Florida Blue



2027 Benefit Summary
BlueDental Copayment Q Plan for Children

A healthy mouth can have a positive impact on the overall health of your children, especially if they've been diagnosed with certain medical conditions. Gum disease and tooth decay can even make some health conditions worse. Taking care of your children's teeth and gums now can save time, pain, and money later on. A BlueDental Copayment Q plan can help improve the overall health of your children. It's also compliant with the Affordable Care Act.

Go ahead and smile — you can afford to

Our low-cost, flexible BlueDental Copayment Q plan for children up to age 19[1] stresses preventive care and offers many valuable benefits, including major restorative services. When you visit an in-network dentist, you'll pay only the copayment for the procedure — which you will always know up front — and any deductibles that may apply.

Benefits of Copayment Q plan for children

- Access to a large PPO dental network[2] in Florida and nationwide
- TeleDentistry.com service for emergency or after-hours help
- Discounts on braces and cosmetic dental work[3]
- Predictable, low copayments and deductibles when visiting a participating dentist
- No referrals or authorizations when you need to see a specialist

Oral Health for Overall Health

For children with a qualifying medical condition, the Oral Health for Overall Health program provides additional benefits that can help improve your child's overall health.[4] These benefits are valued at over $1,000 and are covered 100% when seeing a participating provider. We make it easy to participate — if your child has medical and dental coverage with Florida Blue, we'll enroll them automatically.

ORAL HEALTH FOR OVERALL HEALTH℠

To find a dentist in our BlueDental Copayment network, visit **floridabluedental.com/find-a-dentist** and select BlueDental 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 Copayment Q

	In-network You Pay	Out-of-network You Pay
Pediatric Benefits (to age 19)[1]		
Deductible (applies to preventive, basic, and major services)	$25	
Out-of-pocket maximum if only one child is covered	$450	Unlimited
Out-of-pocket maximum if more than one child is covered	$900	Unlimited
Preventive Services	**No Waiting Period**	
Oral exams	$0	20%
Cleanings	$0	20%
Bitewing X-rays	$0	20%
Fluoride treatment	$0	20%
Sealant (per tooth)	$6	20%
Basic Services	**No Waiting Period**	
Amalgam restorations (one surface, primary/permanent)	$15	40%
Resin-based composite (one surface, front tooth)	$20	40%
Emergency treatment of dental pain	$12	40%
Extraction (erupted tooth or exposed root)	$17	40%
Major Services	**No Waiting Period**	
Crown (porcelain fused to noble metal)	$302	60%
Root canal molar	$305	60%
Complete denture (upper)	$382	60%
Upper partial (resin-based)	$296	60%
Medically necessary implants		
Surgical placement of implant body (endosteal implant)	$450	70%
Implant supported porcelain fused to metal crown (titanium, high noble metal)	$282	70%
Medically necessary orthodontics (preauthorization required)	$450	70%
Additional Benefit Programs		
Oral Health for Overall Health	Included	
TeleDentistry.com benefit	2 consultations per year	

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BlueDental Copayment Q Limitations and Exclusions

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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 maintenance procedures following active therapy is limited to two (2) times per Calendar year. Periodontal prophylaxis will be subject to the same limits as a routine prophylaxis. The total benefit for prophylaxis is limited to two (2) times per Calendar year.
7. Periodontal services are limited to insureds age eighteen (18) and older.
8. Services performed outside the United States, its territories, and possessions are not covered, except for palliative emergency treatment.
9. Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
10. All fixed prosthetics are billable upon the seat/insertion date.
11. All removable prosthetics are billable upon final delivery.
12. Intraoral X-rays, complete series including bitewings not covered if performed same day as Panoramic X-ray image.

The following are excluded under this policy:

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 your family (your spouse and the child[ren], brothers, sisters, and parents of either you or your 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 – lowerjaw) 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; or
   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 FCL allowance for expenses actually incurred.
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 policy.
14. Services not listed in this policy or any schedules attached to this policy.
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 policy 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 "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 policy.
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, other than those provided to a newborn child, 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 indicated on the Schedule of Benefits.
32. Charges for sterilization are included in the allowance for other covered dental procedures.
33. Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures.
34. Charges associated with accidental injuries to sound, natural teeth.
35. Charges for implants unless indicated on the Schedule of Benefits.
36. Cone Beam Imaging and Cone Beam MRI procedures.
37. Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient).
38. Fabrication of athletic mouth guard.
39. Internal and external bleaching.

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. Please read your insurance documents carefully.

[1]Pediatric dental benefits end on the last day of the calendar year of the covered person's 19th birthday.

[2]Networks are comprised of independent contracted dentists.

[3]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.

[4]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.

BlueDental plans are offered through Florida Combined Life Insurance Company, Inc., an affiliate of Florida Blue. Both 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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