

CAPITAL AREA HEALTH CONSORTIUM

FLEX DENTAL PLAN

CATEGORY I-DIAGNOSTIC & PREVENTIVE SERVICES

Payable at 100% of usual, customary and reasonable charges at participating dentists:

Initial Oral Exams - 1/36 months
Periodic Oral Exams - 2/Yr
Prophylaxis – 2/Yr
Topical application of fluoride – 2/Yr. to age 19
Periapical and Bitewing X-rays
Repair and relining of dentures-1/year
Palliative Emergency Treatment
Routine Fillings
Simple Extractions
Endodontics

CATEGORY II-BASIC SERVICES

Payable at 80% of usual, customary and reasonable charges at participating dentists:

Inlays	1 per tooth every 5 years
Onlays	1 per tooth every 5 years
Crowns	1 per tooth every 5 years
Post & Core	1 per tooth every 5 years
Prostodontics	1 per tooth every 5 years
Night Guards	1 guard every 2 years (for teeth grinders)
Oral Surgery	
Space Maintainers	
Apicoectomy	
Bridges	
Anesthesia	
Implants & Build-ups	
Periodontics	

PRINCIPAL LIMITATIONS AND EXCLUSIONS

Services received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or other similar person or group; Services for which the member incurs no Dentists' Charge or which are services of a type ordinarily performed by a physician, or charges which would not have been made if insurance was not available; Services with respect to congenital malformations; Services, treatment or supplies furnished by or at the direction of any government, state or political subdivision; Any items not specifically listed in this Policy; Lost or stolen dentures or denture duplication; Gold foil restorations; Temporary services and appliances; such as crown or tooth preparations and temporary fillings, crowns, bridges and dentures; Application of sealants, regardless of reason; Services as determined by the company, that are rendered in a manner contrary to normal dental practice. A complete list of exclusions appears in the Master Group Policy on file with your employer or your Certificate of Membership.

This is not a legal policy or contract. It is only a general description of your Blue Cross & Blue Shield benefits. If there are discrepancies between the dental rider and this summary, the dental rider shall control.