



BlueCrossDental

Issued by
CAPITAL ADVANTAGE INSURANCE COMPANY*
 A Capital BlueCross Company

DENTAL
Basic Plan 100/80

HIGHLIGHTS	AMOUNTS COVERED
DEDUCTIBLE	
Per benefit period* Deductible waived for diagnostic and preventive.	\$50 per member \$150 per family
BENEFIT PERIOD PROGRAM MAXIMUM	
When the program maximum is reached, the Member pays 100% until the end of the benefit period.	\$1,500 per member per benefit period
DIAGNOSTIC AND PREVENTIVE (Deductible Waived)	
Routine Exams (oral exams limited to twice in twelve months; pregnant women may receive one additional oral exam)	100%
X-rays	100%
<ul style="list-style-type: none"> • Periapical X-rays as required • Bitewing X-rays twice in twelve months • Full Mouth and Panoramic X-rays once in three years 	
Fluoride Treatments (twice in twelve months for dependent children to age 19)	100%
Prophylaxis (twice in twelve months; pregnant women may receive one additional cleaning)	100%
Sealants (for dependent children to age 15 on permanent first and second molars; one sealant per tooth in any three year period)	100%
Space Maintainers (for dependent children to age 19)	100%
Palliative Emergency Treatment (acute condition requiring immediate care)	100%
Consultations	100%
BASIC SERVICES	
Basic Restorative (amalgam "silver" fillings and composite "white" non-molar fillings)	80%
Endodontics (procedures for pulpal therapy and root canal filling)	80%
Periodontics (treatment to the gums and supporting structures of the teeth; surgical and non-surgical periodontal treatment is covered)	80%
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)	80%

Programs are subject to change. This is not a contract. This information highlights dental benefits when you visit a participating provider and is not intended to be a complete list or complete description of available services.

Participating providers agree to accept our allowance as payment in full—often less than their normal charge. If you visit a non-participating provider, you are responsible for paying the deductible, coinsurance and the difference between the non-participating provider's charges and the allowable 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.

*Refer to your Certificate of Coverage or contact your employer for the applicable benefit period.

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



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DENTAL Value Plan 75

HIGHLIGHTS	AMOUNTS COVERED
DEDUCTIBLE	
Per benefit period*	Not applicable
BENEFIT PERIOD PROGRAM MAXIMUM	
When the program maximum is reached, the Member pays 100% until the end of the benefit period	\$1,000 per member per benefit period
DIAGNOSTIC AND PREVENTIVE	
Routine Exams (oral exams limited to twice in twelve months; pregnant women may receive one additional oral exam)	100% after \$15 copay
X-rays	75%
<ul style="list-style-type: none"> • Periapical X-rays as required • Bitewing X-rays twice in twelve months • Full Mouth and Panoramic X-rays once in three years 	
Fluoride Treatments (twice in twelve months for dependent children to age 19)	75%
Prophylaxis (twice in twelve months; pregnant women may receive one additional cleaning)	75%
Sealants (for dependent children to age 15 on permanent first and second molars; one sealant per tooth in any three year period)	75%
Space Maintainers (for dependent children to age 19)	75%
Palliative Emergency Treatment (acute condition requiring immediate care)	75%
Consultations	75%

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