

**Capital Blue Cross Dental
Dental Base Option
Flagger Force, LLC**



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 Benefits Booklet. Refer to your Booklet for benefit details.

HIGHLIGHTS	Member Cost-Sharing
NETWORK: Capital Blue Cross Dental PPO Preferred	
DEDUCTIBLE	
Per benefit period	\$50 per member
Deductible waived for diagnostic and preventive, and orthodontic treatment	\$100 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)	Covered in full
X-rays	Covered in full
<ul style="list-style-type: none"> • Periapical X-rays as required • Bitewing X-rays twice in twelve months • Full Mouth or Panoramic X-rays once in three years 	
Fluoride Treatments (twice in twelve months for dependent children to age 19)	Covered in full
Fluoride Treatments (twice in twelve months for adults)	20%
Prophylaxis (twice in twelve months)	Covered in full
Sealants (for dependent children to age 15 on permanent first and second molars; one sealant per tooth in any three year period)	Covered in full
Space Maintainers (for dependent children to age 19)	Covered in full
Palliative Emergency Treatment (acute condition requiring immediate care)	Covered in full
Consultations	Covered in full
BASIC SERVICES	
Basic Restorative (amalgam “silver” fillings and composite “white” fillings)	20%
Endodontics (procedures for pulpal therapy and root canal filling)	20%
Periodontics (treatment to the gums and supporting structures of the teeth; surgical and non-surgical periodontal treatment is covered)	20%
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)	20%

Teledentistry via a mobile app – this dental plan also provides access to dental care, second opinions, consultations and follow-up care without an office visit using the DigiBite mobile app. DigiBite providers are in-network for this dental plan.

For informational purposes only. DigiBite application may not be available in all 50 states or available on all plans. Contact the Capital Blue Cross Dental telephone number on the back of your ID card for more information. DigiBite is an independent company whose products and services are not Capital Blue Cross products and services.

In-Network providers agree to accept our allowance as payment in full—often less than their normal charge. If you visit an Out-of-Network provider, you are responsible for paying the deductible, coinsurance and the difference between the Out-of-Network provider’s charges and the allowed 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.

Paper claims may be submitted to the following address: Dental Claims Processing Center; PO Box 211424; Eagan, MN 55121.

Electronic claims may be submitted using Payor ID CBC01.

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