical condition (including physical and mental) and regardless of whether such condition was diagnosed before the injury, as required by federal law.

**Aesthetic Dental Procedures:** Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.

**Antimicrobial Agents:** Localized delivery of antimicrobial agents into diseased crevicular tissue via a controlled release vehicle.

### **Collection of Cultures and Specimens**

**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.

**Condition Incurred in or Aggravated During Performances in the Uniformed Services:** The treatment of any member's condition that the Secretary of Veterans Affairs determines to have been incurred in, or aggravated during, performance of service in the uniformed services of the United States.

### **Connector Bar or Stress Breaker**

**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.

**Desensitizing:** Application of desensitizing medicaments or desensitizing resin for cervical and/or root surface.

### **Diagnostic Casts or Study Models**

### **Duplicate X-Rays**

**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.

**Facility Charges:** Services and supplies provided in connection with facility services, including hospitalization for dentistry and extended-care facility visits.

**Fees, Taxes, Interest:** Charges for shipping and handling, postage, interest or finance charges that a dentist might bill.

**Fractures of the Mandible:** Services and supplies provided in connection with the treatment of simple or compound fractures of the mandible.

### **Gold-Foil Restorations**

**Government Programs:** Benefits that are covered, or would be covered in the absence of this plan, by any federal, state or government program.

### **Home Visits**

**Implants:** Services and supplies provided in connection with implants, whether or not the implant itself is covered.

**Investigational Services:** Investigational treatment or procedures (health interventions) and services, supplies and accommodations provided in connection with investigational treatments or procedures (health interventions).

**Medications and Supplies** including take home drugs, pre-medications, therapeutic drug injections and supplies.

### **Motor Vehicle Coverage and Other Insurance Liability**

### **Nitrous Oxide**

**Non-Direct Patient Care** including appointments scheduled and not kept, charges for preparing medical reports, itemized bills or claim forms, and visits or consultations that are not 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.

**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**

## **Dental Exclusions**

### **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 or 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; or 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.

**Please note:** This benefit summary provides a brief description of your dental plan benefits, limitations and exclusions under your dental plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at our Website, [www.myRegence.com](http://www.myRegence.com). Please refer to your benefits booklet for a complete list of benefits, the limitations and exclusions that apply and a definition of dentally appropriate.



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Contact Customer Service at 1 (888) 367-2116  
Or write to us at 100 SW Market Street, Portland,  
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[www.regence.com](http://www.regence.com)