



# An Expanded National Dental Network to Better Serve You!

Florida Blue is continuing to work on your behalf to provide Dental coverage and support services needed to protect you and your family. Our robust network gives you a variety of choices in your local area, as well as providing access to more than 170,000 dentists across the U.S., including Hawaii and Alaska.

Florida Blue's plans ensure members get quality Dental care from skilled professionals, plus courteous and efficient care services. Our approach promotes preventative care that encourages overall health and well-being. All backed by an expanded statewide and national network that makes it easy to find a dentist.

*Florida Blue*   
In the pursuit of health<sup>®</sup>

Dental members who have access to the Advantage Plus Network:

- BlueDental Choice<sup>SM</sup>
- BlueDental Choice Plus<sup>SM</sup>
- BlueDental Choice Copayment<sup>SM</sup>

Florida Blue's comprehensive and affordable Dental plans are backed by strong network options.

## Advantage Plus National Network

- No authorizations or referrals are needed
- Flexibility for any family member to change dentists at any time
- No forms to complete

## Oral Health for Overall Health

Florida Blue understands that oral health is related to overall health. We combine our medical + dental expertise to protect and promote the health of our customers. That means it's more important than ever to get regular preventive dental care that will help you maintain not only your good oral health, but your good health in general.

Here's how it works:

- Delivering oral health education to members, providers and employers
- Targeted outreach provides courtesy contact by direct mail, e-mail and telephone with members to encourage a dental visit and improve overall health
- Enhanced benefits improve overall health through specialized care programs



### To Find a Provider

in or out of your area, visit us at [www.floridabluedental.com](http://www.floridabluedental.com) or call customer service at 1-888-223-4892.



# Oral Health for Overall Health<sup>SM</sup>

A strong relationship exists between oral health and overall health. When you get your health and dental coverage from Florida Blue, you may benefit from integrated health and dental programs that can improve your total well-being.

## Medical-dental integration for better health

Members with health and dental plans from Florida Blue who have a diagnosis of one of the covered medical conditions are enrolled automatically into the Oral Health for Overall Health program. We identify eligible members for enrollment based on medical claims. Dental members who are pregnant or do not have a health plan with Florida Blue can easily self-enroll online.



## Personalized benefits at no additional cost

Oral Health for Overall Health provides enrolled members with enhanced dental benefits that help reduce bacteria in the body, which can impact certain medical conditions. These enhanced dental benefits are tailored to your condition. They are available outside of standard dental plan benefits and are covered 100%, with no out-of-pocket expenses when seeing an in-network dentist.

Covered Conditions and Benefits	Automatic Program Enrollment	Two Additional Cleanings or Periodontal Maintenance Visits per Year	Oral Cancer Screenings Once Every 6 Months & Fluoride Treatments Once Every 3 Months	Periodontal Scaling Covered 100% with No Out-of-pocket Expense
Diabetes	✓	✓		✓
Coronary Artery Disease	✓	✓		✓
Stroke	✓	✓		✓
Pregnancy		✓		✓
Oral Cancer	✓	✓	✓	
Sjögren's Syndrome	✓	✓	✓	

\*A member's plan must include periodontal coverage to receive this benefit.

## Take advantage of enhanced dental benefits today

To use your Oral Health for Overall Health benefits, simply make an appointment with your dentist. To find a dentist in your plan's network, visit [floridabluedental.com/find-a-dentist](http://floridabluedental.com/find-a-dentist).

## How to self-enroll

If you are pregnant or only have dental coverage through Florida Blue, you can follow these steps to enroll.

- 1 Visit [floridabluedental.com/members](http://floridabluedental.com/members)
- 2 Click "Learn More" under Oral Health for Overall Health
- 3 Click "Enroll"
- 4 Simply fill out the online enrollment form

The screenshot shows the Florida Blue Dental website. The top navigation bar includes 'DENTAL', 'Home', 'Members', 'Employers', 'Agents', and 'Providers'. The main content area features a large image of a dentist and a patient. Below the image is the heading 'Oral Health for Overall Health' and a paragraph explaining the relationship between gum disease and chronic health conditions. A sidebar on the left contains a menu with 'Oral Health for Overall Health' and 'Enroll' highlighted. A sidebar on the right contains a section titled 'Enroll in Oral Health for Overall Health' with an 'Enroll now' button. A green arrow points to the 'Enroll' button in the left sidebar, and another green arrow points to the 'Enroll now' button in the right sidebar.

**Member Information**

Please Check the Program Qualifying Condition That You Have\*:

- Diabetes
- Coronary Artery Disease
- Stroke
- Oral Cancer (Current or Previous)
- Sjögren's Syndrome
- Pregnant

**Primary Policy Holder Name\***

First Name:  Last Name:

**Member Being Enrolled\***

First Name:  Last Name:

**Member Being Enrolled ID\***

ex. XL1R5001234567890

**Member Date of Birth\***

mm/dd/yyyy

**Member Address\***

Street (Apt. # if applicable)  City:

**State\***

Select State:

**ZIP Code\***

99999

**Member Phone # - Home**

(999) 999-9999

**Member Phone # - Cell**

(999) 999-9999

**Member Email Address\***

example@address.com

Member agrees to receiving electronic communication about the Oral Health for Total Health program.

For more information about the Oral Health for Overall Health program, visit [floridabluedental.com](http://floridabluedental.com) and click on Oral Health for Overall Health under the Members section.

Dental plans are offered by Florida Combined Life Insurance Company, Inc. (FCL), an affiliate of Florida Blue and an Independent Licensee of the Blue Cross and Blue Shield Association.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because 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). FEP: Llame al 1-800-333-2227.

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resewva yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227.



# Your dental benefits go further with Maximum Rollover

BlueDental PPO members, we understand you may not use all your benefit dollars each year. So, we created Maximum Rollover for you to keep that money for use in future years. This gives you added security for the unexpected — and can help you plan for major services in the future.

## Grow your dental benefits

Your Maximum Rollover account can keep growing year after year, up to a level set by your plan. Maximum Rollover dollars don't expire, so your dental benefits can add up over time.

## How to qualify for Maximum Rollover

For active BlueDental PPO members with a plan that includes Maximum Rollover,<sup>1</sup> the rollover amount is applied automatically. All you need to do is visit the dentist and receive at least one covered service during the calendar year. Routine cleanings qualify, as we encourage you to take advantage of your preventive benefits.



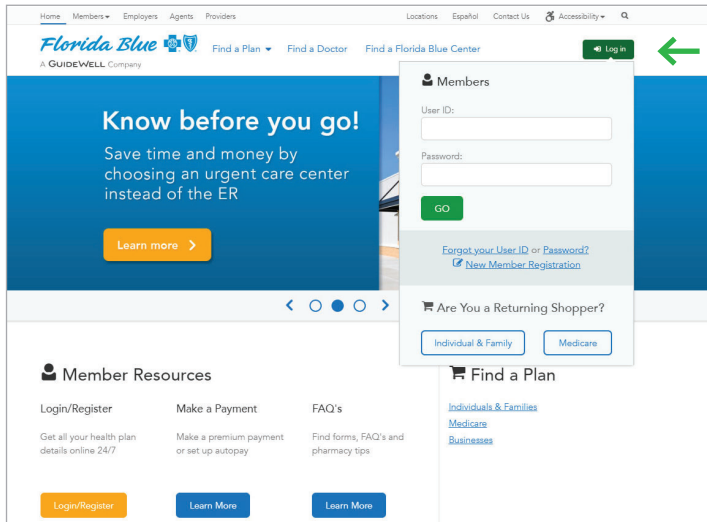
Your dental benefit dollars can add up

## Here's an example of how it works:

(based on an annual plan maximum of \$1,250 in network)

- 1 If you use less than \$600 of the annual maximum<sup>2</sup>, then the \$450 rollover amount is applied to the next year
- 2 In year two, your total benefit is now the \$1,250 annual maximum + \$450 in rollover dollars, or \$1,700.
- 3 In year three (if the you qualify again in year two), your benefit level becomes \$1,700+ \$450 = \$2,150.
- 4 Your annual maximum plus rollover dollars can ultimately add up to \$2,500 in plan benefits<sup>3</sup> — the total amount the plan will pay for your dental care.

# You can easily check your Maximum Rollover balance online

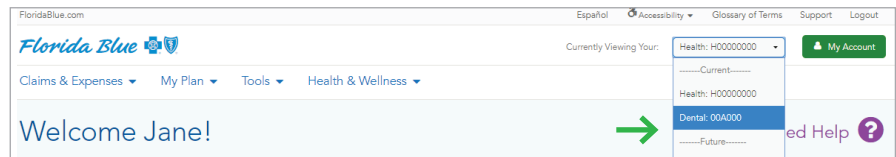


1

Log in or create an account at FloridaBlue.com.

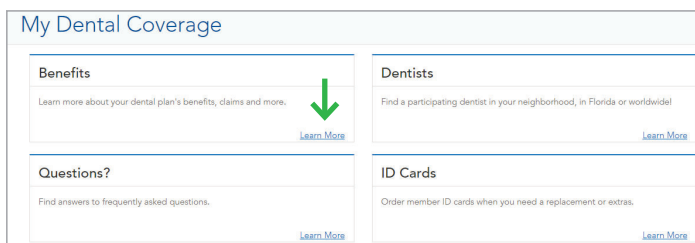
2

Once logged in, click the drop down menu in the top right corner and select "Dental."



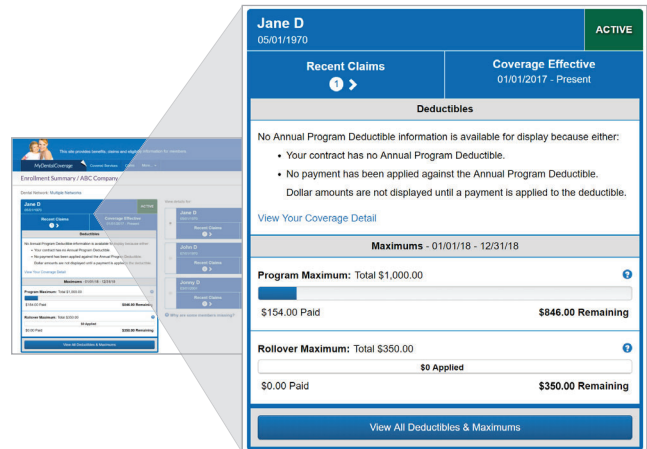
3

Here you can find a dentist, print or order a new ID card, and get answers to questions. Click "Learn More" in the benefits section to access the benefits portal.



4

Each covered member is listed on the right. The left shows any deductibles and the amount of the annual maximum used. Rollover dollars earned and used are displayed at the bottom of the section. Rollover is applied once the annual maximum has been fully used.



## Questions?

Want to learn more about Maximum Rollover or any of our other products and services? Our BlueDental Customer Service Representatives can help. Just call 1-888-223-4892 or find us online at FloridaBlueDental.com.

<sup>1</sup>Rollover is not available on BlueDental Care plans. For individual (ACA) plans, it is available to active adult members age 19 years or older. Group PPO plans may include Maximum Rollover--check your policy for details.

<sup>2</sup>The "annual maximum" is the total number of benefit dollars that the plan will pay in claims for the year. This will vary by plan — as will rollover qualification — so be sure to check your plan documentation. This will vary by plan--check your policy for details.

<sup>3</sup>The amount that can be rolled over is capped at \$1,250 in this scenario. Added to the plan's annual maximum of \$1,250, you would now have \$2,500 in plan benefits.

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# BlueDental Choice Plus

## Benefit Summary



Group Name: HARDEE COUNTY DISTRICT SCHOOLS

Group Anniversary Date: 10/1

<b>Deductible</b> No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year Per Family Per Plan Year <i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>	<b>In-Network</b>		<b>Out-of-Network</b>	
	\$ 50	\$100	\$ 50	\$100
	We Pay*	You Pay*	We Pay*	You Pay**
<b>Preventive Services</b>	100%	0%	100%	0%
<b>Basic Services</b>	80%	20%	80%	20%
<b>Major Services</b>	80%	20%	80%	20%
Periodic Oral Evaluation (0120)	Preventive			
Comprehensive Oral Evaluation (0150)	Preventive			
Bitewing X-rays, two films (0272)	Preventive			
Cleanings – Adult/Child (1110, 1120)	Preventive			
Fluoride Treatment – Child (1206, 1208)	Preventive			
Office Visits (9430)	Preventive			
Space Maintainers – fixed – unilateral (1510)	Preventive			
X-rays - Intraoral/Complete Series (0210)	Preventive			
Sealant – per tooth (1351)	Preventive			
Amalgam Restorations (Silver Fillings) (2140)	Basic			
Resin-Based Restorations – Anterior (2330)	Basic			
Extractions – Routine and Surgical (7140)	Basic			
Root Canal Molar (3330)	Basic			
Periodontal Scaling & Root Planing – per quad (4341)	Basic			
Osseous Surgery – 4 or more contiguous teeth (4260)	Major			
Crowns – Porcelain fused to noble metal (2752)	Major			
Complete Dentures (5110, 5120)	Major			
Pontic – Porcelain fused to noble metal (6242)	Major			
Partial Dentures (5213, 5214)	Major			
Surgical placement of implant body – endosteal implant (6010)	Major			
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major			
<b>Orthodontia Services</b> BlueDental Coverage	Child(ren) to age 19 50%		50%	
<b>Waiting Periods</b> Major Service Benefits Orthodontia Benefits	None None			
<b>Maximum Benefits</b> Plan Year (per person) Lifetime Orthodontia (per person) <i>The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximum apply to the in-network maximums.</i>	\$1,250 \$1,000		\$1,000 \$1,000	
<b>Dental Rollover</b>	Yes			

The information provided above is a summary of benefits. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan. Some limitations and exclusions may apply.

\*Percentage of allowable charge.

\*\*Payment is based on the 90th percentile of U&C

\*\*\*The majority of dentists' fees are within our allowed charges, however, you will be responsible for any fees in excess of the allowed amount.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent licensees of the Blue Cross and Blue Shield Association.

# BlueDental Choice Plus

## Limitations and Exclusions

### Limitations

- Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
- 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.
- 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.
- Sealants are limited to the first and second molars for primary teeth and the bicuspids and molars for the permanent teeth of dependent children.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Periodontal services are limited to insureds age eighteen (18) and older.
- Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
- Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
- All fixed prosthetics are billable upon the seat/insertion date.
- All removable prosthetics are billable upon final delivery

### Exclusions

The following are excluded under this plan:

- Coverage for installation of an initial prosthodontic appliance that replaces any teeth missing prior to an insured's effective date of coverage, (until the insured has been covered under the contract for twelve [12] consecutive months), unless otherwise specified.
- 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.
- Charges for services or supplies when billed by other than a dentist.
- Benefits for services rendered by a member of an employee's family, (his spouse and the children, brothers, sisters and parents of either the employee or his spouse).
- Services rendered primarily for cosmetic purposes.
- Charges incurred for failure to keep a dental appointment.
- 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.
- Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
- Experimental or investigational treatment.
- Dental services received or rendered:
  - through or in a veteran's hospital or government facility due to a service connected disability
  - which are covered and paid under Workers' Compensation or similar law
  - 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 total expenses that are incurred payable under both plans exceeds 100% of the total

- Services for which the insured incurs no charge.
- 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.
- Local anesthesia when billed separately by a dentist.
- Any services paid or payable under the insured's health insurance contract.
- Services not listed in the Benefits section of this plan.
- 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 certificate will be based on the allowance for the least costly service, procedure, or course of treatment.
- Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
- 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.
- Services rendered before the effective date of coverage.
- Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
- Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
- Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
- 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 certificate.
- Duplicate or temporary denture, crown, or bridge.
- Labial veneer restorations.
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
- Charges for nitrous oxide.
- Services 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).
- Prescribed drugs, premedication or analgesia.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges for oral hygiene, plaque control, or diet instruction.
- Charges for orthodontia services, unless shown on the Benefit Summary.
- Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures.
- Charges associated with accidental injuries to sound natural teeth.

This benefit summary provides a very brief description of Florida Combined Life's insurance products. 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. If you enroll for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.

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