

BlueDental Copayment QF Plan for Families

Quality, affordable dental care

Did you know that dental health can have a significant impact on conditions such as oral cancer, diabetes, coronary artery disease, Sjögren's syndrome, and those who have suffered a stroke or are pregnant? An undeniable relationship exists between a healthy mouth and overall good health. That means it is more important than ever for you to receive regular preventive dental care that will help you maintain not only your good oral health, but your good health in general.

There's a lot to smile about

Our easy-to-use, low premium BlueDental Copayment QF Plan for adults and children is compliant with all Affordable Care Act federal requirements and stresses preventive care while also providing you with the flexibility to choose any dentist – in or out-of-network. Although using a dentist in our network provides a richer benefit, the choice is always up to you.

When you do use a dentist in the BlueDental Copayment QF network, you'll pay only the specified copayment for the procedure – which you always know up front – along with any deductibles that may apply.

Enhanced dental benefits

BlueDental Copayment QF members who have oral cancer, diabetes, coronary artery disease, Sjögren's syndrome (autoimmune disorder that causes dryness of the mouth and eyes), suffered a stroke or are pregnant, may be qualified to enroll in our Oral Health for Overall Health program. Visit FloridaBlueDental.com to see if you qualify for this program and/or to enroll. Enhanced dental benefits are paid at 100% and are not subject to deductibles, coinsurance or calendar-year maximums when performed by a participating dental provider.

As a BlueDental Copayment QF Plan member, you can look forward to:

- A large PPO network* of general dentists and specialists for adults and children located throughout Florida
- Access to a national network of dentists when traveling outside of Florida
- Predictable low copayments and deductibles that let you know exactly what any out-of-pocket costs will be when you select a participating dentist
- No claim forms to file when you choose a participating dentist
- No referrals or authorizations are ever needed to see a specialist
- An included, value-added program with discounts** on orthodontic and cosmetic procedures

To see a list of dentists in the BlueDental Copayment network, visit FloridaBlueDental.com.

Don't see your dentist listed? Send an email to fclprovidernomination@flife.com or fax your dentist's information to 1-904-866-4846 and we'll look into adding him or her to our vast network.

Questions or concerns?

Our Customer Service Associates are available to help Monday through Friday, from 8 a.m. to 8 p.m. Just call us at 1-888-223-4892. We're always here to help.

Florida Blue 
In the pursuit of health®

*Networks are comprised of independent contracted dentists.

**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.

BlueDental Copayment QF Plan Benefit Summary

	BlueDental Copayment QF Plan	
	In Network You Pay	Out-of-Network You Pay
PEDIATRIC* BENEFITS (to age 19)		
Preventive Services	NO WAITING PERIOD	
Periodic Oral Evaluation	\$0	20%
Cleanings	\$0	20%
Bitewing X-Rays	\$0	20%
Fluoride Treatment	\$0	20%
Sealant (per tooth)	\$6	20%
Basic Services	NO WAITING PERIOD	
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%
Major Services	NO WAITING PERIOD	
Crown (porcelain fused to noble metal)	\$302	60%
Root Canal Molar	\$305	60%
Complete Denture (upper)	\$350	60%
Upper partial (resin-based)	\$296	60%
Medically-Necessary Implants (pre-auth required)		
Surgical placement of implant body (endosteal implant)	\$350	70%
Medically-Necessary Orthodontics (pre-auth required)	\$350	70%
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	
ADULT BENEFITS (age 19 and older)		
Preventive Services	NO WAITING PERIOD	
Oral Exams	\$0	20%
Cleanings	\$10	20%
Bitewing X-Rays	\$0	20%
Basic Services	6-MONTH WAITING PERIOD**	
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%
Major Services	6-MONTH WAITING PERIOD**	
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%
Maximum Rollover - Each year when you use less than your yearly claim payment threshold, you'll automatically receive Maximum Rollover dollars.	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.
13. 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.
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

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 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 Keyòl 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.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. BlueDental plans are offered through Florida Combined Life insurance Company, Inc., D/B/A Florida Combined Life, an affiliate of Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

We can help

If you or someone you're helping have questions about BlueDental Copayment Q or QF Policy, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-223-4892.

Spanish Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de BlueDental Copayment Q or QF Policy, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-888-223-4892.

French Creole Si oumenm oswa yon moun w ap ede gen kesyon konsènan BlueDental Copayment Q or QF Policy, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprete, rele nan 1-888-223-4892.

Vietnamese Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về BlueDental Copayment Q or QF Policy, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-888-223-4892.

Portuguese Se você, ou alguém a quem você está ajudando, tem perguntas sobre o BlueDental Copayment Q or QF Policy, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-888-223-4892.

Chinese 如果您，或是您正在協助的對象，有關於[插入項目的名稱 BlueDental Copayment Q or QF 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-888-223-4892。

French Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de BlueDental Copayment Q or QF Policy, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-888-223-4892.

Tagalog Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa BlueDental Copayment Q or QF Policy, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-888-223-4892.

Russian Если у вас или лица, которому вы помогаете, имеются вопросы по поводу BlueDental Copayment Q or QF Policy то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-888-223-4892.

Arabic إن كان لديك أو لدى شخص تساعده أسئلة بخصوص BlueDental Copayment Q or QF Policy، فله الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-888-223-4892.

Italian Se tu o qualcuno che stai aiutando avete domande su BlueDental Copayment Q or QF Policy, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-888-223-4892.

German Falls Sie oder jemand, dem Sie helfen, Fragen zum BlueDental Copayment Q or QF Policy, haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-888-223-4892 an.

Korean 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 BlueDental Copayment Q or QF Policy, 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-888-223-4892로 전화하십시오.

Polish Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie BlueDental Copayment Q or QF Policy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-888-223-4892.

Gujarati જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં તેમ અંથી કોઇને BlueDental Copayment Q or QF Policy વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્તી મેળિનો અવિકર છે. તે અર્થ વિન તમ રી ભષમ અં પ્રપ્ત કરી શકર છે. દ ભ વષરો િત કરિ મ ટ,આ 1-888-223-4892 પર કોલ કરો.

Thai หากคุณ หรือคนที่ต้องการความช่วยเหลือมีคำถามเกี่ยวกับ BlueDental Copayment Q or QF Policy คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย โปรดสอบถาม โทร 1-888-223-4892.

1557 Non-Discrimination Notice

Florida Combined Life Insurance Company, Inc. (FCL) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. FCL does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

FCL:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact 1-888-223-4892

If you believe that FCL has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation you can file a grievance with:

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331

Email: civilrightscordinator@fclife.com

You can file a grievance in person, by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone.

U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.