

Individual Select Dental HMO Rates *Maryland*

Coverage Type	Annual Rate Full Annual Payment Due with Enrollment Application
Individual	\$120
Individual & Child	\$204
Individual & Adult	\$240
Family	\$360

Coverage Type	Semi-Annual Rate Second Payment Due by the first of the seventh month from the effective date of coverage	
	1ST PAYMENT	2ND PAYMENT
Individual	\$65	\$65
Individual & Child	\$107	\$107
Individual & Adult	\$125	\$125
Family	\$185	\$185

Please note that when selecting the semi-annual payment, a \$5.00 administrative fee is already included in each payment. You pay an additional \$10/year when you select the semi-annual payment option. The first payment (of the semi-annual rate) is due with the enrollment application. The second payment is due by the first of the seventh month from the effective date of coverage. For example, if coverage is effective January 1, the second payment is due July 1.

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