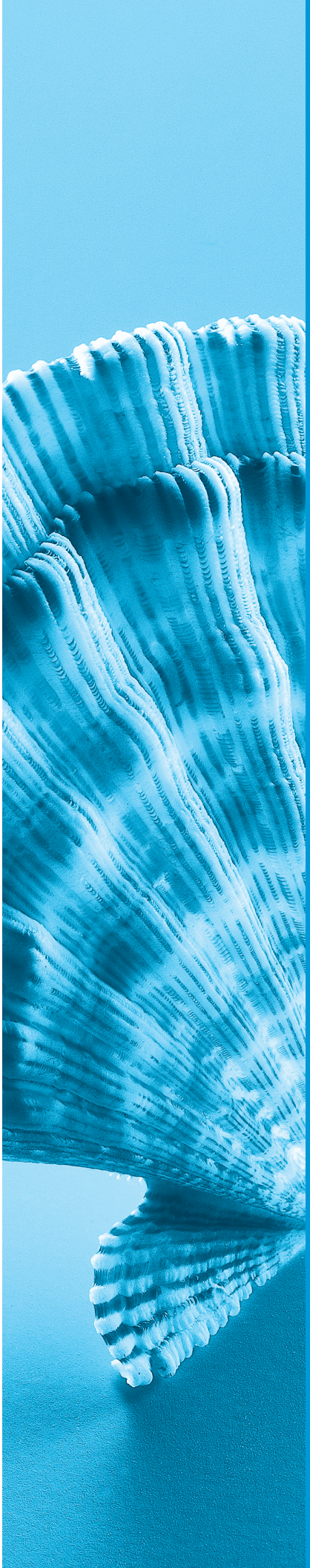

BlueDental Care

Group Administration Guide

Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

Table of Contents

Please Note: For information on our BlueDental Choice and Choice Copayment (PPOs) and BlueDental Freedom (Indemnity) products, please refer to our BlueDental Group Administration Guide for BlueDental Choice and Freedom.

Introduction

This Dental Group Administration Guide has been prepared to introduce you to the Florida Combined Life Insurance Company, Inc. (FCL) BlueDental Care (Prepaid) plan policies and procedures. We encourage you to please take time and familiarize yourself with the information contained in this Guide. Every effort has been made to make this Guide simple and comprehensive. We hope these materials will enable you to assist your Employees and to answer any questions they may have regarding their dental benefits.

BlueDental plans are offered by Florida Combined Life Insurance Company Inc., an Independent Licensee of the Blue Cross and Blue Shield Association. FCL provides cost effective solutions to Employers faced with escalating costs associated with offering Employee dental benefit plans. We offer a variety of plans in addition to BlueDental Care (Prepaid). For information on our BlueDental Choice and Choice Plus, (PPOs), Choice Copayment (PPOs) and BlueDental Freedom (Indemnity) products, please refer to our BlueDental Group Administration Guide for All BlueDental Choice and Freedom Plans.

The BlueDental Care benefits offered by the FCL plan are available through a network of independently owned and operated offices, staffed by licensed Dentists and their skilled, professional teams of Hygienists, Assistants and Technicians.

Our philosophy and goal is to offer the highest level of service to our Members and Employers. This is accomplished through our network of quality Providers and our knowledgeable administrative support staff.

If you have any questions regarding this information, please do not hesitate to call your Agent/BCBSF Representative.

Highlights of the Plan

The FCL BlueDental Care program offers a cost-saving alternative to traditional coverage. It is designed to provide comprehensive care at affordable rates. Key features of the plan include:

No Deductibles
There are no deductibles that must be paid by a Member before they receive actual benefits.

No Claims Forms
Members and participating general Providers are not required to submit claim forms for payment.

Coverage for Preventive Dental Care
This encourages Employees to visit their Dentist on a regular basis.

Savings for Major Dental Care
When services require copayments, the plan offers substantial savings from Dentists' Usual and Customary fees. Fixed Member copayments allow Members to predict their out-of-pocket cost for necessary treatment.

Unlimited Annual Benefits
There are no annual or lifetime dollar limits to the amount of dental care benefits Members can receive.

No Exclusions for PreExisting Conditions
Except for congenital malformation, no penalty is imposed for preexisting conditions, which are covered with no waiting periods or benefit limitations.

Choice of Network Dentist
Each family Member may select a participating Provider conveniently located near his or her home, school or workplace.

Specialist Care
Specialty care services are available through a network of participating Specialists.

Program Design and Philosophy

The FCL BlueDental Care program is designed not only to provide comprehensive care for our Members, but also to offer participating Dentists maximum incentives to provide quality service.

Unnecessary dental treatment is not rewarded because Dentists are compensated on a monthly fee per contract. Equally, not providing necessary treatment to restore and maintain good dental health is counterproductive because long-term problems are more costly for the Dentist to treat. Dentists recognize that the philosophy of prevention and maintenance works best with the concept of managed dental care.

In addition to our printed BlueDental Care participating Provider directory, you may visit us at www.bcbsfl.com for a current listing of our Providers.

Participating Dentist Selection

The participating dental network is one of the most important elements in providing quality care and services to ensure the satisfaction of our Employers and Members.

As part of our Quality Management Program, on-site evaluations of each prospective dental office are performed to ensure that the office and Dentist selected meet the requirements of our Quality Management Program. The Dentist and their professional staff are trained in the program's process before plan patients receive treatment.

Each office and Dentist is evaluated on the following:

Office

- Location/Accessibility
- Facility/Equipment Conditions
- Safety and Cleanliness
- Staffing/ Professionalism
- Record keeping and documentation
- Emergency services
- Potential to accommodate new patients
- Chart and case review

Dentist

- Experience and qualifications
- Credentials (DEA license, malpractice insurance, board of dentistry certificate)
- Good standing with the Department of Professional Regulations

General Information

Who is Eligible

I. Any Employee, and his or her Dependent(s), who is eligible for insurance benefits according to eligibility requirements defined by the Employer.

II. Definition of eligible Dependent:

1. Your spouse, if not legally separated from you.

2. Any child, until the end of the calendar year in which that child reaches age 25, if that child:
   a. is living in your household, or is a full-time or part-time student; and
   b. depends upon you for support.

   The term "child" also includes a legally adopted child or foster child, from the date of placement in the residence; step-child; or any child who lives with you and depends on you for more than 50% of his support.

3. Any child between the ages of 26 and 30, until the end of the calendar year in which that child reaches age 30, if that child:
   a. is unmarried and does not have a dependent of his or her own;
   b. is a resident of the state of Florida, or is a full-time or part-time student; and
   c. is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other like insurance policy or is not entitled to benefits under Title XVIII of the Social Security Act.

   If a child between the ages 26 and 30 is provided coverage under your certificate after the end of the calendar year in which the child reached age 25 and coverage for that child is subsequently terminated, the child is not eligible to be covered again under your certificate unless the child was continuously covered by other like coverage without a gap in that coverage of more than 63 days.

4. A handicapped child over 25 years of age, who was insured under this certificate before reaching age 25.

   If an unmarried dependent child is not capable of self-sustaining employment due to mental or physical handicap, the child's insurance will not terminate at are 25 if you give up proof that the child is:
   a. incapable of self-sustaining employment; and
   b. chiefly dependent on you for support and maintenance.

   The insurance will continue as long as the child remains handicapped, unless coverage terminates according to Termination of Membership provisions applicable to dependents. To keep this coverage in force, we may require proof at our expense of the child's continued incapacity and dependence. We may require proof from time to time, but not more than once a year after the two years that follow the date the child reaches age 25.

A dependent cannot be:

1. insured as an employee under the certificate;
2. insured under more than one insured employee;
3. in full-time military service; or
4. insured for contributory insurance, unless you have made a written request for dependent insurance.

Effective Date of Coverage

Coverage is effective on the first (1st) day of the month after an Employee has enrolled, if FCL has received the enrollment application and the Employee has satisfied any applicable waiting period as defined by the Employer.

All new enrollment applications must be received by FCL no later than the fifteenth (15th) day of the month prior to the effective month of coverage.

Verification of Eligibility

Monthly, each Provider office receives a computer generated eligibility list containing information for those Members that have chosen the office. To make an appointment, the Member simply calls the Provider selected and advises the office that he or she is an FCL BlueDental Care Member. FCL uses the Member's Contract ID number as an identification number.

If the Member is not listed on the Eligibility list for the Provider they selected, they may call our Customer Care Department for verification assistance at 1-877-325-3979.

Customer Care

Member inquires and grievances should be directed by phone or in writing to:

Florida Combined Life Insurance Company, Inc.
Grievance & Appeals Department
P.O. Box 14729
Lexington, KY 40512-4729

Toll-free: 1-877-325-3979
Monday-Friday: 8:00 a.m. to 6:00 p.m.

Customer Care associates have dental and/or customer service experience and are trained to assist Members with questions or inquiries in an efficient and courteous manner.

Second Opinions

A second opinion can be arranged at no additional cost to the Member. To coordinate second opinions, Members should call FCL's Customer Care Department at the number listed on the previous page.

Transfers

Members may transfer to another Provider office once per month. To request a transfer, the Subscriber must complete a "BlueDental Care Change Form" (form # 50402) which is then forwarded by the Employer to FCL; or the Subscriber may call our Customer Care Department directly. Also, this provision states several times that if the request is received by the fifteenth (15th) day of the month, Members will be transferred on the first (1st) day of the month following authorization.

Note:

- A transfer cannot be made effective for the same month in which the Subscriber and/or their Dependents were treated in another participating Provider office.
- Members must clear any pending balance prior to requesting a transfer.

Example: If a Member requests a transfer by January 15th, the transfer will be effective February 1st. If a Member requests a transfer after January 15th, the transfer will not be effective until March 1st.

The BlueDental Care Directory may become outdated between printings, therefore our website may be a more accurate source of Providers. Visit us at www.bcbsfl.com

Emergency Care

Within the FCL BlueDental Care Service Area:

Members must first contact their dental Provider when they require emergency dental care. If the Provider is unavailable or unable to see the Member, then FCL must be contacted for alternative instructions and arrangements. FCL offers Members assistance Monday through Friday, at the number listed below:

Toll Free: 1-877-325-3979

Members will be charged an additional copayment as stipulated in the benefits and copayment schedule for appointments after normal business hours.

Outside of the FCL BlueDental Care Service Area:

If the Member is on vacation or temporarily more than one hundred (100) miles from their participating Provider office and has a dental emergency, then he/she should obtain palliative treatment and pay for the services rendered. To receive reimbursement you must submit to FCL, within twelve (12) months of the date service was rendered, the following: 1) receipt; 2) Subscriber name, Contract ID number, address and phone number; 3) Name of the member that received services; and 4) all other supporting documentation necessary to process payment.

Mail to: Florida Combined Life Insurance Co., Inc.
Dental Services Administrator
5775 Blue Lagoon Drive, Ste. 400
Miami, FL 33126

FCL will reimburse no less than seventy-five percent (75%) of the usual, customary and reasonable charges for the covered services subject to any applicable copayments but in no event to exceed $100.00 per claim.

NOTE: Palliative treatment is considered to be any procedure that alleviates pain or discomfort only.

Broken or Cancelled Appointments

Members are responsible for keeping their scheduled appointments.

Participating dental Providers are not required to confirm a patient's appointment.

The benefits and copayment schedule allows the Provider to charge a fee for any appointment broken or cancelled without twenty-four (24) hours notice.

Orthodontia Guidelines

These guidelines apply to Members who are currently undergoing orthodontic treatment either as a private patient or with other insurance coverage and are converting to coverage through FCL.

Situations:

- If a Member is currently undergoing orthodontic treatment with a non-participating Orthodontist and wants to continue treatment with that Orthodontist, the Member is not eligible to receive benefits and/or financial supplementation from FCL.

- A Member who is currently undergoing treatment with a nonparticipating Orthodontist and wishes to change to a participating FCL Orthodontist in order to receive benefits may do so in some situations. However, this is not recommended, particularly when treatment is in progress. FCL cannot guarantee or assume that the Orthodontist will agree to continue treatment started by another Orthodontist.

- Cases where Members are currently undergoing treatment with a participating Orthodontist are eligible for benefits only at the discretion of the participating Orthodontist. Note: There are many variables to be considered in these situations, therefore they will be evaluated on a case by case basis. FCL will coordinate with the Member and participating Orthodontist to apply benefits when necessary.

Leave of Absence Coverage

Coverage for dental benefits may be continued while a Subscriber is on leave of absence, maternity leave, sick leave, etc., provided premium payments continue for the Subscriber's coverage. Subscribers who contribute towards their coverage for dental benefits while working must continue to do so while on leave. Subscribers must make arrangements with their Employer to pay their monthly premiums.

If a Subscriber fails to make their contribution for coverage within thirty (30) days of the date the premium is due, the Employer's obligation to maintain the coverage ceases, and the Subscriber's coverage will cease. If a Subscriber's coverage ceases during a leave, it may be reinstated upon their return to work, provided contributions start immediately upon their return to work. If a Subscriber does not start their contributions immediately upon their return to work, their coverage will not be reinstated and they will be required to wait until the next open enrollment period to apply for coverage.

Coordination of Coverage

The benefits of the managed care dental plan may be coordinated with an indemnity dental insurance plan. The Subscriber/Member should contact their indemnity insurance company to obtain information on coordination of coverage.

Limitations and Exclusions

Please refer to the Limitations and Exclusions for the FCL BlueDental Care plans as listed on the last page of the Plan Benefits Schedule in the BlueDental Care Certificate of Coverage.

Enrollment

During the initial open enrollment, all eligible Employees and their Dependents may enroll in the FCL BlueDental Care plan. The effective date of coverage will be agreed upon by FCL and the Employer and is specified in the enrollment. Eligible Members may enroll in the plan, only for the following reasons:

- New Employees upon satisfying eligibility requirements defined by the Employer.
- Newly acquired Dependent(s), spouse or child.
- Dependents who were not covered at the time the Employee enrolled due to having their own dental coverage (proof of previous coverage required).

Terms of Enrollment

All Members must remain enrolled in the plan for a minimum of twelve (12) consecutive months, except in the following cases:

- The Subscriber voluntarily or involuntarily terminates employment with the Employer.
- The Subscriber's employment status changes to such extent that he/she is no longer eligible for benefits coverage as determined by the Employer's eligibility rules.
- Dependent(s) reaching a limiting age.
- Relocation outside of the Administrator's network service area.
- Death.

For exceptional reasons only, at FCL's sole discretion, a Subscriber/Member may be allowed to disenroll from the plan within twelve (12) months of their effective date. In such event, the Member must pay all costs for services rendered which exceed the amount of premiums and copayments paid during the term in which the Member was enrolled. FCL will hold the Member responsible for the above and will not approach the Employer for payment.

Open Enrollment

Open enrollment is conducted annually, one (1) or two (2) months prior to the anniversary date of the contract. FCL will be available prior to the agreement anniversary date to assist in conducting meetings, presentations or distributing information to the Subscribers advising them of the open enrollment period. The following changes are allowed during open enrollments:

- New enrollment for eligible Employees not previously enrolled.
- Enrollment for Dependents not previously enrolled.
- Termination of coverage for Subscribers and/or their Dependents.

Renewals

Coverage for Subscribers and their Dependents is automatically renewed upon each annual open enrollment period unless a written request for termination is submitted by the Employer to FCL.

Participation Requirements

FCL has a minimum participation requirement for the BlueDental Care Plans P210, P220 & PS220 of four (4) enrolled Subscribers.

If on the annual anniversary date of the agreement the Employer's participation has dropped below its required level, FCL may terminate the Dental Services Agreement. If the Dental Services Agreement is terminated, all Subscribers will be offered the opportunity of converting to an individual policy.

Enrollment Materials

Each FCL Employee Enrollment Packet contains a BlueDental Group Member Life & Dental Enrollment Application; a Benefit Summary, which contains a Copayment Schedule; and a Provider Directory. To enroll, the Employee must:

- Select a participating dental Provider office that is currently accepting new FCL Subscribers/Members from the Directory for each family member enrolling.
- Indicate their choice of Provider in the designated area on the application.
- Include all Dependents to be covered.
- Sign and date the application.
- Return completed application to FCL by the fifteenth (15th) of the month to be effective for coverage on the 1st of the following month.

At the top of the application is a box indicated for "Employer Provided Information". In this box the Employer must indicate the effective date of coverage. If no effective date is indicated the application will be returned to the Employer for proper completion, thereby delaying the enrollment process.

Termination of Coverage

With the FCL BlueDental Care plan, when the Subscriber's employment is terminated, coverage will continue through to the end of that month. FCL must be notified by the fifteenth (15th) day of the month prior to the effective month of the deletion.

Example: If a Subscriber is terminated from employment on January 5th, the Employer must notify FCL by January 15th to terminate coverage effective February 1st. Note: The Subscriber's coverage will continue through January 31st.

Dental procedures in progress at the time of termination will be covered accordingly, provided that work such as fixed bridgework, crown, root canal therapy and dentures is completed at the Provider's office within three (3) calendar months after the coverage ceases.

Should the Employer request to terminate their coverage, a formal letter must be submitted to:

Florida Combined Life
Account Service Representative
P.O. Box 769569
Roswell, GA 30076-8223

Consolidated Omnibus Reconciliation Act (COBRA)

FCL will comply with COBRA requirements as administered by the Employer. If a Qualified Beneficiary is enrolled in dental coverage at the time the covered Employee and/or their Dependents lose coverage due to a "qualifying event", the Employer must offer the Qualified Beneficiary the opportunity to continue to participate with FCL through COBRA coverage.

The Employer is responsible for notifying Qualified Beneficiaries of their COBRA benefits and rights. The Employer is also responsible for collecting premiums and submitting those premiums to FCL. If a Qualified Beneficiary's coverage is terminated during the election period, FCL will reinstate the Qualified Beneficiary's coverage back to the date of termination, upon receipt of due premiums from the Employer.

Billing

Procedures

The Group Billing/Service Representative can be reached by calling toll free (877) 325-3979. The Billing Service Representative will be responsible for monthly eligibility adjustments, billing and reconciliation for your company account.

Premiums for the FCL BlueDental Care Plan are due prior to the first (1st) day of the month for which coverage is effective.

Prior to the first day of each month, FCL will prepare and forward to the Employer an Invoice Statement listing the Subscribers who are eligible for coverage for the period indicated.

Remit ALL Monthly Payments to:

Florida Combined Life Insurance Company, Inc.
P.O. Box 769569
Roswell, GA 30076-8223

Invoice Statement

(See “Sample Attachments”, pages 14-16

FCL uses the”Membership Change” form on the back of the monthly Invoice Statement to reconcile your account. Therefore, it is imperative that all necessary information is provided in order to eliminate billing discrepancies. Monthly adjustments will be reflected on your next Invoice Statement, provided they are submitted to FCL **no later than the fifteenth (15th) day of the month prior to the effective month of coverage.**

Please be advised that the terminations and/or additions documented on this form are only for the purpose of reconciling the difference, if any, between the billed amount and the payment amount. To add or terminate a Subscriber and/or Dependent, **all changes must be submitted by the fifteenth (15th) day of the month to be effective for the first (1st) day of the following month**. The appropriate enrollment/change form must be completed and submitted.

FCL BlueDental Care Change Form (Form #50402)

(see “Sample Attachments”, pages 13-15)

This form is to be completed by the Subscriber and then submitted to the Employer for verification. **Subscribers wishing to make any of the following changes to their certificate must complete an FCL BlueDental Care Change Form:**

- Employee name change
- Add Dependent spouse
- Add Dependent child(ren)
- Terminate Dependent spouse
- Terminate Dependent child(ren)
- Terminate all coverage
- Transfer Provider
- Address change

Note: Reasons for change must be in accordance with plan policies.

To request a change, the Subscriber must follow the instructions on the FCL BlueDental Care Change Form and complete the appropriate lines as indicated. The Subscriber’s signature and the date of request are very important as this information is maintained for FCL records.

FCL BlueDental Care Change Forms, new applications and the ”Membership Change” form must be submitted no later than the fifteenth (15th) day of each month in order to be effective on the first (1st) day of the following month.

It is important that the Employer make every effort to submit monthly adjustments by the date specified.

Remit ALL Monthly Policy Changes, Adds and Deletes to:
Florida Combined Life Insurance Company, Inc.
Billing Service Representative
P.O. Box 769569
Roswell, GA 30076-8223

Non-Payment Policy

FCL's BlueDental Care Program is a prepaid plan, therefore, premiums are due by the fifteenth (15th) day of the prior month for the next effective month of coverage.

Any premiums more than thirty (30) days past due are delinquent. Groups are notified on their invoice that a cancellation is pending for non-payment of premium.

Note: Any group this is terminated for non-payment may be reinstated once they pay any outstanding balance.

FLORIDA COMBINED LIFE INSURANCE COMPANY
BlueDental Care (Prepaid)
P.O. Box 769569
Roswell, GA 30076-8223
877-325-3979

Invoice

Group Number	99999
Desk Code	FCL
For Month of	Sep. 2001
Invoice Number	000463641
Payment Due	09/15/01
Agent #	9999
Agent Name	McGroin, Pat

Test Inc.
Attn: Joseph Davis
123 S Main St
Hollywood, FL 33023

Cobra	Certificate	Subscriber or Buyer	Cvrg Prd	Prem Amt	Plan	Eff Date
	111-11-1116	Carter, Mary	9/01	11.50	PP	01/01
	111-11-1114	Harris, Tim	9/01	33.43	PP	01/01
	111-11-1113	Johnson, James	9/01	11.50	PP	01/01
	111-11-1112	Jones, David	9/01	11.50	PP	01/01
	111-11-1115	Mathis, Thomas	9/01	11.50	PP	01/01
	111-11-1117	North, Michael	9/01	24.80	PP	01/01
	111-11-1111	Smith, John	9/01	11.50	PP	01/01
	111-11-1118	Williams, M	9/01	11.50	PP	01/01

Previous Balance	
Unreconciled Cash	
Balance	
Current Month Premium	127.23
Current Adjustments	
Administrative Fee	
Current Total Due	127.23
Please Pay this amount	127.23

EE Only	6
EE + Spouse	1
EE + Ch/rn	
Family	1
Total	8

HOW YOU CAN REACH US

For benefit questions, please call Member Services at (877)325-3979.
For billing questions, please call Account Services at (877)325-3979.

If no changes, detach and return bottom portion of invoice with your remittance. If changes shown, adjust the total premium and mail this entire form back to FCL with your remittance. Check here if changes are shown on the back of this form. ☐

Test Inc.
Attn: Joseph Davis
123 S Main St
Hollywood, FL 33023

Group Number	99999
Desk Code	FCL
For Month of	Sep. 2001
Invoice Number	000463641
Amount Due	$127.23

PLEASE SEND PAYMENT TO:

Florida Combined Life
P.O. Box 769569
Roswell, GA 30076-8223

Check Number
Check Amount

11/08 01 FC *****99999 G 000463641 0000012723 8

Membership Changes

Please attach this sheet with your payment.

List Terminated Subscribers

Certificate Number	Name	Termination Date
1.		
2.		
3.		
4.		

List New Subscribers (please include applications)

Certificate Number	Name	Effective Date
1.		
2.		
3.		
4.		

List Changes

Certificate Number	Name	Effective Date
1.		
2.		
3.		
4.		

Help us provide the BEST service to your employees -- Return all new applications and changes with the invoice by the 15th of each month.

Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association

Employee Change Form for Group BlueDental Care

Mail to:
Dental Services Administrator
P. O. Box 769569
Roswell, GA 30076-8223
Toll-Free Phone 877-325-3979

CHECK THOSE THAT APPLY AND COMPLETE THE LINES INDICATED:

		Lines
☐	Employee name change	1, 2A, 3A, 19
☐	Employee social security correction	1, 2A, 2B, 19
☐	Add spouse	1, 2A, 4-19
☐	Add domestic partner (DP)	1, 2A, 4-19
☐	Add child(ren)	1, 2A, 4-19
☐	Add child(ren) of DP	1, 2A, 4-19
☐	Terminate spouse	1, 2A, 4-6, 9, 18, 19
☐	Terminate domestic partner (DP)	1, 2A, 4-6, 9, 18, 19
☐	Terminate child(ren)	1, 2A, 4-6, 9, 18, 19
☐	Terminate child (ren) of DP	1, 2A, 4-6, 9, 18, 19
☐	Terminate all coverage	1, 2A, 4, 18, 19
☐	Provider Change	1, 2A, 3B, 5, 9, 17, 19
☐	Address change	1, 2A, 4, 19

FOR EMPLOYER USE:

GROUP NUMBER: _____

GROUP NAME: _____

EFFECTIVE DATE: _____

PLAN TYPE: _____

REMARKS: _____

1	EMPLOYEE Last Name First Name Middle Initial		
2A	Social Security Number	2B	Correct Social Security Number
3A	Previous name (if this is a Name Change)	3B	New Provider Facility Number
4	Street City State Zip Phone		

List All Eligible Dependents To Be Covered. Children of a domestic partner may be covered when the domestic partner is also covered. Attach additional sheet of paper, if necessary. Sign and date it. Check all that apply.

5 Last Name, First Name, M.I. (Please provide information in the corresponding numbered spaces below.) / 6 Social Security Number (Please provide in spaces below.)	7 Relation to You (DP = Domestic Partner)	8 Gender (M/F)	9 Birthdate mm/dd/yyyy	10 Marital Status: Married	10 Marital Status: Unmarried No Children	11 Disabled	12 Lives With You	13 You Support Financially	14 Student FT/PT	15 Florida Resident	16 Covered By Medicaid	17 BlueDental Care Facility ID# / Check box if a current patient (Select from provider directory)
5 / 6 ___-___-____	☐ Spouse *or* ☐ DP					☐	☐	☐				☐
5 / 6 ___-___-____	☐ Child *or* ☐ DP Child			☐	☐	☐	☐	☐	☐	☐	☐	☐
5 / 6 ___-___-____	☐ Child *or* ☐ DP Child			☐	☐	☐	☐	☐	☐	☐	☐	☐
5 / 6 ___-___-____	☐ Child *or* ☐ DP Child			☐	☐	☐	☐	☐	☐	☐	☐	☐

18 Reason: ☐ Marriage ☐ Age Limit ☐ Moved Out of Service Area ☐ Divorce ☐ Employment Termination ☐ Other (explain)

19 Membership granted to persons hereon shall be subject to all provisions and limitations of the group agreement. I am aware that a change in dependents may affect the amount deducted from any wages (if any) for Florida Combined Life Prepaid Dental Plan coverage, and I hereby authorize such a change.

_____ _____
Employee Signature Date Signed

Definitions

Benefits and Copayment Schedule
The Schedule outlines covered benefits, copayments, plan provisions, exclusions and limitations.

Dependent(s)
Eligible Dependents that are covered under the Subscriber's certificate.

Effective Date of Coverage
Coverage is effective on the first (1st) day of the month after an eligible Employee has enrolled, has satisfied any applicable waiting period, and is actively at work.

Emergency Services
Dental treatment that is necessary to immediately alleviate discomfort. Such procedures would include extractions, endodontic therapy, temporary restorations, and some repairs of prosthetic devices. Any dental procedures that are routine treatment, such as prophylaxis and permanent restorations are deemed non-emergency procedures.

Employer
Master policyholder contracted with FCL.

Invoice Statement
Statement indicating covered Subscribers for the period indicated and billing statement for the following month of coverage.

Managed Dental Care
A system that uses cost containment techniques for managing dental utilization and care.

Member(s)
Subscribers and their covered Dependents.

Provider
Participating plan Dentist or Specialist who has executed a contract with FCL to provide dental services for Members.

Subscriber(s)
Eligible Employees enrolled in the plan.

Service Contacts

Submit applications for new hires, change forms, billing inquires, and all payments by the 15th of the month to:

Florida Combined Life
Billing Service Representative
P.O. Box 769569
Roswell, GA 30076-8223

Toll Free: 1-877-325-3979

Applications for new hires:
Fax: 1-770-518-3102

Change Forms:
Fax: 1-770-998-6871

Supply requests:

Please contact the Agent/BCBSF Representative who sold you the plan.

Claims:

There are no claim forms to submit.

Member Service Representatives:

For any information not covered above,
Call toll-free: 1-877-325-3979
Monday Friday 8:00 a.m. to 6:00 p.m.