



# Regence

*Life and Health Insurance Company*

Independent Licensee of the Blue Cross and Blue Shield Association.

## *Individual Dollar-Based Dental Insurance for Washington Individuals and Families*

*This brochure is designed to give you a very brief description of the important features of the policy. This is not the insurance contract and only the actual policy provisions will govern. Please refer to the policy for a detailed description of the rights and obligations of both you and Regence Life and Health Insurance Company.*

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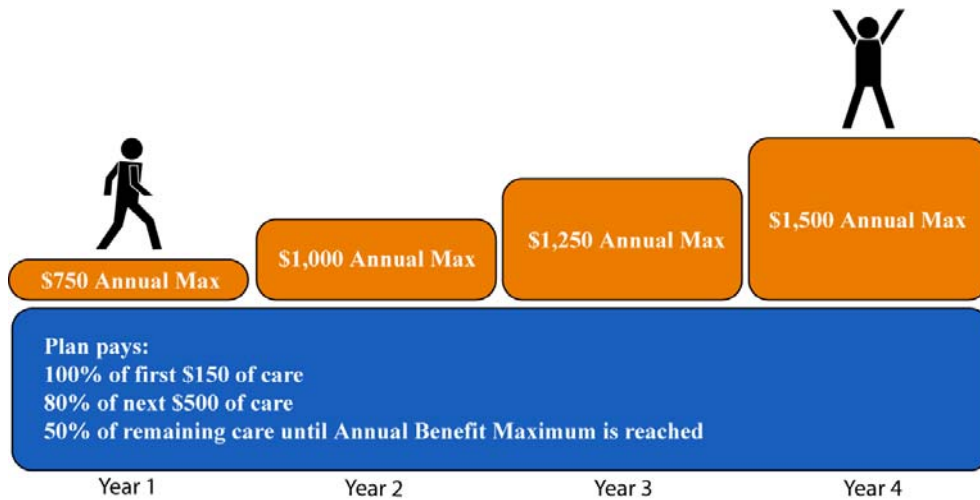
*Dental care is a vital part of maintaining and improving overall health for both children and adults. It is about more than keeping teeth looking good.*

*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 Dollar-Based Dental plan is available to you and your family.*

## HOW THE POLICY WORKS

Individual Dollar-Based Dental puts you and your dentist in control. With this dental plan there are no dental service limitations or treatment exclusions, except orthodontia, teeth bleaching and labial veneers. If you engage in your oral health by receiving a routine exam and cleaning from your dentist during your benefit year, in the following year Regence Life and Health will increase the annual benefit maximum. You are in control.

With the Individual Dollar-Based Dental plan you and your family are free to visit any dentist. As an added bonus, when you visit one of the many Regence Life and Health participating dentists you will not be charged for any balances for covered services beyond your coinsurance amount. Nonparticipating dentists, however, may bill you for any balances over our payment level in addition to any coinsurance amount.



**Incentive:** You control your benefit increase by receiving **at least one exam and cleaning in the benefit year.**

- **No deductibles**
- **No limitations or exclusions for covered services**, except orthodontia, teeth bleaching and veneers
- **Six month waiting period**
- **Optional Vision Rider available:** \$150 in services and/or hardware every 24 months

**REGENCE LIFE AND HEALTH INSURANCE COMPANY  
INDIVIDUAL DOLLAR-BASED DENTAL INSURANCE  
OUTLINE OF COVERAGE**

**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. The policy itself sets forth in detail your rights and obligations as well as those of the insurance company. It is, therefore, important that you **read your policy carefully!**

**Dental coverage** – Policies of this category are designed to provide, to persons insured, dental coverage.

**ELIGIBILITY**

Eligible dependents include your spouse or your domestic partner and your (or your spouse's or your domestic partner's) unmarried dependent children under age 25 who are primarily dependent on you (or your spouse or domestic partner) for support. Any other of your (or your spouse's or your domestic partner's) unmarried children under age 25 are eligible if you (or your spouse or your domestic partner) are legally required to contribute to their support (unless a court order requires that someone else provide insurance for them).

Children placed in your (or your spouse's or your domestic partner's) custody pending adoption by you (or your spouse or your domestic partner) and children related to you (or your spouse or your domestic partner) by blood or marriage for whom you (or your spouse or your domestic partner) are the legal guardian (court order required) will also be considered eligible dependents.

**WAITING PERIOD**

This policy has a 6 month benefit waiting period. The benefit waiting period is the continuous length of time a member must be covered under the policy before becoming eligible for benefits.

**COVERED SERVICES**

Covered Services are those services or supplies that are required to prevent, diagnose, or treat diseases or conditions of the teeth and supporting tissues and are dentally appropriate. These services must be performed by a Dentist or other provider practicing within the scope of his or her license.

**COINSURANCE\***

We pay a percentage of the allowed amount as shown below.

100% of the First	\$150
80% of the Next	\$500
50% of the Next	\$400 in Year 1
	\$900 in Year 2*
	\$1,400 in Year 3*
	\$1,900 in Year 4*

**BENEFIT YEAR MAXIMUM\***

\$750 in Year 1
\$1,000 in Year 2*
\$1,250 in Year 3*
\$1,500 in Year 4*

**\*The yearly maximum will increase only if the member receives at least one cleaning and exam during the benefit year.**

**EXCLUSIONS**

Your policy does not cover:

- Bleaching of teeth
- Labial veneers
- Orthodontic services, including craniomandibular orthopedic treatment; procedures for tooth movement, regardless of purpose; correction of malocclusion; preventive orthodontic procedures; and other orthodontic treatment
- Work-related injuries not covered by worker’s compensation

**RENEWAL**

The Policy will automatically be renewed annually unless We choose to change the rates, benefits or any other Policy provisions. If there is a change in rates, benefits or Policy provisions, You will be given written notice 45 days prior to the date of the change.

**OPTIONAL VISION BENEFITS RIDER**

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

If you have any questions, please call 503-721-7161 or toll-free 1-800-794-5390.

Keep this brochure for your records.



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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