

*Florida Blue*   
Your Health Solutions Partner

# 2025 Dental insurance plans for you and your family



# A better standard of dental care

BlueDental plans provide the coverage and benefits you need to have a healthy smile for years to come. Choose from three plan options to best meet your needs and budget. Our BlueDental Choice and Copayment PPO plans include rich in- and out-of-network coverage with many plan features and the convenience of accessing your dental and medical plan information in one place. Both are Qualified Plans and are compliant with the Affordable Care Act.

**BlueDental Choice<sup>SM</sup>  
PPO**

**Our richest plan with our largest provider network**

- 7,000 dentists in Florida to choose from
- Access to a national network of 80,000 dentists
- Out-of-network coverage
- No referrals or authorizations are necessary to see a specialist
- Affordable coinsurance on basic and major services
- Features that help you live healthier and save money

**BlueDental Copayment  
PPO**

**PPO dental benefits at a highly affordable price**

- 4,000 dentists in Florida to choose from
- Access to a national network of 60,000 dentists
- Out-of-network coverage
- No referrals or authorizations are necessary to see a specialist
- Fixed copayments for in-network services
- Features that help you live healthier and save money

**BlueDental Care<sup>SM</sup>  
Prepaid/HMO**

**Economical prepaid plan for cost-conscious members**

- 1,500 dentists in Florida to choose from
- No national network access
- No out-of-network coverage
- No specialist coverage
- Fixed copayments for services
- Does not include the PPO plan features
- Not available for purchase in some counties

## Oral Health for Overall Health

Our Oral Health for Overall Health<sup>SM</sup> program provides additional benefits to BlueDental Choice and Copayment members with eligible medical conditions that can reduce the severity of these conditions and lower the medical costs associated with them.<sup>1</sup>



- Program benefits are covered 100% when you visit an in-network provider
- There are no waiting periods, and program services don't count toward your annual maximum
- You're automatically enrolled if you have medical and dental plans with Florida Blue and an eligible medical condition

Eligible medical conditions	Two additional cleanings or periodontal maintenance visits, enhanced cleaning to remove excess plaque buildup, and:	
	Periodontal scaling covered 100%	Oral health screenings; fluoride treatments
Chronic obstructive pulmonary disease	✓	
Coronary artery disease	✓	
Diabetes	✓	
End-stage renal disease	✓	
Metabolic syndrome	✓	
Oral, head, and neck cancers		✓
Pregnancy	✓	
Sjögren's syndrome		✓
Stroke	✓	

# BlueDental Choice and Copayment Features



## A large provider network in Florida and nationwide

You have access to a large network of dentists in Florida and nationwide, and no referrals or authorizations are necessary when you need to see a specialist. Our network dentists agree to reduced fees for our members, which saves you money.



## 24/7 emergency care

If you have a dental emergency and can't contact your dentist, you have 24/7 access to virtual dental visits<sup>2</sup> at [TeleDentistry.com](https://www.TeleDentistry.com) at no extra cost.



## Member portal

You can access your dental and medical benefit info and ID card 24/7 in the Florida Blue mobile app or at [FloridaBlue.com](https://www.FloridaBlue.com).



## Orthodontic and cosmetic discounts

PPO plan members may be eligible for 20% off their total case fees on orthodontic and cosmetic procedures if they choose a provider in our orthodontic or cosmetic dentistry discount networks.<sup>3</sup>



## BlueDental Loyalty

You'll receive extra services after reaching membership milestones through our BlueDental Loyalty program that can help you have a brighter, healthier smile. You're automatically enrolled, so it's easy to earn extra perks.



## Maximum Rollover

BlueDental Choice and Copayment members ages 19 and older can save a portion of unused benefit dollars to use in future years for unexpected services.<sup>4</sup> Over time, you can reach up to \$2,000 in annual benefits. Rollover dollars do not expire.

### Here's how it works:

If your total claims don't exceed this amount:	\$500
We'll roll over this amount to use next year and beyond:	\$350
You can earn up to this amount of rollover dollars:	\$1,000

# BlueDental Choice and Copayment Q and QF Plans

## Pediatric Benefits

	Choice Q and QF		Copayment Q and QF	
	In-network You Pay	Out-of-network You Pay	In-network You Pay	Out-of-network You Pay
<b>Pediatric Benefits (ages 0-18)<sup>5</sup></b>				
Deductible (applies to only basic and major services)	\$50 (only basic and major services)		\$25 (preventive, basic, and major services)	
Out-of-pocket maximum if only one child is covered	\$400	Unlimited	\$400	Unlimited
Out-of-pocket maximum if more than one child is covered	\$800	Unlimited	\$800	Unlimited
<b>Preventive Services</b>				
	No Waiting Period			
Oral exams	0%	20%	\$0	20%
Cleanings	0%	20%	\$0	20%
Bitewing X-rays	0%	20%	\$0	20%
Fluoride treatment	0%	20%	\$0	20%
Sealant (per tooth)	0%	20%	\$6	20%
<b>Basic Services</b>				
	No Waiting Period			
Fillings	20%	40%	\$15-\$20	40%
Emergency treatment of dental pain	20%	40%	\$12	40%
Extraction—erupted tooth or exposed root	20%	40%	\$17	40%
<b>Major Services</b>				
	No Waiting Period			
Crowns (porcelain fused to noble metal)	50%	70%	\$302	60%
Root canal (molars)	50%	70%	\$305	60%
Complete dentures	50%	70%	\$382	60%
Upper partial (resin based)	50%	70%	\$296	60%
Medically necessary implants (preauthorization required)	50%	70%	\$282-\$400	70%
Medically necessary orthodontics (preauthorization required)	50%	70%	\$400	70%
<b>Additional Benefit Programs</b>				
Oral Health for Overall Health	Included		Included	
TeleDentistry.com benefit	2 consultations per year			
<b>2025 Monthly Premium</b>				
Individual child: 0–18	\$36.04		\$21.55	

# BlueDental Choice and Copayment QF Plans

## Adult Benefits

	Choice Plan QF		Copayment Plan QF	
	In-network You Pay	Out-of-network You Pay	In-network You Pay	Out-of-network You Pay
<b>Adult Benefits (age 19 and older)</b>				
Deductible (only applies to basic and major services)	\$50		\$50	
Adult annual maximum	\$1,000		\$1,000	
<b>Preventive Services</b> <span style="float: right;">No Waiting Period</span>				
Oral exams	0%	20%	\$0	20%
Cleanings	0%	20%	\$10	20%
Bitewing X-ray	0%	20%	\$0	20%
<b>Basic Services</b> <span style="float: right;">6-Month Waiting Period<sup>6</sup></span>				
Full mouth X-rays	20%	40%	\$17	40%
Amalgam restorations (one surface, primary permanent)	20%	40%	\$15	40%
Emergency treatment of dental pain	20%	40%	\$12	40%
<b>Major Services</b> <span style="float: right;">6-Month Waiting Period<sup>6</sup></span>				
Crowns (porcelain fused to noble metal)	50%	70%	\$302	60%
Complete dentures	50%	70%	\$382	60%
Root canal (molars)	50%	70%	\$305	60%
Periodontal scaling and root planing— 4 or more teeth per quadrant	50%	70%	\$61	60%
<b>Additional Benefit Programs</b>				
Oral Health for Overall Health	Included		Included	
Maximum Rollover	Included		Included	
BlueDental Loyalty	Included		Included	
TeleDentistry.com benefit	2 consultations per year			
<b>2025 Monthly Premium</b>				
Individual adult: 19–63	\$34.47		\$25.35	
Individual adult: 64 or older	\$49.08		\$36.56	



# BlueDental Care

## Individual Plan FI315 Benefits

	Your Copayment Amount	Limitations
<b>Benefits</b>		
Deductible		None
Annual maximum benefit		No maximum
Pre-existing conditions		Covered
Out-of-area emergency care		Up to \$100 per member, per year, if over 100 miles out of area
Out-of-network benefits		None
Specialist coverage		None (25% discount if participating specialist) <sup>7</sup>
<b>Diagnostic and Preventive</b>		
Periodic and comprehensive oral evaluation	No charge	2 per 12 calendar months
Cleanings (adult/child)	No charge	2 per 12 calendar months
Fluoride treatment	No charge	2 per 12 calendar months (only to age 16)
X-rays—bitewing (two films)	No charge	2 per 12 calendar months
X-rays—complete series and panoramic	No charge	1 in any 3 calendar years
Sealant (per tooth)	\$20	Limited to permanent teeth (only to age 16)
Oral cancer screening	\$70	None
<b>Basic</b>		
Amalgam restorations (one surface, primary or permanent)	\$30	None
Resin-based composites (one surface, anterior)	\$45	None
Root canal (bicuspid)	\$270	1 per tooth per lifetime
Root canal (molar)	\$390	1 per tooth per lifetime
Periodontal scaling and root planing (4 or more teeth per quadrant)	\$85	1 per 24 calendar months
Full mouth debridement (to enable evaluation and diagnosis)	\$80	1 every 5 years
Extraction, erupted tooth, or exposed root	\$55	Once per tooth
Surgical removal of erupted tooth	\$60	Once per tooth
<b>Major</b>		
Crowns	\$410 + lab	1 per tooth every 5 years
Bridge	\$410 + lab	1 per tooth every 5 years
Complete denture (upper)	\$550 + lab	1 every 5 years
Upper partial (resin based)	\$495 + lab	1 every 5 years
<b>Teeth Whitening Per Arch</b>	<b>\$210</b>	

	Monthly	Yearly
<b>Fees and Premiums</b>		
Payment methods	Bank draft only	Check, money order, or credit card
Enrollment fee	\$35 (one-time fee)	\$35 (one-time fee)
Monthly administrative fee (not charged for annual payments)	\$1	N/A
Premium: Individual	\$11.99	\$143.88
Premium: Individual + one dependent	\$22.78	\$273.36
Premium: Individual + two dependents	\$32.37	\$388.44
Premium: Individual + three dependents	\$41.97	\$503.64
Premium: Individual + four dependents	\$50.36	\$604.32

# Enroll in a BlueDental plan today!

Your Florida Blue agent can help you pick a plan that works for you.



<sup>1</sup> Borah, BJ., Brotman, SG., Dholakia, R., Dvoroznak, S., Jansen, MT., Murphy, EA., Naessens, JM. (2022, March) "Association Between Preventive Dental Care and Healthcare Cost for Enrollees with Diabetes or Coronary Artery Disease: 5-Year Experience." *Compendium* 2022;43(3):130-139.

<sup>2</sup> Limit two visits per calendar year. Virtual visits count toward your plan's annual maximum.

<sup>3</sup> 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.

<sup>4</sup> Rollover applies to members 19 or older and active on the last day of the calendar year. To qualify, you must receive at least one covered service during the calendar year (routine cleanings qualify).

<sup>5</sup> Pediatric dental benefits end on the last day of the calendar year of the covered person's 19th birthday.

<sup>6</sup> Waiting periods may be waived with proof of prior continuous, comparable dental insurance coverage.

<sup>7</sup> If you should need to see a specialist (e.g., endodontist, oral surgeon, periodontist, pediatric dentist), you may receive a 25% reduction from the participating specialist's usual fee for covered dental care services performed.

# Limitations and Exclusions

## BlueDental Choice and Copayment Limitations:

1. 6 month waiting period for Adult Basic services
2. 6 month waiting period for Adult Major services
3. Maximum two total per year - Exams
4. Two per year - Cleanings (routine or periodontal), pediatric fluoride treatment
5. One per year - Bitewing x-rays Adult
6. Two per year - Bitewing x-rays Pediatric
7. One per 24 months - Periodontal Scaling
8. One per 60 months - Complete mouth or Panoramic x-rays
9. Periodontal Services limited to age 18 or older

## BlueDental Choice and Copayment Exclusions:

1. Services or supplies which are not medically necessary
2. Services provided by a family member
3. Cosmetic services
4. Charges for broken appointments
5. Services related to treatment of temporomandibular joint (TMJ)
6. Services for which the insured incurs no charge
7. Procedures necessary to alter vertical dimension
8. Local anesthesia billed separately
9. Any service payable under a Covered Person's health policy
10. Services not listed in this policy
11. Charges for a more expensive service
12. Services rendered before effective date of coverage or after termination of coverage, except as provided under "Extension of Benefits"
13. Charges for sterilization
14. Denture replacement necessary due to loss or theft
15. Duplicate or temporary denture, crown or bridge
16. Labial Veneers
17. General anesthesia and intravenous sedation for patient management
18. Charges for nitrous oxide
19. Prescribed drugs or premedication
20. Charge for oral hygiene or diet instruction
21. Cosmetic Pediatric Orthodontia Services
22. Orthodontia Services for adults

## BlueDental Care Exclusions:

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered, except out-of-area emergency care.
2. Any procedures not specifically listed as a covered benefit in the Schedule of Benefits.
3. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
4. Any dental treatment started prior to the Member's effective date for eligibility of benefits.
5. Services which in the opinion of the Participating General Dentist, Participating Specialist, or Company are not Necessary Treatment to establish and/or maintain the Member's oral health.
6. Services that are not appropriate or customarily performed for the given condition, do not have uniform professional endorsement, or are experimental or investigational.
7. Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
8. Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
9. Procedures, appliances or restorations to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ); or replacement of lost, missing or stolen appliances.
10. Services performed primarily for cosmetic purposes, unless otherwise listed as covered cosmetic services on your Schedule of Benefits.
11. Services provided by a Participating Pediatric Dentist are limited to children through age seven.
12. Removal of asymptomatic third molars is not covered unless pathology (disease) exists.
13. Frequency and/or age limitations may apply.
14. Workers' Compensation - If We pay benefits but determine that the benefits were for the treatment of bodily injury or sickness that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain, We have the right to recover that payment. We will exercise our right to recover against you.
15. Crowns, inlays, onlays, or veneers for the purpose of (1) altering vertical dimension of teeth; (2) Restoration or maintenance of occlusion; (3) Splinting teeth, including multiple abutments; or (4) Replacing tooth structure lost as a result of wear.

This is not an insurance Policy and only the actual provisions of an issued Policy control. Florida Combined Life's Policies set forth the rights and obligations of covered persons and Florida Combined Life. Please be aware that certain limitations and exclusions apply, and certain coverage may reduce or terminate due to age or lack of eligibility. Please read your insurance documents carefully.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

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