

**DESCRIPTION OF BENEFITS AND PATIENT COPAYMENTS
PRIMARY BENEFITS
PLAN NJ6**

Flagship provides benefits and requires a copayment, where noted, for the following services:

	COVERED PERSON PAYS
VISITS AND DIAGNOSTIC	
Oral examination/office visit.....	\$0
Specialist examination/office visit	\$25
Emergency treatment (palliative).....	\$0
Specialist consultation.....	\$0
Pulp tests.....	\$0
PROPHYLAXIS AND FLUORIDE TREATMENT	
Prophylaxis - 2 treatments per any 12 month period.....	\$0
Topical fluoride - to age 19 only	\$0
Sealant-per tooth to age 16 only	\$20
X-RAYS	
Full mouth x-rays or Panorex - every 3 years.....	\$0
Single x-ray.....	\$0
Each additional x-ray up to and including 13 films	\$0
Bite-wing x-rays - not more than 1 series of 4 films in any 6 month period	\$0
Intra-oral, occlusal view, upper or lower jaw.....	\$0
ORAL SURGERY	
Extractions (uncomplicated) - local anesthetic	\$0
Surgical extractions	\$0
Post operative visits (sutures)	\$0
Local anesthetics.....	\$0
Removal of tooth (soft tissue).....	\$0
Removal of tooth (partially bony).....	\$0
Removal of tooth (completely bony).....	\$0
PERIODONTICS	
Soft tissue surgery, per quadrant	\$0
Soft tissue surgery, per tooth (if fewer than 6 teeth).....	\$0
Scaling and root planing (entire mouth).....	\$0
Scaling and root planing (per quadrant)	\$0
Preventive Periodontal Procedures	\$0
Osseous Surgery (per quadrant)	\$0
ENDODONTICS	
Root amputation	\$0
Pulp capping.....	\$0
Pulpotomy.....	\$0
Vital pulpotomy	\$0
Temporary filling	\$0
Single root canal.....	\$0
Bi-root canal	\$0
Tri-root canal	\$0
Apicoectomy and filling canal	\$0
Apicoectomy on separate appointment	\$0

**PRIMARY BENEFITS CONTINUED
PLAN NJ6**

	COVERED PERSON PAYS
RESTORATIVE DENTISTRY	
Silver restorations - Primary Teeth	
Cavities involving 1 tooth surface.....	\$0
Cavities involving 2 tooth surfaces.....	\$0
Cavities involving 3 or more tooth surfaces.....	\$0
Silver restorations - Permanent Teeth	
Cavities involving 1 tooth surface.....	\$0
Cavities involving 2 tooth surfaces.....	\$0
Cavities involving 3 or more tooth surfaces.....	\$0
Composite Restorations	
Anterior composites.....	\$0
Posterior composite 1 tooth surface.....	\$20
Posterior composite 2 tooth surface.....	\$25
Posterior composite 3 tooth surface.....	\$35
Posterior composite 4 or more tooth surfaces.....	\$50
Crowns (Caps)	
Acrylic.....	\$100
Acrylic with metal.....	\$290
Porcelain.....	\$290
Porcelain with metal.....	\$290
Full metal crown.....	\$290
Metallic onlay or 3/4 crown.....	\$270
Stainless steel (primary).....	\$75
Stainless steel (permanent).....	\$75
Removable acrylic space maintainer.....	\$0
Fixed spacer, band type.....	\$0
PROSTHETICS (Including Fixed Bridges)	
Artificial Tooth Replacement	
Porcelain to metal.....	\$290
Acrylic processed to metal.....	\$290
Dentures	
Complete upper denture.....	\$300
Complete lower denture.....	\$300
Partial upper/lower (each).....	\$340
Denture and partial adjustments.....	\$0
Denture and partial repairs.....	\$60
Adding teeth to existing partial or denture.....	\$70
Office reline.....	\$75
Laboratory reline.....	\$110
Recementation	
Inlay.....	\$0
Crown.....	\$0
Bridge.....	\$0
OTHER PROCEDURES	
Failure to cancel appointment (24 hours prior notification).....	\$10 per 15 min.
Emergency visit after normal visiting hours.....	\$0

**DESCRIPTION OF BENEFITS AND PATIENT COPAYMENTS
SPECIALTY SERVICES
PLAN NJ6**

Flagship provides benefits and requires a copayment, where noted, for the following specialty services:

	COVERED PERSON PAYS
PERIODONTICS	
Bone surgery	\$0
Bone graft	\$0
Bone grafts - multiple sites	\$0
Pedicle soft tissue grafts.....	\$0
Free soft tissue grafts	\$0
Periodontal scaling (per quadrant)	\$0
ORAL SURGERY	
Impaction - full bony	\$0
Root recovery	\$0
Closure of oral fistula.....	\$0
Surgical exposure of impacted or unerupted tooth for ortho reasons.....	\$0
Surgical exposure of impacted or unerupted tooth.....	\$0
Biopsy of oral tissue - hard	\$0
Biopsy of oral tissue - soft	\$0
Vestibuloplasty, per arch - uncomplicated.....	\$0
Vestibuloplasty, per arch - complicated.....	\$0
Excision of tumors - benign - lesion diameter up to 1.25 cm.....	\$0
Excision of tumors - benign - lesion diameter over 1.25 cm.....	\$0
Excision of tumors - malignant - lesion diameter up to 1.25 cm.....	\$0
Excision of tumors - malignant - lesion diameter over 1.25 cm.....	\$0
REMOVAL OF CYSTS AND NEOPLASM	
Removal of odontogenic cyst or tumor up to 1.25 cm in diameter	\$0
Removal of odontogenic cyst or tumor over 1.25 cm in diameter	\$0
Removal of nonodontogenic cyst or tumor up to 1.25 cm in diameter	\$0
Removal of nonodontogenic cyst or tumor over 1.25 cm in diameter	\$0
Destruction of lesions by physical methods: electrosurgery, chemotherapy, cryotherapy	\$0
EXCISION OF BONE TISSUE	
Removal of overgrowth of bone - upper or lower	\$0
Partial ostectomy (guttering or saucerization)	\$0
Radical removal of mandible with bone graft.....	\$0
SURGICAL INCISION	
Incision and drainage of abscess - intraoral	\$0
Incision and drainage of abscess - extraoral	\$0
Removal of foreign body, skin, or subcutaneous aveolar tissue	\$0
Removal of reaction-producing foreign bodies - musculoskeletal system.....	\$0
Removal of dead bone	\$0
OTHER REPAIRS	
Frenulectomy - separate procedure (frenectomy or frenotomy)	\$0
Excision of hyperplastic tissue (per arch)	\$0
General Anesthetic	\$0
ENDODONTICS	
Molar root canal filling.....	\$0
Removal of portion of root (separate procedure) - first root	\$0
Removal of portion of root (separate procedure) - each additional root	\$0
Removal of portion of root in conjunction with endo - per root	\$0
Retrograde filling	\$0
Separation of roots of tooth	\$0
Root amputation	\$0