

REED COLLEGE
Dental Plan

Effective Date: April 1, 2011

Benefit Summary

Deductible per calendar year	\$50 Per Claimant \$150 Per Family (3 times the Claimant amount)
Maximum benefit per calendar year	\$1,500 Per Claimant

Understanding Your Benefits

- The Plan will begin to pay benefits for covered services in any calendar year only after your deductible is satisfied unless otherwise specified. Your plan may not include a deductible. If your plan does not have a deductible, any references in this benefit summary to deductibles therefore do not apply to your coverage.
- Once you have satisfied any applicable deductible, the Plan pays a percentage of the allowed amount for covered services up to the maximum benefit. When payment is less than 100%, you pay the remaining percentage. This is your **Coinsurance** (Claimant Responsibility).
- The Plan does not reimburse Dentists for charges above the allowed amount. A Dentist may bill you for any balances over our payment level in addition to any deductible and/or coinsurance amount.

Covered Dental Services (Per Claimant)

You Pay

<p>Preventive Dental Services</p> <ul style="list-style-type: none"> ▪ Bitewing x-rays: 2 per calendar year ▪ Complete intra-oral mouth x-rays: Once in a 3-year period ▪ Cleanings: 2 per calendar year (in lieu of periodontal maintenance) ▪ Oral examinations: 2 per calendar year ▪ Panoramic mouth x-rays: Once in a 3-year period ▪ Sealants (bicuspid and molars only): Under 18 years of age ▪ Space Maintainers: Under 12 years of age ▪ Topical fluoride application: Under 18 years of age, 2 treatments per calendar year 	0% deductible waived
<p>Basic Dental Services</p> <ul style="list-style-type: none"> ▪ Endodontic services including root canal treatment, pulpotomy and apicoectomy ▪ Emergency treatment for pain relief ▪ Fillings consisting of composite and amalgam restorations ▪ General dental anesthesia or intravenous sedation (subject to necessity) ▪ Uncomplicated and complex oral surgery procedures ▪ Periodontal maintenance: 2 per calendar year (in lieu of preventive cleanings) ▪ Periodontal debridement: Once in a 3-year period ▪ Periodontal scaling and root planing: Once per quadrant in a 2-year period 	20% after deductible
<p>Major Dental Services</p> <ul style="list-style-type: none"> ▪ Bridges: Except no benefits are provided for replacement made fewer than 7-years after placement ▪ Crowns, inlays and onlays: Except no benefits are provided for replacement made fewer than 7-years after placement ▪ Dentures (full and partial): Except no benefits are provided for replacement made fewer than 7-years after placement 	50% after deductible
<p>Orthodontia Services</p> <ul style="list-style-type: none"> ▪ Orthodontic treatment: No age limit ▪ Deductible does not apply ▪ \$1,500 per Claimant lifetime maximum benefit 	50%

Dental Exclusions

The Plan will not provide benefits for any of the following conditions, treatments, services, supplies or accommodations, including any direct complications or consequences that arise from them. However, these exclusions will not apply with regard to an otherwise covered service for an injury, if the injury results from an act of domestic violence or a medical condition (including physical and mental) and regardless of whether such condition was diagnosed before the injury, as required by federal law. Please refer to the Plan for a complete list of exclusions that apply.

- 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**
- 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.
- Desensitizing:** Application of desensitizing medicaments or desensitizing resin for cervical and/or root surface.
- Duplicate X-Rays**
- Expenses Before Coverage Begins or After Coverage Ends:** Services and supplies incurred before your effective date under the Plan or after your termination under the Plan except as may be provided under the other continuation options of the Plan.
- Implants:** Services and supplies provided in connection with implants, whether or not the implant itself is covered.
- Investigational Services:** Investigational treatment or procedures (health interventions) and services, supplies and accommodations provided in connection with investigational treatments or procedures (health interventions).
- Medications and Supplies** including take home drugs, pre-medications, therapeutic drug injections and supplies.
- Motor Vehicle Coverage and Other Insurance Liability**
- Nitrous Oxide**
- Oral Hygiene Instructions**
- Oral Surgery** treating any fractured jaw and orthognathic surgery. Orthognathic surgery means 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.
- Pin Retention in Addition to Restoration**
- 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 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 non-complicated; 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) Dysfunction Treatment**
- Third-Party Liability:** Services and supplies for treatment of illness or injury for which a third party is or may be responsible.
- 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 disputed claim settlement. The only exception is if a Participant is exempt from state or federal workers' compensation law.

Please note: This summary provides a brief description of the Plan benefits, limitations, and exclusions and is not a guarantee of payment. Once enrolled, you can view the Plan benefits online at the Claims Administrator Website, www.myRegence.com. Please refer to the Plan for a complete list of benefits, limitations and exclusions that apply, and a definition of dentally appropriate.



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