



# Regence

*Life and Health Insurance Company*

Independent Licensee of the Blue Cross and Blue Shield Association.

## *Individual Incentive 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.*

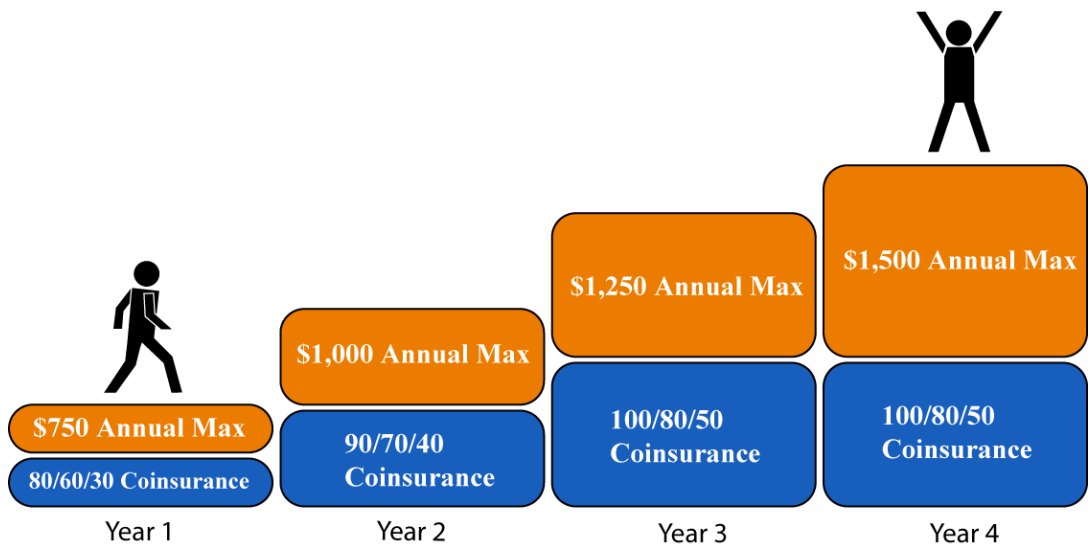
*Dental care is a vital part of maintaining and improving overall health for both children and adults. It is about more than keeping teeth looking good.*

*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 Incentive Dental plan is available to you and your family.*

## HOW THE POLICY WORKS

Individual Incentive Dental is unique. If you engage in your oral health by receiving a routine cleaning and exam from your dentist during your benefit year, in the following year Regence Life and Health will increase your benefits by lowering your share of the costs and increasing the annual benefit maximum. You are in control.

With the Individual Incentive 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 benefit year 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.



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

- This plan has **no waiting periods**
- **Optional Vision Rider available:** \$150 in services and/or hardware every 24 months

**REGENCE LIFE AND HEALTH INSURANCE COMPANY  
INDIVIDUAL INCENTIVE 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.

**DEDUCTIBLES**

An annual \$50 deductible applies individually to each member before benefits are paid, except that the deductible is waived for cleanings and exams covered by the policy.

**COINSURANCE**

After the annual deductible is met, we pay a percentage of the allowed amount as shown below. *Please note that the coinsurance benefit will increase only if the member receives at least one cleaning and exam each benefit year.*

	<u><b>YEAR 1</b></u>	<u><b>YEAR 2</b></u>	<u><b>YEAR 3</b></u>
<b>Preventive Services</b>	80%	90%	100%
<b>Restorative Services</b>	60%	70%	80%
<b>Major Dental Services</b>	30%	40%	50%

## BENEFIT MAXIMUM

The maximum benefit payable each year per member is shown below. *Please note that the benefit maximum will increase only if the member receives at least one cleaning and exam each benefit year.*

<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>	<u>YEAR 4</u>
\$750	\$1,000	\$1,250	\$1,500

## 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.

Subject to the limitations and conditions described in the policy, the following will be considered covered services under your policy:

### Preventive and Diagnostic Services

- **Cleanings** allowed two per benefit year (includes cleanings and periodontal maintenance. Please note: periodontal maintenance is covered under major services)
- **Oral exams** allowed two per benefit year
- **Fluoride Treatment** allowed two applications per benefit year for members age 17 and under
- **X-rays** bitewings: allowed one set limited to twice per benefit year; panoramic and full mouth series: limited to once every three years
- **Sealants** allowed for permanent bicuspid and molars for members age 17 and under
- **Space Maintainers** allowed for members age 11 and under

### Restorative Services

- **Fillings** composite and amalgam
- **Emergency treatment** for pain relief only
- **Oral surgery** including surgical extractions, removal of teeth, biopsies and incision and drainage
- **General anesthesia or intravenous sedation** services that are medically necessary to safeguard the Member's health (for example, a child under 7 years of age or a person physically or developmentally disabled).
- **Direct pulp capping**

## COVERED SERVICES *(cont.)*

### Major Services

- **Crowns or onlays and related services**
- **Bridges (fixed partial dentures)** limited to one in a 7-year period
- **Dentures (full or partial) and related services**
- **Endosteal Implants and related services** implants are limited to 4 per lifetime per member
- **Endodontics** including root canal treatment, pulpotomy, apicoectomy
- **Periodontal Maintenance** allowed two per benefit year (includes cleanings and periodontal maintenance)
- **Gingivectomy and gingivoplasty** allowed once every three years per quadrant
- **Osseous and mucogingival surgery** allowed once every five years per quadrant
- **Debridement** allowed once every 3 years
- **Scaling and root planing** allowed once every two years per quadrant

Replacement of prosthetics is limited to once in a seven year period from the date of the most recent placement.

## **EXCLUSIONS**

Your policy does not cover:

- Additional procedures to construct new crown under existing partial denture framework
- Application of desensitizing resin for cervical and/or root surface
- Bleaching of teeth
- Collection of cultures and specimens
- Connector bar or stress breaker
- Cosmetic/Reconstructive Services and Supplies (certain exceptions apply)
- Diagnostic casts or study models
- Duplicate x-rays
- Endodontic endosseous implants
- Exfoliate cytology sample collection or brush biopsy
- Experimental/Investigational treatments, procedures and services, supplies, and accommodations provided in connection with Experimental/Investigational treatments or procedures.
- Fees, Taxes, Interest
- Gold foil restorations
- Hospitalization for dentistry
- Implant maintenance procedures, including: removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis
- Incision and drainage of abscess extraoral soft tissue, complicated or non-complicated
- Indirect pulp capping
- Interim partial or complete dentures
- Labial veneers
- Local anesthesia, sterilization, and supplies billed as separate charges (these procedures are considered inclusive of billed procedures)
- Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue per tooth
- Maxillofacial prosthetic procedures
- Military Service Related Conditions: Any condition resulting from military service in the armed forces of any country
- Modification of removable prosthesis following implant surgery
- Nitrous oxide
- Occlusal analysis and adjustments
- Occlusal guards
- Oral hygiene instructions
- Oral/facial photographic images
- Orthodontic services, including craniomandibular orthopedic treatment; procedures for tooth movement, regardless of purpose; correction of malocclusion; preventive orthodontic procedures; and other orthodontic treatment
- Pediatric dentures

## **EXCLUSIONS** *(cont.)*

- Pin retention in addition to restoration
- Precision attachments
- Prescription drugs, including take home prescription drugs, pre-medications, therapeutic drug injections, or supplies
- Provisional splinting
- Pulp vitality tests
- Radical resection of maxilla or mandible
- Radiographic/surgical implant index
- Removal of nonodontogenic cyst, tumor or lesion
- Replacement of lost, stolen or broken dental appliances
- Self-Help, Non Dental Self-Care, Training, or Instructional Programs
- Services and Supplies provided by a Family Member: Services and supplies provided to a member by an immediate family member
- Surgical procedures for isolation of a tooth with rubber dam
- Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
- Treatment of simple or compound fractures of the mandible
- Treatment of Temporomandibular Joint Dysfunction
- Unspecified implant procedures
- 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.



# Regence

*Life and Health Insurance Company*

Independent Licensee of the Blue Cross and Blue Shield Association.

## **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