



## Benefit Summary

# BlueDental Copayment QF Plan

A healthy mouth can have a positive impact on your overall health, especially if you've been diagnosed with certain medical conditions. Gum disease and tooth decay can even make some health conditions worse. Taking care of your teeth and gums now can save you time, pain and money later on. A BlueDental Copayment QF plan can help improve the health of you and your family. It's also compliant with the Affordable Care Act.

### Go ahead and smile— you can afford to

Our low cost, flexible BlueDental Copayment QF plan for adults and children stresses preventive care and offers many valuable benefits, including major restorative services. You can choose any dentist, in or out of network; however, using a dentist in our network offers you richer benefits.

When you visit a dentist in our BlueDental Copayment QF network, you'll pay only the copayment for the procedure—which you will always know up front—and any deductibles that may apply.

### Copayment QF plan

- Access to a large PPO dental network<sup>1</sup> in Florida and nationwide
- Discounts on braces and cosmetic dental work<sup>2</sup>
- Predictable, low copayments and deductibles when visiting a participating dentist
- No claim forms to file when visiting a participating dentist
- No referrals or authorizations when you need to see a specialist

### Oral Health for Overall Health



When you have medical and dental coverage with Florida Blue, you are automatically enrolled in our Oral Health for Overall Health program, if you have a qualifying medical condition<sup>3</sup>

- There is no extra cost to participate
- Benefits are covered 100%, with no deductibles or copayments when visiting a participating provider
- Benefits don't apply to your calendar-year maximum
- There are no waiting periods

### Maximum Rollover

Your benefits go further with Maximum Rollover. If you use less than \$500 of your yearly benefit dollars, you can save a portion of these funds for use in future years<sup>4</sup>

- You can schedule major services in advance
- Have additional benefit dollars available, if you have an unexpected or emergency dental procedure
- There are no fees and no paperwork to complete



Your dental benefit dollars can add up

Visit [floridabluedental.com/oral-health](http://floridabluedental.com/oral-health) to see if you qualify and/or to enroll. To find a dentist in our BlueDental Copayment network, visit [floridabluedental.com/find-a-dentist](http://floridabluedental.com/find-a-dentist) and select BlueDental Copayment QF from the Plan Type list.

### Questions?

Our Customer Service Associates can help! Just call 1-888-223-4892, Monday through Friday, 8 a.m. to 8 p.m., or visit [floridabluedental.com](http://floridabluedental.com).

# BlueDental Copayment QF Plan Benefit Summary

		BlueDental Copayment QF Plan	
		In Network You Pay	Out-of-Network You Pay
<b>PEDIATRIC* BENEFITS (to age 19)</b>			
<b>Preventive Services</b>	<b>NO WAITING PERIOD</b>		
Periodic Oral Evaluation	\$0	20%	
Cleanings	\$0	20%	
Bitewing X-Rays	\$0	20%	
Fluoride Treatment	\$0	20%	
Sealant - per tooth	\$6	20%	
<b>Basic Services</b>	<b>NO WAITING PERIOD</b>		
Amalgam Restorations (one surface, primary/permanent)	\$15	40%	
Resin based composite one surface, front tooth	\$20	40%	
Emergency (palliative)	\$12	40%	
Extraction - erupted tooth or exposed root	\$17	40%	
<b>Major Services</b>	<b>NO WAITING PERIOD</b>		
Crown - Porcelain fused to noble metal	\$302	60%	
Root Canal Molar	\$305	60%	
Complete Denture - upper	\$350	60%	
Upper partial - resin based	\$296	60%	
<b>Medically-Necessary Implants (pre-auth required)</b>			
Surgical placement of implant body - endosteal implant	\$350	70%	
<b>Medically-Necessary Orthodontics (pre-auth required)</b>			
Out-of-Pocket Maximum if only one child is covered	\$350	Unlimited	
Out-of-Pocket Maximum if more than one child is covered	\$700	Unlimited	
Deductible (preventive, basic and major services)	\$25		
Enhanced Dental Benefits	Included		
<b>ADULT BENEFITS (age 19 and older)</b>			
<b>Preventive Services</b>	<b>NO WAITING PERIOD</b>		
Oral Exams	\$0	20%	
Cleanings	\$10	20%	
Bitewing X-Rays	\$0	20%	
<b>Basic Services</b>	<b>6-MONTH WAITING PERIOD**</b>		
Intraoral - complete series (including bitewings)	\$17	40%	
Amalgam Restorations (one surface, primary/permanent)	\$15	40%	
Extraction - erupted tooth or exposed root	\$17	40%	
Emergency (palliative)	\$12	40%	
<b>Major Services</b>	<b>6-MONTH WAITING PERIOD**</b>		
Crowns - porcelain fused to noble metal	\$302	60%	
Complete Denture - upper	\$382	60%	
Root Canal Molar	\$305	60%	
Periodontal Scaling and Root Planing - 4 or more teeth per quadrant	\$61	60%	
<b>Maximum Rollover</b> - Each year when you use less than your yearly claim payment threshold, you'll automatically receive Maximum Rollover dollars.	Included		
Enhanced Dental Benefits	Included		
Deductible (only basic and major services)	\$50		
Annual Maximum	\$1,000		

\*Pediatric dental benefits end on the last day of the calendar month of the covered person's 19th birthday.

\*\*Waiting periods may be waived with proof of prior credible dental coverage.

# BlueDental Copayment QF Limitations and Exclusions

1. Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
2. 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.
3. 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.
4. Sealants are limited to the first and second molars for primary teeth and the bicuspid and molars for the permanent teeth of dependent children.
5. General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
6. Periodontal maintenance procedures following active therapy is limited to two (2) times per Calendar year. Periodontal prophylaxis will be subject to the same limits as a routine prophylaxis. The total benefit for prophylaxis is limited to two (2) times per Calendar year.
7. Periodontal services are limited to insureds age eighteen (18) and older.
8. Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
9. Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
10. All fixed prosthetics are billable upon the seat/insertion date.
11. All removable prosthetics are billable upon final delivery.
12. Intraoral X-rays, complete series including bitewings not covered if performed same day as Panoramic X-ray image.
12. 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.
13. Local anesthesia when billed separately by a dentist.
14. Any services paid or payable under the insured's health insurance policy.
15. Services not listed in this policy or any schedules attached to this policy.
16. 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 policy will be based on the allowance for the least costly service, procedure, or course of treatment.
17. Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
18. 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.
19. Services rendered before the effective date of coverage.
20. Services rendered after termination of coverage, except as provided under "Extension of Benefits upon Contract Termination."
21. Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
22. Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
23. 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 policy.
24. Duplicate or temporary denture, crown, or bridge.
25. Labial Veneer restorations.
26. General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
27. Charges for nitrous oxide.
28. Services, other than those provided to a newborn child, 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).
29. Prescribed drugs, premedication or analgesia.
30. Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
31. Charges for oral hygiene, plaque control, or diet instruction.
32. Charges for orthodontia services unless indicated on the Schedule of Benefits.
33. Charges for sterilization are included in the allowance for other covered dental procedures.
34. Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures.
35. Charges associated with accidental injuries to sound, natural teeth.
36. Charges for implants unless indicated on the Schedule of Benefits.
37. Cone Beam Imaging and Cone Beam MRI procedures.
38. Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient).
39. Fabrication of athletic mouth guard.
40. Internal and external bleaching.
41. Telephone consultations.

The following are excluded under this policy:

1. Coverage for installation of an initial prosthodontic appliance that replaces any teeth missing prior to an adult insured's effective date of coverage.
2. 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.
3. Charges for services or supplies when billed by other than a dentist.
4. Benefits for services rendered by a member of your family, (your spouse and the child[ren], brothers, sisters and parents of either you or your spouse).
5. Services rendered primarily for cosmetic purposes.
6. Charges incurred for failure to keep a dental appointment.
7. 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.
8. Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone – lowerjaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
9. Experimental or investigational treatment.
10. Dental services received or rendered:
  - a. through or in a veteran's hospital or government facility due to a service connected disability;
  - b. which are covered and paid under Workers' Compensation or similar law; or
  - c. 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 FCL allowance for expenses actually incurred.
11. Services for which the insured incurs no charge.

<sup>1</sup> Networks are comprised of independent contracted dentists.

<sup>2</sup> Certain dentists have voluntarily agreed to offer a 20% discount off their usual charge for non-covered cosmetic or orthodontic services. These dentists are identified by an affiliation to either the Cosmetic Dental Discount Program or Orthodontic Discount Program. Because these dentists are neither contractually nor legally bound to offer these discounts, we recommend that you contact the provider to inquire about the continued availability of any discount prior to scheduling an appointment.

<sup>3</sup> These conditions include diabetes, coronary heart disease, stroke, oral cancer, head and neck cancers, Sjogren's syndrome and pregnancy.

<sup>4</sup> Rollover applies to members age 19 years old or older and active on the last day of the calendar year. To qualify, you must also receive at least one covered service during the calendar year (routine cleanings qualify). The amount that can be rolled over is capped at \$1,000—added to the plan's annual maximum of \$1,000, your total annual benefit can reach \$2,000. Rollover dollars do not expire.

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.

Florida Combined Life insurance Company, Inc., DBA Florida Combined Life, is an affiliate of Florida Blue. 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).

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