BlueDental

Group Administration Guide for
All BlueDental Choice &
BlueDental Freedom Plans

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

Table of Contents

Please note: for information on our BlueDental Care products, please refer to our BlueDental Care (Prepaid) Group Administration Guide.

Introduction

Florida Combined Life Insurance Company, Inc. (FCL) has prepared the BlueDental Group Administration Guide (DGAG) to introduce you to the policies and procedures of the dental plan you have selected. 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 this will enable you to assist your Employees and help answer any questions they may have regarding their dental benefits.

BlueDental plans are offered by FCL, an affiliate of Blue Cross and Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent Licensees of the Blue Cross and Blue Shield Association. In the dental market, we manage plans covering more than 300,000 members. FCL provides cost effective solutions to Employers faced with escalating costs associated with offering Employee dental benefit plans.

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

BlueDental Choice is a PPO Dental product offering a broad network of general dentists and specialists. Employers have the freedom to customize BlueDental Choice plans to meet their business needs. Employees receive an attractive value with freedom to choose dentists in or out of the BlueDental Choice PPO network*. Out-of-Network benefits typically require higher coinsurance amounts. FCL offers access to a nationwide network of dentists available to members that reside or travel outside the state of Florida. You may view the DenteMax National Network at www.dentemax.com. Preventive benefits are designed to encourage regular examinations and cleaning services.

The BlueDental Choice Plus is very similar to our BlueDental Choice (PPO) product. The Choice Plus utilizes the BlueDental Choice PPO network*. In network benefits are based on the fee schedule allowance but out of network benefits are based on percentiles of Usual, Customary and Reasonable (UCR) fees. There are four Out-of-Network UCR percentiles from which to choose. The DenteMax National Network is also available for the BlueDental Choice Plus members @ www.dentemax.com.

Our BlueDental Choice Copayment Plan is a simple to use, PPO dental product that stresses preventive care while allowing your Employees the flexibility to choose a dentist In or Out of Network for their dental care needs. The plan is designed to provide the maximum benefit when utilizing the services of a BlueDental Choice Copayment network* dentist. Your Employees are not required to select a primary care dentist and no referrals or authorizations are needed to see a general dentist or specialist. When utilizing a dentist in the BlueDental Choice Copayment network, your Employees will pay only the specified copayments for the procedures, plus any applicable deductibles that may apply.

BlueDental Freedom lets Employees choose any dentist and receive full benefits. BlueDental Freedom plans can be shaped to reflect the Employer's needs with flexible deductibles, coinsurance and annual maximum options.

Members enrolled in any of the above listed plans can take advantage of the Value-added benefits that offer a 20% discount on orthodontia and cosmetic procedures. This benefit is only available to members in the State of Florida.

For assistance with eligibility, benefits and claims information, members can log on to My Dental Information Manager at www.mydentalinformationmanager.com. It's a secure website offered to members in an easy to read and searchable format 24/7.

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

*Networks are comprised of independent contracted dentists.

Adding Employees
An Employee hired after the initial enrollment and who meets the eligibility requirements can enroll in the Dental Plan within 31 days of becoming eligible. The Employee needs to complete and sign a Group Member Life & Dental Enrollment Application, (form # 50625). Make sure all information on the application is complete and legible, including your group name and number, and the effective date of coverage for the Employee. Give the Employee a copy and retain the Employer copy for your records.

Adding Dependents
Newly acquired Dependents (Spouse or Child), or Dependents who had other dental coverage (proof of previous coverage required) can enroll in the Dental Plan within 30 days of becoming eligible.

Please have the Employee complete and sign a Change Notice (form # 50415) with the appropriate boxes checked and lines completed. Make sure all information is complete and the Employee has signed the form. Retain the Employer copy for your records.

Changes
If an Employee requires changes in coverage due to adding or deleting dependents (birth, adoption, marriage, death, or divorce), FCL must be notified within 30 days of the change. It is also important to have other changes, such as address changes, submitted in a timely manner. Please have the Employee complete and sign a Change Notice (form # 50415) and verify that the appropriate boxes and lines are completed.

Refusing Coverage
If an Employee is refusing dental coverage, please complete the Group Member Life & Dental Enrollment Application, (form # 50625) which will capture the pertinent information needed to keep this record on file. Make sure the appropriate boxes are checked on the application and the coverage refusal section is signed (not required for Voluntary dental coverage).

Terminations
When an Employee with dental coverage terminates employment, FCL must be notified within 30 days of termination to prevent your company from being liable for claims incurred after that date.

If an Employee elects to terminate coverage on themselves or any eligible dependent during the plan year, the Employee cannot reapply for coverage on the terminated parties for a period of at least two years after termination. Application can be made at an open enrollment following the two-year period.

For either type of termination, complete a Change Notice (form # 50415) with the appropriate boxes checked and lines completed. If the Employee is electing to terminate coverage, the form must be signed by the Employee.

Completed Applications and Change Notices
To assure prompt processing, please mail all Group Member Life & Dental Enrollment Applications and Change Notices directly to:
Florida Combined Life Insurance Company, Inc. Membership Services, AX-C02
3060 Alpine Road Columbia, SC 29223

Supply Requests
Please contact your Agent/BCBSF Representative to request a supply of BlueDental forms.

Finding a BlueDental Provider
Every BlueDental Choice, BlueDental Choice Plus and BlueDental Choice Copayment plan has a network of providers. Current directories can be found on the Blue Cross and Blue Shield of Florida website at www.bcbsfl.com. Make certain the Subscriber selects the correct network for their plan. The website contains complete Provider information and is updated monthly. Subscribers can print their own list of Providers, as well as a map from their home or office to the Provider of their choice. The Subscriber can also call the BlueDental Customer Service Department to request a list of the local Providers. Additionally, the addresses and telephone numbers can be found in the Subscriber's local telephone book.

COBRA
FCL will comply with COBRA as administered by the Employer. Employees and/or their dependents who would otherwise lose coverage may choose to keep their group coverage for up to 18, 29 or 36 additional months, depending on the circumstances.

When an Employee or dependent chooses to continue Dental coverage under COBRA, notify us no later than 60 days after the event that makes the person eligible for COBRA. If, at the time of the qualifying event, an Employee (or his or her dependents) has not decided to continue coverage under COBRA, it is best to terminate his or her coverage pending the decision. The Employee has 60 days to make a decision. Then, if the Employee or dependent(s) decides to accept the COBRA extension, coverage will be restored as of the termination date with no lapse in coverage and your company will be billed retroactive to the termination date. Under COBRA, the former Employee or his/her dependent(s) will continue to appear on your bill's roster of membership. However, you must collect premiums and send payment to us for the person's coverage, along with the payment due for your active Employees. (COBRA payments must be payable to the Employer and the Employer must send a company check to us for all premiums due.)

ID Cards
If an Employee has a change in coverage, new ID cards will be automatically produced and mailed to the Employee. If an Employee loses their ID card, new ID cards can be ordered by calling Customer Service toll free at 1-877-203-9921. Employees with single coverage will receive one ID card; all others will receive two ID cards.

Coordination of Benefits
A form letter is sent each year to insured Employees to determine if the Employee and/or any dependents are covered by other dental insurance. It is important that the form be completed and returned promptly, as new claims may not be processed until the information has been received.

Dependent Child
After a dependent child reaches age 19, a questionnaire is sent to the insured employee each year to confirm the child is still a dependent. Claims on the dependent child will not be processed until the information has been received.

Understanding Your Bill

Welcome to our Invoice System.

We've made our Invoice System as easy as A, B, C, and D. Here are a few tips to help you navigate through the attached sample billing statement.

Follow steps A, B, C and D to understand your new group invoice statement.

At the top of each page, you'll find your:

- **Group AR Number** number that will appear on ID Card (for Benefit and Claims information)
- **Bill Period** the billable period
- **Print Date** date the invoice was printed
- **Client Number** represents divisions
- **Group Number** number used on new hire applications
- **Page** identifies the page number and the amount of pages included

Please pay special attention to your group number. That's the number you should include on all applications.

While the first page of your group invoice shows your current premium and the amount due, it may be easier to start on the last page and work your way forward.

Step A: Page 4 of the group invoice lists your membership roster. You'll see members' identification numbers, names and types of coverage (Type Contract).

Refer to the Legend at the bottom of the page to determine type of coverage.

The next columns list the employees' premiums for this invoice period as well as the total per subscriber.

Step B: Page 3 of the group invoice lists details of your retroactive billing. You'll see the type of member activity:
ADD new addition
CHG changes or adjustments
TRM terminations, left employment, subscriber transferred or deceased

The next column shows the type of coverage they have (see Legend).

Step C: Page 2 of the group invoice indicates the number of subscribers or members (subscriber count) with each type of coverage. It shows the rate for each and then gives you a total amount for the type of coverage.

Step D: Now that you've worked your way to page 1 of the group invoice, you'll see your current total as found on page 2. Just below this, you'll find the retroactive billing detail and current premium amount. Together, these items give you the total amount due. At the bottom of page 1 of the group invoice you find an invoice stub. Please include this with your remittance. This helps us credit your account properly.

Service Contacts

Membership Information:

Applications (new hire) and Change Forms (adds, terms, etc.) submit to:

Florida Combined Life
Attn: Membership Services
3060 Alpine Road
Mail Code: AX-C02
Columbia, SC 29223

Email: Membership.inquiry@CIMR.com

Phone: 800-868-2500, Press 1 then Ext. 45557

Fax: 803-264-7840

Monday - Friday 8:00 a.m. - 5:00 p.m.
Please allow 24-48 hours for returned messages

Billing Inquiries:

Remittance with your payment stub to:

Florida Combined Life
Attn: Billing Services
P.O. Box 6000
Columbia, SC 29260

Email: Lori.Kull@CIMR.com or
Arnetta.Mcmahan@CIMR.com

Phone: 800-868-2500, Press 1 then ext 47328 or 43181

Fax: 803-736-8983

Monday - Friday, 8:00 a.m. - 5:00 p.m.
Please allow 24 - 48 hours for returned messages

Claims:

Most dentists will file claims on behalf of the patient. If not, please send all claims to:

Florida Combined Life
Dental Claims Dept.
P.O. Box 100135
Columbia, SC 29202-3135

Customer Service Representatives:

Call toll-free: 1-877-203-9921
Monday – Friday, 8:00 am - 6:00 pm

For Supply Requests:

Please contact the Representative who services your account.

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GROUP INVOICE

Group AR Number 15-D9999-992
Bill Period 05-01-07 - 05-31-07
Print Date 04-14-07
Client Number 00563
Group Number 0011057

GROUP ADMINISTRATOR
FLORIDA COMBINED LIFE SAMPLE
3050 SAMPLE STREET
JACKSONVILLE, FL 32222

Balance Due on Last Invoice	494.00	
Payment Received	247.00	
Remaining Amount Due		$ 247.00

Current Premium

Dental Total	307.33	
Subtotal	307.33	
Retro Activity Billing	120.66	
Current Premium		$ 427.99
Please Pay This Amount*		**$ 674.99**

*Less any payment not reflected above

Late fees can be assessed if payment is not received within twenty-five days of print date.

Please retain top portion for your records.

Please tear off the bottom portion of this page, along the above perforation and return with your payment in the enclosed window envelope. This will ensure proper credit to your account. Please pay: $ 674.99

Enter the amount of your enclosed payment here: $_____

☐ **Check box for new bill address and complete information on back**
Please do not mail any correspondence, other than payment, to this address.

Be sure this address shows in the window

Client Number 00563
Group Number 0011057

Group AR Number 15-D9999-992
Invoice Date 05-01-07 - 05-31-07

FLORIDA COMBINED LIFE
P O BOX 6000

COLUMBIA SC 29260

d153301020049 999999999999 00006749916956

GROUP INVOICE

Group AR Number 15-D9999-992
Bill Period 05-01-07 - 05-31-07
Print Date 04-14-07
Client Number 00563
Group Number 0011057

Current Premium Detail

Product	Type Contract	Subscriber Count		Rate	Amount
DEN001	F	2	@	64.850	129.70
DEN001	I	5	@	18.990	94.95
DEN001	IS	2	@	41.340	82.68
Subtotals		9			307.33
				Dental Total	307.33

Legend

DEN001 = DENTAL COVERAGE

I = Individual Coverage	IC = Individual & Children Coverage	TP = Two Person Contract
F = Family Coverage	IS = Individual & Spouse Coverage	E2 = Individual + Two

Change of address

New attention line _____

New street or PO Box address _____

New city, state and zip code _____

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GROUP INVOICE

Group AR Number	15-D9999-992
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Group Number	0011057
Page	3 of 4

GROUP ADMINISTRATOR
FLORIDA COMBINED LIFE SAMPLE
3050 SAMPLE STREET
JACKSONVILLE, FL 32222

Retroactive Billing Report Detail

Type	Member ID	Name Last	Name First	Product	Type Contract	Begin Date	Term Date	Number of Months	Amount
ADD	DXXXXXXXXX	Last Name	First Name	DEN001	IS	03-01-07		2	82.68
ADD	DXXXXXXXXX	Last Name	First Name	DEN001	I	03-01-07		2	37.98

Total Retroactive Billing $ 120.66

Retroactive Contract Counts

DEN001	I	2	IS	2

Legend

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GROUP INVOICE

Group AR Number 15-D9999-992
Bill Period 05-01-07 - 05-31-07
Print Date 04-14-07
Client Number 00563
Group Number 0011057

Roster of Membership

Member ID	Name Last	Name First	Type Contract	Product	Premium	Total Per Subscriber
D XXXXXXXXX	Last Name	First Name	I	DEN001	18.99	18.99
D XXXXXXXXX	Last Name	First Name	IS	DEN001	41.34	41.34
D XXXXXXXXX	Last Name	First Name	I	DEN001	18.99	18.99
D XXXXXXXXX	Last Name	First Name	F	DEN001	64.85	64.85
D XXXXXXXXX	Last Name	First Name	I	DEN001	18.99	18.99
D XXXXXXXXX	Last Name	First Name	I	DEN001	18.99	18.99
D XXXXXXXXX	Last Name	First Name	F	DEN001	64.85	64.85
D XXXXXXXXX	Last Name	First Name	I	DEN001	18.99	18.99
D XXXXXXXXX	Last Name	First Name	IS	DEN001	41.34	41.34
					Total	307.33

Legend

DEN001 = DENTAL COVERAGE

I = Individual Coverage	IC = Individual & Children Coverage	TP = Two Person Contract
F = Family Coverage	IS = Individual & Spouse Coverage	E2 = Individual + Two