

Individual Dentacare Plan



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

Regence BlueCross BlueShield of Oregon

Your Individual Dentacare Plan provides coverage for dental services provided by Willamette Dental as listed below. Under this plan, all family members must select the same provider group. For assistance in locating a Willamette Dental office please visit our Web site at www.or.regence.com or their Web site at www.willamettedental.com.

Please note: This benefit summary provides a brief description of your Dentacare plan benefits and is not a guarantee of payment. Please refer to your contract for a complete list of benefits and the limitations and exclusions that apply.

Benefit Features	
Choice of providers	Willamette Dental
Deductible per calendar year	No deductible
Maximum benefit per calendar year	No maximum benefit
Office visit charge	\$15 per visit
Services subject to office visit charge:	
➤ Routine and emergency exams	Fully covered after visit charge
➤ Bitewing x-rays	Fully covered after visit charge
➤ Cleanings for adults and children	Fully covered after visit charge
➤ Fluoride treatment for children through age 12	Fully covered after visit charge
➤ Head and neck cancer screening	Fully covered after visit charge
➤ Oral hygiene instruction	Fully covered after visit charge
➤ Periodontal Screening	Fully covered after visit charge
➤ Periodontal Maintenance	Fully covered after visit charge
Services subject to additional service fee or percentage:	
➤ Sealant per quadrant	\$20 service fee after visit charge
➤ After hours visits	\$20 service fee after visit charge
➤ Panoramic x-rays	\$20 service fee after visit charge
➤ Restorative fillings, amalgam, or anterior composite	\$30 service fee after visit charge
➤ Simple extractions	\$30 service fee after visit charge
➤ Simple denture/partial repairs	\$30 service fee after visit charge
➤ Other dental services	20% discount after visit charge
Orthodontia Services: (Provided only through Willamette Dental)	
➤ Pre-orthodontia service fee (credited toward comprehensive orthodontia fee if patient accepts treatment plan)	\$150 after visit charge
➤ Comprehensive orthodontia fee (no age limit)	\$2,600 after visit charge
Miscellaneous Services:	
➤ Local anesthesia (Novocain)	Fully covered
➤ Nitrous oxide (per visit fee)	\$10

Please note: There is a six-month waiting period for major services which includes crowns, bridges, partials, and dentures.

As a new patient of Willamette Dental, you can expect your first visit to include:

- discussion of your medical and dental history
- necessary x-rays, a thorough examination, and the development of your treatment plan
- review of causes of decay, gum disease, and a demonstration of effective methods of brushing and flossing
- a cleaning along with fluoride and decay reducing treatment for children up to age 12
- the scheduling of a cleaning appointment for adults

Limitations and Exclusions

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These Benefits Are Limited

- We will not duplicate benefits for which you are eligible under Medicare except as required by law.
- We will not cover the replacement of an existing denture, crown, or bridge less than seven years after the date of the most recent placement. We will not cover a denture replacement made necessary by loss, theft, or breakage.
- The benefits of this plan are not subject to any coordination of benefits provision.

Services And Supplies Not Covered

- Services or supplies you receive before your coverage starts or after your coverage ends. The date artificial teeth are prepared is considered as the date of service.
- Services that are not necessary dental care.
- Services and supplies related to the diagnosis or treatment of the temporomandibular joint.
- Dental Implants
- Lost, stolen, or broken appliances.
- Splints, nightguards, and other appliances used to increase vertical dimensions, restore bite, or correct habits such as tongue thrusting or teeth grinding.
- Treatment(s), procedures, equipment, medications, devices, and supplies that are experimental or investigational even when provided by foreign providers.
- Services or supplies not received from a Willamette Dental dentist (except as specifically listed).
- Surgery for fractures, cysts, or tumors.
- Models of teeth and surrounding tissue for purposes of study and treatment planning.
- Services provided by a dentist or denturist that are beyond the scope of his or her license.
- Cosmetic dental services including complications arising out of such services.
- General anesthesia, unless recommended by the referring or attending dentist for a medical condition which requires general anesthesia before services can be performed.
- Recording of jaw movements or positions.
- Services or supplies you receive from a dental or medical department maintained by or on behalf of any employer, a mutual benefit association, labor union, trustee, or similar person or group.
- Services and supplies not specifically listed.



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Toll-free, all areas 1 (800) 777-3168

TDD Line for people with hearing impairments 1 (800) 382-1003

www.or.regence.com