



# Dental Administration Guide

## For BlueDental Care<sup>SM</sup> plans

Thank you for selecting a BlueDental Care product for your employees' dental care coverage needs. This guide contains information to help you administer your group dental care coverage program.

This guide will explain eligibility, employee and dependent changes and more.\* Your agent or Florida Blue/ Florida Combined Life (FCL) representative can review any part of this guide with you and answer questions. If you have employees enrolled in a BlueDental Choice plan, you will receive a separate Group Administration Guide. We're proud to provide you and your employees with the highest level of personal, professional service.

### Plan Highlights

BlueDental Care offers a cost-saving alternative to traditional coverage and is designed to provide your employees with necessary care at affordable rates.

Our BlueDental Care plan does not include a deductible and covers preventive dental services with no or low copayments. For major services requiring copayments, BlueDental Care offers substantial savings from usual and customary fees. The fixed copayments allow your employees to predict their out-of-pocket costs. There are no annual limits to the amount of dental care benefits members can receive.

Members will need to select a dentist when they enroll. Not all plans cover specialist care, but specialty care discounts are available through a network of participating providers. No penalty is imposed for pre-existing conditions, not including congenital malformations. All other pre-existing conditions are covered with no waiting period.

### Plan Administration

#### Adding Employees

An employee who is hired after the initial enrollment period and who meets eligibility requirements, can enroll in the plan within 31 days of becoming eligible. The employee must complete and sign a Group Member Life & Dental Enrollment Application ([Form 50625](#)). Please be sure all information on the application is complete and legible, including your group name, group number and the effective date of coverage for the employee. Provide the employee with a copy of the form, and retain a copy for your records.

If an employee refuses dental coverage, please have him or her complete and sign an enrollment application. Be sure the appropriate boxes are checked and the Coverage Refusal section is signed.

#### Making Changes

The Employee Change Form for Group BlueDental Care ([Form 50402](#)) must be completed by your employee and then submitted to you for verification for any of the following changes.

**Adding Dependents:** When an employee marries, adopts or gives birth to a child, these new dependents are eligible to enroll in the member's plan within 30 days of becoming eligible.

**Removing Dependents:** If a dependent must be removed (death, divorce) Florida Combined Life (FCL) must be notified within 30 days of the event.

**Address Changes:** Additional changes such as address or contact information should be reported to FCL.

**Terminations:** When an employee terminates his or her employment with you and has dental coverage, FCL must be notified within 30 days of the date of termination to prevent your organization from being liable for any premiums due after the date of termination.

#### Emergency Care

**Within the FCL BlueDental Care Service Area:** Members in need of emergency dental care must first contact their dental provider. If the provider is unavailable to see the member, FCL must be contacted at 877-325-3979 for further instructions.

Members will be charged an additional copayment as stipulated in the Benefits and Copayment Schedule for appointments after standard business operating hours.

**Outside of the FCL BlueDental Care Service Area:** When members are more than 100 miles from the nearest available participating general dentist, they may obtain reimbursement for expenses for emergency care rendered by any licensed dentist— less applicable FCL copayments— up to \$100 per member, per year upon presentation of an itemized statement of emergency services from the provider's office. FCL must be notified of such treatment within 90 days of the treatment being rendered.

## Billing Invoice Statement

Your premium payment is due on the 15th of the month. Each month, FCL will send you an invoice statement listing all of your subscribers who are eligible for coverage during the indicated period.

## Provider Directory

To help your employees find the dentist that best meets their needs, direct them to [floridabluedental.com/find-a-dentist](http://floridabluedental.com/find-a-dentist). After selecting "Prepaid F Plan" or "Prepaid P Plan" from the list, members can then search for a participating dentist in their area.

## ID Cards

Lost ID cards may be replaced by having the employee call Customer Service at 877-325-3979. Representatives are available from 8 a.m. to 6 p.m., Monday through Friday.

## COBRA

FCL will comply with COBRA as administered by your organization. Employees and/or their dependents who would otherwise lose coverage may choose to keep group coverage for up to 18, 29 or 36 additional months, depending on the circumstances.

When an employee chooses to continue individual and/or dependent coverage under COBRA, you must notify FCL no later than 60 days following the event that has made the employee and/or dependents eligible for this coverage. If, at the time of the qualifying event, an employee has not made a decision regarding COBRA coverage, it is best to terminate coverage pending a decision.

The employee has 60 days to make this decision. If the employee accepts the COBRA extension, coverage will be restored as of the termination date with no lapse in coverage, and your organization will be billed retroactively to the termination date.

Under COBRA, the former employee and/or his or her dependents will continue to be listed on your bill's roster of membership. You must collect premiums and send payment to us for this coverage, along with the payment due for your active employees.

## Service Contacts

### Customer Service

Phone: 877-325-3979  
Monday–Friday, 8 a.m. – 6 p.m.

### Change Forms

Fax: 904-376-8425  
[fclbilling@cbbcbcsfl.com](mailto:fclbilling@cbbcbcsfl.com)

### Billing

Phone: 877-325-3979  
Monday–Friday, 8 a.m. – 6 p.m.  
[fclbilling@cbbcbcsfl.com](mailto:fclbilling@cbbcbcsfl.com)

### Mailing Addresses

#### Membership

Florida Combined Life  
P.O. Box 769569  
Roswell, GA 30076-8223

#### Premium Payments

Florida Combined Life  
P.O. Box 211778  
Kansas City, MO 64121-1778

#### Overnight Premium Payments

UMB Bank  
Attn.: Retail Lockbox 211778  
Mailstop 1170105  
1008 Oak St.  
Kansas City, MO 64106

\*Note: This guide does not replace or override the information contained within the Group Policy. This guide does not cover information about health insurance coverage.

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.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program\* (FEP) 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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227.

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resewva yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227.