



Individual Select
Preferred Dental

Maryland, the District of Columbia and Northern Virginia

Did You Know...

- People with periodontal disease are 2-4 times more likely to have a heart attack.¹
- Diabetic patients with periodontal disease have more difficulty controlling blood glucose levels.²
- Women less than 35 weeks pregnant who receive treatment for gum disease have 84% fewer premature births.³
- Pregnancy can cause swelling, bleeding, redness, or tenderness in the gum tissue due to hormonal changes.

1 Andriankaia, OM, et al. The use of different measurements and definitions of periodontal disease in the study of the association between periodontal disease and risk of myocardial infarction. J Periodontol 2006 Jun;77(6):1067-73.

2 Faria-Almeida R, Navarro A, Bascones A. Clinical and metabolic changes after conventional treatment of type 2 diabetic patients with chronic periodontitis. J Periodontol. 2006 Apr;77(4):591-8.

3 Lopez NJ, et al. Periodontal therapy reduces the rate of preterm low birth weight in women with pregnancy-associated gingivitis. J Periodontol. 2005 Nov;76(11 Suppl):2144-53.

Protect Your Best Feature – Your Smile



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 scientifically shown to reduce your risk of heart disease; it helps to control diabetes, and can even prevent premature births.

CareFirst BlueCross BlueShield (CareFirst) brings you Individual Select Preferred Dental which offers:

- Lower premiums
- More than 3,600 dentists throughout Maryland, the District of Columbia and Northern Virginia
- Easy enrollment
- No deductibles
- No referrals
- No claim forms to file in network
- Guaranteed acceptance

Protect your smile, your health, and your budget from serious dental issues.

Individual Select Preferred



Wide-ranging coverage of preventive and diagnostic services, and your choice of more than 3,600 Participating Dentists.

What Your Plan Covers

100% Coverage In-Network for Preventive & Diagnostic Services

Individual Select Preferred combines the freedom to select any dentist from our large regional network with wide-ranging coverage of preventive and diagnostic dental services.

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

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

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

Individual Select Preferred

Out-of-Network Services

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*. If, however, the dental provider you visit is non-participating then you may be held responsible for the difference between the CareFirst Allowed Benefit and the Dental Provider's full charge.

Maria



Maria is a single, healthy 30-year-old web designer. She has an individual health insurance plan to cover medical expenses, but she never thought about dental coverage. Maria visits her local dentist twice a year for her routine cleanings and exams.

	No Coverage	Individual Select Preferred Plan	Savings on Services
Check-ups with X-rays twice a year	\$330* (for both visits)	\$0 in-network (both visits are covered)	\$330

* Based on National Dental Advisory Service Fee Report (2012).

With no dental coverage, Maria was paying for her bi-annual check-ups. She chose to enroll in the Individual Select Preferred plan. Her current dentist is a participating provider, so her check-ups are now covered in full and she saved \$330. With Individual Select Preferred, Maria also has the freedom to try out different general dentists and specialists in her area whenever she likes. With more than 3,600 participating providers in Maryland, the District of Columbia and Northern Virginia she has plenty of choices!

Rates

Rates — Maryland

Coverage Type	Annual Rate Full Annual Payment Due with Enrollment Application	Semi Annual Rate Second Payment Due by the 1 st of the seventh month from the effective date of coverage	
		1st Payment	2nd Payment
Individual	\$151.80	\$80.90	\$80.90
Individual & Child(ren)	\$280.80	\$145.40	\$145.40
Individual & Adult	\$349.20	\$179.60	\$179.60
Family	\$425.04	\$217.52	\$217.52

Rates — District of Columbia and Northern Virginia

Coverage Type	Annual Rate Full Annual Payment Due with Enrollment Application	Semi Annual Rate Second Payment Due by the 1 st of the seventh Month from the Effective Date of Coverage	
		1st Payment	2nd Payment
Individual	\$151.44	\$80.72	\$80.72
Individual & Child(ren)	\$280.20	\$145.10	\$145.10
Individual & Adult	\$302.88	\$156.44	\$156.44
Family	\$424.08	\$217.04	\$217.04

Please note that when selecting the semi-annual payment, a \$5 administration fee is already included into 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 1st 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.

Apply Today!

- 1** Fill out and sign the enclosed application.
Choose the annual or semi-annual payment option.
- 2** When you're ready to review a listing of providers, please visit www.carefirst.com/doctor. Click on *Dental*, and select *Individual Select Preferred*.
- 3** Send in your application, **with your premium payment**, in the enclosed, postage-paid envelope or mail to:
CareFirst BlueCross BlueShield
P.O. Box 79810
Baltimore, MD 21279-0810

CareFirst will mail you your membership cards and certificate of coverage. Then you can start enjoying all the benefits of good dental care. For specific questions, please contact CareFirst Dental Services toll-free at **888-833-8464**.

Our service area includes the cities 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.

Exclusions and Limitations

Limitations.

- A. Covered Dental Services must be performed by or under the supervision of a Dentist, 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.

Exclusions. Benefits will not be provided for:

- A. 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.
- B. Services not specifically listed in this Attachment as a Covered Dental Service, even if Medically Necessary.
- C. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be covered services).
- D. 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.
- E. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services.
- F. Services or supplies that are Experimental or Investigational in nature.

Policy Form Numbers:

MD/GHMSI/DB/IEA-DENTAL (2/08)
MD/GHMSI/DB/DOCS-DENTAL (2/08)
MD/GHMSI/DB/ES-DENTAL (2/08)

DC/GHMSI/DB/IEA-DENTAL (2/08)
DC/GHMSI/DB/DOCS-DENTAL (2/08)
DC/GHMSI/DB/ES-DENTAL (2/08)

VA/GHMSI/DB/IEA-DENTAL (2/08)
VA/GHMSI/DB/DOCS-DENTAL (2/08)
VA/GHMSI/DB/ES-DENTAL (2/08)

and any amendments.



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www.carefirst.com

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