



BlueDental Choice

Benefit Summary
Rollover



**Florida
Combined Life**

An Independent Licensee of the
Blue Cross and Blue Shield Association

BlueDental Choice

Did you know that dental health can have an influence on the development of conditions such as diabetes, coronary artery disease and low-birth-weight, premature babies? An undeniable relationship exists between a healthy mouth and overall good health. That means it is more important than ever for you to receive regular preventive dental care that will help you maintain not only your good oral health, but your good health in general.

BlueDental ChoiceSM is a flexible PPO plan designed to encourage regular cleanings and preventive services that lead to good oral health and better overall health.

Our dental PPO network consists of a network of quality dentists who have agreed to provide services based on a negotiated fee. When you use a participating dentist in the BlueDental Choice network* for your plan, you'll receive maximum plan benefits and be protected against balance billing (the difference between the BlueDental Choice fee schedule and the dentist's normal charges). You also have the option of visiting a non-participating dentist although balance billing may occur.

As a BlueDental Choice member you can look forward to:

- No referrals or authorizations to see a general dentist or specialist
- Access to one of the largest dental networks in Florida
- Access to a vast national network

Maximum Rollover - Maximum Rollover is a BlueDental Choice benefit that rewards you just for visiting the dentist. Each year when you visit the dentist and use less than the yearly claim payment threshold, you'll receive

Rollover dollars to help cover future unexpected visits or higher out-of-pocket costs for complex procedures.

It's that easy. Maximum Rollover is applied automatically as long as:

- You receive at least one covered service during your plan year
- You are an active member of your plan on the last day of the plan year
- You don't exceed the claim payment threshold in your plan year

Benefits

Orthodontic Discount Program** – When you choose an orthodontist in our orthodontic provider network, you'll receive 20 percent off your total case fee. This discount is only available to you when orthodontic coverage is not part of your plan.

Cosmetic Dental Discount Program** – You can experience significant savings on cosmetic dentistry procedures by visiting a dentist who participates in our cosmetic dentistry network. As a BlueDental Choice member, you'll receive a 20-percent savings on the following procedures:

- Cosmetic Contouring
- Laminate Veneer (porcelain or composite)
- Whitening (in office or at-home system)

The following example shows how your Maximum Rollover amount is determined.

If your annual benefit maximum is:	AND your total claims paid for the benefit period do not exceed:	THEN we will rollover	Accumulated totals will be capped at:
\$1,000 - \$1,249	\$500	\$350	\$1,000
\$1,250 - \$1,499	\$600	\$450	\$1,250
\$1,500 - \$1,999	\$700	\$500	\$1,250
\$2,000 - \$2,499	\$800	\$600	\$1,500

To see a list of the dentists in our network, visit www.floridabluedental.com. Don't see your dentist in our network? Send an e-mail to FCLProvidernomination@FCLife.com or fax your nomination to (904) 866-4846.

Questions? Need more information? Our Customer Service representatives can help. Just call (888) 223-4892 from 8 a.m. to 8 p.m. Monday through Friday.

*Networks are comprised of independent contracted dentists.

**Certain dentists have voluntarily agreed to offer a 20% discount off their usual charge for non-covered cosmetic or orthodontic services. These dentists are identified by an affiliation to either the Cosmetic Dental Discount Program or Orthodontic Discount Program. Because these dentists are neither contractually nor legally bound to offer these discounts, we recommend that you contact the provider to inquire about the continued availability of any discount prior to scheduling an appointment.

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Benefit Summary



Group Name:

Deductible No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year	In-Network		Out-of-Network	
	We Pay*	You Pay*	We Pay*	You Pay**
<i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>				
Preventive Services				
Basic Services				
Major Services				
Periodic Oral Evaluation (0120)			Preventive	
Comprehensive Oral Evaluation (0150)			Preventive	
Bitewing X-rays, two films (0272)				
Cleanings – Adult/Child (1110, 1120)			Preventive	
Fluoride Treatment – Child (1203)			Preventive	
Office Visits (9430)			Preventive	
X-rays - Intraoral/Complete Series (0210)				
Sealant – per tooth (1351)				
Amalgam Restorations (Silver Fillings) (2140)			Basic	
Resin-Based Restorations – Anterior (2330)			Basic	
Extractions – Routine and Surgical (7140)			Basic	
Root Canal Molar (3330)				
Periodontal Scaling & Root Planing – per quad (4341)				
Crowns – Porcelain fused to noble metal (2752)			Major	
Complete Dentures (5110, 5120)			Major	
Pontic – Porcelain fused to noble metal (6242)			Major	
Partial Dentures (5213, 5214)			Major	
Surgical placement of implant body – endosteal implant (6010)			Major	
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)			Major	
Orthodontia Services BlueDental Coverage				
Waiting Periods Major Service Benefits Orthodontia Benefits				
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)				
Dental Rollover				

The information provided above is a summary of benefits for group certificates: 50383-899, 50408-1099, 50528-0603 and 50530-0603. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

Some limitations may apply.

*Percentage of fee schedule.

**Percentage of fee schedule, plus balance of charges, if any.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent licensees of the Blue Cross and Blue Shield Association.

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Limitations and Exclusions

Limitations

- Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
- Restorations made of amalgam, silicate, acrylic, and composite materials to restore diseased teeth are only payable on the same tooth surface once every twelve (12) consecutive months.
- The gingivectomy or gingivoplasty per quadrant allowance will be paid when two or more teeth are billed on the same date of service, same quadrant.
- Sealants are limited to the first and second molars for primary teeth and the bicuspid and molars for the permanent teeth of dependent children.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Periodontal services are limited to insureds age eighteen (18) and older.
- Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
- Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
- All fixed prosthetics are billable upon the seat/insertion date.
- All removable prosthetics are billable upon final delivery
- Services for which the insured incurs no charge.
- Procedures, appliances, or restorations necessary to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition and restoration for malalignment of teeth.
- Local anesthesia when billed separately by a dentist.
- Any services paid or payable under the insured's health insurance contract.
- Services not listed in the Benefits section of this plan.
- Charges for a more expensive service, procedure, or course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned. Payment for such charges under this certificate will be based on the allowance for the least costly service, procedure, or course of treatment.
- Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
- Treatment for any illness, injury, or medical conditions arising out of: war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection, service in the armed forces or auxiliary units, and attempted suicide or intentionally self-inflicted injury, whether sane or insane.
- Services rendered before the effective date of coverage.
- Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
- Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
- Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
- Services in connection with any crown, inlay or onlay restoration or for any denture or bridge if treatment began prior to the insured's coverage under this certificate.
- Duplicate or temporary denture, crown, or bridge.
- Labial veneer restorations.
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
- Charges for nitrous oxide.
- Services with respect to congenital (hereditary) or developmental malformations or cosmetic reasons, including but not limited to cleft palate, maxillary or mandibular (upper or lower) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Prescribed drugs, premedication or analgesia.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges for oral hygiene, plaque control, or diet instruction.
- Charges for orthodontia services, unless shown on the Benefit Summary.
- Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures.
- Charges associated with accidental injuries to sound natural teeth.

Exclusions

- The following are excluded under this plan:
- Coverage for installation of an initial prosthodontic appliance that replaces any teeth missing prior to an insured's effective date of coverage, (until the insured has been covered under the contract for twelve [12] consecutive months), unless otherwise specified.
 - Services or supplies which are not medically necessary according to accepted standards of dental practice, as determined by our consulting dentists, or which are not recommended or approved by the attending dentist.
 - Charges for services or supplies when billed by other than a dentist.
 - Benefits for services rendered by a member of an employee's family, (his spouse and the children, brothers, sisters and parents of either the employee or his spouse).
 - Services rendered primarily for cosmetic purposes.
 - Charges incurred for failure to keep a dental appointment.
 - Services rendered through a medical department, clinic or similar facility provided or maintained by, or on the behalf of, an employer, mutual benefit association, labor union, trustee or similar persons or groups.
 - Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
 - Experimental or investigational treatment.
 - Dental services received or rendered:
 - through or in a veteran's hospital or government facility due to a service connected disability
 - which are covered and paid under Workers' Compensation or similar law
 - which are coordinated with another insurance policy providing dental benefits for the same charges, to the extent that the total amount payable under both plans exceeds 100% of the total expenses that are incurred

This benefit summary provides a very brief description of Florida Combined Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. Florida Combined Life's policies set forth the rights and obligations of covered persons and Florida Combined Life. Please be aware that certain limitations and exclusions apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.

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