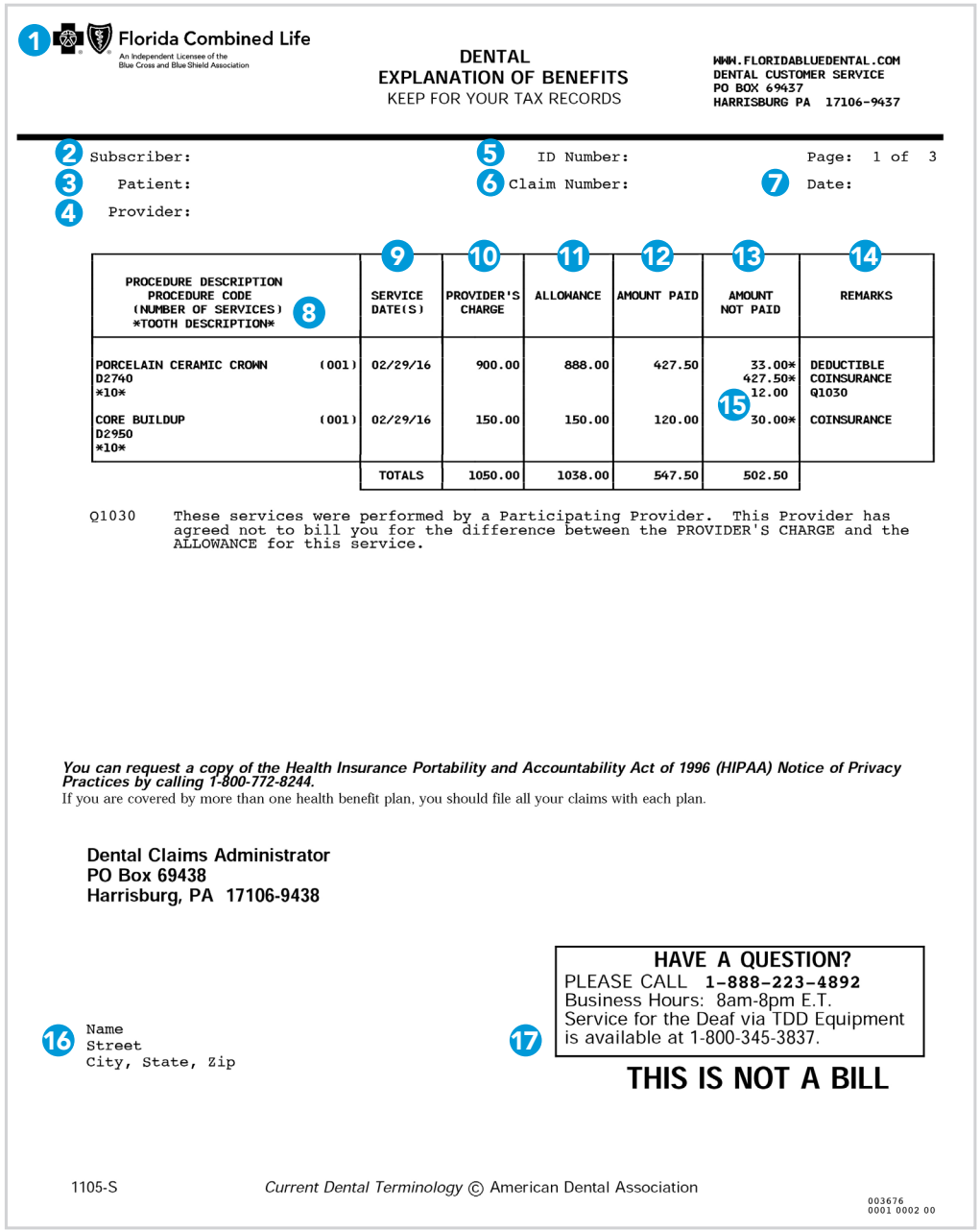
How to Read your Explanation of Benefits

Florida Combined Life
An Independent Licensee of the
Blue Cross and Blue Shield Association

This is only an illustration of how a claim may be processed and actual provider payments and member cost sharing is determined by your policy.



1 Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association

DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

WWW.FLORIDABLUEDENTAL.COM
DENTAL CUSTOMER SERVICE
PO BOX 69437
HARRISBURG PA 17106-9437

2 Subscriber: 5 ID Number: Page: 1 of 3
3 Patient: 6 Claim Number: 7 Date:
4 Provider:

PROCEDURE DESCRIPTION PROCEDURE CODE (NUMBER OF SERVICES) *TOOTH DESCRIPTION* 8	9 SERVICE DATE(S)	10 PROVIDER'S CHARGE	11 ALLOWANCE	12 AMOUNT PAID	13 AMOUNT NOT PAID	14 REMARKS
PORCELAIN CERAMIC CROWN (001) D2740 *10*	02/29/16	900.00	888.00	427.50	33.00* 427.50* 12.00	DEDUCTIBLE COINSURANCE Q1030
CORE BUILDUP (001) D2950 *10*	02/29/16	150.00	150.00	120.00	30.00*	COINSURANCE
TOTALS		1050.00	1038.00	547.50	502.50	

15

Q1030 These services were performed by a Participating Provider. This Provider has agreed not to bill you for the difference between the PROVIDER'S CHARGE and the ALLOWANCE for this service.

You can request a copy of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notice of Privacy Practices by calling 1-800-772-8244.
If you are covered by more than one health benefit plan, you should file all your claims with each plan.

Dental Claims Administrator
PO Box 69438
Harrisburg, PA 17106-9438

16 Name
Street
City, State, Zip

17 **HAVE A QUESTION?**
PLEASE CALL **1-888-223-4892**
Business Hours: 8am-8pm E.T.
Service for the Deaf via TDD Equipment is available at 1-800-345-3837.

THIS IS NOT A BILL

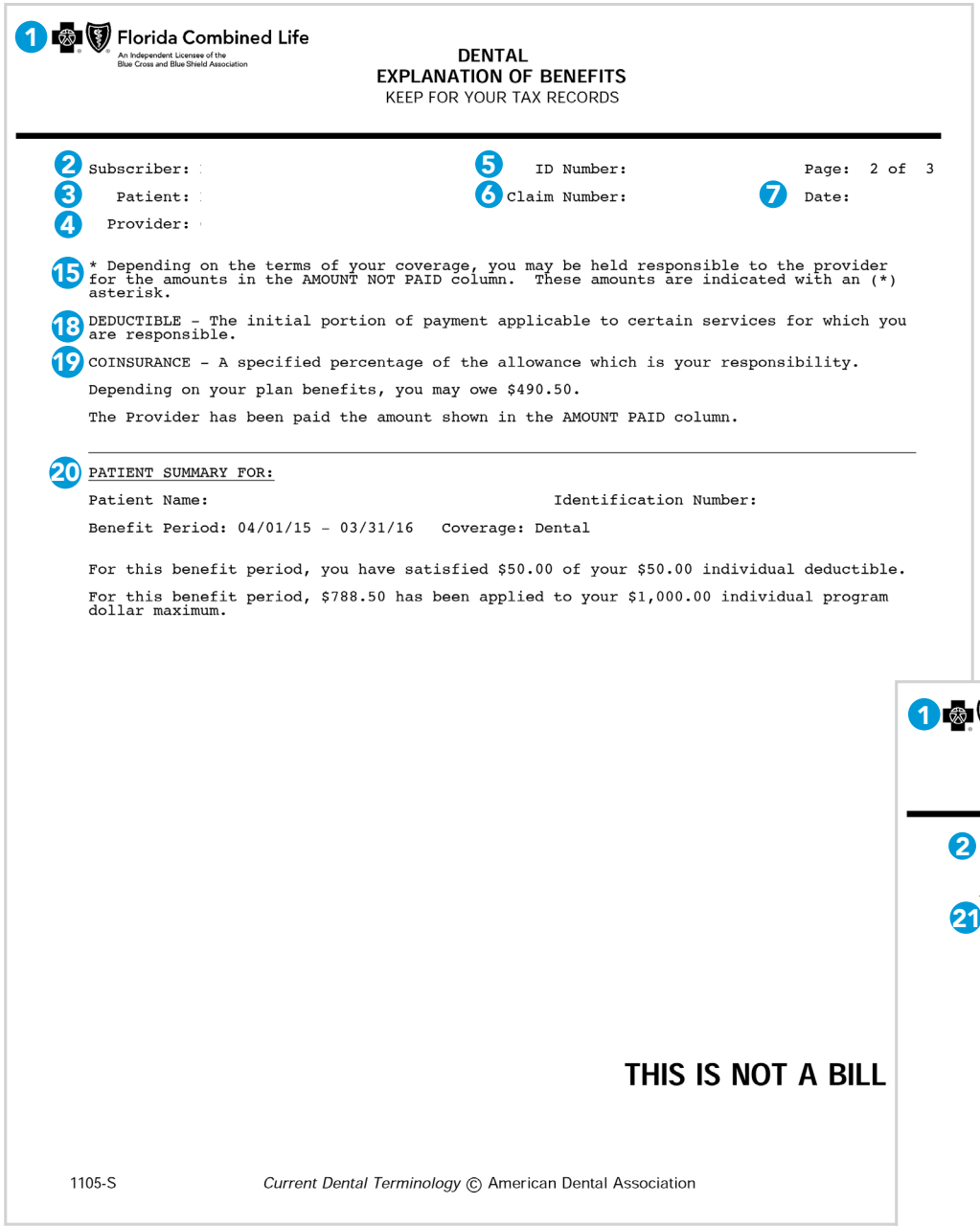
1105-S *Current Dental Terminology* © American Dental Association

003676
0001 0002 00

1. Your dental insurance carrier, Florida Combined Life Insurance Company, Inc. (FCL)
2. The name of the person who is the policyholder
3. The name of the person who received the services
4. The name of the provider billing for the services (including provider number)
5. FCL's unique customer ID for the member
6. Number assigned to the claim
7. Date Explanation of Benefits (EOB) was printed
8. Description of services performed along with their procedure codes
9. Date each service was performed
10. Amount the provider billed for each service
11. Maximum amount on which FCL will base payment for dental benefits covered under the policy.
12. Amount paid by FCL's dental plan
13. Portion of the bill not covered by your plan (this can include coinsurance, deductible, copayment amounts or amounts not covered by your plan)
14. Indicates an additional message explaining billing (a footnoted explanation indicates the reason)
15. Depending on your plan, you may be responsible for paying the provider the total in the "amount not paid" column, marked with an asterisk (*)
16. Policyholder's name and mailing address
17. FCL's toll-free customer service number

How to Read your Explanation of Benefits

Florida Combined Life
An Independent Licensee of the
Blue Cross and Blue Shield Association



1 Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association

DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

2 Subscriber:
3 Patient:
4 Provider:
5 ID Number:
6 Claim Number:
Page: 2 of 3
7 Date:

15 * Depending on the terms of your coverage, you may be held responsible to the provider for the amounts in the AMOUNT NOT PAID column. These amounts are indicated with an (*) asterisk.

18 DEDUCTIBLE - The initial portion of payment applicable to certain services for which you are responsible.

19 COINSURANCE - A specified percentage of the allowance which is your responsibility.

Depending on your plan benefits, you may owe $490.50.

The Provider has been paid the amount shown in the AMOUNT PAID column.

20 PATIENT SUMMARY FOR:

Patient Name: Identification Number:

Benefit Period: 04/01/15 - 03/31/16 Coverage: Dental

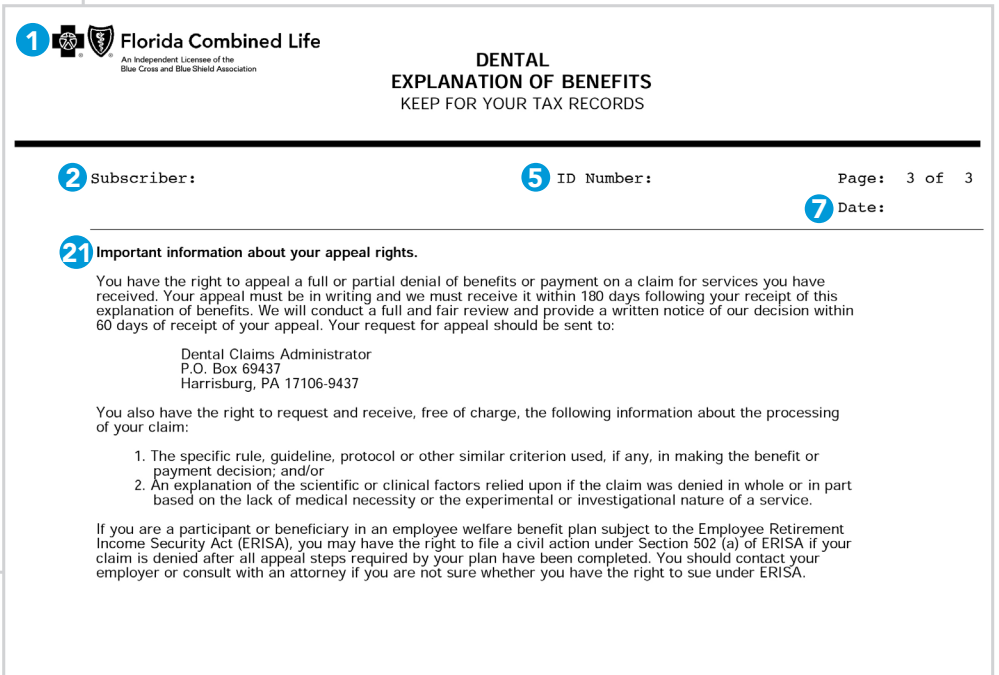
For this benefit period, you have satisfied $50.00 of your $50.00 individual deductible.

For this benefit period, $788.50 has been applied to your $1,000.00 individual program dollar maximum.

THIS IS NOT A BILL

1105-S *Current Dental Terminology* © American Dental Association

18. **Deductible** – charges the insured must pay each calendar year/benefit period before FCL's dental benefits reimbursement begins
19. **Coinsurance** – a percentage of the allowance that is your responsibility
    Example: if a filling is covered at 60% of the allowance, you are responsible for the other 40%
20. **Patient Summary** – a summary of the patient's calendar year/benefit year, including what has been applied to the patient's maximum and/or deductible
21. **Appeal Rights** – you, or a representative designated by you in writing, have the right to appeal an adverse benefit determination



1 Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association

DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

2 Subscriber:
5 ID Number:
Page: 3 of 3
7 Date:

21 **Important information about your appeal rights.**

You have the right to appeal a full or partial denial of benefits or payment on a claim for services you have received. Your appeal must be in writing and we must receive it within 180 days following your receipt of this explanation of benefits. We will conduct a full and fair review and provide a written notice of our decision within 60 days of receipt of your appeal. Your request for appeal should be sent to:

Dental Claims Administrator
P.O. Box 69437
Harrisburg, PA 17106-9437

You also have the right to request and receive, free of charge, the following information about the processing of your claim:

1. The specific rule, guideline, protocol or other similar criterion used, if any, in making the benefit or payment decision; and/or
2. An explanation of the scientific or clinical factors relied upon if the claim was denied in whole or in part based on the lack of medical necessity or the experimental or investigational nature of a service.

If you are a participant or beneficiary in an employee welfare benefit plan subject to the Employee Retirement Income Security Act (ERISA), you may have the right to file a civil action under Section 502 (a) of ERISA if your claim is denied after all appeal steps required by your plan have been completed. You should contact your employer or consult with an attorney if you are not sure whether you have the right to sue under ERISA.

16788-0816