

FloridaDentalBenefits



Committed to providing superior customer service. Focusing on health prevention, maintenance and accessibility to quality affordable dental care.

We are pleased to announce that you now have the opportunity to enroll in a cost effective comprehensive dental plan offered by Florida Dental Benefits.

Why Dental?

Good oral hygiene is important, not only to look good, but for overall health as well. A routine dental examination can detect symptoms of more than 125 diseases. Regular checkups and cleanings can save you the pain and expense of future problems. Dental benefits coverage will keep your visits to the dentist affordable and is a cost effective way to minimize health care costs for you and your family. Using your dental benefits for regular checkups can help you keep a bright and beautiful smile while improving your health by:

- Identifying oral cancer
- Preventing gum disease
- Helping maintain your overall health
- Preventing tooth loss
- Preventing the need for advanced treatment
- Protecting your children's teeth

FDB focuses on preventive oral health, maintenance and accessibility to quality, affordable dental care. This commitment is reflected by providing members access to diagnostic and preventative dental care procedures at no charge and does not limit the number of office visits. Our comprehensive plans also provide a vast array of dental services provided by both general dentists and dental specialists.

With FDB there are never any deductibles, annual maximums, or waiting periods. The benefit schedule fully details covered procedures and costs. Members pay the fixed copayment and fees (if any) for procedures directly to the dental office at the time the services are rendered, or according to the payment plan of the participating dentist. Our plans cover all pre-existing conditions, subject to the exclusions and limitations section of the plan.

There are no hidden fees with FDB. The fees listed on the benefit schedule indicate the total out of pocket cost for members including co-payments and maximum fees allowed for laboratory fees and semi-precious materials. If the member requires the services of a specialist (periodontist, oral surgeon, endodontist and orthodontist) they will be referred to a participating specialist and the benefit schedule applies to the specialist's services. Children up to age 8 can choose a pedodontist as a primary care dentist without a referral.

To enjoy the benefits of the plan you must choose a participating dentist to obtain services. FDB contracts with over 700 providers throughout the state of Florida. All dental offices must meet our stringent quality assurance and credentialing guidelines to participate in our network. We ensure every dental office is clean, safe, and in compliance with industry standards. You may visit www.FDBenefits.com and click on "Our Providers" to search for a provider using your zip code or a provider's name. If your preferred dentist is not included in the Florida Dental Benefits network, we offer the ability to "Nominate Your Dentist". Submit your request via our website or by calling our Member Services Department and we will contract your dentist as long as they meet our strict credentialing guidelines.

Our Member Services Representatives are available to assist you by calling 877-674-7901 (M-F 8:30 am – 5:30 pm) and are bilingual (English and Spanish) and we have real-time translation services for other languages. Our representatives are trained to go above and beyond to ensure members satisfaction with plans, benefits and experience at the participating dental offices.

We look forward to serving all of your dental health needs.

Telephone: 305-674-7900

Toll Free: 877-674-7901

www.FDBenefits.com

CustomerCare@FDBenefits.com

How to Enroll:

- Chose a plan that's right for you. Florida Dental Benefits is offering two comprehensive dental plans the Basic Option and High Option.
- Choose a dentist from our 1,000+ participating Florida Dental Benefits dentists.
 - Your dental benefits apply only at the participating dental offices.
 - You may visit www.FDBenefits.com and click on "Our Providers" to search for a participating dentist using your zip code or a dentist's name.
- Complete the Subscriber Application included in this enrollment booklet. You can enroll your spouse, domestic partner and/or children under age 26. You can also enroll online at enroll.FDBenefits.com
 - Make sure you indicate your plan choice on the application.
 - Make sure you enter your participating dentist of choice on the application.
- Choose your premium payment method
 - Payment by Credit Card: Complete the Credit Card Recurring Payment Form. The credit card you provide will be charged the monthly premium every month for a 12 month period.
 - Payment by Check: If you are paying by check, you will need to make the check out to Florida Dental Benefit for the annual premium.
- Submit your completed paper forms to Florida Dental Benefits. If you enroll online you do not have to submit the paper forms.
 - By Mail: Florida Dental Benefits, 801 Arthur Godfrey Road, Suite 300, Miami Beach, FL 33140
 - By Fax: 305-674-7999
- Once your application and payment is processed you will receive written notice of your acceptance and effective date of coverage.

Enrollment in the Florida Dental Benefits plan is for a minimum of 12 consecutive months.

If you need assistance enrolling, choosing the right plan for you or choosing a participating dentist, please call our Member Services Department at 305-674-7900 or Toll Free: 877-674-7901.

You have 2 dental dental plans to choose from

BASIC Option Dental Plan With Specialty Care	Credit Card Payment Monthly Premium	Check Payment Annual Premium
Individual	\$ 12.00	\$ 144.00
Individual and Spouse	\$ 22.80	\$ 273.60
Individual and Child(ren)	\$ 27.00	\$ 324.00
Full Family	\$ 34.80	\$ 417.60

HIGH Option Dental Plan With Specialty Care	Credit Card Payment Monthly Premium	Check Payment Annual Premium
Individual	\$ 15.50	\$ 186.00
Individual and Spouse	\$ 29.46	\$ 353.52
Individual and Child(ren)	\$ 34.88	\$ 418.56
Full Family	\$ 44.96	\$ 539.52

Dental health tips and facts:

- Recommended time to brush your teeth is 2 minutes 2 times per day with a fluoride toothpaste and a soft bristled toothbrush.
- Always rinse your toothbrush with water after every brushing. Store your toothbrush in an upright position. 
- Routine dental exams can uncover important clues about your overall health.
- 78% of Americans have had at least one cavity by age 17.
- Your toothbrush should be replaced every 2 to 3 months and after a cold or flu.
- 75% of Americans have some form of periodontal disease. 
- Expectant mothers can suffer from pregnancy gingivitis.
- Smokers are 4 times more likely to develop gum disease than non-smokers. It's best to avoid tobacco in any form.
- Don't let your baby go to sleep with a bottle with anything other than water in it. Milk or juice sitting on the teeth overnight can cause "baby bottle tooth decay".
- The American Dental Association recommends that children see their dentist starting at age one.
- Diabetes patients have an increased risk of gum disease.
- Americans spend \$100 billion per year on hair care products – and only \$2 billion a year on dental care products. What good is great hair without a great smile?





Florida Dental Benefits understands the importance of overall health and wellness. Studies have shown that healthy employees are happier, more productive at work. Florida Dental Benefits puts an emphasis in bringing wellness benefits to you .

The companies listed below offer Florida Dental Benefits members special rates and benefits. For more information regarding the benefits below please contact our Customer Service Department at: 305-674-7900 or 877-674-7901. Not all benefits are available in all areas. Additional out of pockets costs, exclusions and limitations may apply to the benefits listed below.



Save up to 30% or more on prescription medications

- Accepted nationwide by most pharmacies
- For all prescription drugs not covered by insurance
- Use as often as needed
- This is not insurance—discounts only

Visit familywize.org to download and print your discount card and start saving.



- Locations nationwide
- No long-term commitment required
- State of the art equipment and cardio area
- Group Exercise Classes
- Open 7 days a week with some locations open 24 hours
- \$25.00 initiation fee
- Dues - \$29.99 per month + tax
- Dues - \$54.99 per month + tax for Signature Clubs

Please contact the FDB Customer Care Department for a voucher to present at the club or voucher number to enroll online.

AMERICANLENSES

American Lenses offers the exact same lenses prescribed by your doctor, delivered to your door in sealed containers direct from the manufacturer... at the GUARANTEED lowest price!

- Over 5 Million Lenses in Stock
- Guaranteed Lowest Price!
- Top Rated Customer Satisfaction
- Super Fast Shipping
- Authorized Retailer for all Major Brands

Visit AmericanLenses.com/FloridaDentalBenefits to order your lenses.

Employer, Group or Association		Plan Choice (Please select only one plan) <input type="checkbox"/> Basic Option <input type="checkbox"/> High Option	
Subscriber's Legal Name (First Name , Middle Initial , Last Name)		Social Security #	Sex (M,F)
Address (city, state, zip)			
Work Phone	Home Phone	Cell Phone	
Date of Birth	Email Address		
Florida Dental Benefits Participating Dentist Selection (Office/Provider Name). Please visit www.FDBenefits.com for a listing of participating dentists.			

List all dependents to be covered under this policy:

Name (First, MI, Last)	Relationship	Date of Birth	Office/Provider

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Subscriber Signature	Date
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801 Arthur Godfrey Road, Suite 300, Miami Beach, FL 33140
 Phone: (305) 674-7900 ♦ Toll Free: (877) 674-7901 ♦ Fax: (305) 674-7999

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating lapses in your dental coverage.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each month for the total amount due for that month. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment does not exceed your monthly premium. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Florida Dental Benefits to charge my credit card
(full name)

indicated below on the 1st of each month for payment of my dental benefits.

I understand that I will only receive advance notice of the charge if it exceeds your monthly premium.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize Florida Dental Benefits to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

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