

Classic Dental Plan



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	\$1,500
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	After Deductible - We Pay
<ul style="list-style-type: none"> ➤ Periodontal surgery ➤ Complex oral surgery 	80%
Major Services	After Deductible - We Pay
<ul style="list-style-type: none"> ➤ Crowns ➤ Bridges ➤ Implants ➤ Dentures 	50%

Limitations and Exclusions

Once enrolled, your benefits booklet can be viewed online at our Web site, www.or.regence.com. Please refer to your benefits booklet for a complete list of benefits 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.



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

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

www.or.regence.com