



# CAPCO

## Dental Insurance

| Package ID   | Option 1 (High)  |   | Option 2 (Low)  |   |
|--|--|---|---|---|
| Effective Date   | 9/1/2019   |   | 9/1/2019  |   |
| Dental Plan Features                                       | In-Network   | Out Of Network  | In-Network  | Out Of Network  |
| Dependents and students                                    | Qualified dependents are covered to age 19. Qualified students are covered to age 25.                        |   | Qualified dependents are covered to age 19. Qualified students are covered to age 25. |   |
| In Network   | Coverage provided through Excellus BlueCross BlueShield dental provider network                              |   | Coverage provided through Excellus BlueCross BlueShield dental provider network       |   |
| Annual Deductible  | \$50 Single/\$150 Family; applies to classes II, IIA & III   |   | \$50 Single/\$150 Family; applies to classes II, IIA and III                          |   |
| Annual Maximum   | \$1,500 applies to classes II, IIA and III   |   | \$750 applies to classes II, IIA and III  |   |
| Out of network   | Covered according to discounted schedule of allowances   |   | Covered according to discounted schedule of allowances                                |   |
| Orthodontia Lifetime Maximum includes dependents to age 19 | \$2,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year. |   | Not covered   |   |
| Out of Area  | Covered, subject to balance billing  |   | Covered, subject to balance billing   |   |
| Domestic partner   | Not covered  |   | Not covered   |   |
| Coverage period  | September 1st - August 31st  |   | September 1st - August 31st   |   |
| Class I - Preventive                                       | In-Network   | Out Of Network  | In-Network  | Out Of Network  |
| Cleanings & exams  | Covered at 100%  | Covered at 100%, subject to balance billing                                 | Covered at 100%   | Covered at 100%, subject to balance billing               |
| Fluoride treatments covered to age 16                      | Covered at 100%  | Covered at 100%, subject to balance billing                                 | Covered at 100%   | Covered at 100%, subject to balance billing               |
| Sealants   | Covered at 100%  | Covered at 100%, subject to balance billing                                 | Covered at 100%   | Covered at 100%, subject to balance billing               |
| Bitewing x-rays  | Covered at 100%  | Covered at 100%, subject to balance billing                                 | Covered at 100%   | Covered at 100%, subject to balance billing               |
| Full mouth and panorex x-rays                              | Covered at 100%  | Covered at 100%, subject to balance billing                                 | Covered at 100%   | Covered at 100%, subject to balance billing               |
| Space maintainers  | Covered at 100%  | Covered at 100%, subject to balance billing                                 | Covered at 100%   | Covered at 100%, subject to balance billing               |
| Emergency palliative treatment                             | Covered at 100%  | Covered at 100%, subject to balance billing                                 | Covered at 100%   | Covered at 100%, subject to balance billing               |
| Dental Prophylaxis   | Covered at 100%  | Covered at 100%, subject to balance billing                                 | Covered at 100%   | Covered at 100%, subject to balance billing               |
| Class II - Basic Restorative                               | In-Network   | Out Of Network  | In-Network  | Out Of Network  |
| Fillings   | Covered at 80%, subject to deductible  | Covered at 80%, subject to deductible and balance billing                   | Covered at 80%, subject to deductible   | Covered at 80%, subject to deductible and balance billing |
| Simple Extraction Oral Surgery                             | Covered at 80%, subject to deductible  | Covered at 80%, subject to deductible and balance billing                   | Covered at 80%, subject to deductible   | Covered at 80%, subject to deductible and balance billing |
| Class II A - Basic Restorative                             | In-Network   | Out Of Network  | In-Network  | Out Of Network  |
| Oral surgery   | Covered at 80%, subject to deductible  | Covered at 80% subject to deductible and balance billing                    | Covered at 80%, subject to deductible   | Covered at 80%, subject to deductible and balance billing |
| Endodontics  | Covered at 80%, subject to deductible  | Covered at 80% subject to deductible and balance billing                    | Covered at 80%, subject to deductible   | Covered at 80%, subject to deductible and balance billing |
| Periodontal surgery  | Covered at 80%, subject to deductible  | Covered at 80% subject to deductible and balance billing                    | Covered at 80%, subject to deductible   | Covered at 80%, subject to deductible and balance billing |
| Periodontal scaling and root planing                       | Covered at 80%, subject to deductible  | Covered at 80% subject to deductible and balance billing                    | Covered at 80%, subject to deductible   | Covered at 80%, subject to deductible and balance billing |
| Periodontal maintenance following surgery                  | Covered at 80%, subject to deductible  | Covered at 80% subject to deductible and balance billing                    | Covered at 80%, subject to deductible   | Covered at 80%, subject to deductible and balance billing |
| Class III - Major Restorative                              | In-Network   | Out Of Network  | In-Network  | Out Of Network  |
| Fixed prosthetics  | Covered at 50%, subject to deductible  | Covered at 50%, subject to deductible and balance billing                   | Covered at 50%, subject to deductible   | Covered at 50%, subject to deductible and balance billing |
| Removable prosthetics                                      | Covered at 50%, subject to deductible  | Covered at 50%, subject to deductible and balance billing                   | Covered at 50%, subject to deductible   | Covered at 50%, subject to deductible and balance billing |
| Inlays / Onlays / Crowns                                   | Covered at 50%, subject to deductible  | Covered at 50%, subject to deductible and balance billing                   | Covered at 50%, subject to deductible   | Covered at 50%, subject to deductible and balance billing |
| Relines / rebases  | Covered at 50%, subject to deductible  | Covered at 50%, subject to deductible and balance billing                   | Covered at 50%, subject to deductible   | Covered at 50%, subject to deductible and balance billing |
| Implants   | Covered at 50%, subject to deductible  | Covered at 50%, subject to deductible and balance billing                   | Covered at 50%, subject to deductible   | Covered at 50%, subject to deductible and balance billing |
| Class IV - Orthodontia                                     | In-Network   | Out Of Network  | In-Network  | Out Of Network  |
| Braces - covered to age 19                                 | Covered at 50% subject to orthodontia lifetime maximum   | Covered at 50%, subject to balance billing and orthodontia lifetime maximum | Not covered   | Not covered   |

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Use the Excellus BlueCross BlueShield Dental Network.