

SUMMARY OF BENEFITS

TRADITIONAL DENTAL

PLAN 14



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

This plan includes preventive and diagnostic services, as well as basic and major services. After satisfaction of the deductible, this plan will provide payment for the services at the percentages listed below up to the calendar year benefit maximum. Payment of benefits is based on a percentage of the allowed amount. Participating dentists have agreed to accept our allowed amount as payment for services. Services of licensed dentists or licensed denturists who are not participating with Regence BlueShield will be paid based on a percentage of the allowed amount. The member will be responsible for any additional charges over the allowed amount.

DEDUCTIBLE (per calendar year)	BENEFIT MAXIMUM (per calendar year)
\$25 per person (waived for preventive and diagnostic services)	\$2,000 per person

PREVENTIVE AND DIAGNOSTIC SERVICES - 100%

- **Cleanings** two per calendar year
- **Fluoride Treatments** two applications per calendar year for members age 17 and under
- **Sealants** for permanent bicuspids and molars; one application every four calendar years for members age 17 and under
- **Oral Exams** two per calendar year
- **X-rays** one complete series of intra-oral and panoramic films every five calendar years
- **Space Maintainers** for premature loss of primary teeth for children age 11 and under

BASIC SERVICES - 80%

- **Fillings** once every two years per tooth
- **Emergency or Limited Oral Examinations**
- **Scaling and Root Planing** (full mouth) once every two calendar years
- **Debridement** once every three calendar years when authorized by the Company
- **Oral Surgery** including surgical extractions, removal of teeth, impactions, biopsies, and incision and drainage
- **Endodontics** including root canal treatment, pulpotomy, apicoectomy
- **Occlusal Adjustment** on five or fewer teeth
- **Periodontal Maintenance** two treatments per calendar year; one treatment up to three months following surgery and instead of preventive prophylaxis benefit
- **General Anesthesia** when necessary for covered dental procedures (local anesthesia included in allowance for procedure)

MAJOR SERVICES - 50%

- **Dentures** full or partial
- **Dental Implants** subject to advance Company approval
- **Crowns or Onlays** cast restorations placed on molars will be given the gold allowance
- **Bridges** (fixed partial denture) limit of one abutment tooth placed on each side of the missing tooth or teeth; cast restorations placed on molars will be given the gold allowance
- **Denture Rebase** once in a five-year period
- **Recementing Onlays or Crowns**
- **Adjustment of Dentures or Bridges** repairs or adjustments within one year of denture or bridge insertion are not covered
- **Denture Reline** (per arch) one relines within 12 months from the date of insertion of an immediate denture; otherwise, relines are limited to once in a three-year period

TEMPOROMANDIBULAR JOINT DISORDER (TMJ)

Limited to \$1,000 per calendar year, \$5,000 lifetime maximum. These TMJ maximums will be combined with the maximums for medical treatment (if applicable). Benefits will be provided the same as any other condition.

EXCLUSIONS: The noncovered services and supplies include, but are not limited to:

- Bleaching of a tooth
- Dental services started prior to the date that the member became eligible for services under this plan or for items installed or delivered more than 30 days after coverage has been terminated
- Dentistry for cosmetic reasons
- Drugs or medicines (whether or not prescribed)
- Hospitalization for dentistry
- Correction of malocclusion
- Charges for dental services performed by anyone who is not a licensed dentist or licensed denturist
- Preventive orthodontic procedures or other orthodontic treatment
- Investigational services or supplies
- Educational programs
- Occlusal guards

Coverage Outside the United States: If you reside inside the United States and you choose to have dental services performed outside of the country, you must obtain written preauthorization from the Company, in advance. A licensed dentist or licensed denturist must perform dental services received outside the United States. Emergency dental services will not require a preauthorization.

This is a brief summary of benefits and exclusions; it is not a certificate of coverage. For full coverage provisions, including limitations and exclusions, refer to your benefits brochure and the contract on file with your group. Your feedback is important to us. If you have suggestions about the benefits covered under this plan, you may contact us at 1-800-458-3523 or visit our Web site at www.wa.regence.com and complete the Suggestion Box form located on the Contact page.

This plan is underwritten by Regence BlueShield of Seattle, Washington.