

## Flagship Dental Plans

Many employers are aware of the recent studies that indicate a link between good oral care and overall health. Poor oral care can lead to increased absenteeism, lost time from work and, perhaps, more serious illness. They are also aware that for some employees, deductibles, copayments, and annual maximums can result in deferring needed dental care or avoiding it entirely. To address this need, Flagship Dental Plans (“Flagship”) has developed a new program designed to provide a comprehensive, affordable dental option to employers called **“Flagship Complete.”**

**Flagship Complete** is a program that covers 100 percent of eligible services with no deductibles, no copayments, no annual maximums, and no waiting periods when you enroll, select and receive treatment at one of the dental facilities participating in the plan. It is generally offered to employers as an option along with Delta Dental Premier or Delta Dental PPO, and possibly a traditional Flagship program that has copayments. Most general and specialty dental services can be performed at a single location. You must select a dental facility that participates with Flagship Complete to receive benefits. There is no out of network coverage.

Here are some frequently asked questions about **Flagship Complete**:

### How Do I Enroll in **Flagship Complete**?

**Flagship Complete** is generally offered as an optional program in conjunction with other Delta Dental and Flagship plan designs. To enroll in the plan, simply select the Flagship Complete program when offered during your employer’s open enrollment period and indicate the Flagship Complete participating dental facility from which you will receive services. If you or a dependent have dental work in progress, you must wait until the work is complete before you can enroll in Flagship Complete. If you don’t apply for coverage when first eligible, you cannot enroll again until your employer’s next open enrollment period (generally in 12 months).

### How Does **Flagship Complete** Work?

**Flagship Complete** is a managed care dental program that works with a network of general and multi-specialty dental facilities to provide services. When you enroll, you must select one of the dental facilities participating with **Flagship Complete**. Flagship will place your name on the patient roster for the dental facility so they can identify you as a **Flagship Complete** enrollee when you call for an appointment. This dental facility will provide the general dentistry services and coordinate necessary specialty care. In most cases, specialty services will be provided in the same facility, but you may need to be referred to outside specialists on occasion. The dental facility will handle the submission of all encounter and claim forms. You will have no out of pocket expense for covered services. However, the office can charge for providing services not covered under the plan. No benefits are provided if you receive services from a non-network dental facility, except for emergency treatment covered up to \$100.00.

Which Dental Services are covered by **Flagship Complete**?

**Flagship Complete** covers 100 percent of eligible preventive, basic, major and specialty services with no co-payment, no annual maximums and no deductibles. Eligible services include: preventive exams, x-rays, cleanings, fillings, root canals, treatment of the gums, crowns, dentures, tooth extractions and other oral surgery procedures. There are certain limits on how often you can receive certain services, such as dental cleanings and x-rays. Depending on your employer's coverage, orthodontics may be covered as well. A complete list of eligible services will be provided in your benefit booklet. The following table is a summary of common covered services.

Common Covered Procedures and Copayments		
Category	Description & Frequency Limitation	Member Copay
Preventive & Diagnostic	Periodic, limited & comprehensive oral evaluations (2 in each 12 month period) Bitewing x-rays (1 series of four films in any 6 month period) Complete series of x-rays (1 set in any 36 month period) Adult and child dental cleanings (2 in each 12 month period) Topical application of fluoride (1 application in each 12 month period for dependent children to age 19)	\$0.00
Restorative	Amalgam restorations – 1, 2, 3, 4 or more surfaces (1 per tooth surface in 90 days) Resin restorations-anterior teeth – 1, 2, 3 surfaces (1 per tooth surface in 90 days) Onlay – metallic (1 per tooth in any 5 consecutive years) Crowns – porcelain fused to base metal (1 per tooth in any 5 consecutive years) Cast post & core in addition to crown	\$0.00
Endodontics	Root canal therapy – anterior, bicuspid, molar (1 treatment per tooth) Apicoectomy (1 treatment per tooth)	\$0.00
Periodontics	Gingivectomy/gingivoplasty (1 treatment per quadrant in any 24 months) Osseous surgery (1 treatment per quadrant in any 24 months) Periodontal scaling & root planing (1 treatment per quadrant in any 24 months)	\$0.00
Prosthodontics	Complete dentures – maxillary and mandibular (1 arch in any 5 consecutive years) Partial dentures – maxillary and mandibular (1 arch in any 5 consecutive years) Denture adjustments (within 6 months of denture placement) Denture relines (1 per denture in each 12 month period) Fixed bridges - if not restorable with a removable denture (1 unit in any 5 consecutive years)	\$0.00
Oral Surgery	Extraction, erupted tooth or exposed root Surgical removal of erupted tooth Removal of impacted tooth – soft tissue, partial bony, full bony Local anesthesia (except for nitrous oxide) General anesthesia (where necessary)	\$0.00
Broken Appointments	Failure to Cancel Appointment without providing 24 Hour Notice	\$10.00 for each 15 minutes of appointed time

**Table is for illustrative purposes only. Consult the benefit booklet for a complete list of covered services, exclusions and limitations.**

### Are There Exclusions and Limitations Under **Flagship Complete**?

Yes. Like any dental program, **Flagship Complete** has exclusions and limitations. A list of covered services, exclusions and limitations for **Flagship Complete** appears in your enrollee benefit booklet. Services that are not covered are your financial responsibility, and benefits are provided only when you and your covered dependents visit the **Flagship Complete** facility you selected. Certain dental services are considered “optional,” meaning that there is generally more than one type of dental material or procedure available to treat the condition. **Flagship Complete** covers the most cost-effective professionally acceptable treatment. If you elect an alternative procedure, you will be responsible for the difference in the dentist’s usual fee between the two procedures and/or the additional cost of the dental material. You will be provided with a benefit booklet that explains how the program works in detail.

### Which Dental Facilities Participate with **Flagship Complete**?

There are over 23 dental facilities located in various areas of New Jersey that participate with **Flagship Complete**. Nearly all are group practices and offer both general and specialty dental services under one roof. Like all **Flagship** participating dentists, the offices are reviewed prior to participation and periodically thereafter. The individual dentists practicing in the facilities are also credentialed by **Flagship**. Consult a **Flagship Complete** directory for the most current list of participating dental practices.

### What Should I Consider Before Enrolling in **Flagship Complete**?

**Flagship Complete** offers comprehensive dental benefits with low out of pocket expenses by working with a limited network of dental facilities, most of which provide all general and specialty dental services. Before enrolling, consider the locations of the participating dental facilities and ensure one is convenient to you. Also, you should make sure that you are comfortable with group dental practices and in having all of your enrolled family members (if eligible) receive treatment from the same dental facility.

### Who Should I Call if I Need Help with **Flagship Complete**?

For assistance with eligibility, coverage, claims, or general questions, simply call our Customer Service Center at 1-800-722-3524. Our professional, courteous staff dedicated to dental benefit plans will be glad to answer your questions.