

A man with dark hair and a beard is smiling broadly, looking towards the right. He is wearing a grey long-sleeved shirt and is holding a white tablet in his left hand. He appears to be in a gym, with exercise equipment visible in the background. The image is framed with a white circular graphic in the upper right corner.

CareFirst. 

# BlueDental Preferred 2018

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MARYLAND ■ WASHINGTON, D.C. ■ NORTHERN VIRGINIA



# Welcome

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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 shown to significantly reduce your risk of heart disease. It helps control diabetes and some studies show it prevents premature births.

We're pleased to introduce you to BlueDental Preferred.

As a member, you'll enjoy:

- Two different deductible options to suit your budget
- More than 5,000 dentists throughout Maryland, Washington, D.C. and Northern Virginia, and access to a national network of 123,000 dentists and specialists
- Coverage for numerous dental services
- No referrals
- 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 for members age 19 and under after they reach their \$350 maximum out-of-pocket.

Read on to learn about **BlueDental Preferred**, offered by CareFirst BlueCross BlueShield (CareFirst). Or, contact our product consultants at 855-503-4862, Monday–Thursday, 8 a.m. to 5 p.m. and Friday, 10 a.m. to 5 p.m.



## Did You Know...

- Some research suggests that heart disease, clogged arteries and stroke may be linked to the inflammation and infections that oral bacteria can cause.<sup>1</sup>
- Diabetic patients with gum disease have a harder time controlling their blood sugar levels.<sup>1</sup>
- Periodontal disease has been linked to premature birth and low birth weight.<sup>1</sup>

<sup>1</sup> <http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental> April 30, 2016

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## How Your Plan Works

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# Your Dental Plan Options

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We offer two BlueDental Preferred options: **High Option** and **Low Option**. The High Option offers lower deductibles with preventive and diagnostic services covered in full without having to meet a deductible. The Low Option offers lower premiums with slightly higher deductibles. See pages 5 and 7 and decide which plan is best for your budget.

## BlueDental Preferred includes benefits for:

### Preventive and diagnostic services (Class I)

If you pick the High Option, there is no deductible for the following services, which are covered in full when visiting an in-network provider. If you pick the Low Option, these services are subject to the deductible.

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

### Basic and major services (Classes II, III, IV)

After meeting a deductible, your plan includes fillings, simple extractions, periodontal scaling, 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.

## BlueDental Preferred has a large network of providers

As a member, you'll enjoy access to more than 5,000 dentists throughout Maryland, Washington, D.C. and Northern Virginia, and access to a national network of 123,000 dentists and specialists. To locate a participating provider, go to [carefirst.com/doctor](https://carefirst.com/doctor), click on the *Guest* tab, select *Dental* and then *Preferred Dental (PPO) & Pediatrics*.

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 benefit,\* but you may be responsible for the difference in cost between the CareFirst allowed benefit 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.

**\*Allowed benefit**—the fee that providers in the CareFirst BlueCross BlueShield network have agreed to accept for a particular service. For example: Dr. Smith charges \$100 to see a patient. To be included in a CareFirst network, he has agreed to accept \$50 for the visit. After the member pays their copay or deductible, CareFirst will pay what's left of the \$50 charge. A participating provider cannot charge a member more than the allowed benefit (in this example \$50) for any covered service.



# BlueDental Preferred High Option



## Meet the Smiths

### High Option

Mary and Charles Smith are active retirees who recently took up golf. They have Medicare and have purchased a Supplement 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 a root canal and Charles needed a bridge.

Common Dental Procedure	No Coverage <sup>1</sup>	BlueDental Preferred— High Option (In-Network) <sup>2</sup>	Savings on Services <sup>3</sup>
6 month checkups, including routine exams, cleanings and X-rays (4 visits, 2 per person)	\$784 (\$196 per visit)	\$0	\$784
Root canal (bicuspid)	\$906	\$97 (after \$60 deductible)	\$749
Bridge (3-unit)	\$3,287	\$985 (after \$60 deductible)	\$2,242
<b>Total</b>	<b>\$4,977</b>	<b>\$1,202</b>	<b>\$3,775</b>

<sup>1</sup> Based on National Dental Advisory Service Fee Report (2017).

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

<sup>3</sup> Savings do not include premium costs.

With no dental coverage, the Smiths paid \$4,977 for these services. They decided to purchase dental coverage to protect themselves against further unexpected dental costs. With **BlueDental Preferred High Option**, the Smiths would have spent only \$1,202, a savings of more than \$3,775 on these dental services. Now they're covered and ready for whatever lies ahead!

Please note: all charges are subject to the \$1,000 annual maximum.



# BlueDental Preferred High Option Summary of Benefits

	In-Network Member Pays	Out-of-Network Member Pays	
<b>DEDUCTIBLE APPLIES TO CLASSES II, III, IV</b>			
<ul style="list-style-type: none"> <li>The family deductible amount is calculated in the aggregate. However, no family member will be charged more than the individual deductible amount.</li> <li>The in-network and out-of-network deductible will be a separate amount.</li> </ul>	\$60 Individual deductible; \$180 Family deductible	\$120 Individual deductible; \$360 Family deductible	
<b>OUT-OF-POCKET MAXIMUM (CLASSES I-V) FOR MEMBERS UP TO AGE 19</b>	One member pays up to \$350; Two or more members pay up to \$700	No limit	
<b>ANNUAL MAXIMUM (CLASSES I-IV) FOR MEMBERS OVER AGE 19</b>			
<ul style="list-style-type: none"> <li>The in-network and out-of-network annual maximum is a combined amount.</li> </ul>	Plan pays up to \$1,000 per member		
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES (CLASS I)</b>			
<ul style="list-style-type: none"> <li>Oral exams (one per six months)</li> <li>Prophylaxis (one cleaning per six months)</li> <li>Bitewing X-rays (one per six months)</li> <li>Fluoride treatments<sup>1</sup> until the end of the year in which member reaches age 19</li> </ul>	<ul style="list-style-type: none"> <li>Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray<sup>1</sup></li> <li>Sealants on permanent molars<sup>1</sup> until the end of the year in which member reaches age 19</li> <li>Space maintainers<sup>1</sup></li> <li>Palliative treatments</li> <li>Emergency oral exam</li> </ul>	No charge	20% of allowed benefit <sup>2</sup>
<b>BASIC SERVICES (CLASS II)</b>			
<ul style="list-style-type: none"> <li>Direct placement fillings using approved materials<sup>1</sup></li> <li>Simple extractions</li> </ul>	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li> </ul>	20% of allowed benefit <sup>2</sup> after deductible	40% of allowed benefit <sup>2</sup> after deductible
<b>MAJOR SERVICES – SURGICAL (CLASS III)</b>			
<ul style="list-style-type: none"> <li>Surgical periodontic services including osseous surgery, and occlusal adjustments<sup>1</sup></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, vestibuloplasty and hemi-section)</li> <li>General anesthesia required for oral surgery</li> </ul>	20% of allowed benefit <sup>2</sup> after deductible	40% of allowed benefit <sup>2</sup> after deductible
<b>MAJOR SERVICES – RESTORATIVE (CLASS IV)</b>			
<ul style="list-style-type: none"> <li>Full and/or partial dentures (once per 60 months)</li> <li>Fixed bridges<sup>3</sup>, crowns, inlays and onlays (once per 60 months)</li> <li>Recementation of crowns, inlays and/or bridges (once per 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>Denture adjustments and relining<sup>1</sup></li> <li>Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance for members over age 19)</li> <li>Dental implants<sup>3</sup>, subject to medical necessity review (once per 60 months)</li> </ul>	50% of allowed benefit <sup>2</sup> after deductible	65% of allowed benefit <sup>2</sup> after deductible
<b>ORTHODONTIC SERVICES (CLASS V)</b>			
<ul style="list-style-type: none"> <li>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.</li> </ul>	50% of allowed benefit <sup>2</sup>	65% of allowed benefit <sup>2</sup>	

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.

<sup>1</sup> Frequency limitations may apply.

<sup>2</sup> CareFirst payments are based on the CareFirst allowed benefit. Participating and preferred dentists accept 100% of the CareFirst allowed benefit as payment in full for covered services. Non-participating dentists may bill the members for the difference between the allowed benefit and their charges.

<sup>3</sup> In Maryland, only covered for members age 19 and over. In Washington, D.C. and VA, covered for all members.

# BlueDental Preferred Low Option



## Meet the Johnsons

### Low Option

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 <sup>1</sup>	BlueDental Preferred— Low Option (In-Network) <sup>2</sup>	Savings on Services <sup>3</sup>
6 month checkups, including routine exams, cleanings and X-rays (4 visits, 2 per person)	\$1,568 (\$190 per visit)	\$0 (after \$300 deductible)	\$1,568
Root canal (bicuspid)	\$906	\$97 (deductible applies)	\$809
Bridge (3-unit)	\$3,287	\$985 (deductible applies)	\$2,302
<b>Total</b>	<b>\$5,761</b>	<b>\$1,082</b>	<b>\$4,679</b>

<sup>1</sup> Based on National Dental Advisory Service Fee Report (2017).

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

<sup>3</sup> Savings do not include premium costs.

With no dental coverage, the Johnsons paid \$5,761 for these services. With **BlueDental Preferred Low Option**, the Johnsons would have saved more than \$4,600 for these services. The Johnsons decided to purchase BlueDental Preferred Low Option coverage to protect themselves against future dental costs.

Please note: all charges are subject to the \$1,000 annual maximum.

# BlueDental Preferred Low Option Summary of Benefits

	In-Network Member Pays	Out-of-Network Member Pays	
<b>DEDUCTIBLE APPLIES TO CLASSES I-IV</b>			
<ul style="list-style-type: none"> <li>The family deductible amount is calculated in the aggregate. However, no family member will be charged more than the individual deductible amount.</li> <li>The in-network and out-of-network deductible will be a separate amount.</li> </ul>	\$100 Individual deductible; \$300 Family deductible	\$200 Individual deductible; \$600 Family deductible	
<b>OUT-OF-POCKET MAXIMUM (CLASSES I-V) FOR MEMBERS UP TO AGE 19</b>	One member pays up to \$350; Two or more members pay up to \$700	No limit	
<b>ANNUAL MAXIMUM (CLASSES I-IV) FOR MEMBERS OVER AGE 19</b>			
<ul style="list-style-type: none"> <li>The in-network and out-of-network annual maximum is a combined amount.</li> </ul>	Plan pays up to \$1,000 per member		
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES (CLASS I)</b>			
<ul style="list-style-type: none"> <li>Oral exams (one per six months)</li> <li>Prophylaxis (one cleaning per six months)</li> <li>Bitewing X-rays (one per six months)</li> <li>Fluoride treatments<sup>1</sup> until the end of the year in which member reaches age 19</li> </ul>	<ul style="list-style-type: none"> <li>Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray<sup>1</sup></li> <li>Sealants on permanent molars<sup>1</sup> until the end of the year in which member reaches age 19</li> <li>Space maintainers<sup>1</sup></li> <li>Palliative treatments</li> <li>Emergency oral exam</li> </ul>	No charge after deductible	20% of allowed benefit <sup>2</sup> after deductible
<b>BASIC SERVICES (CLASS II)</b>			
<ul style="list-style-type: none"> <li>Direct placement fillings using approved materials<sup>1</sup></li> <li>Simple extractions</li> </ul>	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li> </ul>	20% of allowed benefit <sup>2</sup> after deductible	40% of allowed benefit <sup>2</sup> after deductible
<b>MAJOR SERVICES – SURGICAL (CLASS III)</b>			
<ul style="list-style-type: none"> <li>Surgical periodontic services including osseous surgery, and occlusal adjustments<sup>1</sup></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, vestibuloplasty and hemi-section)</li> <li>General anesthesia required for oral surgery</li> </ul>	50% of allowed benefit <sup>2</sup> after deductible	65% of allowed benefit <sup>2</sup> after deductible
<b>MAJOR SERVICES – RESTORATIVE (CLASS IV)</b>			
<ul style="list-style-type: none"> <li>Full and/or partial dentures (once per 60 months)</li> <li>Fixed bridges<sup>3</sup>, crowns, inlays and onlays (once per 60 months)</li> <li>Recementation of crowns, inlays and/or bridges (once per 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>Denture adjustments and relining<sup>1</sup></li> <li>Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance for members over age 19)</li> <li>Dental implants<sup>3</sup>, subject to medical necessity review (once per 60 months)</li> </ul>	50% of allowed benefit <sup>2</sup> after deductible	65% of allowed benefit <sup>2</sup> after deductible
<b>ORTHODONTIC SERVICES (CLASS V)</b>			
<ul style="list-style-type: none"> <li>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.</li> </ul>	50% of allowed benefit <sup>2</sup>	65% of allowed benefit <sup>2</sup>	

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.

<sup>1</sup> Frequency limitations may apply.

<sup>2</sup> CareFirst payments are based on the CareFirst allowed benefit. Participating and preferred dentists accept 100% of the CareFirst allowed benefit as payment in full for covered services. Non-participating dentists may bill the members for the difference between the allowed benefit and their charges.

<sup>3</sup> In Maryland, only covered for members age 19 and over. In Washington, D.C. and VA, covered for all members.

# Frequently Used Benefits

Common Dental Procedures	Regular Cost <sup>1</sup>	In-Network You Pay <sup>2</sup>
Preventive checkups, including routine exams, cleanings and X-rays	\$190 per visit (2 visits per year)	\$0 (after deductible for Low Option Plan)
Fillings and simple extractions	\$146-\$179	\$10-\$16 after deductible
Periodontal scaling and root planing (4 or more teeth per section of the mouth)	\$261	\$26 after deductible
Porcelain crown (high noble metal)	\$1,156	\$328 after deductible
Root canal therapy (molar, excluding final restoration)	\$1,057	\$126 after deductible
Complete upper dentures	\$1,750	\$355 after deductible
Medically necessary orthodontia (child up to age 19)	\$5,355	\$350

<sup>1</sup> Based on National Dental Advisory Service Fee Report (2015)

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

This is a partial list of services. For specific questions, please contact our CareFirst Dental Business Operations team toll-free at 866-891-2802.











**Enroll Today**





# Enrolling in Your New Dental Plan

## You have four options to enroll:

-  Enroll online at [carefirst.com/shopdental](https://carefirst.com/shopdental).  
Get instant confirmation and have access to real-time help via:
  - Click-to-Call
  - Click-to-Chat
-  Fill out and sign the application that matches where you live—Maryland, Washington, D.C. or Northern Virginia. Be sure to choose the annual or quarterly payment option and check either the Low Option or High Option deductible plan on the application. Use the enclosed, postage-paid envelope or mail your application to:  
**Mailroom Administrator**  
P.O. Box 14651  
Lexington, KY 40512
-  Enroll online through your state's Exchange.  
**Maryland**— [marylandhealthconnection.com](https://marylandhealthconnection.com)  
**Virginia**— [healthcare.gov](https://healthcare.gov)  
**Washington, D.C.**— [dhealthlink.com](https://dhealthlink.com)
-  Enroll through your broker, if you have one. A broker is an independent agent who represents you (the buyer) and works to find you the best health insurance policy for your needs.

If you have any questions about the application contact a dental specialist at 855-503-4862, Monday –Thursday, 8 a.m. to 5 p.m. and Friday, 10 a.m. to 5 p.m.

Applications may be submitted at any time, but to guarantee your coverage will be effective the first of the following month, we must receive your application before the 20th of the month. For example: if CareFirst receives an application on March 18, that individual's coverage starts April 1. If that same application did not reach our offices until March 25, coverage would not be in effect until May 1.

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 member ID card(s) and your 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, Washington, D.C. 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.

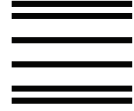


When you're ready to review a listing of providers, please visit [carefirst.com/doctor](https://carefirst.com/doctor). Click on the *Guest* link. Then, click on *Dental* and enter your zip code, select *Preferred Dental (PPO) & Pediatrics*. If you prefer a printed directory, please call our product consultants.





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## Additional Information

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# Exclusions and Limitations

## For Maryland 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 this Agreement and are judged by CareFirst to be adequate and functional.
- D. Replacement of stainless steel crowns (until the end of the calendar year in which the member turns age 19) if judged by CareFirst to be adequate and functional.
- E. Treatment or services for temporomandibular joint (TMJ) disorders including but not limited to radiographs and/or tomographic surveys, except for TMJ arthograms, including injection, and other TMJ films, by report, for members up to age 19.
- F. Gold foil fillings.
- G. Periodontal appliances.
- H. 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 this Agreement.
- I. Nightguards for members over age 19, or other oral orthotic appliances, unless specifically listed as a Covered Dental Service in this Agreement.
- J. 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 this Agreement.
- K. Intentional tooth reimplantation or transplantation for members over age 19.
- L. Interim prosthetic devices, fixed or removable and not part of a permanent or restorative prosthetic service.
- M. 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.
- N. Transseptal fiberotomy.
- O. Orthognathic surgery.
- P. The repair or replacement of any orthodontic appliance, unless specifically listed as a Covered Dental Service in this Agreement.
- Q. Any orthodontic services after the last day of the month in which Covered Dental Services ended except as specifically described in this Agreement.

- R. Services or supplies that are not medically necessary as determined by CareFirst.
- S. Services not specifically listed in this Agreement as a Covered Dental Service, even if medically necessary.
- T. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be covered services).
- U. 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.
- V. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services.
- W. Services or supplies that are experimental or investigational in nature.
- X. Orthodontic or any other services for cosmetic purposes.
- Y. Transitional orthodontic appliance, including a lower lingual holding arch placed where there is not premature loss of the primary molar.
- Z. Limited or complete occlusal adjustments in connection with periodontal surgical treatment when received in conjunction with restorative service on the same date of service.

### **For Washington, D.C. 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 and custom denture teeth.
- 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, implants, 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 this 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, 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 this Agreement.
- H. Nightguards for members over age 19, or other oral orthotic appliances, unless specifically listed as a Covered Dental Service in this 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 this Agreement.
- J. Intentional tooth reimplantation or transplantation.
- 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 fiberotomy.
- N. Orthognathic surgery.
- O. The repair or replacement of any orthodontic appliance, unless specifically listed as a Covered Dental Service in this 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 this Agreement as a Covered Dental Service, even if medically necessary.
- 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. Provision splinting, intracoronal and extracoronal.
- AA. Endodontic implant.
- BB. Fabrication of athletic mouthguard.
- CC. Services to alter vertical dimension and/ or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.
- DD. Adjustments to maxillofacial prosthetic appliance.
- EE. Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral).
- FF. Any orthodontic services after the last day of the calendar year in which the member turned age 19.

## **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 fiberotomy.
- 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.

# Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

**If you need these services, please call 855-258-6518.**

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address            P.O. Box 8894  
                                      Baltimore, Maryland 21224

Email Address             [civilrightscoordinator@carefirst.com](mailto:civilrightscoordinator@carefirst.com)

Telephone Number        410-528-7820

Fax Number                410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NDLA (6/17)

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## Foreign Language Assistance

*Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.*

*አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።*

*Èdè Yorùbá (Yoruba) Ìtẹ̀tílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèfè. Àwọn omo-egbé gbòdò pe nòmbà fòdùn tò wà lèyìn kààdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbà tí a sọjú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì sọ ọ pọ̀ mọ̀ ògbufò kan.*

*Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.*

*Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.*

*Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.*

*Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.*



हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Òùù Cáo! Bǎ̀ nǎ̀ ke bá nyɔ̀ bě́ ké m̀ gbo kpá bó̀ nì fùà-fúá-tiŋ nyɛɛ̀ jè dyí. Bǎ̀ nǎ̀ ke bédé wé jéé bě́ bḗ m̀ ké dɛ wa m̀ m̀ ké nyuɛɛ̀ nyu hwè bḗ wé bḗa ké zi. ɔ̀ m̀ nì kpé bḗ m̀ ké bǎ̀ nǎ̀ ke kè gbo-kpá-kpá m̀ m̀ wé dɛ́ dɛ́ nì bídí-wùdù mú bḗ m̀ ké se wídí d̀ pɛ́. Kpoò nyɔ̀ bḗ m̀ dǎ́ fúùn-nòbà nǎ̀ dɛ́ waà I.D. káàò dɛ́in nyɛ. Nyɔ̀ t̀òò séin m̀ dǎ́ nòbà nǎ̀ ke: 855-258-6518, ké m̀ m̀ fò tee bḗ wa kée m̀ gbo cḗ bḗ m̀ ké nòbà m̀òà 0 kɛɛ̀ dyi pàdàin hwè. ɔ̀ jù ké nyɔ̀ d̀ò dyi m̀ gǎ́ jùŋ, po wuɔ̀ m̀ m̀ pɔe dyiɛ, ké nyɔ̀ d̀ò mu bó̀ nìin bḗ ɔ̀ ké nì wuɔ̀ò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خوندان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

*Igbo (Igbo)* Nruḅama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i chorọ, a ga-ejikọ gi na onye okowa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahólq bee éédahózin béeso ách'ááh naanil ník'ist'i'ígíí bá. Bii' dahólq doo iyisíí yoolkáálgíí dóo t'áadoo le'é ádadoolyíílgíí da yókeedgo t'áa doo bee e'e'aahí ájiil'íh. Bee ná ahót'i' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánáta' éi kóji' dahódoonih 855-258-6518 dóo yii diilts'íł yaltí'ígíí t'áa níléijí áádóo éi bikéé'dóo naasbaas bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yániłt'i'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.



## Policy Form Numbers

### Maryland

CFMI—MD Individual Dental—On Exchange 2017

BlueDental Preferred HIGH Option: CFMI/EXC/DEN/IEA (1/14); CFMI/DB/PREF DENT DOCS-SOB (R. 1/15); CFMI/EXC/2018 DENTAL AMEND (1/18); CFMI/DOL APPEAL (R. 9/11); and any amendments

BlueDental Preferred LOW Option: CFMI/EXC/DEN/IEA (1/14); CFMI/DB/PREF DENT DOCS-SOB LOW (1/15); CFMI/EXC/2018 DENTAL AMEND LOW (1/18); CFMI/DOL APPEAL (R. 9/11); and any amendments

CFMI—MD Individual Dental—OFF Exch 2017

BlueDental Preferred HIGH Option: CFMI/DEN/IEA (1/14); CFMI/DB/PREF DENT DOCS-SOB (R. 1/15); CFMI/DB/2018 DENTAL AMEND (1/18); CFMI/DOL APPEAL (R. 9/11); and any amendments

BlueDental Preferred LOW Option: CFMI/DEN/IEA (1/14); CFMI/DB/PREF DENT DOCS-SOB LOW (1/15); CFMI/DB/2018 DENTAL AMEND LOW (1/18); CFMI/DOL APPEAL (R. 9/11); and any amendments

GHMSI—MD Individual Dental—ON Exch 2017

BlueDental Preferred HIGH Option: MD/CF/EXC/DEN/IEA (1/14); MD/CF/DB/PREF DENT DOCS-SOB (R. 1/15); MD/CF/EXC/2018 DENTAL AMEND (1/18); MD/GHMSI/DOL APPEAL (R. 9/11); and any amendments

BlueDental Preferred LOW Option: MD/CF/EXC/DEN/IEA (1/14); MD/CF/DB/PREF DENT DOCS-SOB LOW (1/15); MD/CF/EXC/2018 DENTAL AMEND LOW (1/18); MD/GHMSI/DOL APPEAL (R. 9/11); and any amendments

GHMSI—MD Individual Dental—OFF Exch 2017

BlueDental Preferred HIGH Option: MD/CF/DEN/IEA (1/14); MD/CF/DB/PREF DENT DOCS-SOB (R. 1/15); MD/CF/DB/2018 DENTAL AMEND (1/18); MD/GHMSI/DOL APPEAL (R. 9/11); and any amendments

BlueDental Preferred LOW Option: MD/CF/DEN/IEA (1/14); MD/CF/DB/PREF DENT DOCS-SOB LOW (1/15); MD/CF/DB/2018 DENTAL AMEND LOW (1/18); MD/GHMSI/DOL APPEAL (R. 9/11); and any amendments

### Washington, D.C.

DC GHMSI CD ON Exchange:

BlueDental Preferred HIGH Option: DC/CF/DB/EXC/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS-SOB (R. 1/15); DC/CF/EXC/2015 DENTAL AMEND (REV 1/15); DC/CF/EXC/2018 DENTAL AMEND (1/18); DC/GHMSI/DOL APPEAL (R. 11/11); and any amendments

BlueDental Preferred LOW Option: DC/CF/DB/EXC/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS-SOB LOW (1/15); DC/CF/EXC/2015 DENTAL AMEND (REV 1/15); DC/CF/EXC/2018 DENTAL AMEND (1/18); DC/GHMSI/DOL APPEAL (R. 11/11); and any amendments

DC GHMSI CD OFF Exchange:

BlueDental Preferred HIGH Option: DC/CF/DB/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS-SOB (R. 1/15); DC/CF/DB/2015 DENTAL AMEND (REV 1/15); DC/CF/DB/2018 DENTAL AMEND (1/18); DC/GHMSI/DOL APPEAL (R. 11/11); and any amendments

BlueDental Preferred LOW Option: DC/CF/DB/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS-SOB LOW (1/15); DC/CF/DB/2015 DENTAL AMEND (REV 1/15); DC/CF/DB/2018 DENTAL AMEND (1/18); DC/GHMSI/DOL APPEAL (R. 11/11); and any amendments

### Virginia

Virginia GHMSI CD ON EXCH:

BlueDental Preferred HIGH Option: VA/CF/DB/PREF DENT (R. 1/15)-HIX; VA/CF/DB/2017 DENTAL AMD HIGH (1/17)-HIX; and any amendments

BlueDental Preferred LOW Option: VA/CF/DB/PREF DENT LOW (1/15)-HIX; VA/CF/DB/2017 DENTAL AMD LOW (1/17)-HIX; and any amendments

Virginia GHMSI CD OFF EXCH:

BlueDental Preferred HIGH Option: VA/CF/DB/PREF DENT (R. 1/15); VA/CF/DB/2017 DENTAL AMD HIGH (1/17)

BlueDental Preferred LOW Option: VA/CF/DB/PREF DENT LOW (1/15); VA/CF/DB/2017 DENTAL AMD LOW (1/17)







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