

Dental Plans	HMO 10/10F PPO 10	PPO 69	HMO 67	HMO 63	HMO 62	HMO 61S	HMO 61V	HMO 61T
Product & BID IDs	<b>Classic HMO (HMO 10):</b> All H1035-017 H1035-019 H1035-020 H1035-021	<b>Value PPO:</b> All  H5434-023 H5434-024 H5434-025 H5434-026 H5434-030 H5434-031 H5434-034 H5434-035 H5434-036	<b>Premier HMO:</b> Brevard, Charlotte, Collier, Hernando, Lee, Manatee, Pinellas, Sarasota, St. Lucie  H1035-034 H1035-045 H1035-048	<b>Premier HMO:</b> Clay, Duval, Orange, Osceola  H1035-026 H1035-033	<b>Premier HMO:</b> Broward  H1035-025	<b>\$3,000: Premier HMO:</b> Palm Beach  H1035-022	<b>\$3,500: Premier HMO*:</b> Lake, Marion, Sumter  H1035-043	<b>\$3.00 \$4,000-Preferred HMO*:</b> Hillsborough, Polk  H1035-052
	<b>FHCP (HMO 10F):</b> Rx Plus, Premier Advantage H1035-002 H1035-040							
	<b>Patriot PPO (PPO 10):</b> All H5434-038 H5434-040 H5434-041 H5434-042 H5434-044 H5434-046							
	<b>Select PPO (PPO 10):</b> All H5434-002 H5434-045							
	<b>Blue Medicare Group PPO (EGWP) (PPO 10):</b> H5434-801 H5434-802							
	<b>Member Cost</b>							
<b>Preventive</b>								
<b>Exam</b>	2 per calendar year					All Preventive services covered up to the annual allowance		
<b>Cleaning</b>	2 per calendar year							
<b>X-Ray</b>	1 set per calendar year							
<b>Comprehensive</b>								
<b>Fluoride Treatment</b>	--	1 2 per calendar year	1 2 per calendar year	1 2 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		
<b>Extraction</b>	1 2-per calendar year Simple Only	2 4-per calendar year Simple & Surgical	2 4-per calendar year Simple & Surgical	3 8 per calendar year Simple & Surgical	8 per calendar year Simple & Surgical			
<b>Crown</b>	--	1 per calendar year <i>(only in conjunction w/ a covered root canal procedure)</i>	1 per calendar year <i>(only in conjunction w/ a covered root canal procedure)</i>	2 4-per calendar year	4 per calendar year			
<b>Filling</b>	--	1 2 per calendar year	2 4-per calendar year	2 8 per calendar year	8 per calendar year			
<b>Root Canal</b>	--	1 per calendar year	1 per calendar year	1 4-per calendar year	4 per calendar year			
<b>Denture (complete or partial)</b>	--	1 set per 60-month period	1 set per 60-month period	1 set per 60-month period	1 set per 60-month period			
<b>Denture Adjustment</b>	1 2-per calendar year	1 per calendar year	1 per calendar year	1 per calendar year	1 per calendar year			
<b>Denture Repair</b>	--	1 2 per calendar year	1 2 per calendar year	1 2 per calendar year	2 per calendar year			
<b>Deep Cleaning / Root Planing</b>	--	1 per quadrant per 36-month 24-month period	1 per quadrant per 36-month 24-month period	1 per quadrant per 36-month 24-month period	1 per quadrant per 24-month period			
<b>Full Mouth Debridement</b>	--	-- 1 per 36-month period	1 per 36-month period	1 per 36-month period	1 per 36-month period			

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