



Individual Select Preferred Dental Plans 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. 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 and help prevent some diseases and serious health conditions.

Because dental health needs can vary from person to person, we offer two dental plans designed to meet your financial and coverage needs.

Individual Select Preferred Dental offers 100 percent coverage for in-network and preventive diagnostics. This plan provides access to more than 5,000 dentists throughout Maryland, D.C. and Northern Virginia, along with no deductibles or referrals—all at a low premium.

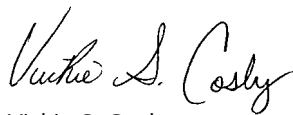
Individual Select Preferred Dental Plus gives you the most freedom of choice with access to a national network of 123,000 dentists and specialists. In addition to low deductibles, there is no charge for in-network oral exams, cleanings and X-rays. This plan also provides an added orthodontia benefit for children up to age 19.

When you choose a CareFirst BlueCross BlueShield (CareFirst) dental plan, you also enjoy:

- Quick and easy enrollment
- No claim forms to file in-network
- Guaranteed acceptance
- Coverage from a name you know and trust

Protect your smile, your health and your budget from serious dental issues. Read on to learn more about CareFirst's dental plans.

For your convenience, our product consultants are available at 855-503-4862, Monday–Thursday, 8 a.m. to 5 p.m. and Friday, 10 a.m. to 5 p.m.



Vickie S. Cosby
Vice President, Consumer Direct Sales,
Distribution and Communications



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How Your Plan Works

Individual Select Preferred Dental

What your plan covers

In-network

As a member you'll receive 100 percent coverage in-network for preventive and diagnostic services. Individual Select Preferred Dental combines the freedom to select any dentist from our large regional network.

The following are some of the services covered in full when visiting an in-network provider:

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

Participating dentists accept 100 percent of the Allowed Benefit* from CareFirst as payment in full for covered services.

Out-of-network

You also have the option to seek routine preventive and diagnostic treatment from non-participating providers. If you visit a non-participating provider, CareFirst will still pay the Allowed Benefit,* but you will be responsible for the difference in cost between the CareFirst Allowed Benefit and your dental provider's full charge.



***Allowed benefit**—The Allowed Benefit 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 Benefit. However, if you visit a non-participating provider, then you may be responsible for the difference between the CareFirst Allowed Benefit and the Dental Provider's full charge. In this example, that means you would be responsible for an additional \$50.

Individual Select Preferred Dental Summary of Benefits

	In-Network Member Pays	Out-of-Network Member Pays
DEDUCTIBLE	None	
ANNUAL MAXIMUM (CLASSES I-IV)	No maximum	
PREVENTIVE & DIAGNOSTIC SERVICES (CLASS I)		
<ul style="list-style-type: none">■ Oral exams (two per contract year)■ Prophylaxis (two cleanings per contract year)■ Bitewing X-rays (two per contract year)■ Fluoride treatments (two per contract year, per member, until the end of the year in which member reaches age 19)■ Palliative treatments	<ul style="list-style-type: none">■ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)■ Sealants on permanent molars (once per tooth per 36 months per member until the end of the year in which member reaches age 19)■ Space maintainers (once per 60 months)■ Emergency oral exam	No charge Member pays provider's full charge and submits claim to be reimbursed CareFirst's Allowed Benefit. (Member pays any difference between the CareFirst Allowed Benefit and the dentist's billed charge.)
BASIC SERVICES (CLASS II)		
<ul style="list-style-type: none">■ Direct placement fillings using approved materials (one filling per surface per 12 months)■ Simple extractions	<ul style="list-style-type: none">■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment)	Not covered
MAJOR SERVICES – SURGICAL (CLASS III)		
<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)	<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	Not covered
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)■ Recementation of crowns, inlays and/or bridges (once per 12 months)	<ul style="list-style-type: none">■ Denture adjustments and relining (limits apply for regular and immediate dentures)■ Repair of prosthetic appliances as required (once in any 12-month period per specific area of appliance)■ Dental implants, subject to medical necessity review (once per 60 months)	Not covered
ORTHODONTIC SERVICES (CLASS V)		
<ul style="list-style-type: none">■ Benefits for orthodontic services are available for covered members until the end of the month in which a member reaches the age of 19■ The in-network and out-of-network lifetime maximum per child is a combined amount		Not covered

Individual Select Preferred Dental Plus

What your plan covers

Preventive & Diagnostic Services (Class I)

There is no deductible and no waiting period for the following services, which are covered at 100 percent when visiting an Individual Select Preferred Dental Plus in-network provider:

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

Basic Services (Class II)

After a low deductible and no waiting period, your plan includes fillings, simple extractions, and periodontal scaling and root planing.

Major Services (Class III, IV)

After a low deductible and 12-month waiting period, you are covered for root canals, oral surgery, dentures, crowns, bridges and more.

Orthodontia (Class V)

Preferred Dental Plus offers benefits for braces for children up to age 19, after a 12-month waiting period.

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 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 Allowed Benefit 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 Benefit. However, if you visit a non-participating provider, then you may be responsible for the difference between the CareFirst Allowed Benefit and the Dental Provider's full charge. In this example, that means you would be responsible for an additional \$50.

Individual Select Preferred Dental Plus Summary of Benefits

	In-Network Member Pays	Out-of-Network Member Pays
DEDUCTIBLE (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 Ind. deductible/ \$75 Family deductible	\$50 Ind. deductible/ \$150 Family deductible
ANNUAL MAXIMUM (CLASSES I-IV)		
<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 contract year)Prophylaxis (two cleanings per contract year)Bitewing X-rays (two per contract year)Fluoride treatments (two per contract year, per member, until the end of the year in which member reaches age 19)Palliative treatments	<ul style="list-style-type: none">Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)Sealants on permanent molars (once per tooth per 36 months per member until the end of the year in which member reaches age 19)Space maintainers (once per 60 months)Emergency oral exam	No charge 20% of Allowed Benefit*
BASIC SERVICES (CLASS II)		
<ul style="list-style-type: none">Direct placement fillings using approved materials (one filling per surface per 12 months)Simple extractions	<ul style="list-style-type: none">Periodontal scaling and root planing (once per 24 months, one full mouth treatment)	20% of Allowed Benefit* after deductible 40% of Allowed Benefit* after deductible
MAJOR SERVICES – SURGICAL (CLASS III)		
<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)	<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 Benefit* after deductible and 12-month waiting period 40% of Allowed Benefit* after deductible and 12-month waiting period
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)Recementation of crowns, inlays and/or bridges (once per 12 months)	<ul style="list-style-type: none">Denture adjustments and relining (limits apply for regular and immediate dentures)Repair of prosthetic appliances as required (once in any 12-month period per specific area of appliance)Dental implants, subject to medical necessity review (once per 60 months)	50% of Allowed Benefit* after deductible and 12-month waiting period 65% of Allowed Benefit* after deductible and 12-month waiting period
ORTHODONTIC SERVICES (CLASS V)		
<ul style="list-style-type: none">Benefits for orthodontic services are available for covered members until the end of the month in which a member reaches the age of 19	50% of Allowed Benefit* after deductible and 12-month waiting period	65% of Allowed Benefit* after deductible and 12-month waiting period
<ul style="list-style-type: none">The in-network and out-of-network lifetime maximum per child is a combined amount	Plan pays up to \$800 per child up to age 19	

*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 member for the difference between the Allowed Benefit and their charges.