

Managed Care Dental

Coverage that keeps your teeth healthy and your costs down

With Managed Care Dental, you get a variety of services covered at predictable copays. You'll work with a participating provider to maintain your oral health and enhance your overall health through routine exams and other preventive care.

This plan features:

- No deductibles
- No annual maximums
- Routine exams, teeth cleanings, periodontal screenings and evaluations provided for just a \$15 visit charge
- X-rays, fillings and a variety of other dental services provided at a low copay
- Orthodontia coverage regardless of age
- Emergency dental care coverage
- Major and orthodontic services covered after a six-month waiting period
- Optional vision rider available (reimburses up to \$150 in vision services and/or hardware per member every two years)

Please refer to the summary of benefits, included in this brochure, for an overview of the plan and a list of limitations and exclusions.

Friendly offices are nearby

Services must be rendered by a participating provider. For the purposes of this plan, participating providers are Willamette Dental Group, P.C., and the providers who are employed by or are under contract with Willamette Dental Group, P.C. or any of its affiliates.

Participating provider offices are conveniently located throughout the area. You can find addresses and directions at **WillametteDental.com**.

Care is just a call away

After you sign up for Individual Managed Care Dental, you should call 1 (800) 461-8994 to schedule your first appointment with a participating provider. You can see a dentist in as soon as three to six weeks.

Managed Care Dental summary of benefits

Annual maximum	None
Deductible	None
Visit charge	\$15 per visit
SUMMARY OF COVERED SERVICES AND SERVICE COPAYS	WHAT YOU PAY <i>(Please note: Service copays and coinsurance are charged per service)</i>
SERVICES COVERED WITH NO SERVICE COPAY	
Routine and emergency oral evaluations	\$15 visit charge
Teeth cleanings	
Bitewing X-rays	
Periodontal screenings	
Periodontal maintenance	
SERVICES PROVIDED WITH ADDITIONAL \$10 SERVICE COPAY	
Nitrous oxide (per visit)	\$15 visit charge plus \$10 service copay
SERVICES PROVIDED WITH ADDITIONAL \$20 SERVICE COPAY	
Panoramic X-rays	\$15 visit charge plus \$20 service copay
Sealant (per tooth)	
After-hours visit	
SERVICES PROVIDED WITH ADDITIONAL \$30 SERVICE COPAY	
Filings - amalgam, anterior composite, or posterior primary composite (per tooth)	\$15 visit charge plus \$30 service copay
Simple denture/partial repairs	
Simple extractions	
ORTHODONTIA	
Pre-orthodontic service	Pre-orthodontic service copay will be deducted from the comprehensive orthodontic copay if the member elects orthodontic treatment
Initial orthodontic exam	\$15 visit charge plus \$25 service copay
Study models and X-rays	\$15 visit charge plus \$125 service copay
Comprehensive orthodontia	\$2,600 service copay per case
OTHER	
Out-of-area emergency care (50 miles or more from a WDG office)	You pay applicable service copays and fees. Willamette Dental covers up to \$100 of covered services.
Additional services covered by this policy (Please see the Schedule of Covered Services, Copays and Coinsurance for a complete list.)	\$15 visit charge plus 80% coinsurance
OPTIONAL VISION BENEFIT RIDER	
You may elect to add vision benefits to with your dental coverage. The vision benefit reimburses up to \$150 per member for vision exams and/or hardware every 24 months.	

This is a brief summary of benefits. For full coverage provisions, including a description of limitations and exclusions, refer to your policy.

There is a six-month waiting period for orthodontia and major services, including crowns, endodontics, periodontics, prosthetics and oral surgery.

Please note: If you cancel Individual Managed Care Dental, there is a 12-month waiting period before you can re-enroll.

The benefits of this plan are not subject to any coordination of benefits provision.

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Exclusions

These services and supplies are not covered:

- Aesthetic dental procedures and complications arising out of such services
- Benefits not stated
- Charges by any person other than a participating provider except as otherwise indicated in the policy
- Cosmetic/reconstructive services and supplies (certain exceptions apply)
- Coverage available under any federal, state, or other governmental program, except where required by law
- Diagnostic casts or study models
- Endodontics, bridges, crowns, and other prosthetic devices or services if treatment was started or ordered prior to the member's effective date or delivered more than 60 days after the member's coverage under this policy has terminated
- Excision of a tumor; biopsy of soft or hard tissue; removal of a cyst
- Experimental/investigational treatments, procedures, services and supplies
- Extraction of permanent teeth for tooth guidance procedures; procedures for tooth movement
- Full-mouth reconstruction
- General Anesthesia, except as specified in the Schedule of Covered Services, Copays and Coinsurance.
- Habit-breaking or stress-breaking appliances
- Hospitalization for dentistry
- Maxillofacial prosthetic services
- Medication and supply charges
- Military service-related conditions
- Motor vehicle coverage and other insurance liability
- Non-direct patient care
- Occlusal treatment including complete occlusal adjustments and occlusal guards
- Personalized restorations, precision attachments, and special techniques
- Repair or replacement of lost, stolen, or broken items
- Replacement of sound restorations
- Services and supplies for treatment of an illness or injury caused by riot, rebellion, war and illegal acts
- Services for accidental injury to natural teeth that are provided more than 12 months after the date of the accident
- Services or supplies and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved a participating provider
- Temporomandibular Joint (TMJ) dysfunction treatment
- Transseptal fiberotomy
- Treatment started prior to the member's effective date under this policy or completed after this policy terminates
- Work-related injuries

This is a brief summary of the individual dental plans available from Regence Life and Health Insurance Company. For full coverage provisions, including a complete list of Covered Services and Exclusions, please refer to your policy.