

# BlueDental Choice Copayment 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>		<b>In-Network</b>	<b>Out-of-Network</b>	
No Deductible for Preventive Services (or ortho if selected)				
Per Person Per Plan Year		\$ 50		\$ 50
Per Family Per Plan Year		\$150		\$150
<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>Copayment You Pay</b>	<b>Coinsurance</b>	
			<b>We Pay*</b>	<b>You Pay**</b>
Periodic Oral Evaluation (0120)	Preventive	\$0	80%	20%
Comprehensive Oral Evaluation (0150)	Preventive	\$0	80%	20%
Bitewing X-rays, two films (0272)	Preventive	\$0	80%	20%
Cleanings - Adult/Child (1110, 1120)	Preventive	\$ 0	80%	20%
Fluoride Treatment - Child (1203)	Preventive	\$0	80%	20%
Office Visits (9430)	Preventive	\$0	80%	20%
X-rays - Intraoral/Complete Series (0210)	Basic	\$17	60%	40%
Sealant – per tooth (1351)	Basic	\$6	60%	40%
Amalgam Restorations (Silver Fillings) (2140)	Basic	\$15	60%	40%
Resin-Based Restorations - Anterior (2330)	Basic	\$20	60%	40%
Extractions - Routine and Surgical (7140)	Basic	\$17	60%	40%
Root Canal Molar (3330)	Major	\$305	40%	60%
Periodontal Scaling & Root Planing-per quad (4341)	Major	\$61	40%	60%
Crowns - Porcelain fused to noble metal (2752)	Major	\$302	40%	60%
Complete Dentures (5110, 5120)	Major	\$382	40%	60%
Pontic - Porcelain fused to noble metal (6242)	Major	\$302	40%	60%
Partial Dentures (5213, 5214)	Major	\$420	40%	60%
Surgical placement of implant body – endosteal implant (6010)	Major	\$512	40%	60%
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major	\$282	40%	60%
<b>Orthodontia Services</b> BlueDental Coverage	All Insureds 50%			
<b>Waiting Periods</b> Major Service Benefits Orthodontia Benefits	None None			
<b>Maximum Benefits</b> Plan Year (per person) Lifetime Orthodontia (per person)	\$1,000 \$1,000			
<b>Dental Rollover</b>	Opt Out			

The information provided above is a summary of benefits for group certificate: 50485-0802. 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.

\*\*Percentage of fee schedule, plus balance of charges, if any.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent licensees of the Blue Cross and Blue Shield Association.