

Regence Evolve Dental Option 1

Summary of benefits

Dental benefits	
Deductible per calendar year	\$50 per insured \$150 per family (3 times the insured amount)
Maximum benefit per calendar year	\$750 per insured
Important note: The dental deductible is calculated separately from any other deductible of the policy.	
Understanding your dental benefits	
We will begin to pay benefits for covered services in any calendar year only after your deductible is satisfied unless otherwise specified.	
Once you have satisfied any applicable deductible, we pay a percentage of the allowed amount for covered services up to the maximum benefit. When our payment is less than 100%, you pay the remaining percentage. This is your coinsurance (insured responsibility).	
Under the policy, you have the opportunity to qualify for a reward increase and add certain unused portions of the maximum benefit for the current calendar year to the maximum benefit for the following calendar year. For more information please refer to the policy.	
We do not reimburse dentists for charges above the allowed amount. A participating dentist will not charge you for any balances for covered services beyond your 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. You can find a list of providers at our Web site or by calling Customer Service.	
Covered dental services (per Member)	Member responsibility
Preventive dental services Bitewing X-rays: 2 per calendar year Complete intra-oral mouth X-rays: Once in a 3-year period Cleanings: 2 per calendar year (in lieu of periodontal maintenance) Oral examinations: 2 per calendar year Panoramic mouth X-rays: Once in a 3-year period Sealants (permanent bicuspid and molars only): Under 18 years of age Space maintainers: Under 12 years of age Topical fluoride application: Under 18 years of age, 2 treatments per calendar year	0% deductible waived
Basic dental services (six-month waiting period) Endodontic services including root canal treatment, pulpotomy and apicoectomy Emergency treatment for pain relief Fillings consisting of composite and amalgam restorations General dental anesthesia or intravenous sedation (subject to necessity) Uncomplicated and complex oral surgery procedures Periodontal maintenance: 2 per calendar year (in lieu of preventive cleanings) Periodontal debridement: Once in a 3-year period Periodontal scaling and root planing: Once per quadrant in a 2-year period	20%
Major dental services (12-month waiting period) Bridges: Except no benefits are provided for replacement made fewer than seven-years after placement Crowns, inlays and onlays: Except no benefits are provided for replacement made fewer than seven-years after placement Dentures (full and partial): Except no benefits are provided for replacement made fewer than seven-years after placement Implants (endosteal): 4 per insured lifetime	50%

Regence Evolve Dental Option 2

Summary of benefits

Dental benefits	
Deductible per calendar year	N/A
Maximum benefit per calendar year	\$750 per insured
Important note: You will not be eligible for any dental benefits until the first day of the seventh month of continuous coverage under the policy.	
Understanding your dental benefits	
<p>We pay a percentage of the allowed amount for covered services up to the maximum benefit. When our payment is less than 100%, you pay the remaining percentage. This is your coinsurance (insured responsibility).</p> <p>We do not reimburse dentists for charges above the allowed amount. A participating dentist will not charge you for any balances for covered services beyond your 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. You can find a list of providers at our Web site or by calling Customer Service.</p> <p>There are no age limits or frequency limits for Dental Option 2</p>	
Covered dental services (per Member)	Member responsibility
Preventive, basic and major dental services The first \$200 of covered services per calendar year	0%
Preventive, basic and major dental services After the first \$200 of covered services each calendar year	50%

Regence Evolve Dental

Limitations and exclusions

Exclusions applicable to both Dental Option 1 and Dental Option 2 except where noted.

Additional procedures to construct new crown under existing partial denture framework

Application of desensitizing medicaments

Application of desensitizing resin for cervical and/or root surface

Behavior management, for Dental Option 1 only

Bleaching of teeth

Broken retainers

Collection of cultures and specimens

Connector bar or stress breaker

Diagnostic casts or study models

Duplicate x-rays, for Dental Option 1 only

Endodontic endosseous implants, for Dental Option 1 only

Exfoliative cytology sample collection or brush biopsy, for Dental Option 1 only

Experimental or investigational services: experimental or investigational services as determined by Regence dental policy, for Dental Option 1 only

Fees, Taxes, Interest

Gold foil restorations, for Dental Option 1 only

Hospitalizations for dentistry

House/extended care facility calls

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, for Dental Option 1 only

Lost or stolen items

Maxillofacial prosthetic procedures

Military service related conditions: Any condition resulting from military service in the armed forces of any country or any act of war (declared or undeclared)

Modification of removable prosthesis following implant surgery

Nitrous oxide, for Dental Option 1 only

Occlusal analysis and adjustments

Occlusal guards, for Dental Option 1 only

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, for Dental Option 1 only

Pin retention in addition to restoration

Precision attachments

Prescription drugs, including take home prescription drugs, pre-medications, or supplies

Provisional splinting, for Dental Option 1 only

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

Services and supplies provided by a family member: services and supplies provided to a member by an immediate family member

Services and supplies that are not Medically necessary: Services and supplies that are not medically necessary for the treatment of an illness, injury or physical disability

Services performed in a laboratory, for Dental Option 1 only

Surgical procedures for isolation of a tooth with rubber dam

Surgical stent, for Dental Option 1 only

Therapeutic drug injections

Third Party Coverage: Services and supplies for treatment of illness or injury for which a third party is responsible [e.g. automobile medical, personal injury protection (PIP), automobile no-fault (Idaho only; unless the automobile contract contains a COB provision in which case the COB provision of the plan shall apply), homeowner, commercial premises coverage or similar coverage

Tobacco or nutritional counseling for the control and prevention of oral disease

Tooth transplantation, for Dental Option 1 only

Travel and transportation expenses

Treatment of complications (post surgical); unusual circumstances

Treatment of simple or compound fractures of the mandible

Treatment of Temporomandibular Joint Dysfunction

Unspecified implant procedures

This page does not contain all limitations and exclusions. Please refer to your policy for a complete list of benefits and the limitations and exclusions that apply