



Florida Combined Life

An Independent Licensee of the
Blue Cross and Blue Shield Association

Benefit Summary

BlueDental Choice Copayment

Taking care of your teeth and gums now can save you time, pain, and money later on. A BlueDental ChoiceSM Copayment plan can help improve the oral and overall health of you and your family.

Go ahead and smile—you can afford to

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

When you visit a dentist in our BlueDental Choice Copayment network, you'll pay only the copayment for the procedure—which you will always know up front—and any deductibles that may apply.

Choice Copayment plan benefits

- Access to a large PPO dental network¹ in Florida and nationwide
- Predictable, low copayments when visiting a participating dentist
- Discounts on braces and cosmetic dental work²
- TeleDentistry.com service for emergency or after-hours help
- No referrals or authorizations when you need to see a specialist

Oral Health for Overall Health



If you have a qualifying medical condition, the Oral Health for Overall Health program gives you additional benefits that can help improve your overall health.³

These benefits are valued at over \$1,000 and are covered 100% when you see a participating provider. We make it easy to participate—if you have medical and dental coverage with Florida Blue, we'll enroll you automatically.

Maximum Rollover

Our Maximum Rollover benefit allows you to save a portion of your unused benefit dollars for use the following year. This gives you added security to cover the cost of unexpected dental expenses in the future. You don't have to do anything at the end of the year; the rollover amount is applied automatically.⁴ Accumulated rollover dollars don't expire, so your dental benefits can increase in value over time. You can check your Maximum Rollover balance through your Florida Blue account or mobile app.



Your dental benefit dollars can add up

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

Questions?

Our customer service associates can help! Just call 1-888-223-4892, Monday through Friday, 8 a.m. to 8 p.m., or visit floridabluedental.com.

BlueDental Choice Copayment Benefit Summary



Group Name: SCHOOL DISTRICT OF HERNANDO CO

Group Anniversary Date: 1/1

Deductible		In-Network	Out-of-Network	
No Deductible for Preventive Services (or ortho if selected)				
Per Person Per Calendar Year		\$ 50		\$ 50
Per Family Per Calendar Year		\$150		\$150
<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>				
		Copayment You Pay	Coinsurance We Pay* You Pay**	
Periodic Oral Evaluation (0120)	Preventive	\$0	70%	30%
Comprehensive Oral Evaluation (0150)	Preventive	\$0	70%	30%
Bitewing X-rays, two films (0272)	Preventive	\$0	70%	30%
Cleanings - Adult/Child (1110, 1120)	Preventive	\$10	70%	30%
Fluoride Treatment - Child (1206, 1208)	Preventive	\$0	70%	30%
Office Visits (9430)	Preventive	\$0	70%	30%
Space Maintainers - fixed – unilateral (1510)	Basic	\$47	50%	50%
X-rays - Intraoral/Complete Series (0210)	Basic	\$17	50%	50%
Sealant – per tooth (1351)	Basic	\$6	50%	50%
Amalgam Restorations (Silver Fillings) (2140)	Basic	\$15	50%	50%
Resin-Based Restorations - Anterior (2330)	Basic	\$20	50%	50%
Extractions - Routine and Surgical (7140)	Basic	\$17	50%	50%
Root Canal Molar (3330)	Major	\$305	35%	65%
Periodontal Scaling & Root Planing-per quad (4341)	Major	\$61	35%	65%
Osseous Surgery – four or more contiguous teeth (4260)	Major	\$322	35%	65%
Crowns - Porcelain fused to noble metal (2752)	Major	\$302	35%	65%
Complete Dentures (5110, 5120)	Major	\$382	35%	65%
Pontic - Porcelain fused to noble metal (6242)	Major	\$302	35%	65%
Partial Dentures (5213, 5214)	Major	\$420	35%	65%
Surgical placement of implant body – endosteal implant (6010)	Major	\$512	35%	65%
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major	\$282	35%	65%
Orthodontia Services		Child(ren) to age 25		
BlueDental Coverage		50%		
Waiting Periods		None		
Major Service Benefits		None		
Orthodontia Benefits		None		
Maximum Benefits		\$1,000		
Plan Year (per person)		\$1,000		
Lifetime Orthodontia (per person)		\$1,000		
Dental Rollover		Yes		

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 may apply.

*Percentage of allowable charges..

**Percentage of allowable charges plus balance of charges, if any.

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 Copayment 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 bicuspid 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 lower) 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 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 artery disease, stroke, oral cancer, head and neck cancers, Sjogren's syndrome, pregnancy, chronic obstructive pulmonary disease, end-stage renal disease, and metabolic syndrome.

⁴ To qualify, you must be active on the last day of the calendar year and receive at least one covered service during the calendar year (routine cleanings qualify) and not exceed a threshold of claims paid that is specific to your plan. Check your policy for details.

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).

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