



Dental Agent Guide

Small Group

Florida Blue 
Your local Blue Cross Blue Shield



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Introduction

More value, more options with BlueDental

A BlueDental plan is more than a dental plan; it allows your clients to offer their employees top-tier dental coverage that works with Florida Blue medical plans to promote better health.



The brand Floridians trust

- Over 75 years of experience—recognized leader in the industry
- Local presence and commitment
- The Blue brand is preferred more than 2-1 for all benefits¹



Strong dental offering

- A range of plan options to fit every need
- Local expertise, which ensures the highest-quality, credentialed network providers
- A large PPO network in Florida and nationwide
- Superior member service metrics



More savings

- Top-ranked effective discounts on PPO plans²
- Lower medical costs through Oral Health for Overall Health³
- Discounts on cosmetic and orthodontic services
- One of the highest rollover amounts of any carrier in Florida



Health-dental integration

- Improved health with Oral Health for Overall Health—proactive outreach based on medical claims
- Joint quoting and enrollment through SellPoint and EnrollPoint
- Single sign-on for health and dental benefits for members



BlueDental plans

Overview

As a community-based carrier, Florida Blue understands local markets and offers customized dental products and services designed to meet the needs of all Floridians. Our local presence and focus allows us to offer your clients high-quality plans at the best possible price.

All BlueDental plans for small groups also come with the convenience of joint quoting and enrollment through SellPoint and EnrollPoint. Our range of plan options includes:

BlueDental Choice SM (PPO)	BlueDental Choice SM Copayment (PPO)	BlueDental Care SM (Prepaid)
Good for individuals who: <ul style="list-style-type: none"> • Want broad access to dentists • Prefer rich plan benefits 	Good for individuals who: <ul style="list-style-type: none"> • Need PPO benefits at an affordable rate • Want predictable copays 	Good for individuals who: <ul style="list-style-type: none"> • Are cost conscious • Need basic coverage
• Dental PPO	• Dental PPO	• Prepaid, HMO-like plan
• 14 plans	• 10 plans	• 3 plans
<ul style="list-style-type: none"> • Affordable coinsurance on basic and major services • No out-of-pocket expenses for in-network preventive services 	<ul style="list-style-type: none"> • Fixed copayments for in-network services • Limited out-of-pocket expense for preventive services 	<ul style="list-style-type: none"> • No deductible, annual maximum or waiting period • Little or no cost for exams, X-rays, and cleanings (in-network)
Plan features: <ul style="list-style-type: none"> • National network access • Includes specialist coverage • Cosmetic and orthodontic discount programs • Members have online access to their dental benefits through their Florida Blue account 		Plan features: <ul style="list-style-type: none"> • In-network benefits only • 25% discount on covered services available for plans without specialist coverage • Members must select a dentist before obtaining covered services

BlueDental Choice and Choice Copayment plans

PPO plan features:

- Eligibility down to two average total number of employees (ATNE)
- Competitive rates based on ATNE
- Annual maximums up to \$3,000
- No waiting periods for major or orthodontic services
- No. 1- and No. 2-ranked effective discounts in Florida²
- Medical-dental integration through Oral Health for Overall Health
- One of the highest Maximum Rollover amounts of any dental carrier in Florida—available on all PPO plans
- Discounts on braces and cosmetic dental work
- Responsive customer service by phone, online, or in-person at Florida Blue centers
- 24/7 access to dental benefits through member account at floridablue.com
- No referrals or authorizations are needed to see a specialist
- Integration with wholesaler quoting systems

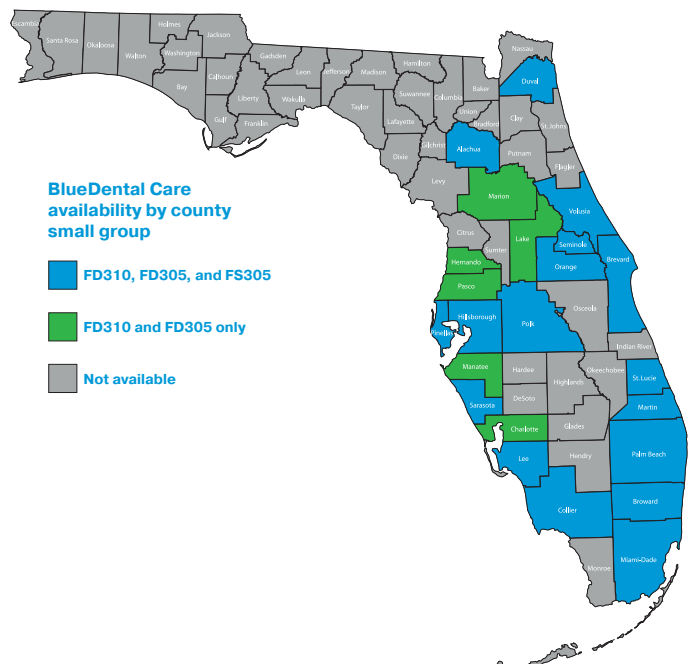
BlueDental Care Prepaid plan

Our low-cost BlueDental Care Prepaid plan provides preventive services at little or no cost when members visit a dentist in our Care network. Other services are available at a set copayment. Copayments are made directly to the dentist.

Care plan limitations:

- Available in limited service areas in Florida (see map)
- Group must have four or more ATNE and at least four enrolled
- No out-of-network coverage in Florida or coverage outside of Florida
- Members must select a provider when they enroll
- Specialist visits are not covered on plans FD310 and FD305; a 25% specialist discount is available for these plans

Care plan availability:



BlueDental plan details

The following pages depict all BlueDental plans available for small groups. BlueDental Choice plans have different rates according to geographic areas; see the area definitions below. The table on this page presents a high-level view of plans by category, with links to the corresponding plan detail pages.

BlueDental Choice area definitions

Area 1: Alachua, Baker, Bay, Bradford, Calhoun, Citrus, Columbia, DeSoto, Dixie, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Marion, Okaloosa, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

Area 2: Clay, Duval, Nassau, St. Johns

Area 3: Brevard, Charlotte, Indian River, Lee, Manatee, Martin, St. Lucie, Sarasota

Area 4: Broward, Collier, Miami-Dade, Monroe, Palm Beach

BlueDental plans

BlueDental Choice	True Group	Voluntary
	area 1	area 1
	area 2	area 2
	area 3	area 3
	area 4	area 4
BlueDental Choice Copayment	True Group	Voluntary
BlueDental Care	Care plans	

BlueDental Choice–True Group–area 1

	Plan 301	Plan 312	Plan 305	Plan 303	Plan 307	Plan 320	Plan 322
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$3,000
Deductible individual/family	\$50/\$150						
In-network coinsurance percentage ⁴	100/80/50						
Out-of-network coinsurance percentage ⁴	80/60/40	90/60/40	100/80/50	80/60/40	100/80/50	100/80/50	100/80/50
Endo/nonsurgical perio category	Basic						
Minimum employer contribution	50%						
Minimum participation % or # of lives, whichever is greater	50% or 2 lives						
Monthly premiums							
20-50 ATNE ⁵							
Single	\$24.89	\$25.20	\$27.21	\$27.34	\$29.96	\$32.55	\$37.17
Employee + spouse	\$51.27	\$51.91	\$56.05	\$56.33	\$61.72	\$67.05	\$76.57
Employee + child(ren)	\$52.31	\$52.96	\$57.19	\$57.43	\$62.93	\$68.36	\$78.06
Family	\$78.81	\$79.79	\$86.15	\$86.43	\$94.71	\$102.87	\$117.46
10-19 ATNE							
Single	\$25.91	\$26.24	\$28.33	\$28.48	\$31.21	\$33.91	\$38.72
Employee + spouse	\$53.37	\$54.05	\$58.36	\$58.67	\$64.30	\$69.85	\$79.76
Employee + child(ren)	\$54.46	\$55.15	\$59.54	\$59.82	\$65.55	\$71.22	\$81.31
Family	\$82.04	\$83.08	\$89.69	\$90.03	\$98.66	\$107.17	\$122.36
4-9 ATNE							
Single	\$27.95	\$28.31	\$30.57	\$30.75	\$33.70		
Employee + spouse	\$57.58	\$58.32	\$62.97	\$63.35	\$69.43		
Employee + child(ren)	\$58.74	\$59.50	\$64.24	\$64.59	\$70.78		
Family	\$88.48	\$89.62	\$96.76	\$97.21	\$106.53		
2-3 ATNE							
Single	\$31.02						
Employee + spouse	\$63.90						
Employee + child(ren)	\$65.19						
Family	\$98.19						

BlueDental Choice–True Group–area 2

	Plan 301	Plan 312	Plan 305	Plan 303	Plan 307	Plan 320	Plan 322
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$3,000
Deductible individual/family	\$50/\$150						
In-network coinsurance percentage ⁴	100/80/50						
Out-of-network coinsurance percentage ⁴	80/60/40	90/60/40	100/80/50	80/60/40	100/80/50	100/80/50	100/80/50
Endo/nonsurgical perio category	Basic						
Minimum employer contribution	50%						
Minimum participation (% or # of lives, whichever is greater)	50% or 2 lives						
Monthly premiums							
20-50 ATNE ⁵							
Single	\$25.63	\$25.95	\$28.02	\$28.16	\$30.86	\$33.53	\$38.29
Employee + spouse	\$52.80	\$53.46	\$57.72	\$58.01	\$63.58	\$69.07	\$78.88
Employee + child(ren)	\$53.87	\$54.54	\$58.89	\$59.15	\$64.82	\$70.42	\$80.41
Family	\$81.15	\$82.16	\$88.71	\$89.02	\$97.55	\$105.97	\$121.00
10-19 ATNE							
Single	\$26.68	\$27.02	\$29.17	\$29.33	\$32.14	\$34.93	\$39.88
Employee + spouse	\$54.96	\$55.66	\$60.09	\$60.43	\$66.21	\$71.95	\$82.15
Employee + child(ren)	\$56.07	\$56.79	\$61.30	\$61.61	\$67.51	\$73.36	\$83.75
Family	\$84.47	\$85.55	\$92.34	\$92.72	\$101.60	\$110.39	\$126.02
4-9 ATNE							
Single	\$28.78	\$29.15	\$31.48	\$31.67	\$34.71		
Employee + spouse	\$59.29	\$60.05	\$64.85	\$65.25	\$71.51		
Employee + child(ren)	\$60.48	\$61.26	\$66.15	\$66.52	\$72.90		
Family	\$91.11	\$92.28	\$99.64	\$100.11	\$109.72		
2-3 ATNE							
Single	\$31.94						
Employee + spouse	\$65.79						
Employee + child(ren)	\$67.12						
Family	\$101.09						

BlueDental Choice–True Group–area 3

	Plan 301	Plan 312	Plan 305	Plan 303	Plan 307	Plan 320	Plan 322
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$3,000
Deductible individual/family	\$50/\$150						
In-network coinsurance percentage ⁴	100/80/50						
Out-of-network coinsurance percentage ⁴	80/60/40	90/60/40	100/80/50	80/60/40	100/80/50	100/80/50	100/80/50
Endo/nonsurgical perio category	Basic						
Minimum employer contribution	50%						
Minimum participation (% or # of lives, whichever is greater)	50% or 2 lives						
Monthly premiums							
20-50 ATNE ⁵							
Single	\$28.57	\$28.93	\$31.24	\$31.43	\$34.44	\$37.43	\$42.75
Employee + spouse	\$58.85	\$59.59	\$64.35	\$64.75	\$70.95	\$77.10	\$88.07
Employee + child(ren)	\$60.04	\$60.80	\$65.65	\$66.02	\$72.34	\$78.61	\$89.78
Family	\$90.44	\$91.58	\$98.88	\$99.36	\$108.87	\$118.29	\$135.09
10-19 ATNE							
Single	\$29.74	\$30.12	\$32.53	\$32.74	\$35.88	\$38.99	\$44.53
Employee + spouse	\$61.26	\$62.05	\$67.01	\$67.45	\$73.92	\$80.32	\$91.73
Employee + child(ren)	\$62.50	\$63.30	\$68.36	\$68.77	\$75.36	\$81.89	\$93.51
Family	\$94.14	\$95.34	\$102.96	\$103.50	\$113.42	\$123.22	\$140.71
4-9 ATNE							
Single	\$32.09	\$32.50	\$35.10	\$35.35	\$38.74		
Employee + spouse	\$66.10	\$66.95	\$72.30	\$72.83	\$79.81		
Employee + child(ren)	\$67.43	\$68.29	\$73.75	\$74.25	\$81.37		
Family	\$101.57	\$102.86	\$111.08	\$111.74	\$122.46		
2-3 ATNE							
Single	\$35.62						
Employee + spouse	\$73.38						
Employee + child(ren)	\$74.85						
Family	\$112.72						

BlueDental Choice–True Group–area 4

	Plan 301	Plan 312	Plan 305	Plan 303	Plan 307	Plan 320	Plan 322
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$3,000
Deductible individual/family	\$50/\$150						
In-network coinsurance percentage ⁴	100/80/50						
Out-of-network coinsurance percentage ⁴	80/60/40	90/60/40	100/80/50	80/60/40	100/80/50	100/80/50	100/80/50
Endo/nonsurgical perio category	Basic						
Minimum employer contribution	50%						
Minimum participation (% or # of lives, whichever is greater)	50% or 2 lives						
Monthly premiums							
20-50 ATNE ⁵							
Single	\$31.02	\$31.41	\$33.92	\$34.16	\$37.43	\$40.68	\$46.46
Employee + spouse	\$63.90	\$64.70	\$69.87	\$70.37	\$77.11	\$83.80	\$95.71
Employee + child(ren)	\$65.19	\$66.01	\$71.28	\$71.75	\$78.62	\$85.44	\$97.57
Family	\$98.19	\$99.42	\$107.35	\$107.98	\$118.32	\$128.56	\$146.81
10-19 ATNE							
Single	\$32.30	\$32.71	\$35.32	\$35.58	\$38.99	\$42.38	\$48.40
Employee + spouse	\$66.54	\$67.38	\$72.76	\$73.30	\$80.32	\$87.30	\$99.70
Employee + child(ren)	\$67.87	\$68.74	\$74.22	\$74.73	\$81.89	\$89.01	\$101.64
Family	\$102.23	\$103.53	\$111.77	\$112.47	\$123.25	\$133.94	\$152.94
4-9 ATNE							
Single	\$34.85	\$35.30	\$38.12	\$38.42	\$42.11		
Employee + spouse	\$71.79	\$72.72	\$78.53	\$79.15	\$86.75		
Employee + child(ren)	\$73.23	\$74.17	\$80.10	\$80.69	\$88.44		
Family	\$110.29	\$111.71	\$120.62	\$121.44	\$133.10		
2-3 ATNE							
Single	\$38.69						
Employee + spouse	\$79.70						
Employee + child(ren)	\$81.29						
Family	\$122.42						

BlueDental Choice–Voluntary–area 1

	Plan 401	Plan 412	Plan 405	Plan 403	Plan 407	Plan 420	Plan 422
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$3,000
Deductible individual/family	\$50/\$150						
In-network coinsurance percentage ⁴	100/80/50						
Out-of-network coinsurance percentage ⁴	80/60/40	90/60/40	100/80/50	80/60/40	100/80/50	100/80/50	100/80/50
Endo/nonsurgical perio category	Basic						
Minimum employer contribution	0%						
Minimum participation (% or # of lives, whichever is greater)	35% or 2 lives						
Monthly premiums							
20-50 ATNE ⁵							
Single	\$27.83	\$28.19	\$30.44	\$30.63	\$33.56	\$36.46	\$41.64
Employee + spouse	\$57.33	\$58.07	\$62.70	\$63.10	\$69.14	\$75.11	\$85.78
Employee + child(ren)	\$58.49	\$59.24	\$63.97	\$64.34	\$70.49	\$76.57	\$87.44
Family	\$88.11	\$89.24	\$96.35	\$96.83	\$106.09	\$115.23	\$131.58
10-19 ATNE							
Single	\$28.97	\$29.35	\$31.69	\$31.90	\$34.95	\$37.98	\$43.37
Employee + spouse	\$59.68	\$60.46	\$65.28	\$65.72	\$72.00	\$78.24	\$89.34
Employee + child(ren)	\$60.88	\$61.68	\$66.59	\$67.00	\$73.41	\$79.77	\$91.08
Family	\$91.71	\$92.91	\$100.30	\$100.84	\$110.48	\$120.03	\$137.05
4-9 ATNE							
Single	\$31.26	\$31.67	\$34.20	\$34.45	\$37.74		
Employee + spouse	\$64.39	\$65.24	\$70.45	\$70.97	\$77.75		
Employee + child(ren)	\$65.69	\$66.55	\$71.86	\$72.36	\$79.27		
Family	\$98.94	\$100.24	\$108.23	\$108.90	\$119.30		
2-3 ATNE	No plans available						

BlueDental Choice–Voluntary–area 2

	Plan 401	Plan 412	Plan 405	Plan 403	Plan 407	Plan 420	Plan 422
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$3,000
Deductible individual/family	\$50/\$150						
In-network coinsurance percentage ⁴	100/80/50						
Out-of-network coinsurance percentage ⁴	80/60/40	90/60/40	100/80/50	80/60/40	100/80/50	100/80/50	100/80/50
Endo/nonsurgical perio category	Basic						
Minimum employer contribution	0%						
Minimum participation (% or # of lives, whichever is greater)	35% or 2 lives						
Monthly premiums							
20-50 ATNE ⁵							
Single	\$28.65	\$29.02	\$31.34	\$31.55	\$34.56	\$37.55	\$42.89
Employee + spouse	\$59.02	\$59.78	\$64.56	\$65.00	\$71.20	\$77.35	\$88.35
Employee + child(ren)	\$60.21	\$60.99	\$65.86	\$66.27	\$72.59	\$78.86	\$90.07
Family	\$90.70	\$91.87	\$99.20	\$99.74	\$109.25	\$118.67	\$135.53
10-19 ATNE							
Single	\$29.83	\$30.22	\$32.63	\$32.85	\$36.00	\$39.12	\$44.67
Employee + spouse	\$61.45	\$62.25	\$67.22	\$67.68	\$74.17	\$80.59	\$92.02
Employee + child(ren)	\$62.69	\$63.51	\$68.57	\$69.00	\$75.61	\$82.16	\$93.81
Family	\$94.43	\$95.66	\$103.27	\$103.84	\$113.80	\$123.63	\$141.16
4-9 ATNE							
Single	\$32.19	\$32.61	\$35.22	\$35.48	\$38.87		
Employee + spouse	\$66.31	\$67.18	\$72.55	\$73.09	\$80.08		
Employee + child(ren)	\$67.64	\$68.53	\$74.01	\$74.52	\$81.64		
Family	\$101.88	\$103.21	\$111.46	\$112.15	\$122.87		
2-3 ATNE	No plans available						

BlueDental Choice–Voluntary–area 3

	Plan 401	Plan 412	Plan 405	Plan 403	Plan 407	Plan 420	Plan 422
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$3,000
Deductible individual/family	\$50/\$150						
In-network coinsurance percentage ⁴	100/80/50						
Out-of-network coinsurance percentage ⁴	80/60/40	90/60/40	100/80/50	80/60/40	100/80/50	100/80/50	100/80/50
Endo/nonsurgical perio category	Basic						
Minimum employer contribution	0%						
Minimum participation (% or # of lives, whichever is greater)	35% or 2 lives						
Monthly premiums							
20-50 ATNE ⁵							
Single	\$31.95	\$32.36	\$34.95	\$35.21	\$38.58	\$41.92	\$47.89
Employee + spouse	\$65.82	\$66.66	\$72.00	\$72.54	\$79.48	\$86.35	\$98.65
Employee + child(ren)	\$67.14	\$68.00	\$73.44	\$73.95	\$81.03	\$88.04	\$100.57
Family	\$101.12	\$102.42	\$110.60	\$111.30	\$121.95	\$132.48	\$151.33
10-19 ATNE							
Single	\$33.26	\$33.70	\$36.39	\$36.67	\$40.18	\$43.67	\$49.88
Employee + spouse	\$68.51	\$69.42	\$74.96	\$75.55	\$82.78	\$89.96	\$102.75
Employee + child(ren)	\$69.89	\$70.81	\$76.46	\$77.02	\$84.39	\$91.71	\$104.75
Family	\$105.26	\$106.65	\$115.15	\$115.91	\$127.01	\$138.01	\$157.62
4-9 ATNE							
Single	\$35.90	\$36.37	\$39.28	\$39.61	\$43.39		
Employee + spouse	\$73.95	\$74.92	\$80.92	\$81.60	\$89.39		
Employee + child(ren)	\$75.43	\$76.42	\$82.53	\$83.19	\$91.13		
Family	\$113.61	\$115.09	\$124.29	\$125.20	\$137.15		
2-3 ATNE	No plans available						

BlueDental Choice–Voluntary–area 4

	Plan 401	Plan 412	Plan 405	Plan 403	Plan 407	Plan 420	Plan 422
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$3,000
Deductible individual/family	\$50/\$150						
In-network coinsurance percentage ⁴	100/80/50						
Out-of-network coinsurance percentage ⁴	80/60/40	90/60/40	100/80/50	80/60/40	100/80/50	100/80/50	100/80/50
Endo/nonsurgical perio category	Basic						
Minimum employer contribution	0%						
Minimum participation (% or # of lives, whichever is greater)	35% or 2 lives						
Monthly premiums							
20-50 ATNE ⁵							
Single	\$34.70	\$35.15	\$37.96	\$38.27	\$41.93	\$45.57	\$52.05
Employee + spouse	\$71.48	\$72.41	\$78.20	\$78.84	\$86.38	\$93.87	\$107.22
Employee + child(ren)	\$72.91	\$73.86	\$79.76	\$80.38	\$88.07	\$95.70	\$109.31
Family	\$109.81	\$111.24	\$120.12	\$120.97	\$132.54	\$144.02	\$164.48
10-19 ATNE							
Single	\$36.12	\$36.60	\$39.52	\$39.86	\$43.67	\$47.47	\$54.21
Employee + spouse	\$74.41	\$75.39	\$81.41	\$82.12	\$89.97	\$97.79	\$111.67
Employee + child(ren)	\$75.90	\$76.90	\$83.04	\$83.72	\$91.72	\$99.69	\$113.84
Family	\$114.30	\$115.82	\$125.05	\$125.99	\$138.03	\$150.02	\$171.30
4-9 ATNE							
Single	\$38.99	\$39.50	\$42.66	\$43.04	\$47.16		
Employee + spouse	\$80.32	\$81.37	\$87.88	\$88.67	\$97.15		
Employee + child(ren)	\$81.92	\$82.99	\$89.63	\$90.40	\$99.05		
Family	\$123.37	\$124.98	\$134.97	\$136.04	\$149.06		
2-3 ATNE	No plans available						

BlueDental Choice Copayment–True Group

	Plan 109	Plan 114	Plan 129	Plan 131	Plan 140
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500
In-network deductible individual/family ⁴	\$50/\$150	None	\$50/\$150	None	\$50/\$150
Out-of-network deductible individual/family ⁴	\$50/\$150				
Cleaning copayment	\$10	\$0	\$10	\$10	\$10
In-network copayment schedule	See Copayment Schedule				
Out-of-network coinsurance percentage	80/60/40	80/60/40	100/80/50	100/80/50	100/80/50
Minimum employer contribution	50%				
Minimum participation % or # of lives, whichever is greater	50% or 2 lives				
Monthly premiums					
20-50 ATNE ⁵					
Single	\$13.90	\$15.70	\$15.11	\$16.39	\$17.54
Employee + spouse	\$29.17	\$32.95	\$31.72	\$34.40	\$36.84
Employee + child(ren)	\$29.50	\$33.32	\$32.07	\$34.78	\$37.20
Family	\$47.47	\$53.61	\$51.60	\$55.96	\$59.83
10-19 ATNE					
Single	\$14.46	\$16.34	\$15.72	\$17.06	\$18.27
Employee + spouse	\$30.35	\$34.30	\$33.00	\$35.81	\$38.37
Employee + child(ren)	\$30.69	\$34.68	\$33.36	\$36.20	\$38.74
Family	\$49.38	\$55.79	\$53.68	\$58.25	\$62.32
4-9 ATNE					
Single	\$15.59	\$17.62	\$16.95	\$18.40	\$19.73
Employee + spouse	\$32.72	\$36.99	\$35.58	\$38.62	\$41.44
Employee + child(ren)	\$33.09	\$37.39	\$35.97	\$39.04	\$41.84
Family	\$53.23	\$60.16	\$57.87	\$62.82	\$67.30
2-3 ATNE					
Single	\$17.28				
Employee + spouse	\$36.27				
Employee + child(ren)	\$36.67				
Family	\$59.00				

BlueDental Choice Copayment–Voluntary

	Plan 209	Plan 214	Plan 229	Plan 231	Plan 240
Plan year maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500
In-network deductible individual/family ⁴	\$50/\$150	None	\$50/\$150	None	\$50/\$150
Out-of-network deductible individual/family ⁴	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Cleaning copayment	\$10	\$0	\$10	\$10	\$10
In-network copayment schedule	See Copayment Schedule				
Out-of-network coinsurance percentage	80/60/40	80/60/40	100/80/50	100/80/50	100/80/50
Employer contribution (minimum required for dental)	0%				
Minimum participation % or # of lives, whichever is greater	35% or 2 lives				
Monthly premiums					
20-50 ATNE ⁵					
Single	\$15.52	\$17.54	\$16.88	\$18.31	\$19.64
Employee + spouse	\$32.58	\$36.82	\$35.43	\$38.44	\$41.25
Employee + child(ren)	\$32.94	\$37.22	\$35.82	\$38.85	\$41.65
Family	\$53.00	\$59.88	\$57.63	\$62.51	\$66.99
10-19 ATNE					
Single	\$16.15	\$18.26	\$17.57	\$19.06	\$20.45
Employee + spouse	\$33.90	\$38.33	\$36.88	\$40.01	\$42.95
Employee + child(ren)	\$34.27	\$38.75	\$37.29	\$40.44	\$43.36
Family	\$55.14	\$62.34	\$59.99	\$65.07	\$69.75
4-9 ATNE					
Single	\$17.41	\$19.69	\$18.95	\$20.56	\$22.08
Employee + spouse	\$36.55	\$41.33	\$39.78	\$43.16	\$46.37
Employee + child(ren)	\$36.95	\$41.78	\$40.21	\$43.62	\$46.82
Family	\$59.44	\$67.22	\$64.69	\$70.18	\$75.31
2-3 ATNE	No plans available				

Orthodontic Rider for BlueDental Choice and Choice Copayment

For the Choice and Choice Copayment plans listed previously, an optional orthodontic benefit for children to age 19 is available to groups with ATNE of 10-50, subject to payment of an additional premium. A minimum of eight subscribers must be enrolled for ortho to be added to a plan. Each plan has only one Lifetime Maximum for selection. The following grid contains information about the ortho benefit available by plan and the associated cost:

BlueDental Choice

True Group	Plan 301	Plan 303	Plan 305	Plan 307	Plan 312	Plan 320	Plan 322
Ortho lifetime maximum	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,500
Rates by tier level							
Single	\$0.15	\$0.22	\$0.15	\$0.22	\$0.15	\$0.22	\$0.22
Employee + spouse	\$0.29	\$0.43	\$0.29	\$0.43	\$0.29	\$0.43	\$0.43
Employee + child(ren)	\$9.46	\$14.19	\$9.46	\$14.19	\$9.46	\$14.19	\$14.19
Family	\$9.62	\$14.43	\$9.62	\$14.43	\$9.62	\$14.43	\$14.43

Voluntary	Plan 401	Plan 403	Plan 405	Plan 407	Plan 412	Plan 420	Plan 422
Ortho lifetime maximum	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,500
Rates by tier level							
Single	\$0.17	\$0.25	\$0.17	\$0.25	\$0.17	\$0.25	\$0.25
Employee + spouse	\$0.33	\$0.49	\$0.33	\$0.49	\$0.33	\$0.49	\$0.49
Employee + child(ren)	\$10.60	\$15.90	\$10.60	\$15.90	\$10.60	\$15.90	\$15.90
Family	\$10.78	\$16.17	\$10.78	\$16.17	\$10.78	\$16.17	\$16.17

BlueDental Choice Copayment

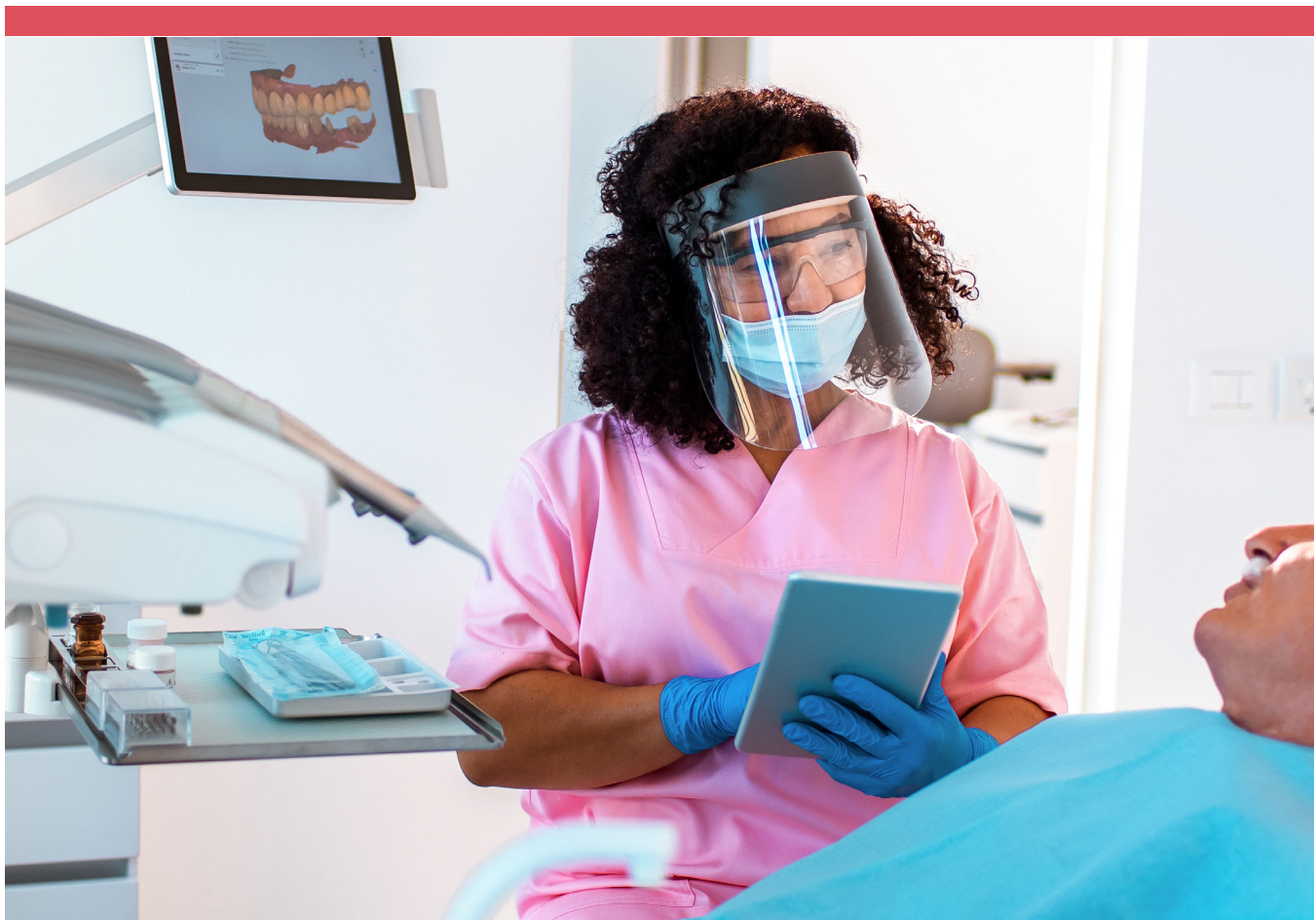
True Group	Plan 109	Plan 114	Plan 129	Plan 131	Plan 140
Ortho lifetime maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500
Rates by tier level					
Single	\$0.15	\$0.15	\$0.15	\$0.15	\$0.22
Employee + spouse	\$0.29	\$0.29	\$0.29	\$0.29	\$0.43
Employee + child(ren)	\$9.46	\$9.46	\$9.46	\$9.46	\$14.19
Family	\$9.62	\$9.62	\$9.62	\$9.62	\$14.43

Voluntary	Plan 209	Plan 214	Plan 229	Plan 231	Plan 240
Ortho lifetime maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500
Rates by tier level					
Single	\$0.17	\$0.17	\$0.17	\$0.17	\$0.25
Employee + spouse	\$0.33	\$0.33	\$0.33	\$0.33	\$0.49
Employee + child(ren)	\$10.60	\$10.60	\$10.60	\$10.60	\$15.90
Family	\$10.78	\$10.78	\$10.78	\$10.78	\$16.17

For all plans, orthodontic coinsurance is 50%, and there is no waiting period.

BlueDental Care

	FD310	FD305	FS305
Orthodontia coverage	Optional		Included
Dental implants	N/A		Optional
Specialist coverage	25% discount for covered services when visiting a participating specialist		Includes specialist services
Lab fees	Lab fees are not capped	Not to exceed \$200	Not to exceed \$200
Adult/child cleanings	2 cleaning limit in any 12 calendar months		
Eligibility	4 eligible employees with 4 enrolled		4 eligible employees with 4 enrolled without implants; 10 eligible employees with 10 enrolled with implants
Service areas	<ul style="list-style-type: none"> • North: Alachua, Marion • Central: Brevard, Duval, Hernando, Hillsborough, Lake, Manatee, Martin, Orange, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Johns, St. Lucie, Volusia • South: Broward, Charlotte, Collier, Lee, Miami-Dade, Palm Beach 		<ul style="list-style-type: none"> • North: Alachua • Central: Brevard, Duval, Hillsborough, Martin, Orange, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Volusia • South: Broward, Collier, Lee, Miami-Dade, Palm Beach



BlueDental Care rates

	FD310	FD305	FS305
North			
Single	\$10.75	\$11.50	\$16.74
Employee + spouse	\$21.49	\$23.01	\$33.49
Employee + child(ren)	\$24.18	\$25.88	\$37.68
Family	\$38.90	\$41.65	\$60.62
	with ortho:		with implants:
Single	\$11.49	\$12.03	\$18.95
Employee + spouse	\$22.98	\$24.06	\$37.89
Employee + child(ren)	\$25.85	\$27.07	\$42.63
Family	\$41.59	\$43.55	\$68.59
Central			
Single	\$9.27	\$9.92	\$14.44
Employee + spouse	\$18.53	\$19.84	\$28.88
Employee + child(ren)	\$20.85	\$22.32	\$32.49
Family	\$33.55	\$35.91	\$52.27
	with ortho:		with implants:
Single	\$9.91	\$10.37	\$16.34
Employee + spouse	\$19.81	\$20.75	\$32.68
Employee + child(ren)	\$22.29	\$23.34	\$36.76
Family	\$35.86	\$37.55	\$59.14
South			
Single	\$8.27	\$8.85	\$12.89
Employee + spouse	\$16.54	\$17.71	\$25.78
Employee + child(ren)	\$18.61	\$19.92	\$29.00
Family	\$29.95	\$32.05	\$46.66
	with ortho:		with implants:
Single	\$8.84	\$9.26	\$14.58
Employee + spouse	\$17.68	\$18.52	\$29.17
Employee + child(ren)	\$19.89	\$20.83	\$32.81
Family	\$32.01	\$33.52	\$52.79

Underwriting guidelines and participating requirements

Choice and Choice Copayment

General underwriting guidelines

- Deductible does not apply to preventive services for any BlueDental Choice plan (or to orthodontic, if selected).
- Out-of-network coinsurance is paid based upon the allowable charge.
- Plan effective dates are the 1st and 15th of the month (unless it is a dual option with Care, in which case the effective date must be the 1st of the month).
- Plan designs included in this brochure require home office rating for groups greater than 50 ATNE.

Orthodontic benefits (optional)

- See optional orthodontic grid for pricing
- 50% coinsurance benefit
- Minimum of eight subscribers enrolled
- No deductible
- Children covered until 19th birthday

Dual-option packages (20-50 size range only)

True Group:

- BlueDental Choice CR Plan 307/BlueDental Choice Copayment CR Plan 131
- BlueDental Choice CR Plan 307/BlueDental Care Plan FS305
- BlueDental Choice Copayment CR 131/BlueDental Care Plan FS305

Voluntary:

- BlueDental Choice CR Plan 407/BlueDental Choice Copayment CR Plan 231
- BlueDental Choice CR Plan 407/BlueDental Care Plan FS305
- BlueDental Choice Copayment CR 231/BlueDental Care Plan FS305

Notes:

- Each plan in the dual option must have the minimum enrollees required by that plan.
- If ortho is selected on any Choice or Choice Copayment plan, a minimum of eight subscribers must be enrolled in the plan. If a dual option of PPO with Care is selected, a minimum of eight subscribers must be enrolled in the PPO plan. If a dual option of two PPOs is selected, a minimum of eight subscribers must be enrolled in both PPO plans combined.
- If ortho is elected on any Choice/Copayment dual option selections, ortho must be elected on both plans.
- The combined enrollment of both plans in the dual option divided by the total number of eligible employees must meet or exceed participation requirements of 50% if True Group and 35% if Voluntary.

BlueDental Choice area rating

Area 1: Alachua, Baker, Bay, Bradford, Calhoun, Citrus, Columbia, DeSoto, Dixie, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Marion, Okaloosa, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

Area 2: Clay, Duval, Nassau, St. Johns

Area 3: Brevard, Charlotte, Indian River, Lee, Manatee, Martin, St. Lucie, Sarasota

Area 4: Broward, Collier, Miami-Dade, Monroe, Palm Beach

Joint quoting and enrollment

SellPoint

It's easy to quote small groups using SellPoint. You can find SellPoint at AgentPoint, a Florida Blue website just for agents. On AgentPoint, you'll find the SellPoint rating tool, forms and product collateral, news and updates, frequently asked questions and answers, and quick links to help you with renewals, compensation, and rewards.

To rate a small group, all you need is:

- The group name
- Effective date
- ZIP code
- Industry code
- The number of eligible employees enrolling
- Average total number of employees (ATNE)
- Proposed employer contribution

SellPoint will guide you through the submission process. Visit floridablue.com/agents, then log in or register to access your account.

EnrollPoint

Our user-friendly web-based enrollment tool, EnrollPoint, simplifies the benefit administration process and is designed to meet all of your small group clients' benefit and enrollment needs. It removes the guesswork from employee eligibility dates and plan eligibility, and improves accuracy by replacing error-prone paper applications.

Your groups can make changes anytime, anywhere via a secure site (there is no need to download software), including changes to:

- New-hire benefit elections
- New-hire declinations
- Terminations
- Life event changes
- Address changes
- Rehires

Employers can easily enroll and administer their Florida Blue plans, while their employees enjoy easy access to a variety of programs and services.

BlueDental PPO plan features

Network advantage: size and savings

A large and growing network in Florida and nationwide

Our national network is large, and it's growing. Members can choose from 7,000 dentists in Florida and get care at over 33,000 dental offices. Nationally, our network has nearly 100,000 unique providers offering services at over 350,000 access points.

The quality you expect from Blue

Our provider relations team has the local expertise to ensure that our networks include only dentists credentialed to meet Florida Blue's high standards of quality. This thorough credentialing process enhances patient experience and protection.

Effective discounts: the most important measure of a network

BlueDental Copay and Choice PPO plans feature top-rated effective discounts in Florida.² Effective discounts are determined by the number of members a plan has, the percentage of members who choose in-network dentists, and the discounts on services an insurance carrier negotiates with providers. They reflect the actual savings that clients and their employees realize through their group dental plan. Members save more by visiting in-network dentists, and effective discounts reflect the total, realized savings. Quality dentists attract more patients, and when more people choose to get care in-network, everyone saves more money.



Oral Health for Overall Health

Dental health has a significant, direct impact on our overall health. If your clients have health and dental coverage with Florida Blue, their employees can benefit from our unique, integrated health and dental program, Oral Health for Overall Health.

Medical-dental integration for better health

Our health and PPO dental plans work together by analyzing medical claims to identify employees with eligible medical conditions (see chart below) and then automatically enrolls them in Oral Health for Overall Health. Program benefits include preventive and/or periodontal services, outreach, and education, as well as specialized medical care programs.

The Evidence-based Dental BenefitsSM members receive not only improve oral health, they can also help program members manage their medical conditions and potentially lower future medical and dental care costs. Plus:

- There are no out-of-pocket expenses when visiting a participating dentist
- There are no waiting periods
- These additional benefits don't count toward the plan's annual maximum

Oral Health for Overall Health makes financial sense not only for members, but also for employers as they look to increase productivity, lower absenteeism costs, and promote overall employee health and satisfaction.

Dental-only members or members who are pregnant can easily enroll online.

Eligible medical conditions	Two additional cleanings or periodontal maintenance visits, plus:	
	Scaling covered 100%	Cancer 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	✓	



*Starting Jan. 1, 2023

Be sure to check out our [Oral Health for Overall Health resource page](#). It features a video that provides a helpful overview of the program, as well as other valuable learning tools and resources.

Maximum Rollover: Member dental benefits go further

BlueDental plans offer one of the highest per-year rollover amounts

Maximum Rollover allows members to save a portion of their unused benefit dollars for use in future years to cover unexpected procedures or out-of-pocket costs for major services. Over time, members can reach up to \$2,000 in annual benefits, compared to the standard \$1,000 plan maximum. Our plans offer a higher rollover amount per year—\$350—than most other carriers (that typically top out at \$250).

There are no fees and no paperwork to complete. Plus, Rollover dollars don’t expire, so dental benefit dollars can add up over time. Maximum Rollover is a standard benefit for all small group plans.

Eligibility:

- 1. Have a BlueDental PPO dental plan that includes Maximum Rollover on the last day of the year.
- 2. Receive at least one covered service, such as a routine cleaning, during the year.
- 3. Total claims paid during the calendar year do not exceed the payment threshold listed in the second column of the chart below.

Here’s how it works:⁷

If your dental plan’s annual maximum benefit amount is:	And, if your total claims don’t exceed this amount:	We’ll roll over this amount to use next year and beyond:	You can earn up to this amount of rollover dollars:
\$500	\$200	\$150	\$500
\$750	\$300	\$200	\$500
\$1,000	\$500	\$350	\$1,000
\$1,250	\$600	\$450	\$1,250
\$1,500	\$700	\$500	\$1,250
\$2,000	\$800	\$600	\$1,500
\$2,500	\$900	\$700	\$1,500
\$3,000+	\$1,000	\$750	\$1,500



Your dental benefit dollars can add up

Cosmetic and orthodontic discount programs

BlueDental Choice and Copayment PPO members are also eligible for significant discounts on orthodontic and cosmetic procedures.

Orthodontic discount program

Members who choose an orthodontist in our orthodontic discount network⁸ will receive 20% off their total case fees. This discount is available to members who do not have orthodontic coverage included in their plan.

Cosmetic dentistry discount program

Members can save money on cosmetic dentistry procedures by visiting a dentist who participates in our cosmetic dentistry discount network.⁹ They receive a 20% savings on the following procedures:

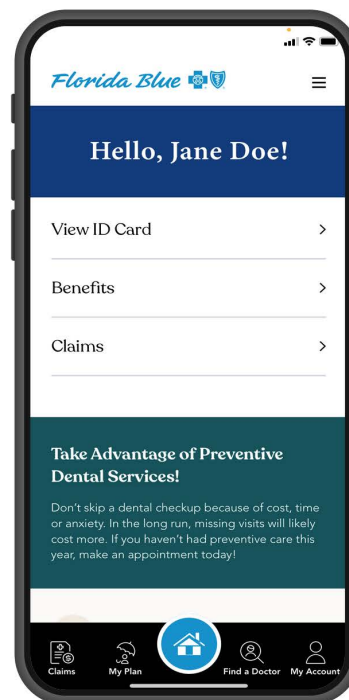
- Cosmetic contouring
- Laminate veneer (porcelain or composite)
- Whitening (in office or at-home system)
- Implants

Convenient single sign-on for health and dental

Members have 24/7 access to their dental and medical benefit information in one secure place online at their Florida Blue member account, or through the mobile app.

They can easily:

- Get a replacement dental ID card
- Find a dentist in their network
- Keep track of their deductibles, maximums, and copayments
- View claims history
- Check Maximum Rollover balance
- View and print explanation of benefits
- Check dependent info



Members can easily find a dentist at floridabluedental.com/find-a-dentist.

Collateral

We know that your clients have choices, which is why we want to make sure that you have access to the information and resources you need to help them understand the many advantages of BlueDental plans.

Group collateral



**Small Group
Dental Overview
92223**



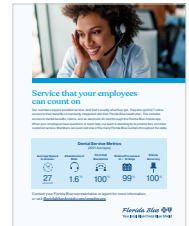
**Dental
Network
90744**



**Oral Health
Overall Health
16784**



**Dental Maximum
Rollover
92225**



**Dental Member
Service
92226**

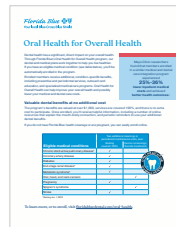
Member collateral



**Importance of
Seeing the Dentist
94632**



**Network
Overview
95168**



**Oral Health
Overall Health
94990**



**Dental Maximum
Rollover
94352**



**Kids Dental
Health
95212**



**Dental
Getting Help
95169**



**Online Account
for Dental
99376**



**Dental Discount
Programs
99233**

Commissions and rewards

Our compensation and bonus programs reflect our commitment to our valued sales partners. All BlueDental sales count toward your Florida Blue classification and in-force bonus, helping to maximize your rewards. Together with incentives for other Florida Blue-affiliated ancillary products, these rewards can add up quickly!

Competitive
base commissions



+ Sales and persistency bonuses

Our tiered, percentage-based bonuses increasingly reward agents for additional sales and higher retention

+ Florida Blue points

Agents also earn Florida Blue classification points for sales of ancillary products

Example: 25-person new group ¹⁰	Annual premium	Commission payment	Florida Blue points
BlueDental Choice PPO	\$13,000	\$1,240	13
Group Life and AD&D	\$4,000	\$600	4
TOTAL	\$17,000	\$1,840	17

We're available to address any questions or concerns you may have regarding an existing or potential account. The directory below includes important contacts for all sales- or service-related support.

Sales and service contacts

Sales contacts	
Sales (quoting)	Agent Service Center: 800-267-3156
Sales (general)	<p>Jeff Scully, Regional Vice President 727-215-3455 jeffrey.scully@fclife.com</p> <p>Jason Skiba, Sales Executive, Central, and North 941-224-1579 jason.skiba@fclife.com</p> <p>Amelie Campuzano, Sales Executive, Tampa, Southeast, and Southwest 305-609-8925 amelie.campuzano@fclife.com</p>
Form 5500 Schedule A requests	fclschedulearequest@fclife.com
Commissions	commissions-fcl@fclife.com

Service contacts	Choice/Choice Copayment	Care/Prepaid
Underwriting (in-force groups)	uwgroupexistingbusin@lsvusa.com	
Enrollment, membership, and billing	866-946-2583 (phone) 904-997-5471 (fax) grpemb@bcbsfl.com Remit payments to: Florida Combined Life Dept. 1158 P.O. Box 121158 Dallas, TX 75312	877-325-3979 (phone) 904-376-8425 (fax) fclbilling@cbbcbcsfl.com Remit payments to: Florida Combined Life P.O. Box 211778 Kansas City, MO 64121
Customer service	888-223-4892	877-325-3979
Claims	Electronic submissions: Payer ID: 76031 Paper submissions: Florida Combined Life Dental Claims Department P.O. Box 1047 Elk Grove Village, IL 60009	N/A



¹Oliver Wyman Consumer Ancillary Benefits Survey, 2017.

²"Milliman Research Report: 2021 Dental Actuarial Analytics PPO Network Study," June 2022. Our Choice Copayment and Choice PPO networks are ranked No. 1 and 2 in Florida for effective discounts. This reflects the actual savings that customers realize as strong discounts combine with high in-network utilization.

³Borah, B.J., Brotman, S.G., Dholakia, R., Dvoroznak, S., Jansen, M.T., Murphy, E.A., Naessens, J.M. (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. "In- and out-of-network coinsurance percentages are shown as preventive/basic/major.

⁵ATNE is the average total number of employees on payroll in the most recently completed calendar year.

⁶A member's plan must include periodontal coverage to receive this benefit.

⁷Rollover cap amounts vary by plan. See your policy for details specific to your plan.

⁸Certain 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.

⁹Orthodontic discount is available only for groups without orthodontic coverage in their plan.

¹⁰Premium, commissions, bonus, and points are based on averages for first year sales and do not reflect an actual sale.

Dental plans are offered by Florida Combined Life Insurance Company, Inc. (FCL), an affiliate of Florida Blue and an Independent Licensee of the Blue Cross and Blue Shield Association. These companies comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.