



For Individuals Under 65 Benefit Summary for Adult Dental Care

Healthy smiles are an important part of good overall health. That's why your Florida Blue plan includes important dental benefits that can help you feel better and prevent dental problems down the road. The table below summarizes the benefits included in your plan. Note that the benefits and costs shown below are for covered individuals who are ages 19 to 64.

What is Covered? Exclusive In-network Provider Services	Amount You Pay*
Preventive Services	
Periodic oral evaluations Cleanings Bitewing X-rays	\$0
Basic Services	
Extractions—routine/simple Fillings X-rays (complete series)	50% after deductible
Major Services	
Periodontal scaling and root planing	50% after deductible
Orthodontics	Not covered
Deductible (per person for Basic and Major services)	\$50
Maximum Benefits (per person)	\$1,000
Waiting Period	None

*Adult dental costs do not count toward the medical deductible or out-of-pocket maximum of your health plan.

Need a Dentist?

To find an exclusive in-network provider near you, log on to floridablue.com, click on Find a Doctor and follow the on-screen directions. If you do not receive care from an exclusive in-network provider for the services listed above, you will have to pay the full cost of the service (except in certain situations such as emergencies).

Adult Dental Care—Individuals Under 65

Limitations and Exclusions

WHAT IS NOT COVERED?

Dental Services except as indicated in the WHAT IS COVERED? section, including:

1. Dental Services other than as described in the Adult Dental Benefits category rendered more than sixty-two days after the date of an Accidental Dental Injury even if the Services could not have been rendered within sixty-two days.
2. Any dental Service not listed in the WHAT IS COVERED? section as covered.
3. Any dental Service listed under Adult Dental Benefits that is rendered by a Provider who is not an In-Network Provider, except for Emergency Services.
4. Cosmetic procedures, including, but not limited to veneer restorations, tooth whitening, and orthodontia.
5. Extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
6. Charges for nitrous oxide.
7. 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 reconstruction, restoration of tooth structure lost from attrition and restoration for crooked teeth.
8. Any additional treatment required because you do not follow instructions or do not cooperate with the Dentist.
9. General anesthesia and intravenous sedation administered solely for patient management or comfort.
10. Services related to hereditary or developmental defects or cosmetic reasons, including but not limited to, cleft palate (except as covered under Child Cleft Lip and Cleft Palate Treatment), upper- or lower-jaw defects, lack of development of enamel, discoloration of the teeth, and congenitally missing teeth.
11. Services other than as described in the Adult Dental Benefits categories, including, but not limited to: care or treatment of the teeth or their supporting structures or gums, or dental procedures, including but not limited to: extraction of teeth, restoration of teeth with fillings, crowns, or other materials, bridges, cleaning of teeth, dental implants, dentures, periodontal or endodontic procedures, orthodontic treatment, intraoral prosthetic devices, palatal expansion devices, bruxism appliances, and dental X-rays.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. 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).