This plan includes preventive and diagnostic services, as well as restorative and major services. After satisfaction of the deductible, this plan will provide payment for the services at the percentages listed below up to the calendar year maximum. Payment of benefits is based on a percentage of the allowed amount. Participating providers have agreed to accept the allowed amounts as payment for services. Services of a Nonparticipating provider are based on a percentage of the allowed amount. The member will be responsible for any additional charges over the allowed amount.

<table>
<thead>
<tr>
<th>Cost Share Details</th>
<th>Participating Network</th>
<th>Nonparticipating Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$50 Individual / $150 Family</td>
<td>Shared with Participating</td>
</tr>
<tr>
<td>Annual Limit</td>
<td>$1,000 Individual</td>
<td>Shared with Participating</td>
</tr>
</tbody>
</table>

### Preventive and Diagnostic Dental Services (unless stated otherwise, a deductible applies)

<table>
<thead>
<tr>
<th>Services</th>
<th>What You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanings and Examinations</td>
<td>20%</td>
</tr>
<tr>
<td>X-rays</td>
<td>20%</td>
</tr>
<tr>
<td>Other Preventive Dental Services</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Basic Dental Services (unless stated otherwise, a deductible applies)

<table>
<thead>
<tr>
<th>Services</th>
<th>What You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal Services</td>
<td>20%</td>
</tr>
<tr>
<td>Endodontic Services</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency and Other Basic Dental Services</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Major Dental Services (unless stated otherwise, a deductible applies)

<table>
<thead>
<tr>
<th>Services</th>
<th>What You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridges</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns, Inlays and Onlays</td>
<td>50%</td>
</tr>
<tr>
<td>Dentures (Full and Partial)</td>
<td>50%</td>
</tr>
<tr>
<td>Implants (Endosteal)</td>
<td>50%</td>
</tr>
</tbody>
</table>

This benefit summary provides a brief description of your plan benefits, limitations and/or exclusions under your plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at regence.com. PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND/OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY. Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.
The University of Utah has worked closely with Regence BlueCross BlueShield of Utah (Regence BCBSU) to develop a special dental program for University retirees. This affordable plan offers many advantages. And if you use a PPO (PPO) network provider, you can save even more. We've even negotiated reduced rates, which means lower out-of-pocket costs for you. Your dentist will bill Regence BCBSU directly for covered dental services. After you've met your annual deductible, you'll pay only coinsurance and the cost of non-covered services. Enroll when you first retire or in January of each successive year.

**Quarterly Rates effective January 1, 2024**

- Retiree or Spouse $118.80
- Two-Party $237.90
- Family $321.00

**Mail Enrollment Form & Payment to:**
Attn: Amie Long  
Regence BlueCross BlueShield  
333 Gilkey Road  
Burlington, WA 98233
NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service
1-800-541-8981 (TTY: 711)

Customer Service for all other plans
1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service
Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355, (TTY: 711)
Fax: 1-888-309-8784
medicareappeals@regence.com

Customer Service for all other plans
Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-344-6347, (TTY: 711)
CS@regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW,
Room 509F HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD).

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.


Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711)まで、お電話にてご連絡ください。

D77 baa akọ n7n7zin: D77 saad bee y1n7[ti’go] Diné Bizaad, saad bee 1k1’1n7da’1wo’d66’, t’11 jiik’eh, 47 n1 h0l=, koj8’ h0d77linh 1-888-344-6347 (TTY: 711.)

FATOKANGA’I: Kapau ‘oku ke Lea- Fakatonga, ko e kau tokoni fakatou na ‘oku nau fai atu ha tokoni la’etotongi, pea te ke lava ‘o ma’u ia. ha’o telephone mai ko he fika 1-888-344-6347 (TTY: 711)

FATOKANGA’I: Kapau ‘oku ke Lea- Fakatonga, ko e kau tokoni fakatou na ‘oku nau fai atu ha tokoni la’etotongi, pea te ke lava ‘o ma’u ia. ha’o telephone mai ko he fika 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ek kitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ek kitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

Notice: If you are calling from the United States or Puerto Rico, dial 1-888-344-6347 (TTY: 711).