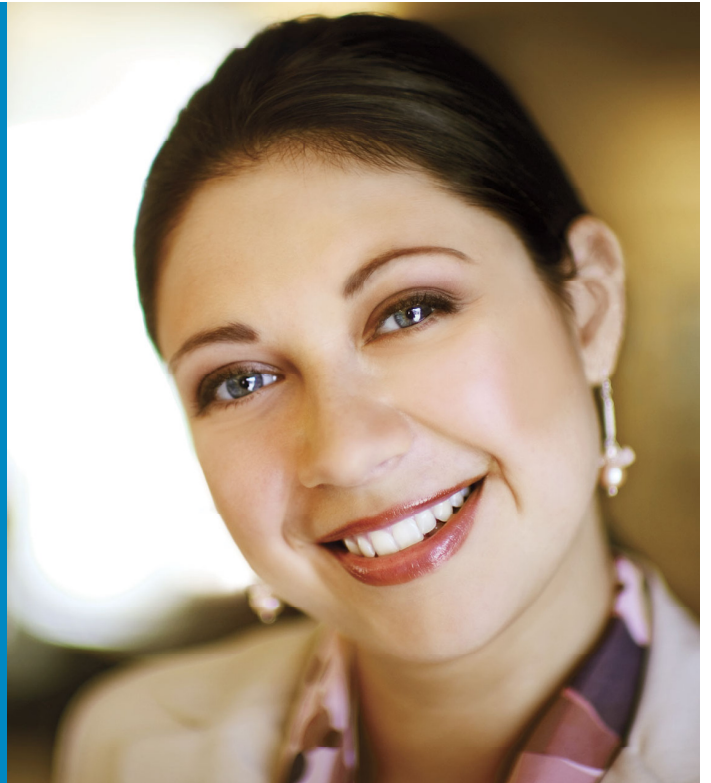


We make finding
the right benefit
solution easy.

And affordable.



BlueDental Plans

A Group Dental Proposal
For: St Lucie County School Board

Proposal Expiration Date
01/01/2012

Coverage Effective Date
01/01/2012

Presented by:
Andy Carroll



Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association



Table of Contents

BlueDental Plans	
BlueDental Features	3
Benefits / Rates Summary	
BlueDental Benefits and Rates Summary	5
Proposal Assumptions	
BlueDental Proposal Assumptions	6

BlueDental Plans

BlueDental plans give your employees a selection of dental coverages, at a cost that's affordable to you.

Offering dental coverage helps you attract and maintain the best employees, adds to employee satisfaction, and provides for good dental health. Getting dental coverage isn't too costly either. Whether you have four employees or 4,000, we have a BlueDental plan that will fit your needs and the needs of your employees.

BlueDental plans are offered by Florida Combined Life Insurance Company, Inc., (FCL) an affiliate of Blue Cross and Blue Shield of Florida, Inc. (BCBSF). For over 60 years, Blue Cross and Blue Shield of Florida has been a leader in providing quality health plans to millions of Floridians. In the dental market, we have been managing dental plans for more than 20 years covering more than 200,000 members.

We offer a range of BlueDental products, including BlueDental Care, a prepaid plan; BlueDental Choice, a PPO style plan; BlueDental Choice Copayment; BlueDental Choice Plus; and BlueDental Freedom, a traditional indemnity plan.

Rollover Benefit

All BlueDental plans (except Care plans) offer Plan Year Rollover Benefits (an optional benefit). This benefit allows a portion of your employee's unused Plan Year Maximum to be carried over to the next Plan Year. Certain conditions must be met to qualify for the Rollover Benefit.

If you have a rollover benefit with your current carrier, we will assume any rollover account balances for each employee and their dependents at the time of enrollment. The employer is responsible for providing us with rollover balance amounts.

BlueDental Choice

Put the power of choice in your and your employees' hands with BlueDental Choice. BlueDental Choice is a PPO dental plan offering a nationwide network* of general dentists and specialists, which gives employees the freedom to choose dentists in or out of the network. And, BlueDental Choice plans have significant flexibility to meet your needs and the needs of your employees. Our intent is to tailor a plan to your requirements, rather than asking you to choose from a few "shelf" products.

Our BlueDental Choice plans provide a nationwide network of dentists who have agreed to provide services based on predetermined fees. Members are free to choose any dentist they wish. However, by choosing a BlueDental Choice participating dentist, members receive maximum benefits and are protected from balance billing. As a Value-added benefit, providers participating in our Orthodontic Provider Network* and Cosmetic Dental Discount Network* offer a 20% discount on orthodontia and cosmetic procedures. -

*Networks are made up of independent contracted dentists.

BlueDental Features BlueDental Choice

Limitations (This is only a partial list; other limitations will apply.)

1. Any retreatments of root canals are payable one (1) year after completion date of root canal therapy.
2. Restorations made of amalgam, silicate, acrylic, and composite materials to restore diseased teeth are only payable on the same tooth surface once every twelve (12) consecutive months.
3. General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
4. Sealants are limited to the first and second molars for primary teeth and the bicuspid and molars for the permanent teeth of covered dependent children.

5. Periodontal prophylaxis is limited to four (4) times per plan year. Periodontal prophylaxis will be considered as the same benefit and subject to the same limits as a routine prophylaxis. The total benefit for prophylaxis is limited to four (4) times per plan year.
6. Surgical placement of implant body: endosteal implant is limited to one per tooth per lifetime for members age 16+.
7. Implant supported porcelain fused to metal crown is limited to one per implant per 60 months for members age 16+. Includes preparation, impression and temporary restoration.

Exclusions (This is only a partial list; other exclusions will apply.)

1. Coverage for installation of an initial prosthodontic appliance that replaces any teeth missing prior to any covered person's effective date of coverage (until the covered person has been covered under the Plan for twelve (12) consecutive months), unless otherwise specified in this benefit booklet.
2. Services rendered primarily for cosmetic purposes.
3. Labial veneer restorations.
4. General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
5. Charges for nitrous oxide.

Benefits and Rates Summary

BlueDental Plan: Dual Plan Options	BlueDental Choice Voluntary	BlueDental Choice Voluntary
Dental Plan Benefits		
Deductible	<u>In-Network/Out-of-Network</u>	<u>In-Network/Out-of-Network</u>
No Deductible for Preventive Services		
Per Person Per Plan Year	\$50 / \$50	\$50 / \$50
Per Family Per Plan Year	\$150 / \$150	\$150 / \$150
Benefits	Coinsurance *	Coinsurance *
Preventive Services	100% / 100%	100% / 90%
Basic Services	80% / 80%	90% / 80%
Major Services	50% / 50%	60% / 50%
Periodic Oral Evaluation (0120)	Preventive	Preventive
Comprehensive Oral Evaluation (0150)	Preventive	Preventive
Bitewing X-rays, two films (0272)	Preventive	Preventive
Cleanings - Adult/Child (1110, 1120)	Preventive	Preventive
Fluoride Treatment - Child (1203)	Preventive	Preventive
Office Visits (9430)	Preventive	Preventive
X-rays - Intraoral/Complete Series (0210)	Preventive	Preventive
Sealant – per tooth (1351)	Preventive	Preventive
Amalgam Restorations (Silver Fillings) (2140)	Basic	Basic
Resin-Based Restorations - Anterior (2330)	Basic	Basic
Extractions - Routine and Surgical (7140)	Basic	Basic
Root Canal Molar (3330)	Basic	Basic
Periodontal Scaling & Root Planing-per quad (4341)	Basic	Basic
Crowns - Porcelain fused to noble metal (2752)	Major	Major
Complete Dentures (5110, 5120)	Major	Major
Pontic - Porcelain fused to noble metal (6242)	Major	Major
Partial Dentures (5213, 5214)	Major	Major
Surgical placement of implant body: endosteal implant (6010)	Major	Major
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major	Major
Orthodontia Services	Child to age 19 only	Child to age 19 only
BlueDental Coverage	50% #	50% #
Waiting Periods		
Major Service Benefits	None	None
Orthodontia Benefits	None	None
Maximum Benefits		
Plan Year (per person)	\$1,000	\$1,500
Lifetime Orthodontia (per person)	\$500	\$1,000
Dental Rollover	Opt In	Opt In
Procedures Performed by Specialist	Covered / Covered	Covered / Covered
Dental Rates Employee Census		
Employee Only (2202)	\$23.97	\$29.21
Employee + 1 (1069)	\$50.36	\$61.47
Family (1103)	\$86.74	\$108.37
Total Monthly Premium	\$92,015.33	\$135,882.80
Total Monthly Employer Contribution ***	\$0.00	\$0.00
* Of allowable expenses established by contract for the participating dentists.		
# Value-added benefits include a 20% discount on orthodontia and cosmetic procedures.		
*** Employer contribution is assumed to be 0.00% of the monthly employee rate and 0.00% of the monthly dependent rate.		

BlueDental Choice Proposal Assumptions

- BlueDental Plans are offered by Florida Combined Life. Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.
- The premiums in this proposal may include costs associated with the payment of compensation to independent, third parties for the sale of the products. Please contact your agent, broker or consultant if you have any questions.
- Calculations are based upon data furnished. Estimated Monthly Premium is provided for illustrative purposes only.
- This proposal is only a summary of the benefits and provisions contained in the group master policies. Other benefits and restrictions may apply.
- Sold rates will be guaranteed for the twenty-four (24) months immediately following the effective date.
- Quoted rates are not dependent upon an employer contribution to the cost of the coverage.
- The greater of 35% of all eligible employees or 10 eligible employees must be enrolled in the Plan for it to be placed into effect, with the exception of any Community Rated (CR) plan which will require the greater of 35% of all eligible employees or 4 eligible employees.
- A 12-month waiting period may apply to all Major and Orthodontia services if an existing comparable insured dental plan is not being replaced.
- If Orthodontia Benefits are included, a minimum of 5 child/family units must be enrolled in the plan in order for Orthodontia coverage to be placed into effect.
- If dual option dental is selected, each plan must have the minimum enrollees required by that plan, with a combined total of at least 35% of all eligible employees enrolled in both plans. If Orthodontia benefits are included, Orthodontia must be offered on both plans.
- For plans with provider networks, (BlueDental Choice, BlueDental Choice Copayment and BlueDental Choice Plus), in-network deductible credits apply to out-of-network deductible and out-of-network deductible credits apply to in-network deductible.
- For BlueDental Choice, charges made by a Non-Participating Dentist that are in excess of the contracted amount will not be considered payable under the contract.
- One or more BlueDental plans quoted include Plan Year Rollover benefits (as indicated in the Benefits and Rates Summary). Where applicable, this benefit allows a portion of your employee's unused Plan Year Maximum to be carried over to the next Plan Year. Certain conditions must be met to qualify for the Rollover Benefit.

BCBSF has a longstanding and deep commitment to conducting business ethically, with integrity, and in compliance with applicable law. Our Corporate Compliance Program reflects that commitment by providing basic guidance on the principal ethical and legal rules that affect our business activities. To this end, we have requirements that all employees protect the privacy and integrity of confidential information (including confidential health and financial information). We employ technical, physical and procedural safeguards to protect the confidentiality of information. Additionally we have a process for reviewing requirements established by HHS regulations and we are committed to actively pursuing compliance with any of those requirements.