



BlueDental Choice

Plus Plan and Copayment Plan for Individuals

You can choose the coverage that best fits your dental care needs and your budget.



Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

BlueDental Choice: Individual Dental plans that leave everyone smiling.

We understand that you are looking for value, as well as protection. Our BlueDental Choice Individual plans offer you a variety of excellent benefits, designed to meet your needs. Plus, no referrals or authorizations for care are ever needed for you to see a general dentist or specialist – easy access to dental care is a cornerstone of BlueDental Choice Individual plans.

Look at some of the valuable benefits you'll receive as a member of BlueDental Choice!

- Freedom to choose any dentist
- By visiting a dentist in the BlueDental Choice network for your plan, you will receive maximum plan benefits and avoid balance billing. A Provider Directory can be found on our website at www.bcbsfl.com
- To encourage better dental hygiene we provide preventive services like check-ups and cleanings at little or no cost to you
- No claim forms for you to complete when you choose a participating dentist
- Also available to individuals over age 65
- Orthodontic and Cosmetic Discount Programs included at no extra cost

BlueDental Plans are offered by Florida Combined Life Insurance Company, Inc. (FCL), an affiliate of Blue Cross and Blue Shield of Florida, Inc. (BCBSF). FCL and BCBSF are Independent Licensees of the Blue Cross and Blue Shield Association. In the dental market, we manage plans covering more than 300,000 members. It's this experience that allows us to offer you affordable, flexible dental health protection with the comprehensive services you expect.

BlueDental Choice offers two different Individual plans from which you can choose. Listed below is a brief Summary of Benefits for each plan. This is only a partial list of the benefits available. Please refer to the Policy for a complete description of benefits, limitations and exclusions.

Choose the plan that's right for you: Our Plus Plan or Copayment Plan

BlueDental Choice Individual Plans:	Plus Plan		Copayment Plan	
	In-Network ¹	Out-of-Network	In-Network ¹	Out-of-Network
Deductible Basic and Major Services only Per Person Per Plan Year	\$50		\$50	
	We Pay ²	We Pay ³	You Pay	We Pay ²
Preventive Services	<i>No Waiting Period</i>		<i>No Waiting Period</i>	
Periodic oral evaluation (0120)	100%	100%	\$0	80%
Bitewings – two films (0272)	100%	100%	\$0	80%
Cleanings – Adult/Child (1110, 1120)	100%	100%	\$10	80%
Fluoride Treatment (Child Only) (1203)	100%	100%	\$0	80%
Basic Services	<i>6 Month Waiting Period</i>		<i>No Waiting Period</i>	
Amalgam Restorations (Silver fillings) (2140)	80%	80%	\$15	60%
Extractions - Routine and Surgical (7140)	80%	80%	\$17	60%
Intraoral – complete series (including bitewings) (0210)	80%	80%	\$17	60%
Resin – based composite one surface, posterior (2391)	80%	80%	\$22	60%
Major Services	<i>12 Month Waiting Period</i>		<i>12 Month Waiting Period</i>	
Crowns – Porcelain fused to noble metal (2752)	50%	50%	\$302	40%
Complete Dentures (5110, 5120)	50%	50%	\$382	40%
Root Canal Molar (3330)	50%	50%	\$305	40%
Periodontal Scaling and Root Planning (4341)	50%	50%	\$61	40%
Maximum Benefits – Plan Year (per person)	\$1,000		\$1,000	

¹ Networks are comprised of independent contracted dentists.

² Percentage of Fee Schedule.

³ Payment is based on Usual, Customary and Reasonable Charges at the 80th percentile, as defined in the policy.

How can Blue help you?

Our BlueDental Choice Individual plans are just one way that we meet the coverage needs of Floridians with affordable solutions. For more information on any of our plans and rates, contact a sales representative today or visit www.bcbsfl.com.

Limitations:

- Any retreatments 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.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Sealants are limited to the first and second molars for primary teeth and the bicuspid and molars for the permanent teeth of covered dependent children.
- Periodontal prophylaxis is limited to two (2) times per plan year. Periodontal prophylaxis will be considered as the same benefit and subject to the same limits as a routine prophylaxis. The total benefit for prophylaxis is limited to two (2) times per plan year.

Exclusions:

- Coverage for installation of an initial prosthodontic appliance that replaces any teeth missing prior to any covered person's effective date of coverage
- Veneer restorations;
- Services rendered primarily for cosmetic purposes;
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort;
- Charges for nitrous oxide;
- Implant services;
- Orthodontia Services.



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