

BlueDental Preferred 2019

MARYLAND ■ WASHINGTON, D.C. ■ NORTHERN 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 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.¹
- Diabetic patients with gum disease have a harder time controlling their blood sugar levels.¹
- Periodontal disease has been linked to premature birth and low birth weight.¹

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

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How Your Plan Works

Your Dental Plan Options

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/findadoccdental and click on *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 ¹	BlueDental Preferred— High Option (In-Network) ²	Savings on Services ³
6 month checkups, including routine exams, cleanings and X-rays (4 visits, 2 per person, per year)	\$808 (\$202 per visit)	\$0	\$808
Root canal (bicuspid)	\$935	\$101 (after deductible)	\$834
Bridge (3-unit)	\$3,733	\$938 (after deductible)	\$2,795
Total	\$5,476	\$1,039 (after deductible)	\$4,437

¹ Based on National Dental Advisory Service Fee Report (2018).

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 \$5,476 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 \$1,039 (after deductible), a savings of more than \$4,400 on these dental services. Now they're covered and ready for whatever lies ahead!

Please note: all charges are subject to the CareFirst \$1,000 annual maximum payment per service for Classes I-IV for members over age 19.

BlueDental Preferred High Option 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.	\$50 Individual deductible; \$150 Family deductible	\$100 Individual deductible; \$300 Family deductible
OUT-OF-POCKET MAXIMUM (CLASSES I-V) FOR MEMBERS UP TO AGE 19	One member pays up to \$350; Two or more members pay up to \$700	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 (one per six months)Prophylaxis (one cleaning per six months)Bitewing X-rays (one per six months)Fluoride treatments¹ until the end of the year in which member reaches age 19	<ul style="list-style-type: none">Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray¹Sealants on permanent molars¹ until the end of the year in which member reaches age 19Space maintainers¹Palliative treatmentsEmergency oral exam	No charge 20% of allowed benefit ²
BASIC SERVICES (CLASS II)		
<ul style="list-style-type: none">Direct placement fillings using approved materials¹Simple extractions	<ul style="list-style-type: none">Periodontal scaling and root planing (once per 24 months, one full mouth treatment)	20% of allowed benefit ² after deductible 40% of allowed benefit ² after deductible
MAJOR SERVICES – SURGICAL (CLASS III)		
<ul style="list-style-type: none">Surgical periodontic services including osseous surgery, and occlusal adjustments¹Endodontics (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, vestibuloplasty and hemi-section)General anesthesia required for oral surgery	20% of allowed benefit ² after deductible 40% of allowed benefit ² after deductible
MAJOR SERVICES – RESTORATIVE (CLASS IV)		
<ul style="list-style-type: none">Full and/or partial dentures (once per 60 months)Fixed bridges³, crowns, inlays and onlays (once per 60 months)Recementation of crowns, inlays and/or bridges (once per 12 months)	<ul style="list-style-type: none">Denture adjustments and relining¹Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance for members over age 19)Dental implants³, subject to medical necessity review (once per 60 months)	50% of allowed benefit ² after deductible 65% of allowed benefit ² 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 benefit ²	65% of allowed benefit ²

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.

¹ Frequency limitations may apply.

² 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.

³ 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 ¹	BlueDental Preferred— Low Option (In-Network) ²	Savings on Services ³
6 month checkups, including routine exams, cleanings and X-rays (8 visits, 2 per person)	\$1,616 (\$202 per visit)	\$0 (after deductible)	\$1,616
Filling (1 surface)	\$198	\$17 (after deductible)	\$181
Medically necessary orthodontia (child up to age 19)	\$5,480	\$1,480 (after deductible)	\$4,000
Total	\$7,294	\$1,497 (after deductible)	\$5,797

¹ Based on National Dental Advisory Service Fee Report (2018).

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 \$7,294 for these services. With **BlueDental Preferred Low Option**, the Johnsons would have saved more than \$5,700 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 CareFirst \$1,000 annual maximum payment per service for Classes I-IV for members over age 19.

BlueDental Preferred Low Option Summary of Benefits

	In-Network Member Pays	Out-of-Network Member Pays
DEDUCTIBLE APPLIES TO CLASSES I-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.	\$100 Individual deductible; \$300 Family deductible	\$200 Individual deductible; \$600 Family deductible
OUT-OF-POCKET MAXIMUM (CLASSES I-V) FOR MEMBERS UP TO AGE 19	One member pays up to \$350; Two or more members pay up to \$700	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 (one per six months)Prophylaxis (one cleaning per six months)Bitewing X-rays (one per six months)Fluoride treatments¹ until the end of the year in which member reaches age 19	<ul style="list-style-type: none">Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray¹Sealants on permanent molars¹ until the end of the year in which member reaches age 19Space maintainers¹Palliative treatmentsEmergency oral exam	No charge after deductible 20% of allowed benefit ² after deductible
BASIC SERVICES (CLASS II)		
<ul style="list-style-type: none">Direct placement fillings using approved materials¹Simple extractions	<ul style="list-style-type: none">Periodontal scaling and root planing (once per 24 months, one full mouth treatment)	20% of allowed benefit ² after deductible 40% of allowed benefit ² after deductible
MAJOR SERVICES – SURGICAL (CLASS III)		
<ul style="list-style-type: none">Surgical periodontic services including osseous surgery, and occlusal adjustments¹Endodontics (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, vestibuloplasty and hemi-section)General anesthesia required for oral surgery	20% of allowed benefit ² after deductible 40% of allowed benefit ² after deductible
MAJOR SERVICES – RESTORATIVE (CLASS IV)		
<ul style="list-style-type: none">Full and/or partial dentures (once per 60 months)Fixed bridges³, crowns, inlays and onlays (once per 60 months)Recementation of crowns, inlays and/or bridges (once per 12 months)	<ul style="list-style-type: none">Denture adjustments and relining¹Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance for members over age 19)Dental implants³, subject to medical necessity review (once per 60 months)	50% of allowed benefit ² after deductible 65% of allowed benefit ² after deductible
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<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 benefit ²	65% of allowed benefit ²

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

Frequently Used Benefits

Below is a partial list of the most commonly used member services. These rates show what you could expect to pay for in-network services. For specific questions, please contact our CareFirst Dental Business Operations team toll-free at 866-891-2802.

Common Dental Procedures	Regular Cost ¹	In-Network You Pay ²
Preventive checkups, including routine exams, cleanings and X-rays	\$202 per visit (2 visits per year)	\$0 (after deductible for Low Option Plan)
Fillings and simple extractions	\$145–\$198	\$11–\$17 after deductible
Periodontal scaling and root planing (4 or more teeth per quadrant)	\$280	\$27 after deductible
Porcelain ceramic crown	\$1,220	\$354 after deductible
Root canal therapy (molar, excluding final restoration)	\$1,138	\$132 after deductible
Complete upper dentures	\$1,837	\$334 after deductible
Medically necessary orthodontia (child up to age 19)	\$5,480	\$1,480

¹ Based on National Dental Advisory Service Fee Report (2018)

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

2019 Monthly Dental Rates

Figuring out the total monthly premium for the plans you're considering is simple:

1. Based on where you live, find your rate on the chart below.
2. Circle the amount in the column that corresponds with your age when coverage will begin. If you're buying an individual plan, that's it!
3. For a family plan, repeat step 2 for each family member who will be covered by your new plan and add the numbers up.
4. If you want to pay quarterly, then multiply the monthly total by three. If you want to pay annually, multiply the monthly total by 12.

	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
BlueDental Preferred High Option				
Ages 0-20	\$46.50	\$46.96	\$44.17	\$45.57
Ages 21+	\$46.96	\$47.43	\$44.62	\$46.02
BlueDental Preferred Low Option				
Ages 0-20	\$35.90	\$36.26	\$34.10	\$35.18
Ages 21+	\$38.20	\$38.58	\$36.29	\$37.43

	Washington, D.C.	Virginia
BlueDental Preferred High Option		
Ages 0-20	\$34.30	\$44.21
Ages 21+	\$44.33	\$49.25
BlueDental Preferred Low Option		
Ages 0-20	\$24.94	\$34.02
Ages 21+	\$35.46	\$40.51