



BlueDental Care

Benefit Summary

Plan P220



Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

BlueDental Care

Benefits Summary Plan P220

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. See the Benefits Schedule for a complete list of copayments.
- **Toll-Free Member Service** – Call our trained dental professionals at 1-877-325-3979.
- **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 and return it to your HR representative.

*Networks are comprised of independent contracted dentists.

BlueDental Care

Group Plan P220

Benefits Schedule

THIS IS A PREPAID LIMITED DENTAL PLAN ISSUED BY FLORIDA COMBINED LIFE INSURANCE COMPANY, INC. UNDER CHAPTER 636, FLORIDA STATUTES

These copayments are the maximum fees that will be charged by participating General Dentists for the specified covered services.

| ADA Code | Procedure | Patient Pays \$ | ADA Code | Procedure | Patient Pays \$ |
|---------------------------|---|-----------------|-------------------------------------|--|-----------------|
| Appointments | | | Crown & Bridge (cont) | | |
| 9310 | Consultation (diagnostic service provided by dentist other than practitioner providing treatment) | 15 | 2790* | Crown – full cast high noble metal | 280 |
| 9430 | Office Visit (normal hours) | 5 | 2791 | Crown – full cast predominantly base metal | 280 |
| 9440 | Office Visit (after regularly scheduled hours) | 35 | 2792* | Crown – full cast noble metal | 280 |
| 9999 | Emergency visit during regularly scheduled hours, by report | 20 | 2910 | Recement inlay | 15 |
| 9999 | Broken appointments (without 24 hr notice, per 15 min) Maximum \$40 per broken appointment. No charge will be made due to emergencies | 10 | 2920 | Recement crown | 15 |
| Diagnostic | | | 2930 | Prefab stainless steel crown – primary tooth | 75 |
| 120 | Periodic oral evaluation | 0 | 2950 | Core build-up, including any pins | 45 |
| 140/150/160 | Limited/Comprehensive oral evaluation | 0 | 2951 | Pin retention – per tooth | 15 |
| 145 | Oral eval for patient under 3 yrs. old and counseling w/ primary caregiver | 0 | 2952 | Cast post and core in addition to crown | 90+Lab |
| 180 | Comprehensive periodontal evaluation | 10 | 2953 | Each additional cast post – same tooth | 90+Lab |
| 210 | X-Ray Intraoral - complete series including bitewings | 0 | 2954 | Prefabricated post and core in addition to crown | 90 |
| 220 | X-Ray Intraoral - periapical first film | 0 | 2962 | Labial veneer (porcelain laminate) - laboratory | 280+Lab |
| 230 | X-Ray Intraoral - periapical - each additional file | 0 | Endodontics | | |
| 270 | X-Ray Bitewing – single film | 0 | 3220 | Therapeutic pulpotomy | 35 |
| 272 | X-Ray Bitewings – two films | 0 | 3221 | Pulpal debridgement, primary and permanent teeth | 100 |
| 273 | Bitewings – three films | 0 | 3310 | Root canal therapy – anterior (excluding final restoration) | 100 |
| 274 | Bitewings – four films | 0 | 3320 | Root canal therapy – bicuspid (excluding final restoration) | 200 |
| 330 | Panoramic film | 0 | 3330 | Root canal therapy – molar (excluding final restoration) | 250 |
| 460 | Pulp vitality tests | 0 | 3410 | Apicoectomy/periradicular surgery – anterior | 125 |
| 470 | Diagnostic casts | 0 | Periodontics (Gum Treatment) | | |
| Preventive Care | | | 4210 | Gingivectomy/gingivoplasty – 4+ teeth per quad | 125 |
| 1110/1120 | Prophylaxis - adult/child - routine (once ev. 6 months) | 0 | 4211 | Gingivectomy/gingivoplasty – 1-3 teeth per quad | 40 |
| 1110/1120 | Prophylaxis - adult/child - (additional) | 20 | 4341 | Periodontal scaling and root planing - 4+ teeth per quad | 50 |
| 1201 | Topical application of fluoride (including prophylaxis) child (up to 16 years of age) | 0 | 4342 | Periodontal scaling and root planing - 1-3 teeth per quad | 50 |
| 1203 | Topical application of fluoride (not including prophylaxis) child (up to 16 years of age) | 0 | 4355 | Full mouth debridgement to enable eval and diagnosis | 45 |
| 1330 | Oral hygiene instruction | 0 | 4381 | Localized delivery of antimicrobial agents (per tooth) | 45 |
| 1351 | Sealant – per tooth | 10 | 4910 | Periodontal maintenance | 50 |
| 1510 | Space Maintainer – fixed – unilateral | 45+Lab | Prosthodontics | | |
| 1515 | Space Maintainer – fixed – bilateral | 45+Lab | 5110 | Complete denture – maxillary | 300+Lab |
| 1520 | Space Maintainer removable – unilateral | 85+Lab | 5120 | Complete denture – mandibular | 300+Lab |
| 1525 | Space Maintainer removable – bilateral | 85+Lab | 5130 | Immediate denture – maxillary | 300+Lab |
| 1550 | Recementation of space maintainer | 10 | 5140 | Immediate denture – mandibular | 300+Lab |
| Restorative | | | 5211 | Maxillary partial denture – resin base | 300+Lab |
| 2140 | Amalgam – one surface, primary or permanent | 0 | 5212 | Mandibular partial denture – resin base | 300+Lab |
| 2150 | Amalgam – two surfaces, primary or permanent | 0 | 5213 | Maxillary partial denture – cast metal framework, resin denture bases | 300+Lab |
| 2160 | Amalgam – three surfaces, primary or permanent | 0 | 5214 | Mandibular partial denture – cast metal framework, resin denture bases | 300+Lab |
| 2161 | Amalgam – 4+ surfaces, primary or permanent | 0 | 5410 | Adjust complete denture – maxillary | 15 |
| 2940 | Sedative filing | 15 | 5411 | Adjust complete denture – mandibular | 15 |
| 2999 | Sedative base (under filings), by report | 0 | 5421 | Adjust partial denture – maxillary | 15 |
| Restoration | | | 5422 | Adjust partial denture – mandibular | 15 |
| 2330 | Resin – one surface, anterior | 35 | Repairs to Prosthetics | | |
| 2331 | Resin – two surfaces, anterior | 40 | 5510 | Repair broken complete denture base | 15+Lab |
| 2332 | Resin – three surfaces, anterior | 50 | 5520 | Replace missing or broken teeth - complete denture (each tooth) | 15+Lab |
| 2391 | Resin-based composite – one surface, posterior | 60 | 5610 | Repair resin denture base | 15+Lab |
| 2392 | Resin-based composite – two surfaces, posterior | 80 | 5630 | Repair or replace broken clasp | 15+Lab |
| 2393 | Resin-based composite – 3 surfaces, posterior | 100 | 5640 | Replace broken teeth – per tooth | 15+Lab |
| 2394 | Resin-based composite – 4+ surfaces, posterior | 120 | 5650 | Add tooth to existing partial denture | 30+Lab |
| 2510 | Inlay – metallic – one surface | 95 | 5730 | Reline complete maxillary denture (chairside) | 50 |
| 2520 | Inlay – metallic – two surfaces | 105 | 5731 | Reline complete mandibular denture (chairside) | 50 |
| 2530 | Inlay – metallic – three or more surfaces | 130 | 5740 | Reline maxillary partial denture (chairside) | 50 |
| Crown & Bridge | | | 5741 | Reline mandibular partial denture (chairside) | 50 |
| 2740 | Crown – porcelain/ceramic substrate | 280+Lab | 5750 | Reline complete maxillary denture (laboratory) | 35+Lab |
| 2750* | Crown – porcelain fused to high noble metal | 280 | 5751 | Reline complete mandibular denture (laboratory) | 35+Lab |
| 2751 | Crown – porcelain fused to predominantly base metal | 280 | 5760 | Reline maxillary partial denture (laboratory) | 35+Lab |
| 2752* | Crown – porcelain fused to noble metal | 280 | | | |

(The information provided above is the Benefits Schedule for Certificate of Coverage 50480-1102 SR. It is provided to the employee as an 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.)

Repairs to Prosthetics (cont.)

| | | |
|------|--|----------|
| 5761 | Reline mandibular partial denture (laboratory) | 35 + Lab |
| 5850 | Tissue conditioning – maxillary | 30 |
| 5851 | Tissue conditioning – mandibular | 30 |

Prosthetics (Fixed)

| | | |
|-------|--|-----|
| 6210* | Pontic – cast high noble metal | 280 |
| 6211 | Pontic – cast predominantly base metal | 280 |
| 6212* | Pontic – cast noble metal | 280 |
| 6240* | Pontic – porcelain fused to high noble metal | 280 |
| 6241 | Pontic – porcelain fused to predominantly base Metal | 280 |
| 6242* | Pontic – porcelain fused to noble metal | 280 |
| 6750* | Crown – porcelain fused to high noble metal | 280 |
| 6751 | Crown – porcelain fused to predominantly base metal | 280 |
| 6752* | Crown – porcelain fused to noble metal | 280 |
| 6790* | Crown – full cast high noble metal | 280 |
| 6791 | Crown – full cast predominantly base metal | 280 |
| 6792* | Crown – full cast noble metal | 280 |
| 6930 | Recement fixed partial denture (per unit) | 10 |

Extractions/Oral and Maxillofacial Surgery

| | | |
|------|--|----|
| 7111 | Coronal Remnants, deciduous tooth | 0 |
| 7140 | Extraction, erupted tooth or exposed root | 0 |
| 7210 | Surgical removal of erupted tooth | 40 |
| 7220 | Removal of impacted tooth – soft tissue | 50 |
| 7230 | Removal of impacted tooth – partially bony | 70 |
| 7240 | Removal of impacted tooth – completely bony | 85 |
| 7250 | Surgical removal of residual tooth roots | 35 |
| 7310 | Alveoplasty in conjunction with extractions - per quadrant | 35 |
| 7320 | Alveoplasty not in conjunction with extractions - per quadrant | 70 |
| 7510 | Incision and drainage of abscess – intraoral | 25 |

Adjunctive General Services

| | | |
|------|--|-----|
| 9215 | Local anesthesia | 0 |
| 9230 | Analgesia (nitrous oxide – per 15 minutes) | 15 |
| 9450 | Case presentation, detailed and extensive treatment planning | 0 |
| 9951 | Occlusal adjustment – limited | 25 |
| 9952 | Occlusal adjustment – complete | 150 |

***THESE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS (HIGH NOBLE) AND SEMIPRECIOUS (NOBLE) METAL.**

THE ADDITIONAL COST OF PRECIOUS METAL SHALL NOT EXCEED \$125 PER UNIT AND \$75 PER UNIT FOR SEMIPRECIOUS METAL.

NOTE:

- NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.**
- UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25%.**
- WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL \$50.00 PER UNIT.**

SPECIALISTS

Should you need a specialist, (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist**), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. Upon identification of yourself as an FCL member, you will receive a 25% reduction from usual and customary fees for service performed. Specialist services are available only in areas where the dental plan has a participating specialist.

**Limited to treatment of children up to age 11.

Limitations and Exclusions

- No service of any dentist other than a participating general dentist or participating specialist will be covered by FCL, except out-of-area emergency care as provided in the certificate.
- FCL does not provide coverage for the following services:
 - Cost of hospitalization and pharmaceuticals, drugs or medications.
 - Services which in the opinion of the participating general dentist or participating specialist are not needed to establish and/or maintain the member's good oral health.
 - 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.
 - Any dental treatment started prior to the member's effective date for eligibility of benefits.
 - Services for injuries and conditions which are covered and paid for under Workers' Compensation or employers' liability laws.
 - Treatment for cysts, neoplasms and malignancies.
 - General anesthesia.



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