
 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.** This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, 1-877-396-4612. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/glossary/> or call 1-877-396-4612 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0 per member per calendar year	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	No	See the Common Medical Events chart below for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	Not Applicable	This plan does not have an out-of-pocket limit on your expenses
What is not included in the out-of-pocket limit ?	Not Applicable	This plan does not have an out-of-pocket limit on your expenses
Is there an overall annual limit on what the plan pays?	Yes. \$1,500	This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 2 describes specific coverage limits, such as limits on the number of office visits.
Will you pay less if you use a network provider ?	Yes. For a list of preferred providers, see www.regence.com or call (503) 220-6100 or 1-800-452-8812	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have preventive dental services	Cleanings and examinations	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	Co-insurance resets to year 1 level if Basic Dental Services are not used in a calendar year.
	X-rays	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	Co-insurance resets to year 1 level if Basic Dental Services are not used in a calendar year.
	Other preventive dental services	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	Co-insurance resets to year 1 level if Basic Dental Services are not used in a calendar year.
If you need basic dental services	Periodontal services	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	Co-insurance resets to year 1 level if Basic Dental Services are not used in a calendar year.
	Endodontic services	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	Co-insurance resets to year 1 level if Basic Dental Services are not used in a calendar year.
	Emergency and other basic dental services	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	25% co-insurance year 1 15% co-insurance year 2 then 5% co-insurance after	Co-insurance resets to year 1 level if Basic Dental Services are not used in a calendar year.
If you need major dental services	Bridges	30% co-insurance	30% co-insurance	No benefits provided for replacements made fewer than 5 years after placement.
	Crowns, inlays and onlays	30% co-insurance	30% co-insurance	No benefits provided for replacements made fewer than 5 years after placement.
	Dentures (full and partial)	30% co-insurance	30% co-insurance	No benefits provided for replacements made fewer than 5 years after placement.
	Implants (endosteal)	Not Covered	Not Covered	—————none—————
If you need	Orthodontia services	70% co-insurance	70% co-insurance	\$1,000 maximum lifetime benefit for

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
orthodontic services				orthodontic benefits. No age limit for treatments.
If you need TMJ services	Temporomandibular joint (TMJ) disorder services	Not Covered	Not Covered	—————none—————

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none"> • Cosmetic/reconstructive services and supplies, except congenital anomalies • Duplicate x-rays 	<ul style="list-style-type: none"> • Implants (non-endosteal) • Occlusal treatment • Orthognathic surgery 	<ul style="list-style-type: none"> • Veneers • Tooth transplantation • Facility charges • Gold-foil restorations