

**BlueCross DentalSM
Dental Select Basic**

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 Individual Dental Policy and Coverage Schedule for the applicable benefit period.

Adult (Age 19 and over) Highlights	Adult (Age 19 and over) Member Copayments*
NETWORK: BlueCross Dental Select	None
DEDUCTIBLE per benefit period	
BENEFIT PERIOD PROGRAM MAXIMUM	None
WAITING PERIODS	None
OFFICE VISIT COPAYMENT	\$10 per visit
DIAGNOSTIC AND PREVENTIVE	
Routine Exams (two per calendar year)	\$0
X-rays	
• Periapical X-rays (as required)	\$0
• Bitewing X-rays (two per calendar year)	\$0
• Panoramic X-ray (one full mouth or panoramic in three years)	\$30
Fluoride Treatments (one per calendar year)	\$0
Prophylaxis (two per calendar year; one additional cleaning for expecting mothers or diabetics)	\$13 (additional cleaning for expecting mothers or diabetics - \$40)
BASIC SERVICES	
Silver Filling (two surface)	\$51
Composite Filling (two surface anterior)	\$83
Root Canal (molar)	\$512
Root Planing and Therapy	\$109
Extraction, erupted tooth	\$69
Extraction of impacted teeth	\$241
MAJOR SERVICES	
Crown (porcelain fused to metal)	\$523
Denture (complete upper/lower)	\$697
Implant Services	15% off provider's usual and customary fees
ORTHODONTICS (comprehensive treatment)	
Adult Orthodontic Treatment	\$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: BlueCross Dental; PO Box 1126; Elk Grove Village, IL 60009.

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

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