BlueDental Care℠

Benefit Summary
FS305 Orthodontics

Quality, affordable dental care

At Florida Blue, we know a lot about health and take great pride in the fact that millions of Floridians depend on us for essential health coverage. As the state's leading health insurer, we also understand the impact of oral health on your total well-being. That's why we offer our BlueDental Care plan, which gives you the essential dental benefits you need at a highly affordable price.

As a BlueDental Care member, you can look forward to:

- No deductibles
- No annual-maximum benefits
- No exclusions for pre-existing conditions
- No pre-determination of benefits required
- No claim forms
- Preventive services at little or no cost to you

Other BlueDental benefits

- **Low copayments** for many dental services. You make the copayment directly to your dentist. See the Benefits Schedule for a sample list of copayment amounts.
- **Orthodontia services** available for children and adults at fixed copayments when services are provided by a participating network orthodontist.

Find the dentist for you

Select a dentist in the BlueDental Care Prepaid Network* that best meets your needs by searching our provider directory at FloridaBlueDental.com. Look for the "Find a Dentist" link on the home page or in the Members section. Don't see your dentist in our network? Click the "Nominate a Provider" link, and fill out the nomination form. We will follow up with the dentist about joining our network.

Questions or concerns?

Our customer service associates are available to help Monday through Friday, from 8 a.m. to 6 p.m. Just call us at (877) 325-3979. We're always here to help.

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*Networks are comprised of independent contracted dentists.

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Benefits	In-Network Copayment
Periodic Oral Evaluation (0120)	$0
Comprehensive Oral Evaluation (0150)	$0
Bitewing X-rays, two films (0272)	$0
Cleanings - Adult/Child (1110, 1120)	$0
Fluoride Treatment - (1206, 1208)	$0
Office Visits (9430)	$0
X-rays - Intraoral/Complete Series (0210)	$0
Sealant - per tooth (1351)	$10
Amalgam Restorations (Silver Fillings) (2140)	$5
Resin-Based Restorations - Anterior (2330)	$30
Extractions - Routine (7140)	$0
Root Canal Molar (3330)	$250
Periodontal Scaling & Root Planing - per quad (4341)	$55
Crowns - Porcelain fused to noble metal (2752)	$270+Lab*
Complete Dentures (5110, 5120) Upper or Lower	$375+Lab*
Partial Dentures (5213, 5214) Upper or Lower	$425+Lab*
Pontic - Porcelain fused to noble metal (6242)	$270+Lab*
Orthodontic Services (8070, 8080, 8090)	All Insureds
Consultation	$0
Evaluation	$45
Records/Treatment Planning	$250
Orthodontic treatment	$1,900
Retention (8680)	$455

*Services marked with an asterisk (*) also require separate payment of laboratory charges (not to exceed $200). The laboratory charges must be paid to the Participating Provider in addition to any applicable copayment for the services.

NOTE:

1. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult Your dentist prior to treatment for availability of services.
2. Some Covered Dental Care Services are typically only offered by a specialist (like many oral surgery procedures).
3. When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional $75 per unit.
4. Additional exclusions and limitations are listed along with full plan information in your Certificate of Dental Benefits.
5. Copayment amounts for listed procedures are applicable only at either the Participating General Dentist or Participating Specialist. Specialist services are only available in areas where the dental plan has a Participating Specialist.

BlueDental Care Limitations and Exclusions

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FCL does not provide coverage for the following services:

- No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section X, Paragraph C of the Certificate.
- Any procedures not specifically listed as a covered benefit in the Schedule of Benefits.
- Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
- Any dental treatment started prior to the Member's effective date for eligibility of benefits. This does not apply to Orthodontic treatment in progress that was covered under the Contractholder's prior plan. To be covered under this Plan, Orthodontic treatment must be shown on your Schedule of Benefits and you must have the subsequent treatment provided by a Participating Provider.
- Services which in the opinion of the Participating General Dentist, Participating Specialist, or Company are not Necessary Treatment to establish and/or maintain the Member's oral health.
- Any services that are not appropriate or customarily performed for the given condition, do not have uniform professional endorsement, do not have a favorable prognosis, or are experimental or investigational.
- Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
- Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
- Procedures, appliances or restorations to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ); or replacement of lost, missing, or stolen appliances.
- Services performed primarily for cosmetic purposes, unless otherwise listed as covered cosmetic services on your Schedule of Benefits.
- Services provided by a Participating Pediatric Dentist are limited to children through age seven.
- Removal of asymptomatic third molars is not covered unless pathology (disease) exists. Examples of symptomatic conditions include decay, cysts, unmanageable periodontal disease, infection, and resorption of adjacent tooth.
- Frequency and/or age limitations may apply. See your Schedule of Benefits and Copayments for details.
- Workers' Compensation
  1. If we pay benefits but determine that the benefits were for the treatment of bodily injury or sickness that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain, we have the right to recover that payment. We will exercise our right to recover against you.
  2. The recovery rights will be applied even though:
     a. The Workers' Compensation benefits are in dispute or are made by means of settlement or compromise;
     b. No final determination is made that bodily injury or sickness was sustained in the course of, or resulted from, your employment;
     c. The amount of Workers' Compensation due to medical or health care is not agreed upon or defined by you or the Workers' Compensation carrier; or
     d. Medical or health care benefits are specifically excluded from the Workers' Compensation settlement or compromise.
  3. You agree that, in consideration for the coverage provided by the Contract, we will be notified of any Workers' Compensation claim that you make, and you agree to reimburse us as described above.
- Crowns, inlays, onlays, or veneers for the purpose of:
  1. Altering vertical dimension of teeth;
  2. Restoration or maintenance of occlusion;
  3. Splinting teeth, including multiple abutments; or
  4. Replacing tooth structure lost as a result of wear (abrasion, attrition, erosion or abfraction)

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.

Florida Combined Life insurance Company, Inc., DBA Florida Combined Life, is an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.
We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

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