



CAPCO

Dental Insurance

Package ID	Option 1 (High)		Option 2 (Low)	
Effective Date	9/1/2021		9/1/2021	
Dental Plan Features	In-Network	Out Of Network	In-Network	Out Of Network
Dependents and students	Qualified dependents are covered to age 26		Qualified dependents are covered to age 26	
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

Visit www.excellusbcbs.com to find a participating Dentist.
Use the Excellus BlueCross BlueShield Dental Network.



Dental Insurance

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Effective Date	9/1/2021	9/1/2021

Excellus Monthly Premium	High	Low
Employee	\$37.07	\$28.73
2 Person	\$75.99	\$58.89
Family	\$106.01	\$82.17

Employer Monthly Contribution	High	Low
Employee	\$21.71	\$15.86
2 Person	\$49.98	\$37.09
Family	\$73.58	\$54.98

Employee Monthly Cost	High	Low
Employee	\$15.36	\$12.87
2 Person	\$26.01	\$21.80
Family	\$32.43	\$27.19

Employee Payroll Deduction (26)	High	Low
Employee	\$7.09	\$5.94
2 Person	\$12.00	\$10.06
Family	\$14.97	\$12.55

Employee Payroll Deduction (22)	High	Low
Employee	\$8.38	\$7.02
2 Person	\$14.19	\$11.89
Family	\$17.69	\$14.83