

# BlueDental Choice Plus

## Benefit Summary



**Florida  
Combined Life**  
An Independent Licensee of the  
Blue Cross and Blue Shield Association

Group Name: Flagler County School Board

Group Effective Date: 09/01/13

<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		\$50
		\$150		\$150
	<b>We Pay*</b>	<b>You Pay*</b>	<b>We Pay**</b>	<b>You Pay***</b>
<b>Preventive Services</b>	100%	0%	100%	0%
<b>Basic Services</b>	80%	20%	80%	20%
<b>Major Services</b>	50%	50%	50%	50%
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 (1203)			Preventive	
Office Visits (9430)			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	
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			<b>All Insureds</b> <b>50%</b>	
<b>Waiting Periods</b> Major Service Benefits Orthodontia Benefits			None None	
<b>Maximum Benefits</b> Plan Year (per person) Lifetime Orthodontia (per person)			<b>\$1,500</b> <b>\$1,500</b>	
<b>Dental Rollover</b>			<b>No</b>	

The information provided above is a summary of benefits for group certificate: 50534-1103. 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 may apply.

\*Percentage of fee schedule.

\*\*Payment is based on the 80th percentile of UC.

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

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