BlueDental Copayment Q Plan for Individuals

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 Q Plan for individuals up to age 19 is compliant with all Affordable Care Act federal requirements and stresses preventive care while providing the flexibility to choose any dentist – in or out-of-network. However, using a dentist in our network provides a richer benefit. The choice is always up to you.

Enhanced dental benefits
BlueDental Copayment Q 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.

BlueDental Copayment Q Plan members can look forward to:
- A large PPO network* of general dentists and specialists located throughout Florida
- Access to a national network of dentists when traveling outside of Florida
- Predictable low copayments and deductibles that specify any out-of-pocket costs when selecting a participating dentist
- No claim forms to file when seeing a participating dentist
- No referrals or authorizations 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@fclife.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.

*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 Q

**Benefit Summary**

<table>
<thead>
<tr>
<th>PEDIATRIC** BENEFITS (to age 19)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Services</strong></td>
<td>NO WAITING PERIOD</td>
<td></td>
</tr>
<tr>
<td>Periodic Oral Evaluation</td>
<td>$0</td>
<td>20%</td>
</tr>
<tr>
<td>Cleanings</td>
<td>$0</td>
<td>20%</td>
</tr>
<tr>
<td>Bitewing X-Rays</td>
<td>$0</td>
<td>20%</td>
</tr>
<tr>
<td>Fluoride Treatment</td>
<td>$0</td>
<td>20%</td>
</tr>
<tr>
<td>Sealant (per tooth)</td>
<td>$6</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>NO WAITING PERIOD</td>
<td></td>
</tr>
<tr>
<td>Amalgam Restorations (one surface, primary/permanent)</td>
<td>$15</td>
<td>40%</td>
</tr>
<tr>
<td>Resin-based composite (one surface, front tooth)</td>
<td>$20</td>
<td>40%</td>
</tr>
<tr>
<td>Emergency (palliative)</td>
<td>$12</td>
<td>40%</td>
</tr>
<tr>
<td>Extraction (erupted tooth or exposed root)</td>
<td>$17</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>NO WAITING PERIOD</td>
<td></td>
</tr>
<tr>
<td>Crown (porcelain fused to noble metal)</td>
<td>$302</td>
<td>60%</td>
</tr>
<tr>
<td>Root Canal Molar</td>
<td>$305</td>
<td>60%</td>
</tr>
<tr>
<td>Complete Denture (upper)</td>
<td>$350</td>
<td>60%</td>
</tr>
<tr>
<td>Upper partial (resin-based)</td>
<td>$296</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Medically-Necessary Implants (pre-auth required)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical placement of implant body (endosteal implant)</td>
<td>$350</td>
<td>70%</td>
</tr>
<tr>
<td>Implant supported porcelain fused to metal crown (titanium, high noble metal)</td>
<td>$282</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Medically-Necessary Orthodontics (pre-auth required)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum if only one child is covered</td>
<td>$350</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum if more than one child is covered</td>
<td>$700</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Deductible (preventive, basic, and major services)</td>
<td>$25</td>
<td></td>
</tr>
</tbody>
</table>

*No coverage for adults age 19 and over

**Pediatric dental benefits end on the last day of the calendar month of the covered person’s 19th birthday.*
### BlueDental Copayment Q Limitations and Exclusions

1. Any retreatment of root canals are payable one (1) year after completion 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 bicuspids 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 prophyaxis will be subject to the same limits as a routine prophyaxis. The total benefit for prophyaxis 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.

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 children, 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 – lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
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;
   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 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 Cross-Chek® 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.
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 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 wika 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 لديكم أو لدى شريك عملي أي استفسارات بشأن قواعد蓝德通 Copayment Q or QF Policy، فإنكم ملتزمون بالحصول على مساعدة وخدمة باللغة العربية واللغات الأخرى مجانًا. للتحدث مع مترجم، من فضلك تأكدوا من الاتصال بالرقم 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 다른 사람이 BlueDental Copayment Q or QF Policy,에 관한 질문이 있다면 귀하의 언어로 비용 부담이 없는 도움을 받을 수 있습니다. 그러므로 번역자와 어업하기 위해서는 1-888-223-4892로 전화하십시오.

Polish Jeśli Ty lub osoba, której pomagasz, ma pytania dotyczące 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 તમે અસરાય તમે ક્લિંટને મદદ કરી રહ્યાં તેમ અંદાજે ક્લિંટે પ્રાપ્ત થઈ રહેલ હૂવા તમારે મદદ આપી શકી શકી શકી શકી, તમારા મદદ કરી શકી શકી. તેથી તમારી પાર્ટીને 1-888-223-4892 પર કોલ કરો.

Thai คุณและผู้ที่คุณช่วยเหลือมีสิทธิ์ในภาษาของคุณ สิทธิ์ในภาษาของคุณ คุณมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่เสียค่าใช้จ่าย ติดต่อเราได้ที่ 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: civilrightscoordinator@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)