



Regence Life and Health

DENTAL PLANS

Regence Life and Health Insurance Company
is an Independent Licensee of the Blue Cross and Blue Shield Association

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Regence

Life and Health Insurance Company

GOOD HEALTH ISN'T COMPLETE without good dental care.

**That's where dental coverage from
Regence Life and Health comes in.**

Total wellness requires a healthy mouth. That's why we're pleased to offer a variety of affordable dental programs for individuals and families.

We offer a range of dental plan options to meet your needs. Choose one of our innovative open-access plans. They give you greater choice over your dental care while rewarding you for being proactive about your oral health.

Individual Incentive 10 Dental

Take care of yourself and watch your benefits grow

Individual Incentive 10 Dental rewards you for receiving routine preventive care. Each year that you visit the dentist for an annual exam and cleaning means greater benefits and fewer out-of-pocket expenses the next year.

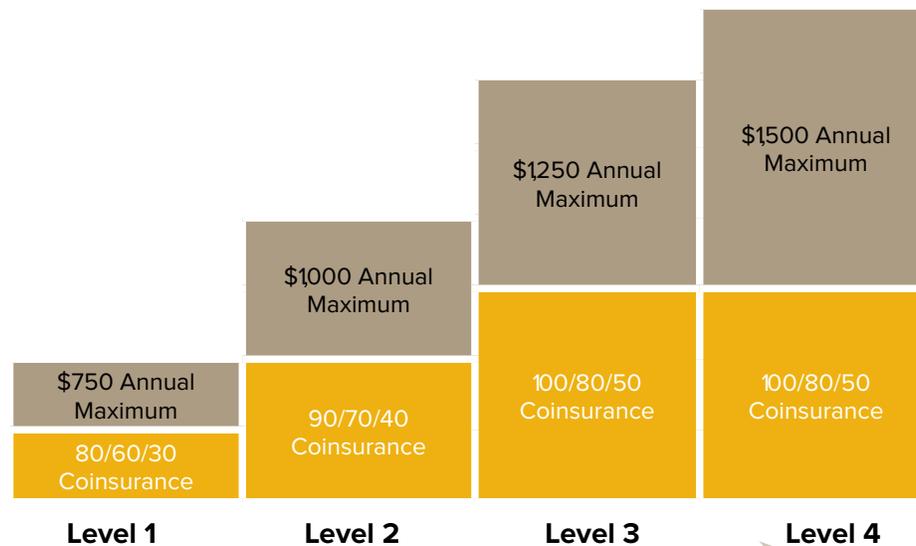
This plan features:

- Six-month waiting period for restorative services and 12-month waiting period for major services
- Deductible waived for exams and cleanings covered under Preventive Services
- \$50 deductible for other covered services
- The ability to choose any dentist but save even more by using one of our network providers (find a network provider at regence.com)
- Optional vision rider available (reimburses up to \$150 in vision services and/or hardware per member every two years)

Here's how it works

When you get your teeth cleaned and examined every year, you're rewarded with greater benefits the next year. Watch your annual benefits increase and your out-of-pocket coinsurance decrease.

By year four, you can reach a maximum annual benefit of \$1,500. And the percentage the plan pays in coinsurance can increase to 100/80/50 by year three. This means we'll pay 100% of preventive care, such as routine cleanings; 80% of restorative care, such as fillings; and 50% of major dental care like crowns or root canals.



An annual exam and a cleaning reward you with lower costs for dental care and increasing maximum benefits.

Outline of coverage: Individual Incentive 10 Dental

Covered services are those dentally appropriate services or supplies that are required to prevent, diagnose or treat diseases or conditions of the teeth and supporting tissues. 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 services

- Cleanings, limited to two per benefit year, whether they're considered cleanings or periodontal maintenance (periodontal maintenance covered under major services)
- Oral exams allowed, two per benefit year
- Fluoride treatment: two applications per benefit year for members age 17 and under
- X-ray bitewings: one set limited to twice per benefit year; panoramic and full-mouth series: limited to once every three years
- Sealants allowed for permanent bicuspids 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 allowed for surgical extractions of teeth and for members age six and under
- Direct pulp capping

Major services

- Crowns or onlays and related services
- Bridges (fixed partial dentures)
- Dentures (full or partial) and related services
- Endosteal implants and related services; implants limited to four per lifetime per member
- Endodontics, including root canal treatment, pulpotomy and apicoectomy
- Periodontal maintenance, limited to two per benefit year in lieu of preventive cleaning
- Scaling and root planing allowed once every two years per quadrant
- Debridement allowed once every three years
- Gingivectomy and gingivoplasty allowed once every three years per quadrant
- Osseous and mucogingival surgery allowed once every five years per quadrant

Replacement of prosthetics is limited to replacements made at least seven years from the most recent placement; limited to once in a seven-year period.

Individual Dollar-Based Dental

Dental done your way

Individual Dollar-Based Dental puts you in control of your dental health dollars. The plan is dollar-based. This means you can use your coverage almost any way you choose, with few exclusions and limitations. Each year you visit the dentist for an annual exam and cleaning, you're rewarded with a benefit increase the following year.

You decide how to spend your benefit dollars.

This plan features:

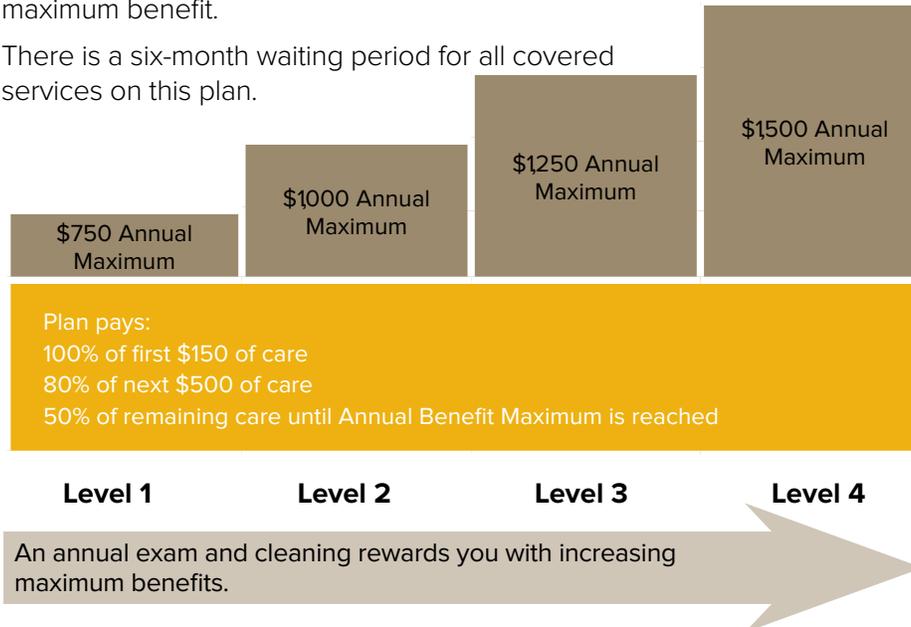
- No deductibles
- No limitations or exclusions for covered services (orthodontia, teeth bleaching and veneers are not covered services)
- The ability to choose any dentist but save even more by using one of our network providers (find a network provider at regence.com)
- Optional vision rider available (reimburses up to \$150 in vision services and/or hardware per member every two years)

Here's how it works

Each year that you take advantage of an annual exam and cleaning, the benefit dollars available to you increase. The goal is to reach \$1,500 in available benefits by year four.

Every year the plan pays: 100% of the first \$150 of care, 80% of the next \$500 of care, and 50% of remaining care until you reach your annual maximum benefit.

There is a six-month waiting period for all covered services on this plan.



Outline of coverage: Individual Dollar-Based Dental

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

Individual Incentive 10 Dental

Exclusions

These services and supplies are not covered:

- 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
- Expenses payable by motor vehicle insurance or other liability insurance coverage
- Experimental/investigational treatments, procedures, and services and supplies
- 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
- Non-direct patient care
- 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

- 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 for an illness or injury caused by a member's unlawful instigation and/or active participation in a riot, rebellion, war or illegal act
- Treatment of simple or compound fractures of the mandible
- Treatment of Temporomandibular Joint Dysfunction
- Unspecified implant procedures
- Work-related injuries

Individual Dollar-Based Dental

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
- Expenses payable by motor vehicle insurance or other liability insurance coverage
- Treatment for an illness or injury caused by a member's unlawful instigation and/or active participation in a riot, rebellion, war or illegal act
- Work-related injuries

This is a brief summary of the individual dental plans available from Regence Life and Health Insurance Company. For full coverage provisions, including a complete list of Covered Services and Exclusions, please refer to your policy.

To learn more, contact your producer
or call toll-free: 1-888-REGENCE (1-888-734-3623)

Enroll online today! regenceLife.com





Life and Health Insurance Company

Independent Licensee of the Blue Cross and Blue Shield Association

100 SW Market Street
P.O. Box 1271 E-3A
Portland, OR 97207-1271
(503) 721-7161 • (800) 794-5390

Home Office Use Only
ID #
Eff. Date
Vis. Rider [] EFT []

Renewable Individual Dental Insurance Application with Optional Vision Rider

Please Note: This Policy provides dental benefits only. The Policy provides vision benefits only if elected.

Please complete all information on this page and on Page 2. Incomplete information may result in a delayed Effective Date.

Applicant's Last Name, Applicant's First Name, M.I., Date of Birth (mm/dd/yyyy), Social Security Number, Married/Divorced/Single, E-mail Address, Mailing Address: Street Address & Apt. No., City, State, Zip, Telephone Number

Requested Effective Date

Your requested Effective Date must be following or coinciding with the date We receive your Application, after the date your Application is signed, and within 60 days from the date of your signature, or a new Application will be required.

A new Application may result in a delayed Effective Date. In no event may the Effective Date of this Policy be back-dated.

[] 1st OR [] 15th of (month) (year)

Dependents to be enrolled: Dependent children must be under 26 years of age.

Table with 5 columns: Name (Last, First, M.I.), Social Security Number, Birth Date, Sex, Relationship (Spouse or Child)

Please list names as they should appear on your identification card. If enrolling additional dependents, please attach a separate sheet including the information above.

Other coverage information (This is not a waiver of coverage. This information is required for payment of claims.)

Do you or any family members enrolling have other dental coverage? [] Yes [] No

If yes, provide the information regarding other coverage requested below.

Name of Family Member with other coverage, Relationship, Name of Insurance Carrier, Policy No., ID No., Address of Other Carrier, City, State, Zip, Carrier Phone No., This plan covers [] Self [] Spouse [] Child(ren) [] Family as listed above [] Other, Termination Date (if applicable), Is the coverage of any dependent affected by a divorce decree/court order? [] Yes [] No

**You may enroll for Dental Only Coverage or Dental with Vision Coverage.
All members must be enrolled for the same coverage and premium payment schedule.**

I am making application for:

DOLLAR-BASED DENTAL INSURANCE

NOTE: This coverage has a **6 MONTH BENEFIT WAITING PERIOD (BWP)*** for **ALL SERVICES**.

INCENTIVE 10 DENTAL INSURANCE

NOTE: This coverage has a **6 MONTH BWP*** for **RESTORATIVE SERVICES** and a **12 MONTH BWP*** for **MAJOR SERVICES**

*The **BENEFIT WAITING PERIOD** is the continuous length of time the member must be covered under the Policy before becoming eligible for benefits.

Add Vision Rider Yes No

Premium Payment Schedule: **Monthly** **Quarterly**

Premium Calculation

	Number enrolling for coverage		Enter Monthly or Quarterly Dental Only or Dental with Vision Premium Rate		
Under Age 18	_____	X	\$ _____	=	\$ _____
Age 18 through age 64	_____	X	\$ _____	=	\$ _____
Age 65 and over	_____	X	\$ _____	=	\$ _____

Total Monthly or Quarterly Dental or Dental with Vision Premium Rate \$ _____

Your 1st premium payment must be enclosed with this Application.

Total Monthly or Quarterly Dental or Dental with Vision Premium Rate \$ _____

PLUS Policy Fee of \$ 25.00

Equals Total Due \$ _____ **(Enclosed)**

I hereby apply for enrollment with Regence Life and Health Insurance Company under the Individual Dental Insurance plan.

I acknowledge and understand Regence Life and Health Insurance Company and the Participating Provider may request or disclose health information about me or my dependents (persons who are listed for benefit coverage on the enrollment form) from time to time for the purpose of facilitating health care treatment, payment or for the purpose of business operations necessary to administer health care benefits; or as required by law.

Health information requested or disclosed may be related to treatment or services performed by:

- a physician, dentist, pharmacist or other physical or behavioral health care practitioner;
- a clinic, hospital, long-term care or other medical facility;
- any other institution providing care, treatment, consultation, pharmaceuticals or supplies, or
- an insurance carrier or group health plan.

Health information requested or disclosed may include, but is not limited to: claims records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports, dental records, or hospital records (including nursing records and progress notes).

DISCLOSURE: If you have an insurance producer, they may receive bonuses, commissions, administrative service fees, or other compensation, including non-cash compensation, from Regence Life and Health Insurance Company. Incentives may be based on any of several factors including the products you buy, your insurance producer's volume of business with Regence Life and Health Insurance Company and the other services your insurance producer provides to you. These incentives may have a direct or indirect impact on your rates. For more information, please contact your broker or agent.

INSURANCE FRAUD WARNING: Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company may be guilty of a crime. Penalties may include imprisonment, fines, and denial of insurance benefits.

I represent that each of the above statements and answers are complete and true to the best of my knowledge and belief. I understand that if I have made intentionally false or misleading statements or answers on behalf of myself or any family members that all entitlements to benefits are void and the contract may be canceled or modified retroactively to its effective date.

▶ _____
Insured's Signature

Parent's or Guardian's Signature

▶ _____
Date Signed

Insurance Producer Number

Insurance Producer Name (Please Print)