



The Summary of Benefits and Coverage (SBC) document will help you choose a dental plan. The SBC shows you how you and the plan would share the cost for covered dental care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, go to <https://regence.com> or call 1 (866) 240-9580. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at healthcare.gov/sbc-glossary or call 1 (866) 240-9580 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$25 individual / \$75 family per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. Preventive dental services.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the Common Dental Event chart below for other costs for services this <u>plan</u> covers.
Is there an overall annual limit on what the <u>plan</u> pays?	Yes. \$2,000 / individual	This <u>plan</u> will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The Common Dental Event chart below describes specific coverage limits.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	Not applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a <u>network provider</u>?	Yes. See https://regence.com/go/OR/RegenceDental or call 1 (866) 240-9580 for a list of <u>network providers</u> .	This <u>plan</u> uses a dental <u>provider network</u> . You will pay less if you use a dental <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network</u> dental <u>provider</u> , and you might receive a bill from a dental <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>).
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Dental Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Dentist (You will pay the least)	Nonparticipating Dentist (You will pay the most)	
If you have preventive dental services	Cleanings and examinations	10% <u>coinsurance</u>	10% <u>coinsurance</u>	2 cleanings* / per calendar year 2 preventive oral examinations / per calendar year *Coverage may include another cleaning, refer to your <u>plan</u> for further information.
	X-rays	10% <u>coinsurance</u>	10% <u>coinsurance</u>	Bitewing x-ray: 2 sets per calendar year Complete intra-oral mouth x-ray: Once in a 3-year period Panoramic mouth x-ray: Once in a 3-year period
	Other preventive dental services	10% <u>coinsurance</u>	10% <u>coinsurance</u>	Sealants limited to individuals under age 18 and for permanent bicuspids and molars only. Space maintainers limited to individuals under age 12. Topical fluoride treatments / year for individuals under age 18
If you need basic dental services	Periodontal services	40% <u>coinsurance</u>	40% <u>coinsurance</u>	2 periodontal maintenance cleanings* / year (in lieu of preventive cleanings) 1 periodontal debridement in a 3-year period Gingivectomy and gingivoplasty limited to 1 / quadrant in a 3-year period Periodontal scaling and root planing limited to 1 / quadrant in a 2-year period *Coverage may include another periodontal maintenance cleaning, refer to your <u>plan</u> for further information.
	Endodontic services	40% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Emergency and other basic dental services	40% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need major dental services	Bridges	50% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to replacement bridges once per 7 years after placement.
	Crowns, inlays and onlays	50% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited once (per tooth) 7 years after placement.

Common Dental Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Dentist (You will pay the least)	Nonparticipating Dentist (You will pay the most)	
	Dentures (full and partial)	50% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to replacement dentures 7 years after placement.
	Implants (endosteal)	50% <u>coinsurance</u>	50% <u>coinsurance</u>	4 endosteal implants per lifetime.

Excluded Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

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| <ul style="list-style-type: none"> • Aesthetic dental procedures • Cosmetic/reconstructive services and supplies, except congenital anomalies • Duplicate x-rays • Facility charges | <ul style="list-style-type: none"> • Gold-foil restorations • Nitrous oxide • Occlusal treatment • Orthodontic services | <ul style="list-style-type: none"> • Orthognathic surgery • Temporomandibular joint (TMJ) disorder treatment • Tooth transplantation • Veneers |
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