



Dental, vision & hearing

Optional benefits rider for Regence Medicare Supplement plans

Enjoy dental, vision and hearing benefits under a single easy-to-use plan. Our optional benefits rider works seamlessly with your Regence Medicare Supplement plan to provide the coverage you need to maintain your overall health and well-being. You can sign up when you enroll in your plan or within the first month of your plan's start date. If you already have a plan, you can sign up the month before and the month of your plan's annual renewal date.

**Add to your plan for
\$47
monthly premium**

Dental benefits			
Benefit maximum	\$1,000 per calendar year for all services		
Annual deductible	\$0 for preventive services; \$100 for basic and major services		
Preventive services (no waiting period)	Frequency	Plan pays	
		In-network	Out-of-network
Routine periodic exam Comprehensive oral exam Comprehensive periodontal exam	2 per calendar year, any combination	100%; deductible doesn't apply	50%; deductible doesn't apply
Routine cleanings Periodontal maintenance	2 per calendar year, any combination		
Periodontal scaling/root planing	1 per quadrant every 24 months		
Topical fluoride	1 per calendar year		
Bitewing X-rays	1 set per calendar year		
Full-mouth or panoramic X-rays	1 per 36 months		
Basic services (6-month waiting period)			
Fillings (silver or white)	2 per calendar year	80% after \$100 deductible	50% after \$100 deductible
Major services (12-month waiting period)			
Crowns (resin, porcelain or metal)	1 per calendar year	50% after \$100 deductible	50% after \$100 deductible
Dentures (full or partial)	1 every 5 years		
Endodontics (root canals)	1 per calendar year		
Extractions (with local anesthesia)	2 per calendar year		
Periodontal full mouth debridement	1 every 3 years		

Services must be received from a Participating Dental Network provider to be eligible for in-network coverage. Visit regencedental.com to search for a dentist in your area. If you use an out-of-network provider, you may also be responsible for paying the difference between your out-of-network provider's billed charges and our contractually allowed amounts (in addition to any coinsurance amount).

Vision benefits	Frequency	Plan pays	
		In-network	Out-of-network
Routine vision exam	1 per calendar year	100%	Up to \$45
Eyeglass lenses	1 pair per calendar year	100%	Varies by lens type
Eyeglass frames	1 pair per calendar year	Up to \$100	Up to \$70
Contact lenses (in lieu of glasses)	1 annual supply purchase per calendar year	Up to \$100	Up to \$85

Services must be received from a VSP provider for in-network coverage. Visit vsp.com to search for a provider in your area. If you use an out-of-network provider, you will need to submit a claim for reimbursement to VSP within 12 months of the date of service.

Hearing benefits	Frequency	You pay	
		In-network	Out-of-network
Routine hearing exam	1 per calendar year	\$45 copay	\$150 copay
Hearing aids	Up to 2 aids per calendar year (1 per ear)	\$499 copay per aid (standard model) \$699 copay per aid (advanced model) \$999 copay per aid (premium model) Hearing aids only covered from a TruHearing provider	

Services must be received from a TruHearing provider for in-network coverage. Visit TruHearing.com to search for a provider in your area.



Questions? Call us at **1-844-REGENCE** (1-844-734-3623) (TTY: 711), 9 a.m. to 5 p.m., Monday through Friday. Or contact your local insurance producer or agent.

This information is not a complete description of benefits. See the policy for more information. Limitations, restrictions and exclusions may apply. Benefits, premiums and/or copayments/coinsurance may change at your renewal date. The provider network may change at any time. TruHearing is a separate company that provides discounted hearing products. VSP is a separate company that provides vision services.



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