



DENTAL PLANS

Go the extra smile for your employees' oral health

Preventive oral care can help us maintain a healthy mouth—and body. That's why Regence BlueShield of Idaho, Inc. offers your employees the essential dental coverage they want at the best possible price. Our flexible dental plan options will help them stay healthy and within budget.

A better standard of care

Regence dental plans offer rich benefits, access to a large network of dentists nationwide, affordable coinsurance on basic and major services and no out-of-pocket expenses for in-network preventive services.

Regence ExpressionsSM

Employees enjoy comprehensive coverage with limited out-of-pocket costs.

Regence Expressions RewardsSM

This Expressions plan offers rewards for proactive dental care—when services don't exceed the annual maximum benefit, an additional benefit of \$250 may be rewarded the following year.

More options, more value

Voluntary

Voluntary (employee-paid) plans allow you to offer your employees access to comprehensive dental benefits at little to no cost to your business.

Dual Option (for groups of 51+)

You can provide your employees with multiple options—they can choose a plan that best fits their needs and budget. We'll work with you to customize the offerings.

Standalone (for groups of 10+)

Our standalone option allows you to choose a dental plan independent of a medical plan.

Dental plans

Expressions

Expressions Rewards

Annual deductible/maximum options

The family deductible is three times the individual amount.

Expressions Rewards:

When services incurred are less than the annual maximum, an additional benefit of \$250 may be rewarded the following year, not to exceed the total reward maximum.

\$25/\$1,000
 \$50/\$1,000
 \$25/\$1,250
 \$50/\$1,250
 \$25/\$1,500
 \$50/\$1,500
 \$25/\$2,000
 \$50/\$2,000

\$25/\$750/\$1,500
 \$50/\$750/\$1,500
 \$25/\$1,000/\$2,000
 \$50/\$1,000/\$2,000
 \$25/\$1,250/\$2,500
 \$50/\$1,250/\$2,500

Covered services

Preventive and diagnostic services

Cleanings 2 per calendar year (in lieu of periodontal maintenance)

Preventive oral exams 2 per calendar year

Sealants Bicuspid and molars only for those under 18 years of age

Space maintainers For those under 12 years of age

Topical fluoride application 2 applications per calendar year for those under 18 years of age

X-rays and bitewings 1 set, twice per calendar year

Panoramic and full-mouth Once every 3 years

In network

Out of network

Member pays nothing

Groups 1-50:
Member pays 0% or 20%²

Groups 51+:
Member pays 0%, 10% or 20%²

Member pays nothing

Basic and restorative services

Debridement Once every 3 years

Emergency treatment For pain relief only

Endodontics Includes root canal treatment, pulpotomy and apicoectomy

Fillings Composite and amalgam restorations

General anesthesia or IV sedation Partial or full bony impactions and for those under age 7 (subject to necessity)

Oral surgery Includes surgical extractions, removal of teeth, biopsies, incisions and drainage

Periodontal maintenance 2 per calendar year (in lieu of regular cleanings)

Periodontal scaling and root planing Once per quadrant in a 2-year period

Member pays 20%
after the deductible is met

Groups 1-50:
Member pays 20% or 40%²

Groups 51+:
Member pays 20%, 30% or 40%²

Member pays 20%
after the deductible is met

Major services

Bridges (fixed partial denture) Once within a 7-year period after placement

Crowns, inlays and onlays Once within a 7-year period after placement

Dental implants Endosteal implants, limited to 1 per tooth per member lifetime

Dentures (full or partial) Once within a 7-year period

Denture rebase and relines Once within a 3-year period per arch

Recementing of inlays, onlays or crowns Once within a 7-year period after placement

Member pays 50%
after the deductible is met

Member pays 50%
after the deductible is met

Optional services

Orthodontia Optional purchase for groups of 10 or more enrolled employees; limited to under age 26

\$1,000 or \$1,500 lifetime maximum
 Member pays 50%
 Deductible does not apply
 12-consecutive-month waiting period applies
 (Waiting period is waived for members
 with prior dental coverage)

\$1,000 or \$1,500 lifetime maximum
 Member pays 50%
 Deductible does not apply
 12-consecutive-month waiting period applies
 (Waiting period is waived for members
 with prior dental coverage)

¹Deductible applies to all covered services except where noted.

²Depending on the plan selected. Not all coinsurance combinations are available.

Limitations and exclusions

Benefits will not be provided in any of the following circumstances or for any of the following conditions under the terms of the contract:

Aesthetic Dental Procedures: Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.

Antimicrobial Agents: Localized delivery of antimicrobial agents into diseased crevicular tissue via a controlled release vehicle.

Collection of Cultures and Specimens: Including but not limited to saliva or issue of the oral cavity.

Condition Caused by Active Participation in a War or Insurrection: The treatment of any condition caused by or arising out of a member's active participation in a war or insurrection.

Condition Incurred in or Aggravated during Performances in the Uniformed Services: The treatment of any member's condition that the Secretary of Veterans Affairs determined to have been incurred in, or aggravated during, performance of service in the uniformed services of the United States.

Connector Bar or Stress Breaker

Cosmetic/Reconstructive Services and Supplies: Except for dentally appropriate services and supplies to treat a congenital anomaly and to restore a physical bodily function lost as result of injury or illness, we do not cover cosmetic and/or reconstructive services and supplies. Cosmetic means services or supplies that are applied to normal structures of the body primarily to improve or change appearance (for example, bleaching of teeth). Reconstructive means services, procedures or surgery performed on abnormal structures of the body, caused by congenital anomalies, developmental abnormalities, trauma, infection, tumors or disease. It is performed to restore function, but, in the case of significant malformation, is also done to approximate a normal appearance.

Desensitizing: Application of desensitizing medicaments or desensitizing resin for cervical and/or root surface.

Diagnostic Casts or Study Models

Duplicate X-Rays

Expenses Before Coverage Begins or After Coverage Ends: Services and supplies incurred before your effective date under the contract or after your termination under the contract except as may be provided under the other continuation options of the contract.

Facility Charges: Services and supplies provided in connection with facility services, including hospitalization for dentistry and extended-care facility visits.

Fees, Taxes and Interest: Charges for shipping and handling, postage, interest or finance charges that a dentist might bill. We also do not cover excise, sales or other taxes; surcharges; tariffs; duties; assessments; or other similar charges whether made by federal, state or local government or by another entity, unless required by law.

Fractures of the Mandible: Services and supplies provided in connection with the treatment of simple or compound fractures of the mandible.

Gold-foil Restorations

Government Programs: Benefits that are covered, or would be covered in the absence of this plan, by any federal, state or government program, except for facilities that contract with us and except as required by law, such as for cases of medical emergency or for coverage provided by Medicaid. We do not cover government facilities outside the service area (except as required by law for emergency services).

Home Visits

Illegal Activity: Services and supplies are not covered for treatment of an illness, injury or condition caused or sustained by a member's voluntary participation in an activity where the member is found guilty of an illegal activity in a criminal proceeding or is found liable for the activity in a civil proceeding. A guilty finding includes a plea of guilty or a no contest plea. If benefits already have been paid before the finding of guilt or liability is reached, we may recover the payment from the person we paid or anyone else who has benefited from it.

Implants: Except as provided in the Dental Benefits section, services and supplies provided in connection with implants, whether or not the implant itself is covered, including, but not limited to:

- interim endosseous implants;
- eposteal and transosteal implants;
- sinus augmentations or lift;
- implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis;
- radiographic/surgical implant index; and
- unspecified implant procedures.

Indirect Pulp Capping and Pulp Vitality Tests

Investigational Services: Investigational treatment or procedures (health interventions) and services, supplies and accommodations provided in connection with investigational treatments or procedures (health interventions). We also exclude any services or supplies provided under an investigational protocol.

Medications and Supplies: Including take-home drugs, pre-medications, therapeutic drug injections and supplies.

Motor Vehicle Coverage and Other Insurance Liability: Expenses for services and supplies that are payable under any automobile medical, personal injury protection (PIP), or automobile no-fault coverage (unless the automobile contract contains a coordination of benefits provision, in which case, the Coordination of Benefits provision in the Booklet shall apply); underinsured or uninsured motorist coverage, homeowner's coverage, commercial premises coverage, excess coverage or similar contract or insurance. This applies when the contract or insurance is either

issued to, or makes benefits available to a Member, whether or not the Member makes a claim under such coverage. Further, the Member is responsible for any cost-sharing required by the other insurance coverage, unless applicable state law requires otherwise. Once benefits under such contract or insurance are exhausted or considered to no longer be injury-related under the no-fault provisions of the contract, we will provide benefits according to the Booklet.

Nitrous Oxide

Non-direct Patient Care: Services that are not direct patient care, including: appointments scheduled and not kept (missed appointments); charges for preparing or duplicating medical reports and chart notes; itemized bills or claim forms (even at our request); and visits or consultations that are not in person (including telephone consultations and email exchanges).

Occlusal Treatment: Services and supplies provided in connection with dental occlusion, including occlusal analysis, adjustments and occlusal guards.

Oral Hygiene Instructions

Oral Surgery: To treat any fractured jaw and orthognathic surgery. By orthognathic surgery, we mean surgery to manipulate facial bones, including the jaw, in patients with facial bone abnormalities performed to restore the proper anatomic and functional relationship of the facial bones.

Orthodontic Dental Services: Including correction of malocclusion, craniomandibular orthopedic treatment, other orthodontic treatment, preventive orthodontic procedures and procedures for tooth movement, regardless of purpose, and repair of damaged orthodontic appliances. (Unless optional orthodontia coverage is selected.)

Personal Comfort Items: Items that are primarily used for personal comfort or convenience, contentment, personal hygiene, aesthetics or other nontherapeutic purposes.

Photographic Images

Pin Retention in Addition to Restoration

Precision Attachments

Prosthesis: Including maxillofacial prosthetic procedures and modification of removable prosthesis following implant surgery.

Provisional Splinting

Replacements: Services and supplies provided in connection with the replacement of any dental appliance (including, but not limited to, dentures and retainers), whether lost, stolen or broken.

Self-help, Self-care, Training or Instructional Programs: Except for services provided without a separate charge in connection with Covered Services that train or educate a Member, self-help, non-dental self-care and training programs are not covered.

Separate Charges: Services and supplies that may be billed as separate charges (these are considered inclusive of the billed procedure), including any supplies, local anesthesia and sterilization.

Services and Supplies Provided by a Member of Your Family: Services and supplies provided to you by a member of your immediate family. For purposes of this provision, "immediate family" means: you and your parents, parents' spouses or domestic partners, spouse or domestic partner, children, stepchildren, siblings and half-siblings; your spouse's or domestic partner's parents, parents' spouses or domestic partners, siblings and half-siblings; your child's or stepchild's spouse or domestic partner; and any other of your relatives by blood or marriage who shares a residence with you.

Services Performed in a Laboratory

Surgical Procedures: Services and supplies provided in connection with the following surgical procedures: exfoliative cytology sample collection or brush biopsy; incision and drainage of abscess extraoral soft tissue, complicated or noncomplicated; radical resection of maxilla or mandible; removal of nonodontogenic cyst, tumor or lesion; surgical stent and surgical procedures for isolation of a tooth with rubber dam.

Temporomandibular Joint (TMJ) Disorder Treatment: Except for surgical correction required as the result of an injury, TMJ disorder treatment and any associated servies and supplies are not covered.

Third-party Liability: Services and supplies for treatment of illness, injury or health condition for which a third party is or may be responsible.

Tooth Transplantation: Services and supplies provided in connection with tooth transplantation, including reimplantationfrom one site to another and splinting and/or stabilization.

Travel and Transportation Expenses

Veneers

Work-related Conditions: Expenses for services and supplies incurred as a result of any work-related injury or illness, including any claims that are resolved related to a dispute claim settlement. The only exception is if an enrolled employee is exempt from state or federal workers' compensation law.

Why Regence dental?

An expanded dental network



Our Idaho network is 24% larger in 2024, with over 800 unique providers. Our national network access has grown by over 40%, now offering nearly 100,000 unique providers.

One carrier for health and dental benefits



A benefits package that includes Regence health and dental plans provides you and your employees with the convenience of joint billing and account management.

Optional orthodontia coverage



Coverage is available if you have 10+ enrolled employees.

Medical-dental integration



Our medical and dental plans work together to help your employees live healthier. Members with eligible medical conditions automatically receive additional dental cleanings at no extra cost.



To learn more, contact your producer or Regence sales representative.

Regional and Branch Offices

Regence BlueShield of Idaho Inc.
1-800-632-2022

Boise

1211 W. Myrtle St., Suite 200
Boise, ID 83702
208-336-2420

Coeur d' Alene

2065 W. Riverstone Drive, Suite 201
Coeur d' Alene, ID 83814
208-667-2761

Lewiston

1602 21st Ave.
Lewiston, ID 83501
208-746-2671

Pocatello

444 Hospital Way, Suite 517
Pocatello, ID 83201
208-234-0020



Regence BlueShield of Idaho, Inc.
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueShield of Idaho
1211 W. Myrtle St., Suite 200 | Boise, ID 83702

23D-REG-0803 08/23
© 2023 Regence BlueShield of Idaho