



Regence

Life and Health Insurance Company

Independent Licensee of the Blue Cross and Blue Shield Association.

Individual Managed Care Dental Insurance for Oregon Individuals and Families

This Outline of Coverage is designed to give you a very brief description of the important features of the policy.

PLEASE READ THE POLICY CAREFULLY - This outline of coverage provides a very brief description of the important features of the policy. Please note that this outline is not intended to be a part of the insurance contract. Only the actual policy provisions are final and binding. Please refer to the policy for a detailed description of the rights and obligations of both you and Regence Life and Health Insurance Company.

Dental care is a vital part of maintaining and improving overall health for both children and adults. Dental disease is chronic, progressive and, at times, painful. It is also highly preventable and maintainable with routine care. Routine dental care is essential for a healthy lifestyle which is why Regence Life and Health's Individual Managed Care Dental plan is available to you and your family.

HOW THE POLICY WORKS

This individual dental plan is a managed care plan. Your dental care is coordinated to ensure that your expenses stay as low as possible through cost-effective dental care and an emphasis on prevention to help avoid more costly care later.

With Regence Life and Health's Individual Managed Care Dental plan, you'll work with Participating Providers to maintain your oral health and enhance your overall health through routine exams and other preventive care. In order to take advantage of the benefits of this plan you must receive your dental care from a Participating Provider.

For the purposes of this plan Participating Providers include Willamette Dental Group, P.C., and the providers who are employed by or are under contract with Willamette Dental Group, P.C., or any of its affiliates.

SCHEDULING APPOINTMENTS

Scheduling an appointment is simple. Most Participating Provider offices are open Monday through Friday and occasional Saturdays. Participating Provider offices are conveniently located throughout the region. You can find office locations and driving directions at www.willamettedental.com.

To schedule an appointment, please call the Participating Provider's Appointment Center:

Toll Free (800) 461-8994

Portland Metro Area (503) 952-2100

Appointment Centers are also open Monday through Saturday.

Once you have selected your primary care dentist and dental office, you may schedule all future appointment with them. You are also free to change dentists or office locations at any time.

New patients are generally able to obtain their initial appointment within 30 days of their call to the Appointment Center. Hygiene appointments generally have a wait-time of 45 days. Restorative treatment appointments generally have a wait-time of 60 days. These wait-times are averages. The wait-time for an appointment may vary based on your choice of provider, dental office location and your desired day or time of appointment.

If you are unable to keep an appointment, please call the Appointment Center as soon as your plans change to reschedule your dental appointment.

INDIVIDUAL MANAGED CARE DENTAL INSURANCE OUTLINE OF COVERAGE

ELIGIBILITY

Eligible Dependents include your Spouse and you or your Spouse's unmarried Dependent Children under age 26. Children placed in your custody pending adoption by you and children related to you by blood or marriage for whom you are the legal guardian (court order required) will also be considered Eligible Dependents.

BENEFITS

The Member is responsible for payment of the Visit Charge and any applicable Service Copays or Coinsurance at the time of treatment. Please see the Schedule of Covered Services, Copays and Coinsurance for a complete description of the Covered Services provided by this Policy and the applicable Service Copays or Coinsurance.

VISIT CHARGE

The dollar amount that is the Member's responsibility to pay for each visit to a Participating Provider. All Visit Charges are paid directly to the Participating Provider at the time of the visit. In addition to the Visit Charge, the Member may be responsible to pay a Service Copay or Coinsurance for procedures as specified in the Schedule of Covered Services, Copays and Coinsurance.

SERVICE COPAY or SERVICE COINSURANCE

The amount that will be the Member's responsibility to pay for each Covered Service received under this Policy as specified in the Schedule of Covered Services, Copays and Coinsurance. All Service Copays and Coinsurance amounts are paid directly to the Participating Provider at the time of the visit. The Service Copay or Coinsurance is in addition to the Visit Charge. The Service Copay is a flat dollar amount while the Service Coinsurance is a percentage of the charge for a service or supply.

SUMMARY OF BENEFITS

Benefit Waiting Period	No Benefit Waiting Period for Diagnostic, Preventive or Restorative Services. 6 month Benefit Waiting Period for Orthodontic Services and Major Services, including Crowns, Endodontics, Periodontics, Prosthetics, and Oral Surgery
Annual Maximum	No annual maximum
Deductible	No deductible
Visit Charge	\$15 per visit
Service Copay or Coinsurance	For a complete list of the Covered Services and the applicable Service Copay and Coinsurance amounts, please see the Schedule of Covered Services, Copays and Coinsurance in the policy. A summary of Covered Services and Service Copay and Coinsurance amounts is included in this Outline of Coverage.

SUMMARY OF COVERED SERVICES, COPAYS AND COINSURANCE

What You Pay

(Service Copays and Coinsurance are charged per service)

Covered Services provided with a \$0 Service Copay

Routine and emergency oral evaluations	<i>A \$15 Visit Charge</i>
Teeth cleanings	
Fluoride treatments	
Bitewing x-rays	
Periodontal screening	
Periodontal maintenance	

Covered Services provided with a \$10 Service Copay

Nitrous Oxide (per visit)	<i>A \$15 Visit Charge plus a \$10 Service Copay</i>
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Covered Services provided with a \$20 Service Copay

Panoramic x-rays	<i>A \$15 Visit Charge plus a \$20 Service Copay</i>
Sealant (per tooth)	
After hours visit	

Covered Services provided with a \$30 Service Copay

Fillings – amalgam, anterior composite, or posterior primary composite (per tooth)	<i>A \$15 Visit Charge plus a \$30 Service Copay</i>
Simple denture/partial repairs	
Simple extractions	

Orthodontia

Pre-orthodontic service	Pre-orthodontic Service Copays will be deducted from the comprehensive orthodontic Service Copay if the Member elects to receive orthodontic treatment.	
Initial orthodontic exam	<i>A \$15 Visit Charge plus a \$25 Service Copay</i>	
Study models and X-rays	<i>A \$15 Visit Charge plus a \$125 Service Copay</i>	
Comprehensive orthodontic services	<i>\$2,600 Service Copay per case</i>	

Other

Out-of-area emergency care (50 miles or more from a Willamette Dental office)	Willamette Dental will reimburse up to \$100 of Covered Services.	
Additional services are covered by this policy. Please see the Schedule of Covered Services, Copays and Coinsurance for a complete list.	<i>A \$15 Visit Charge plus 80% Coinsurance</i>	

This is a brief summary of Benefits. For full coverage provisions including a complete list of Covered Services and Exclusions, please refer to your policy.

OPTIONAL VISION BENEFITS RIDER

You may elect to include Vision Benefits along with your dental coverage. The Vision Benefit reimburses up to \$150 per member for vision exams and/or hardware every 24 months.

EXCLUSIONS

Your policy does not cover:

Aesthetic Dental Procedures and complications arising out of such services

Benefits not stated

Charges by any person other than a Participating Provider, except as otherwise indicated in the Policy

Cosmetic/Reconstructive Services and Supplies (certain exceptions apply)

Coverage available under any federal, state, or other governmental program, except where required by law

Diagnostic Casts or Study Models

Endodontics, bridges, crowns, and other prosthetic devices or services if treatment was started or ordered prior to the Member's effective date or delivered more than 60 days after the Member's coverage under this Policy has terminated.

Excision of a tumor; biopsy of soft or hard tissue; removal of a cyst

Experimental/Investigational treatments, procedures, services and supplies

Extraction of permanent teeth for tooth guidance procedures; procedures for tooth movement

Full-mouth reconstruction

General Anesthesia, except as specified in the Schedule of Covered Services, Copays and Coinsurance.

Habit-breaking or Stress-Breaking Appliances

Hospitalization for dentistry

Maxillofacial prosthetic services

Medication and Supply Charges

Military Service-Related Conditions

Motor Vehicle Coverage and Other Insurance Liability

Non-Direct Patient Care

Occlusal Treatment including complete occlusal adjustments and occlusal guards

Personalized restorations, precision attachments, and special techniques

Repair or replacement of lost, stolen, or broken items

Replacement of sound restorations

Services and supplies for treatment of an illness or injury caused by Riot, Rebellion, War and Illegal Acts

Services for accidental injury to natural teeth that are provided more than 12 months after the date of the accident

Services or supplies and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved a Participating Provider.

Temporomandibular Joint (TMJ) Dysfunction Treatment

Transseptal fiberotomy

Treatment started prior to the Member's Effective Date under this Policy or completed after this Policy terminates

Work-Related Injuries



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PRIVACY NOTICE

We, at Regence Life and Health, know you value your privacy. That is why we are committed to the confidentiality and security of your personal information. Because we endeavor to earn and keep your trust, we have long-standing privacy policies, robust training, and full-time staff dedicated to protecting privacy. We also maintain physical, administrative, and technical safeguards to protect your personal information from unauthorized access. Even if you are no longer a Regence member, we protect the confidentiality of your personal information as if you were.

Marketing

While other companies may sell or rent your contact information, Regence never sells or rents your personal information for marketing purposes. If you want Regence to share your personal information with a nonaffiliated third party so the third party can market to you, you must give us your express permission.

Your Personal Information

We collect personal information such as your name, contact information, health information, and financial information from you, your providers, and other insurers that provide coverage to you. We use this information to provide services to you and to conduct insurance transactions. You may receive a copy of your personal information by contacting us at the phone number or address below. We will not disclose your personal information unless we are permitted or required by law or you give your permission. As permitted or required by law, we may provide personal information to our affiliates and agents, reinsurers, insurance administrators, consultants, or regulatory and governmental authorities. We obligate entities receiving this information on our behalf to protect it in the same way that we protect it.

Changes to Our Practices

We may change our privacy practices in an effort to provide even better protection. If we change our privacy practices in a material way, we will notify current customers in writing.

Contact Us

If you have any questions about our privacy program, you may contact us at (800) 794-5390 or write to:

Regence Privacy Official
P.O. Box 1071, Mailstop E12B
Portland, OR 97207