



BlueDental Choice Plus

Benefit Summary
Rollover



**Florida
Combined Life**

An Independent Licensee of the
Blue Cross and Blue Shield Association

BlueDental Choice Plus

Did you know that dental health can have an influence on the development of conditions such as diabetes, coronary artery disease and low-birth-weight, premature babies? An undeniable relationship exists between a healthy mouth and overall good health. That means it is more important than ever for you to receive regular preventive dental care that will help you maintain not only your good oral health, but your good health in general.

BlueDental ChoiceSM Plus is a flexible PPO plan designed to encourage regular cleanings and preventive services that lead to good oral health and better overall health.

Our dental PPO network* consists of quality dentists who have agreed to provide services based on a negotiated fee. When you use a participating dentist in the BlueDental Choice Plus network for your plan, you'll receive maximum plan benefits and be protected against balance billing (the difference between the BlueDental Choice Plus fee schedule and the dentist's normal charges). You also have the option of visiting a non-participating dentist although balance billing may occur. As a BlueDental Choice Plus member you can look forward to:

- No referrals or authorizations to see a general dentist or specialist.
- Access to one of the largest PPO dental networks in Florida.
- Access to a vast national network.

Maximum Rollover - Maximum Rollover is a BlueDental Choice Plus benefit that rewards you just for visiting the dentist. Each year when you visit the dentist and use less than the yearly claim payment threshold, you'll receive Rollover dollars to help cover future unexpected visits or higher out-of-pocket costs for complex procedures.

The following example shows how your Maximum Rollover amount is determined.

If your annual benefit maximum is:	AND your total claims paid for the benefit period do not exceed:	THEN we will rollover	Accumulated totals will be capped at:
\$1,000 - \$1,249	\$500	\$350	\$1,000
\$1,250 - \$1,499	\$600	\$450	\$1,250
\$1,500 - \$1,999	\$700	\$500	\$1,250
\$2,000 - \$2,499	\$800	\$600	\$1,500

To see a list of the dentists in our network, visit www.floridabluedental.com. Don't see your dentist in our network? Send an e-mail to FCLProvidernomination@FCLife.com or fax your nomination to (904) 866-4846.

Questions? Need more information? Our Customer Service representatives can help. Just call (888) 223-4892 from 8 a.m. to 8 p.m. Monday through Friday.

It's that easy. Maximum Rollover is applied automatically as long as:

- You receive at least one covered service during your plan year
- You are an active member of your plan on the last day of the plan year
- You don't exceed the claim payment threshold in your plan year

Features

Orthodontic Discount Program** – When you choose an orthodontist in our orthodontic provider network, you'll receive 20 percent off your total case fee. This discount is only available to you when orthodontic coverage is not part of your plan.

Cosmetic Dental Discount Program** – You can experience significant savings on cosmetic dentistry procedures by visiting a dentist who participates in our cosmetic dentistry network. As a BlueDental Choice Plus member, you'll receive a 20-percent savings on the following procedures:

- Cosmetic Contouring
- Laminate Veneer (porcelain or composite)
- Whitening (in office or at-home system)

*Networks are comprised of independent contracted dentists.

**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.

BlueDental Choice Plus

Benefit Summary



Group Name:

Deductible No Deductible for Preventive Services (or ortho if selected)	In-Network		Out-of-Network	
	We Pay*	You Pay*	We Pay*	You Pay**
<i>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.</i>				
Preventive Services				
Basic Services				
Major Services				
Periodic Oral Evaluation (0120)			Preventive	
Comprehensive Oral Evaluation (0150)			Preventive	
Bitewing X-rays, two films (0272)				
Cleanings – Adult/Child (1110, 1120)			Preventive	
Fluoride Treatment – Child (1206, 1208)			Preventive	
Office Visits (9430)			Preventive	
Space Maintainers – fixed – unilateral (1510)				
X-rays - Intraoral/Complete Series (0210)				
Sealant – per tooth (1351)				
Amalgam Restorations (Silver Fillings) (2140)			Basic	
Resin-Based Restorations – Anterior (2330)			Basic	
Extractions – Routine and Surgical (7140)			Basic	
Root Canal Molar (3330)				
Periodontal Scaling & Root Planing – per quad (4341)				
Osseous Surgery – 4 or more contiguous teeth (4260)				
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 BlueDental Coverage				
Waiting Periods Major Service Benefits Orthodontia Benefits				
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)				
<i>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.</i>				
Dental Rollover				

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.

*Percentage of allowable charge.

**Payment is based on the

***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

- Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
- 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.
- 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.
- Sealants are limited to the first and second molars for primary teeth and the bicuspsids and molars for the permanent teeth of dependent children.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Periodontal services are limited to insureds age eighteen (18) and older.
- Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
- Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
- All fixed prosthetics are billable upon the seat/insertion date.
- All removable prosthetics are billable upon final delivery
- Services for which the insured incurs no charge.
- 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.
- Local anesthesia when billed separately by a dentist.
- Any services paid or payable under the insured's health insurance contract.
- Services not listed in the Benefits section of this plan.
- 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.
- Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
- 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.
- Services rendered before the effective date of coverage.
- Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
- Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
- Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
- 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.
- Duplicate or temporary denture, crown, or bridge.
- Labial veneer restorations.
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
- Charges for nitrous oxide.
- Services with respect to congenital (hereditary) or developmental malformations or cosmetic reasons, including but not limited to cleft palate, maxillary or mandibular (upper or lower) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Prescribed drugs, premedication or analgesia.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges for oral hygiene, plaque control, or diet instruction.
- Charges for orthodontia services, unless shown on the Benefit Summary.
- Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures.
- Charges associated with accidental injuries to sound natural teeth.

Exclusions

- The following are excluded under this plan:
- Coverage for installation of an initial prosthodontic appliance that replaces any teeth missing prior to an insured's effective date of coverage, (until the insured has been covered under the contract for twelve [12] consecutive months), unless otherwise specified.
 - 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.
 - Charges for services or supplies when billed by other than a dentist.
 - 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).
 - Services rendered primarily for cosmetic purposes.
 - Charges incurred for failure to keep a dental appointment.
 - 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.
 - Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
 - Experimental or investigational treatment.
 - Dental services received or rendered:
 - through or in a veteran's hospital or government facility due to a service connected disability
 - which are covered and paid under Workers' Compensation or similar law
 - 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

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. (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.

We can help

If you, or someone you're helping, has questions about BlueDental Choice Plus, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-223-4892.

Spanish	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de BlueDental Choice Plus, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-888-223-4892.
French Creole	Si oumenm oswa yon moun w ap ede gen kesyon konsènan BlueDental Choice Plus, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-888-223-4892.
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về BlueDental Choice Plus, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-888-223-4892.
Portuguese	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o BlueDental Choice Plus, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-888-223-4892.
Chinese	如果您，或是您正在協助的對象，有關於[插入項目的名稱 BlueDental Choice Plus 方面的問題，您有權利 免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-888-223-4892.]
French	Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de BlueDental Choice Plus, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-888-223-4892.
Tagalog	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa BlueDental Choice Plus, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-888-223-4892.
Russian	Если у вас или лица, которому вы помогаете, имеются вопросы по поводу BlueDental Choice Plus то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-888-223-4892.
Arabic	نأ كان لديك أو بدل شخص تساعد أسئلة بخصوص BlueDental Choice Plus ، كى نأنا قحلا يذ لوصحلا ولع قدعاسجلا تامولعلاو الرورضية بلك من نود قبا نأقف. لأتحثد مع مرتجم لأصل ب. 1-888-223-4892.
Italian	Se tu o qualcuno che stai aiutando avete domande su BlueDental Choice Plus, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-888-223-4892.
German	Falls Sie oder jemand, dem Sie helfen, Fragen zum BlueDental Choice Plus, haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-888-223-4892. an.
Korean	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 BlueDental Choice Plus, 에 관해서 질문이 있다면 귀하는 그러한 도움 과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-888-223-4892. 로 전화하십시오.
Polish	Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie BlueDental Choice Plus, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-888-223-4892.
Gujarati	જો તમે કે તમે મદદ કરી રહ્યાં છે તેમને BlueDental Choice Plus વિશે પ્રશ્નો છે, તો તમને મદદ અને તમારી ભાષામાં માહિતી ઇથે ખર્ચ વગર મેળવવાનો અધિકાર છે. કૃપાચિયા માટે આ નંબર પર ફોન કરો, 1-888-223-4892.
Thai	หากคุณ หรือ คนที่คนกลางช่วยเหลือนั้น มีคำถามเกี่ยวกับ BlueDental Choice Plus คุณมีสิทธิที่จะ ได้รับความช่วยเหลือ และข้อมูลในภาษาของคุณได้โดยไม่ต้องมีค่าใช้จ่าย โปรดคุยกับ โทร 1-888-223-4892.

1557 Non-Discrimination Notice

Florida Combined Life Insurance Company, Inc. (FCL) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FCL does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

FCL:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact 1-888-223-4892.

If you believe that FCL has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331

Email civilrightscoordinator@fclife.com

You can file a grievance in person, by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone.

U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.