
ORTHODONTIC CARE

This **orthodontic** care benefit is in addition to **your** dental care benefits. Eligibility rules for this **plan** are described in **your** dental plan summary.

IMPORTANT NOTE: Benefits for the **dental services** provided under this **orthodontia** benefit will be provided separately from the **participating professional provider** provision of the other portions of the **plan**.

We cover 50 percent of **usual and customary or reasonable charges** for necessary **orthodontic** treatment up to a lifetime maximum of \$1,500 for **enrollees** covered under this **orthodontia** plan.

Covered **orthodontia** services include diagnosis, including x-rays, study models, and photographs, prevention, and treatment, however, **we** will cover diagnosis only once during any five-consecutive-year period.

Before benefits are payable, **we** must approve a **treatment plan**.

Treatment Plan

For the purposes of this **orthodontia** benefit, a **treatment plan** is a report written by **your** or **your enrolled dependent's** orthodontist listing proposed services. This report must include the total **orthodontic** charge, the initial banding fee, and the estimated length of required treatment. It must show a diagnosis indicating an abnormal occlusion which can be corrected by **orthodontic** care.

In order for **us** to pay for covered services, especially in cases where treatment is underway when coverage begins or ends, all **orthodontic** treatment must be performed while **you** or **your enrolled dependent** is enrolled under this **orthodontia** plan and it cannot exceed the length of time prescribed in the **treatment plan**.

Stopping Treatment Early

If **orthodontic** treatment stops before the end of the prescribed treatment period, **we** cover benefits through the end of the month that treatment was discontinued.

Second Treatment Plan

A second **treatment plan** will be covered if five years have passed since the end of the last treatment period and the lifetime maximum benefit has not been reached.

Right To Review Records

We have the right to review **your** or **your enrolled dependent's** dental records, including x-rays, photographs and models, to determine whether **orthodontic** treatment is covered.

How We Pay For Orthodontia

For **enrollees** enrolled under this **orthodontia** plan, **we** cover 50 percent of **usual and customary or reasonable charges** or the lifetime maximum of \$1,500, whichever is less.

At the initial visit, the orthodontist charges a banding fee or a down payment. **We** cover 50 percent of that initial charge. Any eligible balances remaining of the lifetime maximum will be prorated over the prescribed treatment period and will be paid quarterly.

Previous Orthodontia Coverage

If this **orthodontia** plan replaces a previous Regence BlueCross BlueShield of Oregon **orthodontic** plan, benefits that were paid under the previous plan will be applied against the \$1,500 lifetime maximum payment available under this **orthodontia** benefit.