

Traditional Dental

Now with access to a National Network

Regular preventive dental care is an important part of staying healthy. That's why CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)*** are pleased to offer Traditional Dental coverage, which allows you the complete freedom to see any dentist you choose.

Advantages of the Plan

- **Freedom of Choice, Freedom to Save** – With Traditional Dental coverage, you have the freedom to see any dentist. So, whether you're at work, at home, on vacation or just traveling, you can be sure that your dental coverage will travel with you.
- **Preventive Care and More** – Benefits for you and your family include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the opposite side of this page. (Additional coverage for orthodontia may be included - ask your benefits manager for details).
- **Large Regional Network** – Over 3,800 dentists in Maryland, Virginia and Washington D.C. participate with CareFirst and CareFirst BlueChoice. This means that you can see a dentist where you live, where you work, or anywhere in between.
- **Nationwide Access to Participating Dentists*** – With our new national dental network, you now have access to more than 100,000 participating dentist locations throughout the United States. Whether you are in Baltimore or Boston, Laurel or Los Angeles, you have coverage for the dental services you need, when you need them.

- **Opportunity to Reduce Costs** – If you see a participating dentist, you will incur lower out-of-pocket costs for all dental services and you will have no claim forms to file. Participating dentists have agreed to accept CareFirst's or CareFirst BlueChoice's allowed benefit as payment in full for covered services. Once you meet your deductible and coinsurance, you won't be faced with additional expenses. You will not be balance billed!
- **Out-of-Network Benefit** – You can receive care from a non-participating dentist and have the same level of coverage; however, you may be subject to higher out-of-pocket costs and balance billing.

Frequently Asked Questions

How much will I have to pay for dental services?
The chart on the opposite side of this sheet gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services.

Is there a lot of paperwork?
There is no paperwork when you use a dentist who participates with CareFirst or CareFirst BlueChoice. If you see a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?

Call CareFirst BlueCross BlueShield toll free at: (866) 891-2802.

* The DNOA Preferred network is utilized outside of the CareFirst service area. Dentists within this network are considered in-network providers.

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Summary of Benefits

	You Pay
Deductible Applies to Classes II, III & IV	\$50 Individual / \$150 Family
Annual Maximum (Classes I-IV)	\$1,500
Preventive & Diagnostic Services (Class I)	
<ul style="list-style-type: none"> ■ Oral Exams (two per benefit period) ■ Prophylaxis (two cleanings per benefit period) ■ Bitewing X-rays ■ Full mouth X-ray or panoramic and bitewing X-ray combination and one cephalometric X-ray (once per 36 months) ■ Fluoride treatments (two per benefit period per member, age requirements may apply) ■ Sealants on permanent molars (once per tooth per 36 months per member, age requirements may apply) ■ Space maintainers (once per 60 months) ■ Palliative emergency treatment 	No charge at Participating Dentist**
Basic Services (Class II)	
<ul style="list-style-type: none"> ■ Direct placement fillings using approved materials (one filling per surface per 12 months) ■ Periodontical scaling and root planing (once per 24 months, one full mouth treatment) ■ Simple extractions 	20% 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) ■ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section) ■ General anesthesia rendered for a covered dental service 	20% of Allowed Benefit 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 (limits apply for regular and immediate dentures) ■ Recementation of crowns, inlays and/or bridges (once per 12 months) ■ 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**
Orthodontic Services (Class V)*	
<ul style="list-style-type: none"> ■ Benefits for orthodontic services may be available for covered members under age 19 who meet treatment criteria. 	50% of Allowed Benefit to \$800 or \$1,200 lifetime maximum**

* Coverage for orthodontia may be included—ask your benefits manager for details, including lifetime maximum.

** NOTE: CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating Dentists accept 100% of the 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.

*** The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.

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

Benefits issued under policy form numbers: CareFirst of Maryland, Inc.: 13.603 (R. 4/08) and any amendments • 13.606 (R. 4/08) and any amendments.

Group Hospitalization and Medical Services, Inc.: MD/CF/DENTAL DOCS (4/08) • MD/CF/DO-SOB (7/03) • MD/CF/EOC/D-V (10/08) • MD/CF/ELIG (R. 1/08) • MD/CF/GC (R. 10/07) and any amendments.

Group Hospitalization and Medical Services, Inc.: MD/CF/DENTAL RIDER (R. 4/08)
CareFirst BlueChoice, Inc.: MD/BC/DENTAL RIDER (R. 4/08) • CFMI /51+/VISION (4/09) • CFMI /51+/GC (R.7/10) • CFMI/EOC/D-V (7/09) • CFMI/DENTAL DOCS (7/09) • CFMI/DENTAL SOB (7/09)vCFMI/ELIG/D-V (7/09) and any amendments.



CareFirst BlueCross BlueShield is the shared business name of Group Hospitalization and Medical Services, Inc. and CareFirst of Maryland, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association.

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