



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.

Cost Share Details		Participating Network	Nonparticipating Network
Annual Deductible	The total deductible you pay per calendar year	\$50 Individual / \$150 Family	Shared with Participating
Annual Limit	The combined total for your deductible, coinsurance and copays per calendar year	\$1,000 Individual	Shared with Participating

Preventive and Diagnostic Dental Services (unless stated otherwise, a deductible applies)		What You Pay	
Cleanings and Examinations	2 cleanings per calendar year	20%	20%
	2 preventive oral examinations per calendar year		
X-rays	Panoramic mouth x-ray: Once in a 3-year period	20%	20%
	Complete intra-oral mouth x-ray: Once in a 3-year period		
	Bitewing x-rays: 2 per calendar year		
Other Preventive Dental Services	Sealants (bicuspid and molars only) for members under 18 years of age	20%	20%
	Space maintainers for members under 12 years of age		
	Topical fluoride application: 2 per calendar year for members under 18 years of age		

Basic Dental Services (unless stated otherwise, a deductible applies)		What You Pay	
Periodontal Services	Periodontal maintenance: 2 per year (in lieu of preventive cleanings)	20%	20%
	Periodontal debridement: Once in a 3-year period		
	Periodontal scaling and root planing: 1 per quadrant in a 2-year period		
Endodontic Services	Services including root canal treatment, pulpotomy and apicoectomy	20%	20%
Emergency and Other Basic Dental Services	Emergency treatment for pain relief	20%	20%

Major Dental Services (unless stated otherwise, a deductible applies)		What You Pay	
Bridges	Replacement once per 7 years after placement	50%	50%
Crowns, Inlays and Onlays	Replacement once (per tooth) 7 years after placement	50%	50%
Dentures (Full and Partial)	Replacement 7 years after placement	50%	50%
Implants (Endosteal)	4 endosteal implants per lifetime	50%	50%

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.

1 (888) 370-6159 - TTY: 711 | 2890 E Cottonwood Parkway, Salt Lake City, UT 84121 | regence.com

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).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 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.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 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 ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-888-344-6347 (TTY: 711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai utu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 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 govorum ili sluhom: 711)

ආරම්භය: සිංහල භාෂාව භාවිතයෙන් නොමිලේ භාෂා සහන සේවාවලට ප්‍රවේශ විය හැකිය. 1-888-344-6347 (TTY: 711) දුරකථන අංකයට කථා කරන්න.

पिआन पिउः जे तुमीं पं जाघी बेलिं हे, उां उासा प िंच सहाइतासे ा तुहाडे लयी मूढत रुपलखि है। 1-888-344- 6347 (TTY: 711) उे वाल बरे।

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

ආහ්වය:- අප්‍රකාශයෙන් කතා කරන විට, අපි ඔබට නොමිලේ භාෂා සහන සේවාවලට ප්‍රවේශ විය හැකිය. 1-888-344-6347 (ආහ්වයෙන් අංකය:- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको दनमि भाषा सहायता सेवाहरू दनिःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (दिदिवाई: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

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

โปรดทราบ: ถ้า คุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาไทย ไร้ โทร 1-888- 344-6347 (TTY: 711)

විද්‍යා: ඔබ ඔබේ භාෂාවෙන් කතා කරන විට, අපි ඔබට නොමිලේ භාෂා සහන සේවාවලට ප්‍රවේශ විය හැකිය. 1-888-344-6347 (TTY: 711)

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

توجہ: اگر بہ زبان نارسی صحبت می کنید، سہمالت زبانی بصورت رایگان برای شما فراہم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث ناذاكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)