



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, limit 2 per year includes D0150	\$0
D0140	Limited oral evaluation - problem focused, limit 4 per year	\$0
D0150	Comprehensive oral evaluation, limit 2 per year includes D0120	\$0
D0160	Detailed and extensive oral evaluation - problem focused	\$0
D0170	Re-evaluation - limited, problem focused (established patient not post-operative visit)	\$15
D0180	Comprehensive periodontal evaluation - new or established patient	\$15
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0

X-rays

D0210	Intraoral - complete series of radiographic images, limit 1 per 3 years includes D0330.....	\$0
D0220	Intraoral - periapical first radiographic image, limit 6 per year includes D0230	\$0
D0230	Intraoral - periapical each additional radiographic image, limit 6 per year includes D0220.....	\$0
D0240	Intraoral - occlusal radiographic image.....	\$5
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$0
D0270	Bitewing - single radiographic image, limit one set per year (includes D0270, D0272, D0274).....	\$0
D0272	Bitewings - two radiographic images (additional pair per year), limit one set per year (includes D0270, D0272, D0274)	\$0
D0274	Bitewing - four radiographic images, limit one set per year (includes D0270, D0272, D0274)	\$21
D0330	Panoramic radiographic image, limit 1 per 3 years includes D0210	\$0
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis.....	\$75
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally.....	\$20
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions	\$30
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0

Preventive

D1110	Prophylaxis - adult, limit 2 per year.....	\$0
D1120	Prophylaxis - child, limit 2 per year.....	\$0
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride - excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth.....	\$15
D1510	Space maintainer - fixed unilateral, per quadrant.....	\$55

Preventive.....Member pays

D1516	Space maintainer - fixed bilateral, maxillary, limit 1 per lifetime	\$250
D1517	Space maintainer - fixed bilateral, Mandibular, limit 1 per lifetime.....	\$250
D1520	Space maintainer - removable, unilateral - per quadrant	\$95

Fluoride treatment is limited to 1 in any 12 consecutive month period for children under age 16.

Sealants covered on permanent posterior teeth. Limit 1 per tooth every 3 years, limit 8 teeth per year. Sealants are covered for unrestored permanent molar teeth for children under age 16.

Restorative Fillings

D2140	Amalgam - 1 surface, primary or permanent	\$0
D2150	Amalgam - 2 surfaces, primary or permanent	\$0
D2160	Amalgam - 3 surfaces, primary or permanent	\$0
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$0
D2330	Resin-based composite - 1 surface, anterior	\$40
D2331	Resin-based composite - 2 surfaces, anterior	\$45
D2332	Resin-based composite - 3 surfaces, anterior	\$55
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$75
D2391	Resin-based composite - 1 surface, posterior	\$70
D2392	Resin-based composite - 2 surfaces, posterior	\$90
D2393	Resin-based composite - 3 surfaces, posterior	\$110
D2394	Resin-based composite - 4 or more surfaces, posterior	\$130

Restorative fillings are limited to 1 per tooth per surface every 36 month.

Fixed Crown and Bridge

D2410	Gold foil - 1 surface	\$75
D2420	Gold foil - 2 surfaces	\$95
D2430	Gold foil - 3 surfaces	\$125
D2510	Inlay - metallic - 1 surface	\$115
D2520	Inlay - metallic - 2 surfaces	\$125
D2530	Inlay - metallic - 3 or more surfaces	\$150
D2542	Onlay - metallic - 2 surfaces	\$325
D2543	Onlay - metallic - 3 surfaces	\$330
D2544	Onlay - metallic - 4 or more surfaces	\$355
D2610	Inlay - porcelain/ceramic - 1 surface	\$325
D2620	Inlay - porcelain/ceramic - 2 surfaces	\$350
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$375
D2642	Onlay - porcelain/ceramic - 2 surfaces	\$395
D2643	Onlay - porcelain/ceramic - 3 surfaces	\$415
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	\$445
D2650	Inlay - resin-based composite - 1 surface	\$195
D2651	Inlay - resin-based composite - 2 surfaces	\$250

Fixed Crown and Bridge.....Member Pays

D2652	Inlay - resin-based composite - 3 or more surfaces	\$275
D2662	Onlay - resin-based composite - 2 surfaces	\$250
D2663	Onlay - resin-based composite - 3 surfaces	\$275
D2664	Onlay - resin-based composite - 4 or more surfaces	\$290
D2710	Crown, resin-based composite (indirect)	\$210
D2720	Crown, resin with high noble metal	\$455
D2721	Crown, resin with predominantly base metal	\$405
D2722	Crown, resin with noble metal	\$425
D2740	Crown, porcelain/ceramic	\$350
D2750	Crown, porcelain fused to high noble metal	\$350
D2751	Crown, porcelain fused to predominantly base metal	\$350
D2752	Crown, porcelain fused to noble metal	\$350
D2780	Crown - 3/4 cast high noble metal	\$350
D2781	Crown - 3/4 cast predominantly base metal	\$350
D2782	Crown - 3/4 cast noble metal	\$350
D2783	Crown - 3/4 porcelain/ceramic	\$350
D2790	Crown - full cast high noble metal	\$350
D2791	Crown - full cast predominantly base metal	\$350
D2792	Crown - full cast noble metal	\$350
D2799	Provisional crown - further treatment of completion of diagnosis necessary prior to final impression	\$50
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$20
D2920	Re-cement or re-bond crown	\$20
D2930	Prefabricated stainless steel crown - primary tooth	\$90
D2931	Prefabricated stainless steel crown - permanent tooth	\$95
D2932	Prefabricated resin crown	\$95
D2933	Prefabricated stainless steel crown with resin window	\$95
D2940	Protective restoration	\$40
D2950	Core buildup, including any pins	\$50
D2951	Pin retention, per tooth, in addition to restoration	\$20
D2952	Post and core, in addition to crown, indirectly fabricated	\$100
D2953	Each additional indirectly fabricated post - same tooth	\$105
D2954	Prefabricated post and core, in addition to crown	\$100
D2955	Post removal	\$30
D2957	Each additional prefabricated post - same tooth	\$30
D2960	Labial veneer (resin laminate) - direct	\$205
D2961	Labial veneer (resin laminate) - indirect	\$260
D2962	Labial veneer (porcelain laminate) - indirect	\$425
D2970	Temporary crown, fractured tooth	\$50
D2980	Crown repair	\$95

Inlays, onlays, crowns and veneers are limited to 1 per tooth per 5 years.

Post and core are limited to 1 per tooth per 5 years.

**Endodontics (Root Canals) Member Pays**

D3110	Pulp cap, direct (excluding final restoration).....	\$25
D3120	Pulp cap, indirect (excluding final restoration).....	\$25
D3220	Therapeutic pulpotomy (excluding final restoration), limit 1 per tooth per 5 years.....	\$40
D3221	Pulpal debridement, primary and permanent teeth, limit 1 per tooth per 5 years.....	\$110
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration).....	\$80
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration).....	\$90
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	\$150
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	\$250
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	\$300
D3331	Treatment of root canal; obstruction; non-surgical access.....	\$85
D3346	Retreatment of previous root canal therapy - anterior.....	\$250
D3347	Retreatment of previous root canal therapy - premolar.....	\$350
D3348	Retreatment of previous root canal therapy - molar.....	\$450
D3410	Apicoectomy – anterior.....	\$150
D3421	Apicoectomy – premolar (first root).....	\$175
D3425	Apicoectomy – molar (first root).....	\$175
D3910	Surgical procedure for isolation of tooth with rubber dam.....	\$0
D3950	Canal preparation and fitting of preformed dowel or post.....	\$75

Endodontic therapy, root canal retreatment and apicoectomy are limited to 1 per tooth per 5 years.

Periodontics (Gum Treatment)

D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth per quadrant, limit 1 per tooth per 5 years.....	\$150
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth per quadrant, limit 1 per tooth per 5 years.....	\$45
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth.....	\$100
D4240	Gingival flap procedure, including root planing - 4 or more contiguous teeth per quadrant, limit 1 per tooth per 5 years.....	\$140
D4241	Gingival flap procedure, including root planing, 1-3 teeth per quadrant, limit 1 per tooth per 5 years.....	\$250
D4245	Apically positioned flap.....	\$150
D4249	Clinical crown lengthening – hard tissue, limit 1 per tooth per 5 years.....	\$160
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant, limit 1 per tooth per 5 years.....	\$375
D4261	Osseous graft – 1 to 3 contiguous teeth per quadrant, limit 1 per tooth per 5 years.....	\$375
D4263	Bone replacement graft - first site in quadrant.....	\$650
D4264	Bone replacement graft - each additional site in quadrant.....	\$500
D4266	Guided tissue regeneration – resorbable barrier, per site.....	\$275
D4275	Non-autogenous connective tissue graft first tooth, implant, or edentulous tooth position in graft.....	\$1200

Periodontics (Gum Treatment) Member Pays

D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant, limit 1 per quadrant per 36 months (includes D4342).....	\$55
D4342	Periodontal scaling and root planing – 1-3 teeth per quadrant, limit 1 per quadrant per 36 month (includes D4341).....	\$50
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth.....	\$75
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit, limit 1 per year.....	\$50
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.....	\$20
D4910	Periodontal maintenance, limit 2 per year.	\$55
D4921	Gingival irrigation – per quadrant, limit 1 per quadrant per year	\$15

Prosthodontics (Dentures and Partials)

D5110	Complete denture - maxillary	\$325
D5120	Complete denture - mandibular	\$325
D5130	Immediate denture – maxillary	\$485
D5140	Immediate denture – mandibular.....	\$485
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$375
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$375
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$350
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$350
D5410	Adjust complete denture - maxillary (after 3, per adjustment).....	\$20
D5411	Adjust complete denture - mandibular (after 3, per adjustment).....	\$20
D5421	Adjust partial denture - maxillary (after 3, per adjustment).....	\$20
D5422	Adjust partial denture - mandibular (after 3, per adjustment).....	\$20
D5510	Repair broken complete denture base	\$50
D5520	Replace missing or broken teeth – complete denture (each tooth), limit 1 per tooth per 2 years.....	\$20
D5630	Repair or replace broken retentive/clasping materials - per tooth, limit 1 per year	\$20
D5640	Replace broken teeth - per tooth, limit 1 per tooth per 2 years.....	\$20
D5650	Add tooth to existing partial denture. limit 1 per tooth per 2 years.....	\$35
D5660	Add clasp to existing partial denture – per tooth, limit 1 per tooth per 2 years.....	\$60
D5710	Rebase complete maxillary denture	\$150
D5711	Rebase complete mandibular denture	\$150
D5720	Rebase maxillary partial denture.....	\$150
D5721	Rebase mandibular partial denture	\$150
D5730	Reline complete maxillary denture (direct).....	\$55
D5731	Reline complete mandibular denture (direct).....	\$55
D5740	Reline maxillary partial denture (direct).....	\$55
D5741	Reline mandibular partial denture (direct)	\$55
D5750	Reline complete maxillary denture (indirect)	\$50
D5751	Reline complete mandibular denture (indirect)	\$50
D5760	Reline maxillary partial denture (indirect)	\$50
D5761	Reline mandibular partial denture (indirect)	\$50

Prosthodontics Member Pays (Dentures and Partials)

D5810	Interim complete denture (maxillary)	\$225
D5811	Interim complete denture (mandibular)	\$225
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$190
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$190
D5850	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$35
D5851	Tissue conditioning, mandibular, limit 1 per 5 years	\$35
D5862	Precision attachment	\$150

Dentures and partials are limited to 1 set per 5 years.

Relines and rebases are limited to 1 per 2 years.

Adjustments are limited to 1 per year.

Implants

D6010	Surgical placement of implant body: endosteal implant	\$1800
D6104	Bone graft at time of implant placement	\$500

Fixed Crown and Bridge

D6211	Pontic - cast predominantly base metal ..	\$400
D6212	Pontic - cast noble metal	\$400
D6240	Pontic, porcelain fused to high noble metal	\$400
D6241	Pontic, porcelain fused to base metal	\$400
D6242	Pontic, porcelain fused to noble metal	\$400
D6251	Pontic, resin with predominantly base metal	\$400
D6750	Retainer crown - porcelain fused to high noble metal	\$495
D6751	Retainer crown - porcelain fused to predominantly base metal	\$495
D6752	Retainer crown - porcelain fused to noble metal	\$495
D6780	Retainer crown - 3/4 cast high noble metal	\$530
D6781	Retainer crown - 3/4 cast predominantly base metal	\$510
D6782	Retainer crown - 3/4 cast noble metal	\$520
D6783	Retainer crown - 3/4 porcelain/ceramic	\$510
D6790	Retainer crown - full cast high noble metal	\$495
D6791	Retainer crown - full cast predominantly base metal	\$495
D6792	Retainer crown - full cast noble metal	\$495
D6930	Re-cement or re-bond fixed partial Denture	\$40
D6950	Precision attachment	\$150

Pontics and retainer crowns are limited to 1 per tooth per lifetime.

Oral Surgery (Extractions)

D7111	Extraction, coronal remnants - primary tooth	\$25
D7140	Extraction erupted or exposed tooth	\$25
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$45
D7220	Removal of impacted tooth – soft tissue	\$60
D7230	Removal of impacted tooth – partially bony	\$80
D7240	Removal of impacted tooth – completely bony	\$100
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$275
D7250	Removal of residual tooth roots (cutting procedure)	\$45
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$120
D7286	Incisional biopsy of oral tissue, soft	\$95

**Oral Surgery (Extractions).....Member Pays**

D7310	Alveoplasty in conjunction with extraction, 4 or more teeth, per quadrant, limit 1 per tooth per lifetime.....	\$45
D7320	Alveoplasty not in conjunction with extractions, 4 or more teeth, per quadrant, limit 1 per tooth per lifetime.....	\$80
D7510	Incision and drainage of abscess, intraoral soft tissue, limit 1 per tooth per lifetime.....	\$30
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	\$0
D7953	Bone replacement graft for ridge preservations - per site.....	\$400

Orthodontics (Braces)

D8070	Comprehensive orthodontic treatment of the transitional dentition	\$2800
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2800
D8090	Comprehensive orthodontic treatment of the adult dentition.....	\$3000

Orthodontic benefits cover 24 months of usual and customary orthodontic treatment. Benefits apply only at participating general dentists that perform orthodontic services.

Adjunctive Services

D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes.....	\$150
D9230	Inhalation of nitrous oxide/analgesia anxiolysis, limit 3 per year	\$15
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$150
D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment.....	\$55
D9248	Non-intravenous conscious sedation.....	\$55
D9310	Second opinion (by a participating dentist)	\$55
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed.....	\$5
D9440	Emergency visit (after hours)	\$75
D9610	Therapeutic parenteral drug, single administration	\$55
D9630	Drugs or medications dispensed in the office for home use	\$10
D9910	Application of desensitizing medicament.....	\$15
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$15
D9920	Behavior management, by report	\$20
D9950	Occlusion analysis – mounted case	\$75
D9951	Occlusal adjustment, limited.....	\$30
D9952	Occlusal adjustment, complete	\$175
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$350

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 \$75 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 \$150 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.

Florida Dental Benefits, Inc. is licensed pursuant to Part I, Ch. 636, Florida Statutes as a Prepaid Limited Health Services Organization.