



BlueDental Care

Benefit Summary
Plan PS220



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

BlueDental Care

Benefits Summary Plan PS220

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'll only pay a fixed copayment to participating specialists for specialty services, no matter how comprehensive the services are.
- **Orthodontia** — Benefits are available for children and adults at fixed copayments for orthodontic treatment provided 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 PS220

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 and Specialists 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 debridement, 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	4260	Osseous surgery – 4+ teeth per quad	350
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	0	4261	Osseous surgery, 1-3 teeth per quad	350
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	0	4271	Free soft tissue graft procedure (inc. donor site surgery)	225
1330	Oral hygiene instruction	0	4341	Periodontal scaling and root planing - 4+ teeth per quad	50
1351	Sealant – per tooth	10	4342	Periodontal scaling and root planing - 1-3 teeth per quad	50
1510	Space Maintainer – fixed – unilateral	45+Lab	4355	Full mouth debridement to enable eval and diagnosis	45
1515	Space Maintainer – fixed – bilateral	45+Lab	4381	Localized delivery of antimicrobial agents (per tooth)	45
1520	Space Maintainer removable – unilateral	85+Lab	4910	Periodontal maintenance	50
1525	Space Maintainer removable – bilateral	85+Lab	Prosthodontics		
1550	Recementation of space maintainer	10	5110	Complete denture – maxillary	300+Lab
Restorative			5120	Complete denture – mandibular	300+Lab
2140	Amalgam – one surface, primary or permanent	0	5130	Immediate denture – maxillary	300+Lab
2150	Amalgam – two surfaces, primary or permanent	0	5140	Immediate denture – mandibular	300+Lab
2160	Amalgam – three surfaces, primary or permanent	0	5211	Maxillary partial denture – resin base	300+Lab
2161	Amalgam – 4+ surfaces, primary or permanent	0	5212	Mandibular partial denture – resin base	300+Lab
2940	Sedative filing	15	5213	Maxillary partial denture – cast metal framework, resin denture bases	300+Lab
2999	Sedative base (under filings), by report	0	5214	Mandibular partial denture – cast metal Framework, resin denture bases	300+Lab
Restoration			5410	Adjust complete denture – maxillary	15
2330	Resin – one surface, anterior	35	5411	Adjust complete denture – mandibular	15
2331	Resin – two surfaces, anterior	40	5421	Adjust partial denture – maxillary	15
2332	Resin – three surfaces, anterior	50	5422	Adjust partial denture – mandibular	15
2391	Resin-based composite – one surface, posterior	60	Repairs to Prosthetics		
2392	Resin-based composite – two surfaces, posterior	80	5510	Repair broken complete denture base	15+Lab
2393	Resin-based composite – 3 surfaces, posterior	100	5520	Replace missing or broken teeth - complete denture (each tooth)	15+Lab
2394	Resin-based composite – 4+ surfaces, posterior	120	5610	Repair resin denture base	15+Lab
2510	Inlay – metallic – one surface	95	5630	Repair or replace broken clasp	15+Lab
2520	Inlay – metallic – two surfaces	105	5640	Replace broken teeth – per tooth	15+Lab
2530	Inlay – metallic – three or more surfaces	130	5650	Add tooth to existing partial denture	30+Lab
Crown & Bridge			5730	Reline complete maxillary denture (chairside)	50
2740	Crown – porcelain/ceramic substrate	280+Lab	5731	Reline complete mandibular denture (chairside)	50
2750*	Crown – porcelain fused to high noble metal	280	5740	Reline maxillary partial denture (chairside)	50
2751	Crown – porcelain fused to predominantly base metal	280	5741	Reline mandibular partial denture (chairside)	50
2752*	Crown – porcelain fused to noble metal	280			

(The information provided above is the Benefits Schedule for Certificate of Coverage 50481-1102 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.)

ADA Code	Procedure	Patient Pays \$
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Repairs to Prosthetics (Cont.)

5750	Reline complete maxillary denture (laboratory)	35+Lab
5751	Reline complete mandibular denture (laboratory)	35+Lab
5760	Reline maxillary partial denture (laboratory)	35+Lab
5761	Reline mandibular partial denture (laboratory)	35+Lab
5850	Tissue conditioning – maxillary	30
5851	Tissue conditioning – mandibular	30

Prosthodontics (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	Alveoloplasty in conjunction with extractions - per quadrant	35
7320	Alveoloplasty not in conjunction with extractions - Per quadrant	70
7510	Incision and drainage of abscess – intraoral	25

Orthodontics

8070/8080	Comprehensive orthodontic treatment of the transitional/ adolescent dentition. Children up to 19 years of age. Up to 24 months of routine (full-banded) orthodontic treatment for Class 1 and Class II cases.	
	Consultation	0
	Evaluation	35
	Records/Treatment Planning	250
	Orthodontic Treatment	1,800
8090	Comprehensive orthodontic treatment of the adult dentition. Adults 19 years of age and over. Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases.	
	Consultation	0
	Evaluation	35
	Records/Treatment Planning	250
	Orthodontic Treatment	2,000
8680	Retention	450

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, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist**), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. Copayment amounts are applicable when treatment is performed by selected participating general dentist or by participating specialists. Benefits for procedures not listed on the schedule, that are performed by a participating specialist, are available at the participating specialist's usual and customary fee less 25%.

**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.