



Florida Dental Benefits (FDB) and Family Health Choice know how important dental health is for your overall well-being. We make it easy for you to access affordable and comprehensive dental coverage. There are no deductibles, annual maximums, or waiting times.

The benefit schedule fully details covered procedures and fees. When you visit a participating FDB General Dentist, you will pay the listed fees (if any) at the time of your appointment, or the payment plan set by your dentist.

We have over 1,000 dentists across Florida who participate with FDB and Family Health Choice. To find a dentist near you, visit our website at FDBenefits.com. The dental benefits are only valid when you visit one of our participating General Dentists.

We are here to help you, and your satisfaction is our priority. Our team is trained to assist you with any questions or concerns about your plan, benefits, or your experience at our participating dental offices. **Feel free to reach out to us at 786-991-0194 or Toll Free: 800-861-7826 for assistance.** Our goal is to make dental care easy for you to access and use.

Diagnostic.....Member Pays

D0120	Periodic oral evaluation - established patient	\$20
D0140	Limited oral evaluation - problem focused.....	\$18
D0150	Comprehensive oral evaluation.....	\$25

X-rays

D0210	Intraoral - complete series of radiographic images	\$45
D0220	Intraoral - periapical first radiographic image	\$15
D0230	Intraoral - periapical each additional radiographic image.....	\$5
D0270	Bitewing - single radiographic image.....	\$7
D0272	Bitewings - two radiographic images (additional pair per year).....	\$25
D0274	Bitewing - four radiographic images	\$40
D0330	Panoramic radiographic image.....	\$45
D0460	Pulp vitality tests	\$12
D0470	Diagnostic casts	\$27

Preventive

D1110	Prophylaxis.....	\$50
D1120	Prophylaxis.....	\$35
D1206	Topical application of fluoride varnish	\$20
D1208	Topical application of fluoride – excluding varnish	\$15
D1330	Oral hygiene instructions.....	\$0
D1351	Sealant - per tooth.....	\$20
D1510	Space maintainer - fixed unilateral, per quadrant.....	\$120
D1516	Space maintainer - fixed bilateral, maxillary	\$350
D1517	Space maintainer - fixed bilateral, mandibular	\$350
D1520	Space maintainer - removable, unilateral - per quadrant	\$170

Restorative Fillings

D2140	Amalgam - 1 surface, primary or permanent.....	\$30
D2150	Amalgam - 2 surfaces, primary or permanent.....	\$35
D2160	Amalgam - 3 surfaces, primary or permanent.....	\$40
D2161	Amalgam - 4 or more surfaces, primary or permanent.....	\$50
D2330	Resin-based composite - 1 surface, anterior	\$75
D2331	Resin-based composite - 2 surfaces, anterior	\$85
D2332	Resin-based composite - 3 surfaces, anterior	\$95
D2391	Resin-based composite - 1 surface, posterior	\$80
D2392	Resin-based composite - 2 surfaces, posterior	\$105
D2393	Resin-based composite - 3 surfaces, posterior	\$125
D2394	Resin-based composite - 4 or more surfaces, posterior.....	\$150

Fixed Crown and Bridge

D2740	Crown, porcelain/ceramic.....	\$560
D2750	Crown, porcelain fused to high noble metal	\$560

Fixed Crown and Bridge.....Member Pays

D2751	Crown, porcelain fused to predominantly base metal	\$560
D2752	Crown, porcelain fused to noble metal	\$560
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.....	\$35
D2920	Re-cement or re-bond crown	\$35
D2930	Prefabricated stainless steel crown – primary tooth	\$150
D2950	Core buildup, including any pins	\$145
D2951	Pin retention, per tooth, in addition to restoration	\$40
D2952	Post and core, in addition to crown, indirectly fabricated	\$170
D2954	Prefabricated post and core, in addition to crown	\$175

Prosthodontics

Member Pays (Dentures and Partials)

D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$700
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$700
D5410	Adjust complete denture - maxillary (after 3, per adjustment)	\$35
D5411	Adjust complete denture - mandibular (after 3, per adjustment)	\$35
D5421	Adjust partial denture - maxillary (after 3, per adjustment)	\$35
D5422	Adjust partial denture - mandibular (after 3, per adjustment)	\$35
D5510	Repair broken complete denture base	\$70
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$70
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$85
D5640	Replace broken teeth - per tooth	\$70
D5650	Add tooth to existing partial denture	\$70
D5660	Add clasp to existing partial denture – per tooth	\$80
D5710	Rebase complete maxillary denture	\$225
D5711	Rebase complete mandibular denture	\$225
D5720	Rebase maxillary partial denture	\$200
D5721	Rebase mandibular partial denture	\$200
D5730	Reline complete maxillary denture (direct)	\$105
D5731	Reline complete mandibular denture (direct)	\$105
D5740	Reline maxillary partial denture (direct)	\$105
D5741	Reline mandibular partial denture (direct)	\$105
D5750	Reline complete maxillary denture (indirect)	\$175
D5751	Reline complete mandibular denture (indirect)	\$175
D5760	Reline maxillary partial denture (indirect)	\$175
D5761	Reline mandibular partial denture (indirect)	\$175
D5850	Tissue conditioning, maxillary	\$65
D5851	Tissue conditioning, mandibular	\$65

Periodontics (Gum Treatment)

D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth per quadrant	\$220
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth per quadrant	\$160
D4240	Gingival flap procedure, including root planing - 4 or more contiguous teeth per quadrant	\$375
D4249	Clinical crown lengthening – hard tissue	\$850
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	\$85
D4342	Periodontal scaling and root planing – 1-3 teeth per quadrant	\$75
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$80
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$35
D4910	Periodontal maintenance	\$65
D4921	Gingival irrigation – per quadrant	\$25

Prosthodontics (Dentures and Partials)

D5110	Complete denture - maxillary	\$600
D5120	Complete denture - mandibular	\$600
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$570
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$570

Fixed Crown and Bridge

D6211	Pontic - cast predominantly base metal ..	\$500
D6212	Pontic - cast noble metal	\$500
D6240	Pontic, porcelain fused to high noble metal	\$500
D6241	Pontic, porcelain fused to base metal	\$500
D6242	Pontic, porcelain fused to noble metal	\$500
D6251	Pontic, resin with predominantly base metal	\$500
D6750	Retainer crown - porcelain fused to high noble metal	\$575
D6751	Retainer crown - porcelain fused to predominantly base metal	\$575
D6752	Retainer crown - porcelain fused to noble metal	\$575



CORE CARE DENTAL PLAN

Fixed Crown and Bridge.....Member Pays

D6790	Retainer crown - full cast high noble metal	\$575
D6791	Retainer crown - full cast predominantly base metal.....	\$575
D6792	Retainer crown - full cast noble metal	\$575
D6930	Re-cent or re-bond fixed partial denture....	\$55

Oral Surgery (Extractions)

D7111	Extraction, coronal remnants - primary tooth	\$70
D7140	Extraction erupted or exposed tooth.....	\$70
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$215
D7220	Removal of impacted tooth – soft tissue	\$280
D7230	Removal of impacted tooth – partially bony	\$345
D7240	Removal of impacted tooth – completely bony	\$445
D7250	Removal of residual tooth roots (cutting procedure)	\$245
D7310	Alveoloplasty in conjunction with extraction, 4 or more teeth, per quadrant.....	\$125
D7320	Alveoloplasty not in conjunction with extractions, 4 or more teeth, per quadrant.....	\$135
D7510	Incision and drainage of abscess, intraoral soft tissue	\$70

Adjunctive Services

D9215	Local anesthesia in conjunction with operative or surgical procedures	\$15
D9222	Deep sedation/general anesthesia – first 15 minutes.....	\$175
D9230	Inhalation of nitrous oxide/analgesia anxiolysis.....	\$25
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$175
D9910	Application of desensitizing medicament...\$25	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth.....	\$25
D9951	Occlusal adjustment, limited.....	\$35
D9952	Occlusal adjustment, complete	\$250

NOTES

- Procedures not listed on the benefit schedule will be provided at the participating dentist's usual and customary fees less a 25% discount.
- Listed fees apply only to participating FDB dentists who perform the listed services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Members should discuss all treatment options with the FDB participating dentist prior to services being rendered.
- **Crowns and Abutments:** Listed fees do not include the additional cost of noble, high noble, titanium. An additional charge, not to exceed \$200 per unit, will be applied for precious metals.
- Laboratory fees generally apply to crowns, abutments, partial and full dentures. Listed fees do not include the additional cost of laboratory fees. An additional charge, not to exceed \$200 per unit will be applied for laboratory fees.
- Cases involving six (6) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$100 per unit in addition to listed fees.
- Delivery of removable and fixed prosthodontics includes up to 3 adjustments within 6 months of delivery date of service.

OBTAINING DENTAL SERVICES

FDB has more than 1,000 participating dentists across Florida. To find a dentist near you, visit our website at FDBenefits.com. Remember, your dental benefits are only valid when you visit one of our participating FDB dental offices.

You may schedule an appointment with your participating FDB dentist at any time by contacting the office directly after your effective date of coverage. Family members covered by the dental plan can choose different participating dentists, if they prefer. Be sure to identify yourself as an FDB member before each appointment.

Availability and participation of FDB dentists is subject to change.

CUSTOMER SERVICE DEPARTMENT

FDB's Customer Services Representatives are available to assist you Monday through Friday, from 8:30 a.m. to 5:30 p.m. eastern time.

Our Representatives are trained and educated on dental terminology and your plan benefits and can assist you with eligibility verification, choosing your dentist, explaining your benefits, understanding your treatment plan and referrals to a dental specialist. English and Spanish speaking Representatives are available and real time translation services are offered for other languages.

FDB Customer Service Department
Phone: 786-991-0194
Toll Free: 800-861-7826
PO Box 347650
Coral Gables, FL 33234

MISSED APPOINTMENTS

If you need to cancel or reschedule an appointment, please notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention. If you fail to do this in a timely fashion, you may be charged a fee.

SPECIALIST SERVICES

The procedures and fees listed apply only for services provided by a participating FDB General Dentist.

FDB contracts with Dental Specialists in all fields (oral surgeon, endodontist, periodontist, pedodontist, orthodontist). If your FDB General Dentist determines you require the services of a Dental Specialist, you may receive services from an FDB Dental Specialist (where available). FDB Dental Specialists will provide Members with a 25% discount from their usual and customary fees.

For a list of Participating Dental Specialists and to arrange for services, please contact our Customer Service Department.

PARTICIPATING DENTAL OFFICES

FDB contracts with independently owned and operated dental offices. All participating dentists agree to provide services in accordance with the prevailing professional standards of the dental profession, to maintain malpractice insurance and to maintain general and premises liability insurance in reasonable amounts to cover damage to person or property of FDB members. FDB is not liable for any damage or injury to person or property resulting directly or indirectly from the negligent act or omission of or malpractice of a participating dentist or any other dentists or auxiliary providing service to an FDB member. FDB is not liable for any damage or injury to person or property resulting from or arising out of or in any way connected with any defective or dangerous conditions in, on, around or about a participating dental office or such other office or dental facility which may provide a service to a member. FDB will not be liable or responsible for any financial agreements made between a participating dentist and an FDB member.

EMERGENCY DENTAL SERVICES

If you have dental emergency first contact your FDB participating dentist to make an appointment. If your FDB participating dentist is unable to see you, you may seek treatment from any licensed dentist.

The emergency benefit of your plan is limited to the covered services necessary to relieve pain and discomfort.

Emergency dental services provided by a non-participating dentist may be reviewed to verify appropriateness of treatment.

EXCLUSIONS AND LIMITATIONS

The following services are not covered or offered by Florida Dental Benefits:

- Consultations for non-covered benefits.
- A Prophylaxis (routine cleaning) cannot be performed on a Member with untreated periodontal disease.
- Any treatment, which cannot be performed because of the general health and physical limits of the eligible Member, as indicated by said Member's personal physician, a participating dentist/specialist or the Dental Director.
- Any dental procedure considered experimental by a participating dentist or specialist or the Dental Director.
- Dispensing of drugs.
- Cost of hospitalization (hospitals, outpatient surgery center or other similar facility).
- Any dental treatment started prior to the Member's effective date including but not limited to teeth prepared for crowns, root canals in progress and orthodontics.
- Any procedure that in the professional opinion of the participating dentist or dental specialist or Dental Consultant:



- has poor probability for success based on the condition of the tooth or teeth or surrounding structures.
- is inconsistent with generally accepted standards for dentistry.
- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member including but not limited to physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.
- Any treatment paid for by Workers' Compensation or employer's liability laws, by a federal or state government agency or other insurance coverage carried by the Member. Any treatment provided without cost by any municipality, county or other political subdivision.
- Any dental care provided by a non-participating general dentist or dental specialist.
- Services resulting from any act of war, declared or not, or resulting from military services.
- The participating dentist shall have the right to refuse treatment to a Member who fails to follow a prescribed course of treatment.
- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- Periodontal scaling in the absence of root planing.
- The following are not included as orthodontic benefits:
 - Repair or replacement of lost or broken appliances;
 - Retreatment of orthodontic cases;
 - Specialized or cosmetic alternative to standard fixed and removable orthodontic appliances;
 - Invisalign (or other similar brands) services are excluded.

Limitations

- Participating dentists are required to keep records and charts of all dental services rendered to Members in accordance with the Florida Dental Practice Act and Regulations. These records are the property of the participating dentist. Upon enrollment the Member authorizes Florida Dental Benefits to request and obtain, for use exclusively by Florida Dental Benefits, Member records, radiographs or any other information from any dentist that has rendered treatment to the Member. Upon the request of the Member, the participating dentist will furnish copies of x-rays and service records. The participating dentist has the right to charge the Member an amount not to exceed the amount charged by the Clerk of Courts for the specific county in which the dental office is located for photocopies of dental records and copies of x-rays requested by the Member. Neither any participating dentist nor Florida Dental Benefits will be required to transfer any original records or x-rays, unless required by law.
- If the services rendered, are required due to injury caused by the negligence of a third party person, and if the Member receives a recovery against the negligent party, or if the Member receives Workers' Compensation or insurance benefits, then any participating dentist shall be entitled to charge and collect from the Member, his/her usual, customary and reasonable fees for any dental services rendered up to the time and to the extent of recovery for such dental services.
- Palliative treatment includes those covered services necessary to relieve pain and discomfort on an emergency basis. Palliative treatment is limited to those instances where circumstances contraindicate more definitive treatment or services.