Florida Combined Life Insurance Company, Inc.
P.O. Box 40028
Jacksonville, Florida 32203

Individual Copayment PPO Dental Policy

Outline of Coverage

Policy Form Number 50708-0125R

This outline is only a brief summary of your dental policy and is not the contract of insurance. The policy itself sets forth the rights and obligations of the insureds and Florida Combined Life Insurance Company, Inc.

OUTLINE OF COVERAGE

Be certain to read your policy thoroughly. This Outline of Coverage is only a brief summary of your policy and is not the contract of insurance. The policy itself sets forth the rights and obligations of the insureds and Florida Combined Life Insurance Company, Inc. (FCL).

If, after examination of your policy, you are not satisfied with any of its terms or conditions, you may return the policy to us within ten (10) days of the delivery date and receive a full refund of all premiums.

FCL agrees to provide to covered individuals the dental insurance benefits specifically provided in this policy, subject to all its terms, conditions, limitations and exclusions.

BENEFITS

PEDIATRIC DEDUCTIBLE: $25 per person per calendar year

MAXIMUM PEDIATRIC BENEFIT: Unlimited

LISTED BELOW IS ONLY A BRIEF SUMMARY OF YOUR DENTAL COVERAGE. PLEASE REFER TO THE POLICY FOR A COMPLETE DESCRIPTION OF BENEFITS, LIMITATIONS AND EXCLUSIONS.

COVERED SERVICES:

- Exams
- Cleanings
- X-rays
- Fluoride treatment (Pediatric only)
- Sealants (Pediatric only)
- Fillings; amalgam (silver) and composite (white)
- Space Maintainers (Pediatric only)
- Extractions
- Endodontics (root canal)
- Oral Surgery
- General anesthesia
- Periodontal (gum) treatment
- Initial insertion, replacement and repairs to Crowns, Bridges, Partials and Dentures

LIMITATIONS:

- Exams – Maximum two total per year
- Cleanings (routine or periodontal), pediatric fluoride treatment
- Two per year - Bitewing x-rays Pediatric
- One per 24 months - Periodontal Scaling
- One per 60 months - Complete mouth or Panoramic x-rays
- Periodontal Services limited to age 18 or older

EXCLUSIONS:

- Charges for replacement of any teeth missing prior to an insured's effective date of coverage
- Services or supplies which are not medically necessary
- Services provided by a family member
- Cosmetic services
- Charges for broken appointments
- Services related to treatment of temporomandibular joint (TMJ)
- Services for which the insured incurs no charge
- Procedures necessary to alter vertical dimension
- Local anesthesia billed separately
- Any service payable under a Covered Person's health policy
- Services not listed in this policy
- Charges for a more expensive service
- Services rendered before effective date of coverage or after termination of coverage, except as provided under "Extension of Benefits"
- Charges for sterilization
- Denture replacement necessary due to loss or theft
- Duplicate or temporary denture, crown or bridge
- Labial Veneers
- General anesthesia and intravenous sedation for patient management
- Charges for nitrous oxide
- Prescribed drugs or premedication
- Charge for oral hygiene or diet instruction
- Cosmetic Pediatric Orthodontia Services

COPAYMENT: The copayment is the amount that you pay directly to your participating dentist at the time of service. You will pay only the specified copayment for the procedure performed, plus any applicable deductibles that may apply. The out of network benefits are a percentage of the in-network FCL allowance.

PEDIATRIC BENEFITS: Benefits available for covered persons who are age 18 and under on the Policy effective date. Pediatric benefits end on the last day of the calendar year of the covered person's 19th birthday.

RIGHTS OF CANCELLATION: FCL may terminate the policy at the end of an insurance month, provided we give you forty-five (45) days' advance written notice informing you of the reason(s) why coverage is terminated and the date your coverage will end. If we fail to provide the forty-five (45) day advance written notice, the coverage will remain in effect at the existing rates until forty-five (45) days after the notice was mailed. However, if termination is due to non-payment of premium, the policy may be cancelled following ten (10) days' advance written notice.

Any unearned premium will be promptly refunded if coverage is terminated by either party. Cancellation shall be without prejudice to any prior claims which originated prior to the effective date of termination.

RIGHT TO CHANGE PREMIUM: We will give you forty-five (45) days' advance written notice any time the rates are changed.

RENEWABLE AT OPTION OF COMPANY: This policy is renewable as long as you reside in the State of Florida, make timely payment of premiums, and you have not received a notice of cancellation, termination or non-renewal from FCL.