



BlueDental Preferred

*For People Who Buy
Their Own Insurance*

**MARYLAND
DISTRICT OF COLUMBIA
VIRGINIA**

Welcome

Your smile says a lot about you. It's the first thing people see when they meet you. A healthy smile can make you more appealing, even more youthful. But did you know your smile also says a lot about your overall health?

That's why it's so important to protect your smile. Good dental care has been significantly shown to reduce your risk of heart disease; it helps control diabetes, and even prevent premature births.

We're pleased to introduce you to **BlueDental Preferred**.

As a member of **BlueDental Preferred** you'll enjoy:

- Freedom of choice
- Low deductibles
- Coverage for numerous dental services
- No referrals
- More than 3,600 dentists throughout Maryland, the District of Columbia and Northern Virginia, and, access to a national network of 63,000 dentists and specialists.
- No charge for oral exams, cleanings and X-rays when you visit an in-network provider
- No claim forms to file in-network
- Medically necessary orthodontia benefit – for children up to age 19
- Guaranteed acceptance
- No charge for in-network covered services after members age 19 and under reach their out-of-pocket maximum (\$1,000 in MD/DC or \$700 in VA).

Protect your smile, your health, and your budget from serious dental issues.

Read on to learn about **BlueDental Preferred**, offered by CareFirst BlueCross BlueShield. Or, contact our Product Consultants at 410-356-8000 or toll-free at 800-544-8703, Monday–Friday, 8 a.m. to 8 p.m.



Did You Know...

- People with periodontal disease are 2-4 times more likely to have a heart attack.¹
- Diabetic patients with periodontal disease have more difficulty controlling blood glucose levels.²
- Women less than 35 weeks pregnant who receive treatment for gum disease have 84% fewer premature births.³
- Pregnancy can cause swelling, bleeding, redness, or tenderness in the gum tissue due to hormonal changes.

¹ Andriankaia, OM, et al. The use of different measurements and definitions of periodontal disease in the study of the association between periodontal disease and risk of myocardial infarction. J Periodontol 2006 Jun;77(6):1067-73.

² Faria-Almeida R, Navarro A, Bascones A. Clinical and metabolic changes after conventional treatment of type 2 diabetic patients with chronic periodontitis. J Periodontol. 2006 Apr;77(4):591-8.

³ Lopez NJ, et al. Periodontal therapy reduces the rate of preterm low birth weight in women with pregnancy-associated gingivitis. J Periodontol. 2005 Nov;76(11 Suppl):2144-53.

Manage Your Care and Save

Preventive & Diagnostic Services (Class I)

There is no deductible for the following services which are covered in full when visiting an in-network provider:

- Oral Examinations
- Cleanings
- X-rays
- Fluoride treatments for children

Basic & Major Services (Classes II, III, IV)

After meeting a low deductible, your plan includes fillings, simple extractions, periodontal scaling and root planing, root canals, oral surgery, dentures, crowns, and more!

Orthodontia (Class V)

BlueDental Preferred offers benefits for braces when medically necessary for children up to age 19.

Visiting Non-Participating Providers

You also have the option to seek treatment from Non-Participating Providers. If you visit a Non-Participating Provider, CareFirst will pay a percentage of the Allowed Amount*, but you may be responsible for the difference in cost between the CareFirst Allowed Amount and your Dental Provider's full charge in addition to any applicable deductibles and coinsurance. You may also be required to pay all costs at the time of service and submit a claim form to be reimbursed for covered services.



*To locate a participating provider, go to **www.carefirst.com/doctor**, click on Dental and select DP under Preferred Dental (PPO).*

***Allowed Amount** — The Allowed Amount is typically a reduced rate rather than the actual charge. For example: You have just visited your dentist for a routine exam and cleaning. The total charge for the visit comes to \$125. If the doctor is a participating provider they may be required to accept \$75 from CareFirst as payment in full for the visit—this is the Allowed Amount. If, however, the dental provider you visit is non-participating then you may be held responsible for the difference between the CareFirst Allowed Amount and the Dental Provider's full charge.

A Plan for You



Meet The Johnsons

Anna and Jeff Johnson are an energetic couple with two children. They own a catering business, and have purchased a family health insurance plan that doesn't include benefits for dental services. They didn't think about dental coverage until their daughter needed braces and their son needed a filling. The costs quickly started to add up.

Common Dental Procedure	No Coverage ¹	BlueDental Preferred (In-Network) ²	Savings on Services ³
6 month check-ups, including routine exams, cleanings and x-rays (8 visits, 2 per person)	\$1,344 (\$168 per visit)	\$0	\$1,344
Filling (1 filling)	\$135	\$10 (after \$25 deductible)	\$100
Medically Necessary Orthodontic Services (1 Child to age 19)	\$5,100	\$1,000 (MD/DC) \$700 (VA)	\$4,100 (MD/DC) \$4,400 (VA)
Total	\$6,579	\$1,035 (MD/DC) \$735 (VA)	\$5,544 (MD/DC) \$5,844 (VA)

¹ Based on National Dental Advisory Service Fee Report (2013).

² Approximate amount. Pricing may vary depending upon dental provider's negotiated rate with CareFirst.

³ Savings do not include premium costs.

With no dental coverage, the Johnsons paid \$6,579 for these services. With **BlueDental Preferred** coverage, the Johnsons would have saved more than \$5,500 in Maryland/DC and \$5,800 in Virginia for these services. The Johnsons decided to purchase **BlueDental Preferred** coverage to protect themselves against future dental costs.



Meet The Smiths

Mary and Charles Smith are active retirees who recently took up golf. They have Medicare and have purchased a Supplemental Medicare plan and Medicare Prescription Drug Coverage to protect themselves against medical costs. They didn't think about how their budget might be impacted by major dental expenses until Mary needed root canal therapy and Charles needed a bridge.

Common Dental Procedure	No Coverage ¹	BlueDental Preferred (In-Network) ²	Savings on Services ³
6 month check-ups, including routine exams, cleanings and x-rays (4 visits, 2 per person)	\$720 (\$180 per visit)	\$0	\$720
Root Canal (bicuspid)	\$825	\$97 (after \$25 deductible)	\$703
Bridge (3-unit)	\$3,200	\$985 (after \$25 deductible)	\$2,190
Total	\$4,745	\$1,132	\$3,613

¹ Based on National Dental Advisory Service Fee Report (2013).

² Approximate amount. Pricing may vary depending upon dental provider's negotiated rate with CareFirst.

³ Savings do not include premium costs.

With no dental coverage, the Smiths paid \$4,745 for these services. They decided to purchase dental coverage to protect themselves against further unexpected dental costs. With **BlueDental Preferred** coverage, the Smiths would have spent only \$1,132, a savings of over \$3,600 on these dental services. Now they're covered and ready for whatever lies ahead!

Frequently Used Benefits

Common Dental Procedures	Regular Cost ¹	In-Network You Pay ²
Preventive check-ups, including routine exams, cleanings and x-rays	\$168 per visit (2 visits per year)	\$0
Fillings and simple extractions	\$135–\$166	\$10–\$16 after deductible
Periodontal scaling and root planing (4 or more teeth per section of the mouth)	\$248	\$26 after deductible
Porcelain crown (high noble metal)	\$1,082	\$328 after deductible
Root canal therapy (molar, excluding final restoration)	\$990	\$126 after deductible
Complete upper dentures	\$1,650	\$355 after deductible
Medically Necessary Orthodontia (Child up to age 19)	\$5,100	\$1,000 (MD/DC) \$700 (VA)

¹ Based on National Dental Advisory Service Fee Report (2013)

² Approximate amount. Pricing may vary depending upon dental provider's negotiated rate with CareFirst.

This is a partial listing of services. For specific questions please contact CareFirst Dental Services toll-free at 866-891-2802.

Summary of Benefits

Summary of Benefits	In-Network Member Pays	Out-of-Network Member Pays
Deductible Applies to Classes II, III & IV		
<ul style="list-style-type: none">■ The family deductible amount is calculated in the aggregate. However, no family member will be charged more than the individual deductible amount.■ The in-network and out-of-network deductible will be a separate amount.	\$25 Individual Deductible \$75 Family Deductible	\$50 Individual Deductible \$150 Family Deductible
Out-of-Pocket Maximum (Classes I–V) for Members up to age 19	One member pays up to \$1,000 (MD, DC) or \$700 (VA) Two or more members pay up to \$2,000 (MD, DC) or \$1,400 (VA)	No limit
Annual Maximum (Classes I-IV) for Members over age 19		
<ul style="list-style-type: none">■ The in-network and out-of-network annual maximum is a combined amount.	Plan pays up to \$1,000 per member	
Preventive & Diagnostic Services (Class I)		
<ul style="list-style-type: none">■ Oral Exams (two per calendar year)■ Prophylaxis (two cleanings per calendar year)■ Bitewing X-Rays (two per calendar year)■ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray*	<ul style="list-style-type: none">■ Fluoride treatments* until the end of the year in which member reaches age 19■ Sealants on permanent molars* until the end of the year in which member reaches age 19■ Space maintainers*■ Palliative treatments■ Emergency oral exam	No charge 20% of Allowed Amount**
Basic Services (Class II)		
<ul style="list-style-type: none">■ Direct placement fillings using approved materials*	<ul style="list-style-type: none">■ Simple extractions■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment)	20% of Allowed Amount** after deductible 40% of Allowed Amount** after deductible
Major Services – Surgical (Class III)		
<ul style="list-style-type: none">■ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments*■ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)	<ul style="list-style-type: none">■ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)■ General anesthesia required for oral surgery	20% of Allowed Amount** after deductible 40% of Allowed Amount** after deductible
Major Services – Restorative (Class IV)		
<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*■ Recementation of crowns, inlays and/or bridges (once per 12 months)	<ul style="list-style-type: none">■ Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance for members over age 19)■ Dental implants, subject to medical necessity review (once per 60 months)	50% of Allowed Amount** after deductible 65% of Allowed Amount** after deductible
Orthodontic Services (Class V)		
<ul style="list-style-type: none">■ Benefits for medically necessary orthodontic services are available for covered members until the end of the calendar year in which a member reaches the age of 19.	50% of Allowed Amount**	65% of Allowed Amount**

*Frequency limitations may apply.

**CareFirst payments are based on the CareFirst Allowed Amount. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Amount as payment in full for covered services. Non-participating dentists may bill the members for the difference between the Allowed Amount and their charges.

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

Monthly Dental Rates

Coverage Type	Maryland			
	Montgomery and Prince George's Counties	Baltimore City; Anne Arundel, Baltimore, Harford and Howard Counties	Allegany, Carroll, Frederick, Garrett and Washington Counties	Calvert, Caroline, Cecil, Charles, Dorchester, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico and Worcester Counties
Individual	\$28	\$29	\$27	\$28
Individual & Adult*	\$56	\$58	\$54	\$56
Individual & Child(ren)**	\$78	\$80	\$75	\$78
Family	\$123	\$128	\$119	\$123

Coverage Type	DC	Virginia
Individual	\$26	\$26
Individual & Adult*	\$52	\$52
Individual & Child(ren)**	\$60	\$68
Family	\$98	\$108

* "Adult" means the Spouse or Domestic Partner of the Subscriber who satisfies the eligibility requirements defined in the contract.

** "Child" means your eligible child up to age 26. Eligibility requirements are defined in the contract.

Enroll Today for BlueDental Preferred



*It takes just three
simple steps to start
enjoying the benefits of
BlueDental Preferred.*

Three steps to enroll!

- 1) Fill out and sign the application that matches where you live – Maryland, the District of Columbia or Northern Virginia.
- 2) When you're ready to review a listing of providers, please visit **www.carefirst.com/doctor**. Click on Dental, and select DP under *Preferred Dental PPO*. Or, if you'd like assistance, please call a Product Consultant at (410) 356-8000 or toll-free at (800) 544-8703, Monday–Friday, 8 a.m.–8 p.m.
- 3) Send in your application in the enclosed, postage-paid envelope or mail to:

CareFirst BlueCross BlueShield
Mailroom Administrator
P.O. Box 14651
Lexington, KY 40512

Once your application has been received, we will send you a bill for your first premium payment. *We must receive your first premium payment before your coverage can begin.* After CareFirst receives your payment, you will be mailed your membership ID card and Individual Enrollment Agreement. Then you can start enjoying the benefits of good dental care.

Please note: In order to purchase coverage, you must live in Maryland, the District of Columbia or one of the following areas of Northern Virginia: City of Alexandria and Fairfax, the town of Vienna, Arlington county and the areas of Fairfax and Prince William counties in Virginia lying east of Route 123.

Exclusions and Limitations

For Virginia Residents:

3.1 Limitations.

- A. Covered Dental Services must be performed by or under the supervision of a Dentist with an active and unrestricted license, within the scope of practice for which licensure or certification has been obtained.
- B. Benefits will be limited to standard procedures and will not be provided for personalized restorations or specialized techniques in the construction of dentures or bridges, including precision attachments, custom denture teeth and implant supported fixed or removable prostheses.
- C. If a Member switches from one Dentist to another during a course of treatment, or if more than one Dentist renders services for one dental procedure, CareFirst shall pay as if only one Dentist rendered the service.
- D. CareFirst will reimburse only after all dental procedures for the condition being treated have been completed (this provision does not apply to orthodontic services).
- E. In the event there are alternative dental procedures that meet generally accepted standards of professional dental care for a Member's condition, benefits will be based upon the lowest cost alternative procedure.

3.2 Exclusions. Benefits will not be provided for:

- A. Replacement of a denture, bridge, or crown as a result of loss or theft.
- B. Replacement of an existing denture, bridge, or crown that is determined by CareFirst to be satisfactory or repairable.
- C. Replacement of dentures, bridges, metal and/or porcelain crowns, inlays, onlays and crown build-ups within 60 months from the date of placement or replacement for which benefits were paid in whole or in part under the terms of the dental benefits Agreement and are judged by CareFirst to be adequate and functional.
- D. Treatment or services for temporomandibular joint (TMJ) disorders including but not limited to radiographs and/or tomographic surveys.
- E. Gold foil fillings.
- F. Periodontal appliances.
- G. Prescription drugs, including, but not limited to antibiotics administered by the Member, inhalation of nitrous oxide (except for Members under age 19), injected or applied medications that are not part of the dental service being rendered, and localized delivery of chemotherapeutic agents for the treatment of a medical condition, unless specifically listed as a Covered Dental Service in the dental benefits Agreement.
- H. Nightguards for Members over age 19, or other oral orthotic appliances, unless specifically listed as a Covered Dental Service in the dental benefits Agreement.

- I. Bacteriologic studies, histopathologic exams, accession of tissue, caries susceptibility tests, diagnostic radiographs, and other pathology procedures, unless specifically listed as a Covered Dental Service in the dental benefits Agreement.
- J. Intentional tooth reimplantation or transplantation for Members over age 19.
- K. Interim prosthetic devices, fixed or removable and not part of a permanent or restorative prosthetic service.
- L. Additional fees charged for visits by a Dentist to the Member's home, to a hospital, to a nursing home, or for office visits after the Dentist's standard office hours. CareFirst shall provide the benefits for the dental service as if the visit was rendered in the Dentist's office during normal office hours.
- M. Transseptal fibrotomy.
- N. Orthognathic Surgery.
- O. The repair or replacement of any orthodontic appliance, unless specifically listed as a Covered Dental Service in the dental benefits Agreement.
- P. Any orthodontic services after the last day of the month in which Covered Dental Services ended.
- Q. Services or supplies that are not Medically Necessary as determined by CareFirst.
- R. Services not specifically listed in the dental benefits Agreement as a Covered Dental Service, even if Medically Necessary, except as required to be covered under state or federal laws and regulations.
- S. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be covered services).
- T. Separate billings for dental care services or supplies furnished by an employee of a Dentist which are normally included in the Dentist's charges and billed for by them.
- U. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services.
- V. Services or supplies that are Experimental or Investigational in nature.
- W. Orthodontic or any other services for Cosmetic purposes.
- X. Transitional orthodontic appliance, including a lower lingual holding arch placed where there is not premature loss of the primary molar.
- Y. Limited or complete occlusal adjustments in connection with periodontal surgical treatment when received in conjunction with restorative service on the same date of service.
- Z. Local anesthesia services are included in the benefit for restorative services and surgical services and are not separately reimbursed.

Policy Form Numbers

CFMI/DEN/IEA (1/14) • CFMI/DB/PREF DENT DOCS-SOB (1/14)
CFMI/DOL APPEAL (R. 9/11) • CFMI-DISCLOSURE 10/12
CF-HEALTH GUARANTY 10/12 • DMDAP (6/13) (application)

MD/CF/DEN/IEA (1/14) • MD/CF/DB/PREF DENT DOCS-SOB (1/14)
MD/GHMSI/DOL APPEAL (R. 9/11) • GHMSI-DISCLOSURE 10/12
MD NCA-HEALTH GUARANTY 10/12 • DMDAP (6/13) (application)

VA/CF/DB/PREF DENT (1/14) • DVAAP (5/13) (application)
VA/CF/DB/PREF DENT (1/14)—HIX

DC/CF/DB/DENTAL/IEA (1/14) • DC/CF/DB/PREF DENT DOCS-SOB (1/14)
DC/GHMSI/DOL APPEAL (R. 11/11) • DC/GHMSI/HEALTH GUARANTEE 2/08
DDCAP (5/13) (application)

and any amendments

CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
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Connect with us:



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services Inc. which are independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association.

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For Maryland residents, if you reside in either Prince George's or Montgomery county, then a Group Hospitalization and Medical Services, Inc. policy will be issued.
For Baltimore City and all other counties in the state of Maryland, a CareFirst of Maryland, Inc. policy will be issued.