

BlueDental Choice

Benefit Summary



Group Name: SCHOOL DISTRICT OF HERNANDO CO

Group Anniversary Date: 1/1

Deductible	In-Network		Out-of-Network	
	We Pay*	You Pay*	We Pay*	You Pay**
No Deductible for Preventive Services (or ortho if selected) Per Person Per Calendar Year Per Family Per Calendar Year	\$ 50 \$150		\$ 50 \$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>				
Preventive Services	100%	0%	100%	0%
Basic Services	80%	20%	80%	20%
Major Services	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 (1206, 1208)			Preventive	
Office Visits (9430)			Preventive	
Space Maintainers – fixed – unilateral (1510)			Basic	
X-rays - Intraoral/Complete Series (0210)			Basic	
Sealant – per tooth (1351)			Basic	
Amalgam Restorations (Silver Fillings) (2140)			Basic	
Resin-Based Restorations – Anterior (2330)			Basic	
Extractions – Routine and Surgical (7140)			Basic	
Root Canal Molar (3330)			Major	
Periodontal Scaling & Root Planing – per quad (4341)			Major	
Osseous Surgery – 4 or more contiguous teeth (4260)			Major	
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	
Orthodontia Services	Child(ren) to age 25			
BlueDental Coverage	50%		50%	
Waiting Periods	None			
Major Service Benefits	None			
Orthodontia Benefits	None			
Maximum Benefits				
Plan Year (per person)	\$1,500		\$1,500	
Lifetime Orthodontia (per person)	\$1,000		\$1,000	
<i>The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximum apply to the in-network maximums.</i>				
Dental Rollover	Yes			

The information provided above is a summary of benefits. 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 and exclusions may apply.

*Percentage of allowable charge.

**Percentage of allowable charge 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.

BlueDental Choice Copayment Benefit Summary



**Florida
Combined Life**

An Independent Licensee of the
Blue Cross and Blue Shield Association

Group Name: SCHOOL DISTRICT OF HERNANDO CO

Group Anniversary Date: 1/1

Deductible		In-Network	Out-of-Network	
No Deductible for Preventive Services (or ortho if selected)				
Per Person Per Calendar Year		\$ 50	\$ 50	
Per Family Per Calendar 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>				
		Copayment You Pay	Coinsurance We Pay* You Pay**	
Periodic Oral Evaluation (0120)	Preventive	\$0	70%	30%
Comprehensive Oral Evaluation (0150)	Preventive	\$0	70%	30%
Bitewing X-rays, two films (0272)	Preventive	\$0	70%	30%
Cleanings - Adult/Child (1110, 1120)	Preventive	\$10	70%	30%
Fluoride Treatment - Child (1206, 1208)	Preventive	\$0	70%	30%
Office Visits (9430)	Preventive	\$0	70%	30%
Space Maintainers - fixed – unilateral (1510)	Basic	\$47	50%	50%
X-rays - Intraoral/Complete Series (0210)	Basic	\$17	50%	50%
Sealant – per tooth (1351)	Basic	\$6	50%	50%
Amalgam Restorations (Silver Fillings) (2140)	Basic	\$15	50%	50%
Resin-Based Restorations - Anterior (2330)	Basic	\$20	50%	50%
Extractions - Routine and Surgical (7140)	Basic	\$17	50%	50%
Root Canal Molar (3330)	Major	\$305	35%	65%
Periodontal Scaling & Root Planing-per quad (4341)	Major	\$61	35%	65%
Osseous Surgery – four or more contiguous teeth (4260)	Major	\$322	35%	65%
Crowns - Porcelain fused to noble metal (2752)	Major	\$302	35%	65%
Complete Dentures (5110, 5120)	Major	\$382	35%	65%
Pontic - Porcelain fused to noble metal (6242)	Major	\$302	35%	65%
Partial Dentures (5213, 5214)	Major	\$420	35%	65%
Surgical placement of implant body – endosteal implant (6010)	Major	\$512	35%	65%
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major	\$282	35%	65%
Orthodontia Services BlueDental Coverage	Child(ren) to age 19 50%			
Waiting Periods Major Service Benefits Orthodontia Benefits	None None			
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)	\$1,000 \$1,000			
Dental Rollover	Yes			

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