



Diagnostic	Member Pays
D0120 Periodic oral evaluation.....	\$0
D0140 Limited oral evaluation – problem focused.....	\$0
D0150 Comprehensive oral evaluation.....	\$0
D0160 Detailed oral evaluation – problem focused.....	\$0

X-Rays	Member Pays
D0210 Intraoral complete series, once per 3 years.....	\$0
D0220 Periapical first film.....	\$0
D0230 Periapical each additional film.....	\$0
D0270 Bitewing – single film, once per year.....	\$0
D0272 Bitewings - two films, once per year.....	\$0
D0274 Bitewings - four films, once per year.....	\$0
D0330 Panoramic film, once per 3 years.....	\$0
D0460 Pulp vitality tests.....	\$0
D0470 Diagnostic casts.....	\$0

Preventive	Member Pays
D1110 Routine adult prophylaxis, once per 6 months.....	\$0
D1120 Routine child prophylaxis, once per 6 months.....	\$0
D1110 Additional adult prophylaxis.....	\$25
D1203 Topical application of fluoride, child.....	\$0
D1330 Oral hygiene instructions.....	\$0
D1351 Sealant - per tooth.....	\$15
D1510 Space maintainer-fixed unilateral... \$55+LAB	
D1515 Space maintainer-fixed bilateral... \$55+LAB	
D1520 Space maintainer - removable unilateral.....	\$95+LAB
D1525 Space maintainer - removable bilateral.....	\$95+LAB
D1550 Re-cementation of space maintainer....	\$15

Restorative (Fillings)	Member Pays
D2140 Amalgam - 1 surface.....	\$0
D2150 Amalgam - 2 surfaces.....	\$0
D2160 Amalgam - 3 surfaces.....	\$0
D2161 Amalgam - 4 or more surfaces.....	\$0
D2330 Resin - 1 surface, anterior.....	\$40
D2331 Resin - 2 surfaces, anterior.....	\$45
D2332 Resin - 3 surfaces, anterior.....	\$55
D2391 Resin - 1 surface, posterior.....	\$70
D2392 Resin - 2 surfaces, posterior.....	\$90
D2393 Resin - 3 surfaces, posterior.....	\$110
D2394 Resin - 4 or more surfaces, posterior..	\$130

Fixed Crown and Bridge	Member Pays
D2510 Inlay – metallic - one surface.....	\$115
D2520 Inlay – metallic - two surfaces.....	\$125
D2530 Inlay - metallic – three or more surfaces.....	\$150
D2740 Crown - porcelain/ceramic substrate... \$310	
D2750 Crown - porcelain fused to high noble metal.....	\$310
D2751 Crown - porcelain fused to predominantly base metal.....	\$310
D2752 Crown - porcelain fused to noble metal.....	\$310
D2790 Crown - full cast high noble metal.....	\$310
D2791 Crown - full cast predominantly base metal.....	\$310
D2792 Crown – full cast noble metal.....	\$310
D2910 Recement inlay/onlay.....	\$20
D2920 Recement crown.....	\$20
D6930 Recement fixed partial denture.....	\$15
D2930 Prefabricated stainless steel crown - primary tooth.....	\$90
D2950 Core buildup, including any pins.....	\$50
D2951 Pin retention, per tooth, in addition to restoration.....	\$20
D2952 Post and core, in addition to crown.....	\$100+LAB
D2954 Prefabricated post and core in addition to crown.....	\$100
D6210 Pontic – cast high noble metal.....	\$310
D6211 Pontic, cast predominantly base metal.....	\$310

Fixed Crown and Bridge	Member Pays
D6212 Pontic, cast noble metal.....	\$310
D6240 Pontic, porcelain fused to high noble metal.....	\$310
D6241 Pontic, porcelain fused to Predominantly base metal.....	\$310
D6242 Pontic, porcelain fused to noble metal.....	\$310
D6251 Pontic, resin with predominantly base metal.....	\$310
D6750 Crown - porcelain fused to high noble metal.....	\$310
D6751 Crown - porcelain fused to Predominantly base metal.....	\$310
D6752 Crown - porcelain fused to noble metal.....	\$310
D6790 Crown - full cast high noble metal.....	\$310
D6791 Crown - full cast predominantly base metal.....	\$310
D6792 Crown - full cast noble metal.....	\$310

Endodontics (Root Canals)	Member Pays
D3220 Pulpotomy (excluding final restoration ..	\$40
D3221 Pulpal debridement, primary and permanent teeth.....	\$110
D3310 Root canal, anterior tooth.....	\$150
D3320 Root canal, bicuspid tooth.....	\$250
D3330 Root canal, molar tooth.....	\$300
D3346 Retreatment of previous root canal therapy - anterior.....	\$250
D3347 Retreatment of previous root canal therapy - bicuspid.....	\$350
D3348 Retreatment of previous root canal therapy - molar.....	\$450
D3410 Apicoectomy/periradicular surgery anterior.....	\$150
D3421 Apicoectomy/periradicular surgery bicuspid.....	\$175
D3425 Apicoectomy/periradicular surgery molar.....	\$175

Periodontics (Gum Treatment)	Member Pays
D4210 Gingivectomy or gingivoplasty, 4 or more contiguous teeth per quadrant.....	\$150
D4211 Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth per quadrant.....	\$45
D4240 Gingival flap procedure, including root planing, or more contiguous teeth per quadrant.....	\$140
D4249 Clinical crown lengthening hard tissue.....	\$160
D4260 Osseous surgery, 4 or more contiguous teeth per quadrant.....	\$375
D4261 Osseous surgery, 1 to 3 contiguous teeth per quadrant.....	\$375
D4266 Guided tissue regeneration – resorbable barrier, per site.....	\$275
D4271 Free soft tissue graft procedure.....	\$250
D4341 Periodontal scaling and root planing 4 or more teeth per quadrant.....	\$55
D4342 Periodontal scaling and root planing 1 - 3 teeth per quadrant.....	\$55
D4355 Full mouth debridement.....	\$50
D4910 Periodontal maintenance.....	\$55

Removable Prosthodontics (Dentures and Partials)	Member Pays
D5110 Complete denture – maxillary....	\$325+LAB
D5120 Complete denture – mandibular.....	\$325+LAB
D5130 Immediate denture - maxillary....	\$325+LAB
D5140 Immediate denture - mandibular.....	\$325+LAB
D5211 Maxillary partial denture – resin base.....	\$325+LAB
D5212 Mandibular partial denture – resin base.....	\$325+LAB
D5213 Maxillary partial denture - cast metal framework with resin denture bases.....	\$325+LAB
D5214 Mandibular partial denture - cast metal framework with resin denture bases.....	\$325+LAB

Repairs to Prosthodontics (Dentures and Partials)	Member Pays
D5410 Adjust complete denture – maxillary.....	\$20
D5411 Adjust complete denture – mandibular.....	\$20
D5421 Adjust partial denture – maxillary.....	\$20
D5422 Adjust partial denture – mandibular.....	\$20
D5510 Repair broken complete denture base.....	\$20+LAB
D5520 Replace missing or broken teeth complete denture (each tooth).....	\$20+LAB
D5610 Repair resin denture base.....	\$20+LAB
D5630 Repair or replace broken clasp....	\$20+LAB
D5640 Replace broken teeth - per tooth..	\$20+LAB
D5650 Add tooth to existing partial denture.....	\$35+LAB
D5660 Add clasp to existing partial denture.....	\$60
D5710 Rebase complete maxillary denture....	\$150
D5711 Rebase complete mandibular denture.....	\$150
D5720 Rebase maxillary partial denture.....	\$150
D5721 Rebase mandibular partial denture....	\$150
D5730 Reline complete maxillary denture - chairside.....	\$55
D5731 Reline complete mandibular denture - chairside.....	\$55
D5740 Reline maxillary partial denture - chairside.....	\$55
D5741 Reline mandibular partial denture - chairside.....	\$55
D5750 Reline complete maxillary denture - laboratory.....	\$40+LAB
D7551 Reline complete mandibular denture - laboratory.....	\$40+LAB
D5760 Reline maxillary partial denture - laboratory.....	\$40+LAB
D5761 Reline mandibular partial denture - laboratory.....	\$40+LAB
D5810 Interim complete denture (maxillary)....	\$225
D5811 Interim complete denture (mandibular).....	\$225
D5820 Interim partial denture (maxillary).....	\$190
D5821 Interim partial denture (mandibular)....	\$190
D5850 Tissue conditioning (maxillary).....	\$35
D5851 Tissue conditioning (mandibular).....	\$35

Oral Surgery (Extractions)	Member Pays
D7111 Extraction coronal remnants deciduous tooth.....	\$25
D7140 Extraction erupted tooth or exposed root.....	\$25
D7210 Surgical removal of erupted tooth.....	\$45
D7220 Removal of impacted tooth, soft tissue..	\$60
D7230 Removal of impacted tooth, partially bony.....	\$80
D7240 Removal of impacted tooth, completely bony.....	\$100
D7250 Surgical removal of residual roots.....	\$45
D7310 Alveoloplasty in conjunction with extractions 4 or more teeth per quadrant.....	\$45
D7320 Alveoloplasty not in conjunction with extractions, 4 or more teeth, per quadrant.....	\$80
D7510 Incision and drainage of abscess, intraoral soft tissue.....	\$30

Orthodontics	Member Pays
D8070 Comprehensive orthodontic treatment of the transitional dentition to age 19.....	\$2800
D8080 Comprehensive orthodontic treatment of the adolescent dentition to age 19.....	\$2800
D8090 Comprehensive orthodontic treatment of the adult dentition – adult dentition.....	\$3000
Consultation.....	\$0
Evaluation.....	\$35
Records and treatment planning.....	\$250
D8680 Orthodontic retention.....	\$300
D9430 Orthodontic office visit.....	\$5

Adjunctive General Services		Member Pays
D9215	Local anesthesia	\$0
D9220	General anesthesia - first 30 minutes	\$150
D9221	General anesthesia - each additional 15 minutes	\$25
D9230	Analgesia, nitrous oxide per 15 minutes	\$15
D9241	Intravenous conscious sedation/analgesia first 30 minutes	\$150
D9242	Intravenous conscious sedation/analgesia each additional 15 minutes	\$55
D9940	Occlusal guard	\$200
D9951	Occlusal adjustment - limited	\$30
D9952	Occlusal adjustment - complete	\$175

NOTES:

- Not all participating dentist perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Procedures not listed will be provided at the participating dentist's usual and customary fees less a 25% discount.
- Copayments do not include the additional cost of noble, high noble, titanium. An additional charge, not to exceed \$75 per unit, will be applied for precious metals.
- Copayments do not include the additional cost of laboratory fees. An additional charge, not to exceed \$150 per unit will be applied for lab fees.
- Cases involving six (6) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$100 per unit in addition to copayment.

WELCOME

Florida Dental Benefits Plans focus on oral health prevention, maintenance and providing accessibility to all members. There are no annual maximums, deductibles to meet and no waiting periods. This plan covers pre-existing conditions, subject to the exclusions and limitations section. You may visit your participating primary dentist as often as necessary. Your plan benefit schedule includes all covered procedures as well as the cost (if any). Members are responsible for paying the cost for any procedure performed directly to the dental office at the time the services are rendered.

OBTAINING DENTAL SERVICES

All members must choose a primary care dentist at the time of enrollment. You may schedule an appointment with your participating primary care dentist at any time by contacting the office directly after your effective date of coverage. Be sure to identify yourself as an FDB member before each appointment.

CHANGING YOUR OFFICE SELECTION

Members may transfer dental offices by calling the FDB Customer Service Department. Members may transfer independently of each other (e.g. husband and wife can be assigned to different dentists). Transfers can be requested and processed by the 20th of each month to be effective the 1st of the following month. Transfers requested from the 21st to the end of the month will be effective the subsequent month. Members may transfer up to once per month.

CUSTOMER CARE DEPARTMENT

FDB's Customer Care Representatives are available to assist you Monday through Friday, from 8:30 a.m. to 5:30 p.m. eastern time. Our Representatives are trained and educated on dental terminology and your plan benefits and can assist you with: eligibility verification, choosing/changing your dentist, identification card replacements, explaining your benefits, understanding your treatment plan and referrals to a dental specialist. English, Spanish and Creole speaking Representatives are available.

FDB Customer Care Department
Phone: 305-674-7900
Toll Free: 1-877-674-7901
801 Arthur Godfrey Road, Suite 300
Miami Beach, FL 33140

SPECIALIST SERVICES

FDB contracts with dentists and dental specialists in all fields: oral surgery for extractions, endodontists for root canals, periodontists for the treatment of gums, pedodontists for children and orthodontists for braces. If the member requires the services of a dental specialist, the member must obtain a referral from their primary care FDB dentist. All dental specialist referrals must be pre-approved by FDB. The benefit schedule and copayments are valid at the participating FDB dental specialist's office. A list of participating FDB dental specialists may be requested by calling the Customer Care Department.

INDEPENDENT DENTAL FACILITIES

FDB contracts with independently owned and operated dental offices. All participating dentists agree to provide services in accordance with the prevailing professional standards of the dental profession, to maintain malpractice insurance and to maintain general and premises liability insurance in reasonable amounts to cover damage to person or property of FDB members. FDB is not liable for any damage or injury to person or property resulting directly or indirectly from the negligent act or omission of or malpractice of a participating dentist or any other dentists or auxiliary providing service to an FDB member. FDB is not liable for any damage or injury to person or property resulting from or arising out of or in any way connected with any defective or dangerous conditions in, on, around or about a participating dental office or such other office or dental facility which may provide a service to a member. FDB will not be liable or responsible for any financial agreements made between a participating dentist and an FDB member.

EXCLUSIONS AND LIMITATIONS

The following services are not covered or offered by Florida Dental Benefits:

- Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health.
- Oral Surgery requiring the setting of fractures or dislocations.
- Any treatment, which cannot be performed because of the general health and physical limits of the eligible Member, as indicated by said Member's personal physician, a participating FDB dentist or dental specialist or the FDB Dental Consultant.
- Any dental procedure considered experimental by a participating FDB dentist or dental specialist or the FDB Dental Consultant.
- Cost of hospitalization (hospitals, outpatient surgery center or other similar facility), including dentist and/or physician charges, medications and pharmaceuticals.
- Procedures performed before a person becomes a Subscriber or Member or after termination from the plan.
- Any treatment paid for by Workers' Compensation or employer's liability laws, by a federal or state government agency or other insurance coverage carried by the Member. Any treatment provided without cost by any municipality, county or other political subdivision.
- Any dental care provided by a non-participating general dentist or dental specialist.
- Services resulting from any act of war, declared or not, or resulting from military services.
- The participating dentist shall have the right to refuse treatment to a Member who fails to follow a prescribed course of treatment.
- Any dental treatment started prior to the Member's effective date for eligibility of benefits including but

not limited to teeth prepared for crowns, root canals in progress and orthodontics.

- Any procedure that in the professional opinion of the participating dentist or dental specialist or FDB's Dental Consultant:
 - has poor probability for success based on the condition of the tooth or teeth or surrounding structures.
 - is inconsistent with generally accepted standards for dentistry.
- Consultations for non-covered benefits.
- Implant placement or removal, appliances placed on or services associated with implants.
- Restorations placed solely for cosmetic reasons.
- Extraction of teeth, when teeth are asymptomatic, show no signs of infection, including but not limited to the removal of third molars.
- Treatment or extraction of non-infected primary teeth when normal loss is imminent.
- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member including but not limited to physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.

Limitations

- All bitewing X-rays are limited to one set in any 12 consecutive month period.
- Full mouth or panoramic x-rays once every 3 years.
- A dental prophylaxis (routine cleaning) is limited to one in any 6 consecutive month period. Any additional procedures will follow member copayments as listed in the Benefit Schedule.
- A Prophylaxis (routine cleaning) cannot be performed on a Member with untreated periodontal disease.
- Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
- Complete and partial dentures once every 5 years.
- Crowns once every 5 years.
- Fixed bridges every 5 years.
- Sealants are only covered on permanent posterior teeth, one per tooth every 3 years, limit 8 teeth per year. Sealants are covered only for unrestored permanent molar teeth for children under the age of 16.
- Endodontic treatment is not covered on permanent teeth that have had a pulpotomy performed in the previous 6 months.
- Full mouth debridement once per year.
- General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary and pre-approved by Florida Dental Benefits.
- Surgical removal of impacted tooth covered when disease exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at the general dentist's/specialist's usual and customary fees less 25%. Orthodontic related surgeries needed to relieve crowding or to facilitate eruption are available at a 25% reduction from the participating general dentist's/specialist's usual and customary fee.