



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 (888) 367-2116. 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](https://healthcare.gov/sbc-glossary) or call 1 (888) 367-2116 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	\$0	See the Common Dental Event chart below for your costs for services this <u>plan</u> covers.
<b>Are there services covered before you meet your deductible?</b>	Not applicable.	See the Common Dental Event chart below for your costs for services this <u>plan</u> covers.
<b>Are there other deductibles for specific services?</b>	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.
<b>Is there an overall annual limit on what the <u>plan</u> pays?</b>	Yes. \$1,500 / individual per calendar year.	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.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	Not applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="https://regence.com/go/OR/RegenceDental">https://regence.com/go/OR/RegenceDental</a> or call 1 (888) 367-2116 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 dental 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> ).
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

Common Dental Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Dentist (You will pay the least)	Out-of-Network Dentist (You will pay the most)	
<b>If you have preventive dental services</b>	Cleanings and examinations	No charge	No charge	2 cleanings* / year 2 preventive oral examinations / year *Coverage may include another cleaning, refer to your <a href="#">plan</a> for further information.
	X-rays	No charge	No charge	2 bitewing x-ray sets / year 1 complete intra-oral mouth x-ray in a 3-year period 1 panoramic mouth x-ray in a 3-year period
	Other preventive dental services	No charge	No charge	Sealants limited to individuals under age 18 and for permanent bicuspids and molars only. Space maintainers limited to individuals under age 12. 2 topical fluoride treatments / year for individuals under age 18
<b>If you need basic dental services</b>	Periodontal services	No charge	No charge	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 <a href="#">plan</a> for further information.
	Endodontic services	No charge	No charge	None
	Emergency and other basic dental services	No charge	No charge	None
<b>If you need major dental services</b>	Bridges	No charge	No charge	1 bridge implant and abutment / tooth in a 7-year period 1 bridge implant and abutment repair / tooth in a lifetime 1 replacement bridge / 7 years after placement Adjustments and repairs not covered until 1 year after placement.
	Crowns, inlays and onlays	No charge	No charge	1 crown repair / tooth in a lifetime 1 crown implant and abutment / tooth in a 7-year period

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				1 crown implant and abutment repair / tooth in a lifetime 1 replacement crown / 7 years after placement (or subsequent replacement) 1 replacement inlay / 7 years after placement (or subsequent replacement) 1 replacement onlay / 7 years after placement (or subsequent replacement)
	Dentures (full and partial)	No charge	No charge	1 rebase / per arch in a 3-year period 1 reline / per arch in a 3-year period 1 partial denture implant and abutment / tooth in a 7-year period 1 replacement denture / 7 years after placement Adjustments and repairs not covered until 1 year after placement.
	Implants (endosteal)	No charge	No charge	4 implants / lifetime 1 implant supported prosthesis or abutment repair / tooth in a lifetime
<b>If you need orthodontic services</b>	Orthodontic services	50% <u>coinsurance</u>	50% <u>coinsurance</u>	\$1,500 orthodontic maximum / lifetime 12-month waiting period

## 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.)

- Aesthetic dental procedures
- Cosmetic/reconstructive services and supplies, except congenital anomalies
- Duplicate x-rays
- Facility charges
- Gold-foil restorations
- Implants (non-endosteal)
- Nitrous oxide
- Non-direct patient care
- Occlusal treatment
- Orthognathic surgery
- Temporomandibular joint (TMJ) disorder treatment
- Tooth transplantation
- Veneers