

Preferred (PPO) Dental Coverage

Savings and Choice



AN IMPORTANT PART OF YOUR HEALTH CARE PACKAGE

Regular preventive dental care is an important part of staying healthy. That's why CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice*** are pleased to offer Preferred Dental coverage, which allows you the complete freedom to see any dentist you choose.

ADVANTAGES OF THE PLAN

- **Freedom of Choice, Freedom to Save** - With Preferred Dental coverage, you have the freedom to see any dentist. This plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our network of Preferred providers. It's your choice!
- **Preventive Care and More** - Benefits for you and your family include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the opposite side of this page. (Additional coverage for orthodontia may be included - ask your benefits manager for details).
- **Large Network** - Over 3,400 dentists in Maryland, Virginia and Washington D.C. participate in CareFirst's and CareFirst BlueChoice's Preferred Dental Network. You may already be seeing a dentist who is part of our network.
- **Out-of-network care** - For a higher out-of-pocket cost, the Preferred plan allows you to go outside the network for care and still receive valuable dental coverage.

- **Easy to use** - If you see a Preferred dentist, you will incur lower out-of-pocket costs for all dental services and you will have no claim forms to file. Preferred dentists have agreed to accept CareFirst's or CareFirst BlueChoice's allowed benefit as payment in full for covered services. Once you meet your deductible and coinsurance, you won't be faced with additional expenses.
- **Nationwide emergency coverage** - Emergency dental coverage is there when you need it, no matter where you are using your out-of-network coverage.

FREQUENTLY ASKED QUESTIONS

How do I find a preferred dentist?

Your benefits manager has copies of the printed directory. In addition, you can access an online directory 24 hours a day at www.carefirst.com.

How much will I have to pay for dental services?

The chart on the opposite page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

Is there a lot of paperwork?

There is no paperwork when you use a dentist in our Preferred Dental Network. If you see a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?

Call CareFirst BlueCross BlueShield toll free at (866) 891-2802.

Looking for a Dentist?



Connect to CareFirst www.carefirst.com
Regional Preferred Dental - DP Directory

Summary of Benefits

BENEFITS	YOU PAY	YOU PAY
DEDUCTIBLE APPLIES TO CLASSES II, III & IV	IN-NETWORK \$25 Individual \$75 Family	OUT-OF-NETWORK \$50 Individual \$150 Family
ANNUAL MAXIMUM (CLASSES I - IV)	\$1,000 combined maximum	
PREVENTIVE & DIAGNOSTIC SERVICES (CLASS I)	COINSURANCE IN-NETWORK	COINSURANCE OUT-OF-NETWORK
<ul style="list-style-type: none"> • Oral Exams (two per benefit period) • Prophylaxis (two cleanings per benefit period) • Bitewing X-rays • Full mouth X-ray or pantograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months) • Fluoride treatments (two per benefit period per member, age requirements may apply) • Sealants on permanent molars (once per tooth per 36 months per member, age requirements may apply) • Space maintainers (once per 60 months) • Palliative emergency treatment 	No charge	25% of Allowed Benefit**
BASIC SERVICES (CLASS II)	IN-NETWORK	OUT-OF-NETWORK
<ul style="list-style-type: none"> • Direct placement fillings using approved materials (one filling per surface per 12 months) • Periodontical scaling and root planing (once per 24 months, one full mouth treatment) • Simple extractions 	20% of Allowed Benefit after deductible	40% of Allowed Benefit after deductible**
MAJOR SERVICES - SURGICAL (CLASS III)	IN-NETWORK	OUT-OF-NETWORK
<ul style="list-style-type: none"> • Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months) • Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy) • Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section) • General anesthesia rendered for a covered dental service 	20% of Allowed Benefit after deductible	40% of Allowed Benefit after deductible**
MAJOR SERVICES – RESTORATIVE (CLASS IV)	IN-NETWORK	OUT-OF-NETWORK
<ul style="list-style-type: none"> • Full and/or partial dentures (once per 60 months) • Fixed bridges, crowns, inlays and onlays (once per 60 months) • Denture adjustments and relining (limits apply for regular and immediate dentures) • Recementation of crowns, inlays and/or bridges (once per 12 months) • Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance) 	50% of Allowed Benefit after deductible	65% of Allowed Benefit after deductible**
ORTHODONTIC SERVICES (CLASS V)*	IN-NETWORK	OUT-OF-NETWORK
<ul style="list-style-type: none"> • Benefits for orthodontic services may be available for covered members under age 19 who meet treatment criteria. Covered services are limited to 36 consecutive months of covered services (\$800 combined maximum). 	50% of Allowed Benefit	65% of Allowed Benefit**

* Additional coverage for orthodontia may be included – ask your benefits manager for details.

** NOTE: CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Preferred Dentists and Participating 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 the actual dentists' charges.

*** The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.

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 are issued under contract: DC/CF/DO-DOCS (R. 1/04) • DC/CF/DO-SOB (R. 1/04) • DO-GC/DC (R. 9/03) • GPS-DC-6/95 • DC/VA GRP APP (R. 1/04) • DO-COC/DC 5/96 • DO-ELIG/DC 5/96 • DC/HIPAA-SADENT 6/97 as amended. DC/CF/DENTAL RIDER (R. 1/04) DC/BC/DENTAL RIDER (R. 1/04)

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