

# Capital Blue Cross Dental Dental Buy Up Weis Markets



**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 Cost-Sharing
<b>NETWORK: Capital Blue Cross Dental PPO Preferred</b>	
<b>DEDUCTIBLE</b>	
Per benefit period Deductible waived for diagnostic and preventive	\$50 per member \$150 per family
<b>BENEFIT PERIOD PROGRAM MAXIMUM</b>	
When the program maximum is reached, the Member pays 100% until the end of the benefit period Diagnostic & Preventive is excluded from the program maximum	\$2,000 per member per benefit period
<b>DIAGNOSTIC AND PREVENTIVE</b>	
Routine Exams (oral exams limited to two per calendar year)	No charge
X-rays <ul style="list-style-type: none"> <li>Periapical X-rays as required</li> <li>Bitewing X-rays twice in twelve months</li> <li>Full Mouth or Panoramic X-rays once in three years</li> </ul>	50% coinsurance after Deductible
Fluoride Treatments (twice in twelve months)	No charge
Prophylaxis (twice in twelve months)	No charge
Sealants (for dependent children to age 19 on permanent first and second molars; one sealant per tooth in any three year period)	No charge
Space Maintainers (for dependent children to age 19)	No charge
Palliative Emergency Treatment (acute condition requiring immediate care)	No charge
Consultations	No charge
<b>BASIC SERVICES</b>	
Basic Restorative (amalgam "silver" fillings and composite "white" fillings)	20% coinsurance after Deductible
Endodontics (procedures for pulpal therapy and root canal filling)	50% coinsurance after Deductible
Periodontics (treatment to the gums and supporting structures of the teeth; surgical and non-surgical periodontal treatment is covered)	50% coinsurance after Deductible
Oral Surgery (extraction and oral surgery procedures, including pre- and post-operative care; general anesthesia is covered when used in conjunction with covered oral surgical procedures)	50% coinsurance after Deductible
<b>MAJOR SERVICES</b>	
Major Restorative (crowns, inlays, onlays)	50% coinsurance after Deductible
Prosthodontics <ul style="list-style-type: none"> <li>Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures; prosthetic replacement limited to once in five years</li> <li>Implant surgical placement and removal; implant supported prosthetics, including repair and recementation</li> </ul>	50% coinsurance after Deductible
<b>ORTHODONTICS</b>	
Orthodontic Treatment (covered for dependent children to age 19; procedure for straightening teeth)	50% coinsurance
Lifetime maximum per dependent	\$500

In-Network providers agree to accept our allowance as payment in full—often less than their normal charge. If you visit an Out-of-Network provider, you are responsible for paying the deductible, coinsurance and the difference between the Out-of-Network provider's charges and the allowed amount.

*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 claims may be submitted to the following address: Dental Claims Processing Center; PO Box 211424; Eagan, MN 55121.

Electronic claims may be submitted using Payor ID CBC01.

Benefits are issued by Capital Advantage Assurance Company®, a subsidiary of Capital Blue Cross. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.