

# Preferred Dental Summary of Benefits 7J60

*Includes access to a national provider network*

	In-Network You Pay	Out-of-Network You Pay
ANNUAL DEDUCTIBLE CLASSES II, III, IV	\$25 Individual \$75 Family	\$50 Individual \$150 Family
ANNUAL MAXIMUM CLASSES I, II, III, IV	\$1,500	
LIFETIME MAXIMUM CLASS V	\$1,000	
PREVENTIVE & DIAGNOSTIC SERVICES		
<ul style="list-style-type: none"><li>Oral Exams (two per benefit period)</li><li>Prophylaxis (two cleanings per benefit period)</li><li>Bitewing X-rays</li><li>Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</li><li>Palliative emergency treatment</li></ul>	<ul style="list-style-type: none"><li>Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19)</li><li>Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19)</li><li>Space maintainers (once per 60 months)</li></ul>	No charge  25% of Allowed Benefit <sup>1</sup>
BASIC SERVICES		
<ul style="list-style-type: none"><li>Direct placement fillings using approved materials (one filling per surface per 12 months)</li></ul>	<ul style="list-style-type: none"><li>Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li><li>Simple extractions</li></ul>	20% of Allowed Benefit after deductible <sup>1</sup>  40% of Allowed Benefit after deductible <sup>1</sup>
MAJOR SERVICES—SURGICAL		
<ul style="list-style-type: none"><li>Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)</li><li>Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li></ul>	<ul style="list-style-type: none"><li>Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)</li><li>General anesthesia rendered for a covered dental service</li></ul>	20% of Allowed Benefit after deductible <sup>1</sup>  40% of Allowed Benefit after deductible <sup>1</sup>
MAJOR SERVICES—RESTORATIVE		
<ul style="list-style-type: none"><li>Full and/or partial dentures (once per 60 months)</li><li>Fixed bridges, crowns, inlays and onlays (once per 60 months)</li><li>Denture adjustments and relining (limits apply for regular and immediate dentures)</li><li>Occlusal Guards (once per 60 months)</li></ul>	<ul style="list-style-type: none"><li>Recementation of crowns, inlays and/or bridges (once per 12 months)</li><li>Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</li><li>Dental implants, subject to medical necessity review (once per 60 months)</li></ul>	50% of Allowed Benefit after deductible <sup>1</sup>  65% of Allowed Benefit after deductible <sup>1</sup>
ORTHODONTIC SERVICES		
<ul style="list-style-type: none"><li>Benefits for orthodontic services is available for covered members under age 19 who meet treatment criteria.</li></ul>	50% of Allowed Benefit <sup>1</sup>	65% of Allowed Benefit <sup>1</sup>

<sup>1</sup> CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating and Preferred Dentists accept 100% of the Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

**Summary of Exclusions:** Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

**Benefits issued under policy form numbers:** CareFirst of Maryland, Inc.: CFMI/51+/GC (R. 9/11) • CFMI/EOC/D-V (7/09) • CFMI/DENTAL DOCS (R. 9/11) • CFMI/DENTAL SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments; CareFirst of Maryland, Inc.: CFMI/51+/DENTAL RIDER (4/09); Group Hospitalization and Medical Services, Inc.: MD/CF/GC (R. 9/11) • MD/CF/EOC/D-V (10/08) • MD/CF/DENTAL DOCS (R. 9/11) • MD/CF/DO-SOB (7/03) • MD/CF/ELIG (R. 1/08) • and any amendments; Group Hospitalization and Medical Services, Inc.: MD/CF/DENTAL RIDER (R. 4/08); CareFirst BlueChoice, Inc.: MD/BC/DENTAL RIDER (R. 4/08)

## Preferred Dental Summary of Benefits 7J60

### Our plusses

- Most plans cover 100% of preventive and diagnostic services
- No claim forms or paperwork to fill out when a member sees a participating dentist
- We coordinate benefits for members with dental coverage from another carrier
- More than 123,000 participating dentists and specialists across the United States.

### Our plans

With BlueDental Plus, you'll save the most money by seeing a participating provider.

#### What's a participating provider?

It's a dentist or specialist who is in our network and accepts our reduced negotiated fees as payment in full. This means no balance for you to pay, keeping your out-of-pocket costs low.

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you pay the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full. You're only responsible for deductibles and coinsurance. And for your convenience, your provider is reimbursed directly.
- **Option 2**—By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you'll pay slightly higher out-of-pocket costs. Similar to Option 1, there is no balance to pay. You're still responsible for deductibles and coinsurance, and have the convenience of your provider being reimbursed directly.

#### Can I see a non-participating provider?

Of course. But your out-of-pocket expenses will be highest with providers outside our network. You may have to pay the difference between the dentist's fee and what your plan allows for those services.

#### Where can I find a dentist?

Visit [carefirst.com/doctor](https://carefirst.com/doctor) and select *BlueDental* to view in-network providers.

#### When do I get my ID card?

Member ID cards are mailed to your home after enrollment. You can also access your ID card—along with other claims and benefit information—at *My Account* or on the CareFirst mobile app. Visit [carefirst.com/myaccount](https://carefirst.com/myaccount) to register.

#### Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at 866-891-2802 between 8 a.m. and 6 p.m. ET, Monday–Friday.

### Common dental insurance terms

**Deductible:** The amount you are responsible for before CareFirst pays for dental services.

**Family deductible:** A deductible that is satisfied by the combined expenses of all covered family members. For example, a plan with a \$25 deductible may be limited to a maximum of three deductibles (\$75 per family) regardless of the number of family members.

**Coinsurance:** Your share of the dentist's fee after CareFirst has paid its share.

**Annual maximum:** The yearly reimbursement level for an individual/family set by your CareFirst dental plan.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.