HIGH

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

Benefit Summary
BlueDental Choice℠ Plus

A healthy mouth can have a positive impact on your overall health, especially if you've been diagnosed with certain medical conditions. Gum disease and tooth decay can even make some health conditions worse. Taking care of your teeth and gums now can save time, pain and money later on. A BlueDental Choice plan can help improve your overall health.

Go ahead and smile—you can afford to

Our low cost, flexible BlueDental Choice Plus plan stresses preventive care and offers many valuable benefits, including major restorative services. You can choose any dentist, in or out of network; however, using a dentist in our network offers you richer benefits.

Choice Plus plan benefits

- Access to a large PPO dental network[1] in Florida and nationwide
- Discounts on braces and cosmetic dental work[2]
- No claim forms to file when visiting a participating dentist
- No referrals or authorizations when you need to see a specialist

Oral Health for Overall Health℠

When you have medical and dental coverage with Florida Blue, you are automatically enrolled in our Oral Health for Overall Health program, if you have a qualifying medical condition.[3]

- There is no extra cost to participate
- Benefits are covered 100%, with no deductibles or coinsurance when visiting a participating provider
- Benefits don't apply to your annual maximum
- There are no waiting periods

To find a dentist in our BlueDental Choice network, visit **floridabluedental.com/find-a-dentist** and select BlueDental Choice from the Plan Type list.

Questions?

Our Customer Service Associates can help! Just call 1-888-223-4892, Monday through Friday, 8:00 a.m. to 8:00 p.m., or visit **floridabluedental.com**.

BlueDental Choice Plus

Benefit Summary

Group Name: Public Risk Management Plan 1 – High Option

Group Anniversary Date: 10/1

Deductible No Deductible for Preventive Services (or ortho if selected)	**In-Network**	**Out-of-Network**
Per Person Per Calendar Year	$ 50	$ 50
Per Family Per Calendar Year	$ 100	$ 100
Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.		

	We Pay*	You Pay*	We Pay*	You Pay**
Preventive Services	100%	0%	100%	0%
Basic Services	80%	20%	80%	20%
Major Services	50%	50%	50%	50%
Periodic Oral Evaluation (0120)	Preventive			
Comprehensive Oral Evaluation (0150)	Preventive			
Bitewing X-rays, two films (0272)	Preventive			
Cleanings – Adult/Child (1110, 1120)	Preventive			
Fluoride Treatment – Child (1206, 1208)	Preventive			
Office Visits (9430)	Preventive			
Space Maintainers – fixed – unilateral (1510)	Preventive			
X-rays - Intraoral/Complete Series (0210)	Preventive			
Sealant – per tooth (1351)	Preventive			
Amalgam Restorations (Silver Fillings) (2140)	Basic			
Resin-Based Restorations – Anterior (2330)	Basic			
Extractions – Routine and Surgical (7140)	Basic			
Root Canal Molar (3330)	Basic			
Periodontal Scaling & Root Planing – per quad (4341)	Basic			
Osseous Surgery – 4 or more contiguous teeth (4260)	Major			
Crowns – Porcelain fused to noble metal (2752)	Major			
Complete Dentures (5110, 5120)	Major			
Pontic – Porcelain fused to noble metal (6242)	Major			
Partial Dentures (5213, 5214)	Major			
Surgical placement of implant body – endosteal implant (6010)	Major			
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major			
Orthodontia Services	All Insureds			
BlueDental Coverage	50%		50%	
Waiting Periods				
Major Service Benefits	None			
Orthodontia Benefits	None			
Maximum Benefits				
Plan Year (per person)	$3000		$3000	
Lifetime Orthodontia (per person)	$1500		$1500	
The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximum apply to the in-network maximums.				
Dental Rollover	No			

The information provided above is a summary of benefits. It is intended to highlight key points of the Dental Plan and 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. Some limitations and exclusions may apply.

The Group Dental Benefit Plan established and maintained by the above-named entity is self-insured. Florida Combined Life Insurance Company, Inc. provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

*Percentage of allowable charge.
**Payment is based on the 90th percentile of U&C.
***The majority of dentists' fees are within our allowed charges, however, you will be responsible for any fees in excess of the allowed amount.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent licensees of the Blue Cross and Blue Shield Association.

BlueDental Choice Plus
Limitations and Exclusions

Limitations:

1. Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
2. Restorations made of amalgam, silicate, acrylic, and composite materials to restore diseased teeth are only payable on the same tooth surface once every twelve (12) consecutive months.
3. The gingivectomy or gingivoplasty per quadrant allowance will be paid when two or more teeth are billed on the same date of service, same quadrant.
4. Sealants are limited to the first and second molars for primary teeth and the bicuspids and molars for the permanent teeth of dependent children.
5. General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
6. Periodontal services are limited to insureds age eighteen (18) and older.
7. Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
8. Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
9. All fixed prosthetics are billable upon the seat/insertion date.
10. All removable prosthetics are billable upon final delivery.

Exclusions:

1. Services or supplies which are not medically necessary according to accepted standards of dental practice, as determined by our consulting dentists, or which are not recommended or approved by the attending dentist.
2. Charges for services or supplies when billed by other than a dentist.
3. Benefits for services rendered by a member of an employee's family, (his spouse and the children, brothers, sisters and parents of either the employee or his spouse).
4. Services rendered primarily for cosmetic purposes.
5. Charges incurred for failure to keep a dental appointment.
6. Services rendered through a medical department, clinic or similar facility provided or maintained by, or on the behalf of, an employer, mutual benefit association, labor union, trustee or similar persons or groups.
7. Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
8. Experimental or investigational treatment.
9. Dental services received or rendered:
    a. through or in a veteran's hospital or government facility due to a service connected disability
    b. which are covered and paid under Workers' Compensation or similar law
    c. which are coordinated with another insurance policy providing dental benefits for the same charges, to the extent that the total amount payable under both plans exceeds 100% of the total expenses that are incurred payable under both plans exceeds 100% of the total
10. Services for which the insured incurs no charge.
11. Procedures, appliances, or restorations necessary to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition and restoration for malalignment of teeth.
12. Local anesthesia when billed separately by a dentist.
13. Any services paid or payable under the insured's health insurance contract.
14. Services not listed in the Benefits section of this plan.
15. Charges for a more expensive service, procedure, or course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned. Payment for such charges under this certificate will be based on the allowance for the least costly service, procedure, or course of treatment.
16. Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
17. Treatment for any illness, injury, or medical conditions arising out of: war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection, service in the armed forces or auxiliary units, and attempted suicide or intentionally self-inflicted injury, whether sane or insane.
18. Services rendered before the effective date of coverage.
19. Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
20. Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
21. Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
22. Services in connection with any crown, inlay or onlay restoration or for any denture or bridge if treatment began prior to the insured's coverage under this certificate.
23. Duplicate or temporary denture, crown, or bridge.
24. Labial veneer restorations.
25. General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
26. Charges for nitrous oxide.
27. Services with respect to congenital (hereditary) or developmental malformations or cosmetic reasons, including but not limited to cleft palate, maxillary or mandibular (upper or tower) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
28. Prescribed drugs, premedication or analgesia.
29. Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
30. Charges for oral hygiene, plaque control, or diet instruction.
31. Charges for orthodontia services, unless shown on the Benefit Summary.
32. Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures.
33. Charges associated with accidental injuries to sound natural teeth.
34. Charges for sterilization are included in the allowance for other covered dental procedures.

[1] Networks are comprised of independent contracted dentists.

[2] Orthodontic discounts are only available for plans that do not include orthodontic coverage. Certain dentists have voluntarily agreed to offer a 20% discount off their usual charge for non-covered cosmetic or orthodontic services. These dentists are identified by an affiliation to either the Cosmetic Dental Discount Program or Orthodontic Discount Program. Because these dentists are neither contractually nor legally bound to offer these discounts, we recommend that you contact the provider to inquire about the continued availability of any discount prior to scheduling an appointment.

[3] These conditions include diabetes, coronary heart disease, stroke, oral cancer, head and neck cancers, Sjogren's syndrome and pregnancy.

This benefit summary provides a very brief description of Florida Combined Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. Florida Combined Life's policies set forth the rights and obligations of covered persons and Florida Combined Life. Please be aware that certain limitations and exclusions apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.

Florida Combined Life insurance Company, Inc., DBA Florida Combined Life, is an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).