

BlueDental Care

Benefit Summary Individual Plan PI210

BlueDental Care is a comprehensive, affordable dental plan that places a special emphasis on preventive care. You get personal care from a general dentist from our network, and you always know what your low copayments are up front. It's a worry-free plan that helps you take care of your family and balance your budget.

As a member of BlueDental Care, you'll receive these benefits:

- **Extensive Network of Dentists ***— BlueDental Care gives you access to a select network of general dentists and specialists throughout Florida. You choose a general dentist for yourself and each of your covered family members. Your general dentist will get to know you and will coordinate all your dental care.
- **No Deductibles**
- **No Annual Maximum Benefits**
- **Low Copayments for Office Visits**
- **Preventive Services**—Regular cleanings and other preventive services are provided at little or no cost to you.
- **Low Copayments for Many Dental Services**—Most preventive and diagnostic services are provided at no cost to you.

- **Coverage for Specialty Services**— Should you need a specialist, you may be referred by your participating general dentist or you may refer yourself to any participating specialist. You receive a 25% discount off the standard fees of participating specialists.
 - **Orthodontia**—Benefits for children and adults include a discount of 25% off normal fees charged by participating network orthodontists.
 - **No Exclusions for Pre-existing Conditions**
 - **No Pre-determination of Benefits Required**
 - **No Claim Forms for You to Complete** — If a copayment is required, payment is easy, you pay it directly to the dentist.
 - **Toll-Free Member Service**
 - **Changing Dentists** — You can easily change your participating dentist selection by calling Member Services - that's all there is to it.
- Please fill out the enrollment form today!**

* Networks are comprised of independent contracted dentists.



Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

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Preventive*

Periodic Oral Evaluation (0120)**	No Charge
Comprehensive Oral Evaluation (0150)	No Charge
X-rays—Bitewings, Two films (0272)	No Charge
Prophylaxis (1110, 1120)	No Charge
Fluoride Treatment—child (1203)	No Charge

Basic*

X-rays—Intraoral/Complete Series (0210)	No Charge
X-rays—Panoramic Film (0330)	No Charge
Sealant—Per Tooth (1351)	\$20
Amalgam Restorations—One Surface, Primary or Permanent (2140)	\$30
Resin-Based Restorations—One Surface, Anterior (2330)	\$50
Root Canal—Bicuspid (3320)	\$350
Root Canal—Molar (3330)	\$450
Periodontal Scaling and Root Planing 4+ teeth —Per Quadrant (4341)	\$65
Full Mouth Debridement—to enable eval and diagnosis (4355)	\$60
Extraction, erupted tooth or exposed root (7140)	\$35
Removal of Impacted Tooth (7240)	\$150

Major*

Crown (2752)	\$370
Complete Dentures (5110 & 5120)	\$375+lab
Partial Dentures (5213 & 5214)	\$375+lab
Bridge (6242)	\$370

Deductible

None

Annual Maximum Benefit

No Maximum

Pre-existing Conditions

Covered

Out-of-Area Emergency Care

75% UCR up to \$100 per claim,
if over 100 miles out of area

Out of Network Benefits

None

Procedure Performed by Specialists

25% Discount if Participating
Specialist

Orthodontia Benefits

25% Discount if Participating
Orthodontist

Appointments

Office Visit (9430)	\$10
Emergency visit during regularly scheduled hours, by report (9999)	\$20

(The information provided above is a summary of benefits for Contract 50448-1102 SU. It is intended to highlight key points of the Dental Plan and is provided to aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.)

*Some limitations apply

**Procedure codes follow each dental service description