

Flex Dental 4949 Capital Area Health Consortium

Summary of Benefits

Annual Maximum	Unlimited	
Individual/Family Deductible	N/A	
Orthodontic Lifetime Maximum	N/A	
Category 1	100%	100%
<ul style="list-style-type: none"> Initial oral exam Periodic oral exam Prophylaxis (cleaning) or Periodontal maintenance Topical application of fluoride Space maintainers X-rays Emergency treatment 		
Category 2	80%	80%
<ul style="list-style-type: none"> Fillings Endodontics Reline dentures Repair dentures Extractions Oral surgery Recement crown Recement bridge Repair bridge Stainless steel crown (primary tooth) 		
Category 3	80%	80%
<ul style="list-style-type: none"> Inlays Onlays Bridges Crowns Dentures (full and partial) Post and core Prosthodontics Periodontics 		
Category 4	Not covered	Not covered
<ul style="list-style-type: none"> Covered services include exams, diagnostic records, tooth guidance, repositioning (straightening) of the teeth. 		
Category 5	80%	80%
<ul style="list-style-type: none"> Temporomandibular Joint Dysfunction (TMJ) 		