



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 we offer 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/\$1,500²
 \$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%³

Groups 51+:
Member pays 0%, 10%, or 20%³

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%³

Groups 51+:
Member pays 20%, 30%, or 40%³

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.

²Includes the option for preventive services to not accumulate to the annual maximum.

³Depending on the plan selected. Not all coinsurance combinations are available.

Why Regence dental?

An expanded dental network



Our Oregon network is 15% larger in 2024, with 1,600 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.



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

Regence BlueCross BlueShield of Oregon
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