

Capital Blue Cross Dental Dental Select 705x



THIS IS NOT A CONTRACT. This information highlights *some* of the benefits available through this program and is NOT intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Benefits Booklet. Refer to your Booklet for benefit details.

HIGHLIGHTS	MEMBER COPAYMENTS*
NETWORK: Capital Blue Cross Dental Select	
DEDUCTIBLE per benefit period	None
BENEFIT PERIOD PROGRAM MAXIMUM	None
WAITING PERIODS	None
OFFICE VISIT COPAYMENT	\$10 copayment per visit
DIAGNOSTIC AND PREVENTIVE	
Routine Exams (twice in twelve months)	\$0
X-rays	
• Periapical X-rays (as required)	\$0
• Bitewing X-rays (twice in twelve months)	\$0
• Panoramic X-ray (one full mouth or panoramic in three years)	\$30
Fluoride Treatments (once in twelve months)	\$0
Prophylaxis (twice in twelve months; one additional cleaning for pregnant Members or diabetics)	\$0 – child \$0 – adult (additional cleaning for pregnant Members or diabetics - \$40)
Sealants (for dependent children to age 19 on permanent first and second molars; one sealant per tooth per lifetime)	\$18
Space Maintainers	\$136 unilateral; \$184 bilateral
BASIC SERVICES	
Silver Filling (two surface)	\$46
Composite Filling (two surface anterior)	\$76
Root Canal (molar)	\$488
Root Planing and Therapy	\$105
Extraction, erupted tooth	\$63
Extraction of impacted teeth	\$227
MAJOR SERVICES	
Crown (porcelain fused to metal)	\$495
Denture (complete upper/lower)	\$664
Implant Services	15% off provider's usual and customary fees
ORTHODONTICS (comprehensive treatment)	
Children	\$3,422
Adult	\$3,658

*Copayments for endodontics, periodontics and oral surgery services (including simple extractions) do not apply when performed by a Select In-Network specialist. Select In-Network specialists, if available, have entered into an agreement to provide dental services to members at a 25% reduction from their usual, customary and reasonable (UCR) fees. In Delaware, Select In-Network specialists will provide a reduction from their UCR that will vary between specialists.

Primary care dentist (PCD) selection required from our BlueCross Dental Select participating network. PCD referrals are required for specialty care. Services obtained outside of the primary dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services) are not covered.

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.

Paper claim forms for encounters and services rendered may be submitted to the following address: Dental Claims Processing Center; PO Box 211424; Eagan, MN 55121.

Electronic claim forms for encounters and services rendered may be submitted using Payor ID CBC01.

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