

# Florida Combined Life

Dental Division  
3060 Alpine Road  
Mail Code AF-170  
Columbia, SC 29223  
Customer Service: 1-877-203-9921

Dear Subscriber,

We are pleased to inform you that Florida Combined Life Insurance Company, Inc. will be the administrator of the dental plan offered to you by your employer.

Florida Combined Life Insurance Company, Inc. would like to welcome you as a dental plan member. Florida Combined Life, a subsidiary of Blue Cross and Blue Shield of Florida, is dedicated to providing quality care and service to our clients.

A dental plan ID card will be mailed to you when your benefits begin. Please present your ID card when visiting a provider as it contains information about your coverage that will assist in the processing of your claim. Claims should be submitted to the address located on the back of your ID card, which is:

P.O. Box 100135  
Columbia, SC 29202-0135

If you have questions about your dental benefit plan, please contact our Customer Service Department by calling toll free at 1-877-203-9921. Customer Service Associates are available Monday through Friday 8:00 a.m. to 5:00 p.m.

We look forward to a long-term relationship of serving your dental needs.



**CITY OF PORT ST. LUCIE**  
**SCHEDULE OF BENEFITS**

**Dental Indemnity Plan**

Provided by Florida Combined Life Insurance Company, Inc.  
Customer Service: 1-877-203-9921

**Benefits**

- Preventive services 100% of the prevailing area fee  
*this category includes oral examinations, routine cleanings, radiographs, and fluoride treatments – once every six months*
- Basic services 80% of the prevailing area fee  
*this category includes fillings, root canals, periodontal treatment, and oral surgery*
- Major services 50% of the prevailing area fee  
*this category includes crowns, bridges, partials and dentures*
- Orthodontia services 50% until Lifetime Maximum is utilized

Note: All benefit levels above are subject to the Calendar Year Maximum. You may choose a dentist of your choice as there are no preferred provider dentists under this plan.

**Deductibles**

- No deductible for Preventive services.
- Basic, Major and Orthodontic services are subject to the \$50 deductible per person, per calendar year or \$100.00 per family per calendar year.

Calendar Year Maximum per person \$1,000

Orthodontic Lifetime Maximum per person \$1,000

