

Dental Plan

Albany Firefighters
Effective July 1, 2007

Benefit Features

Your Dental Plan provides coverage for services provided by any licensed dentist or Oregon-licensed denturist.

Maximum benefit	\$1,500 per person each calendar year
Deductible	None
Preventive Services	
<ul style="list-style-type: none"> ➤ Examinations ➤ Cleaning ➤ X-rays ➤ Fluoride treatments 	70% paid first calendar year; 80% second calendar year; 90% third calendar year; 100% paid thereafter (percentage increases each calendar year only if a dentist is seen for covered services)
Restorative Services	
<ul style="list-style-type: none"> ➤ Fillings ➤ Simple extractions ➤ Space maintainers ➤ Root canal therapy ➤ Periodontal scaling, root planing, and maintenance ➤ Periodontal surgery ➤ Oral surgery ➤ Emergency treatment 	70% paid first calendar year; 80% second calendar year; 90% third calendar year; 100% paid thereafter (percentage increases each calendar year only if a dentist is seen for covered services)
Major Services	
<ul style="list-style-type: none"> ➤ Crowns ➤ Bridges ➤ Dentures 	70% paid first calendar year; 80% second calendar year; 90% third calendar year; 100% paid thereafter (percentage increases each calendar year only if a dentist is seen for covered services)

Please see page 2 for limitations and exclusions >



Limitations and Exclusions

Once enrolled, your benefits booklet can be viewed online at our Web site, www.or.regence.com. Please refer to your benefits booklet for a complete list of benefits and the limitations and exclusions that apply.

Preventive Services Schedule

Fluoride

Covered only for age 22 and under.

These Benefits Are Limited

- Crowns are covered only when a tooth cannot be restored with a filling or by any other means.
- Emergency services are limited to those provided for relief, not cure.
- X-ray must document the need for surgical extraction.
- Replacement of an existing denture or crown is covered only when five or more years have passed since the date of the most recent placement.
- We may limit payment to the treatment method with the lesser charge.

These Services Are Not Covered

- Services provided by a member of your immediate family or household.
- Services or supplies you receive before your coverage starts or after your coverage ends.
- Services that are not necessary dental care.
- Replacement of teeth missing when this coverage begins.
- Appliances or restorations used for periodontal splinting (except for documented cases of bruxism), to increase vertical dimensions, to restore the occlusion (bite), or to correct habits such as tongue thrusting.

- Orthodontic services, except extractions for orthodontic purposes.
- Cosmetic dental services including complications arising out of such services.
- Recording of jaw movements or positions.
- Temporary dentures.
- Local anesthesia charged separately with fillings.
- General anesthesia, except when necessary for complex oral surgery or due to the existence of a concurrent medical condition.
- Premedications, take-home medicines, and supplies.
- Treatment(s), procedures, equipment, medications, devices, and supplies that are experimental or investigational even when provided by foreign providers.
- Temporomandibular (jaw joint) and related problems.
- Work-related conditions.
- Services or supplies you receive from a dental or medical department maintained on behalf of any employer.
- Models of teeth and surrounding tissue for purposes of study and treatment planning.
- Services and supplies to teach nutrition and oral hygiene techniques.



An Independent Licensee of the Blue Cross and Blue Shield Association

Toll-free, all areas 1 (800) 228-0978

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

www.or.regence.com