Dental Plans	HMO 10/10F PPO 10	PPO 69	HMO 67	HMO 63	HMO 62	HMO 61S	HMO 61V	HMO 61T
Product & BID IDs	Classic HMO (HMO 10): All H1035-017 H1035-019 H1035-020 H1035-021 **FHCP (HMO 10F):** Rx Plus H1035-002 Premier Advantage H1035-040 Patriot PPO (PPO 10): All H5434-038 H5434-040 H5434-041 H5434-042 H5434-044 H5434-046 Select PPO (PPO 10): All H5434-002 H5434-045 **Blue Medicare Group PPO (EGWP) (PPO 10):** H5434-801 H5434-802	Value PPO: All H5434-023 H5434-024 H5434-025 H5434-026 H5434-030 H5434-031 H5434-034 H5434-035 H5434-036	Premier HMO: Brevard, Charlotte, Collier, Hernando, Lee, Manatee, Pinellas, Sarasota, St. Lucie H1035-034 H1035-045 H1035-048	Premier HMO: Clay, Duval, Orange, Osceola H1035-026 H1035-033	Premier HMO: Broward H1035-025	$3,000: Premier HMO: Palm Beach H1035-022	$3,500: Premier HMO*: Lake, Marion, Sumter H1035-043	$3,00 Preferred HMO*: Hillsborough, Polk H1035-052
Member Cost	$0							
Preventive								
Exam	2 per calendar year					All Preventive services covered up to the annual allowance		
Cleaning	2 per calendar year							
X-Ray	1 set per calendar year							
Comprehensive								
Fluoride Treatment	--	1 per calendar year	1 per calendar year	1 per calendar year	2 per calendar year	All Comprehensive services covered up to the annual allowance except: Implants, cosmetic dentistry (including orthodontia (braces and Invisalign®) veneers, and teeth whitening		
Extraction	1 per calendar year Simple Only	2 per calendar year Simple & Surgical	2 per calendar year Simple & Surgical	3 per calendar year Simple & Surgical	8 per calendar year Simple & Surgical			
Crown	--	1 per calendar year (only in conjunction w/ a covered root canal procedure)	1 per calendar year (only in conjunction w/ a covered root canal procedure)	2 per calendar year	4 per calendar year			
Filling	--	1 per calendar year	2 per calendar year	2 per calendar year	8 per calendar year			
Root Canal	--	1 per calendar year	1 per calendar year	1 per calendar year	4 per calendar year			
Denture *(complete or partial)*	--	1 set per 60-month period	1 set per 60-month period	1 set per 60-month period	1 set per 60-month period			
Denture Adjustment	1 per calendar year	1 per calendar year	1 per calendar year	1 per calendar year	1 per calendar year			
Denture Repair		1 per calendar year	1 per calendar year	1 per calendar year	2 per calendar year			
Deep Cleaning / Root Planing	--	1 per quadrant per 36-month period	1 per quadrant per 36-month period	1 per quadrant per 36-month period	1 per quadrant per 24-month period			
Full Mouth Debridement	--	--	1 per 36-month period	1 per 36-month period	1 per 36-month period			

Oral Health for Overall Health℠ - Additional Dental Benefits for Members with a Chronic Medical Diagnosis

Qualifying diagnoses: Diabetes, CAD, Stroke, Sjögren's Syndrome, Pregnancy, Oral and Head & Neck Cancers, ESRD, COPD, MetS	**Provides additional dental cleanings and access to full mouth debridement at 24 months vs. 36**. For plans that do not cover these services as a standard benefit, member will have access to the benefits through enrollment into program. Program removes any associated member cost share and benefits are paid at 100% when seeing a participating provider.
Qualifying diagnoses: Diabetes, CAD, Stroke, Pregnancy, ESRD, COPD,	**Provides access to deep cleanings once per quadrant every 24 months** even if plan does not provide as standard benefit.
Qualifying diagnoses: Oral and Head & Neck Cancers, Sjögren's Syndrome	**Provides additional oral examinations and fluoride treatments.** For plans that do not cover these services as a standard benefit, member will have access to the benefits through enrollment into program. Program removes any associated member cost share and benefits are paid at 100% when seeing a participating provider.

* **Blue Dollars flexible benefit available after annual allowance is met**