

BlueDental Plus Summary of Benefits

Includes access to a national provider network

	In-Network You Pay	Out-of-Network You Pay
DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*	\$25 Individual \$75 Family	\$50 Individual \$150 Family
ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*	Plan pays \$1,500 maximum	
PREVENTIVE & DIAGNOSTIC SERVICES		
<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 panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)■ Palliative emergency treatment	<ul style="list-style-type: none">■ Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19)■ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19)■ Space maintainers (once per 60 months)	<div>No charge from participating dentist¹</div> <div>No charge from participating dentist¹</div>
BASIC SERVICES AND MAJOR SERVICES—SURGICAL ²		
<ul style="list-style-type: none">■ Direct placement fillings using approved materials (one filling per surface per 12 months)■ Simple extractions■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment)■ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)■ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)	<ul style="list-style-type: none">■ Periodontal maintenance cleanings (two per benefit period)■ General anesthesia rendered for a covered dental service■ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)	<div>20% of Allowed Benefit after deductible¹</div> <div>20% of Allowed Benefit after deductible¹</div>
MAJOR SERVICES—RESTORATIVE ²		
<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)	<ul style="list-style-type: none">■ 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 (once per tooth per 60 months)	<div>50% of Allowed Benefit after deductible¹</div> <div>50% of Allowed Benefit after deductible¹</div>
ORTHODONTIC SERVICES		
Benefits for orthodontic services are available for covered members who meet treatment criteria.	50% of Allowed Benefit ¹	
ORTHODONTIC LIFETIME MAXIMUM	Plan pays \$1,500 maximum	

¹ 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.

² For Voluntary products without proof of prior coverage, benefits for Major Services and Orthodontic Services may not be available until 12 months after your Effective Date.

* Deductible and Annual Maximum Combined In-network/Out-of-network.

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.

CareFirst of Maryland, Inc.: CFMI/BLUEDENTAL EOC (1/15); CFMI/BLUEDENTAL DOCS (R.7/21); CFMI/BLUEDENTAL SOB (R.7/21); CFMI/51+/GC (R. 1/13); CFMI/ELIG/D-V (7/09) and any amendments.

Group Hospitalization and Medical Services, Inc.: MD/GHMSI/BLUEDENTAL EOC (1/15); MD/GHMSI/BLUEDENTAL DOCS (R.7/21); MD/GHMSI/BLUEDENTAL SOB (R.7/21); MD/CF/GC (R.1/13); MD/CF/ELIG (R. 1/08) and any amendments; DC/GHMSI/BLUEDENTAL EOC (1/15); DC/GHMSI/BLUEDENTAL DOCS (R.7/21); DC/GHMSI/BLUEDENTAL SOB (R.7/21); DC/CF/GC (1/14); DC/CF/ELIG (1/14) and any amendments.

BlueDental Plus Summary of Benefits

Our plusses

- Most plans cover 100% of preventive and diagnostic services
- No claim forms or paperwork to fill out when a member sees a participating dentist
- We coordinate benefits for members with dental coverage from another carrier
- More than 123,000 participating dentists and specialists across the United States.

Our plans

With BlueDental Plus, you'll save the most money by seeing a participating provider.

What's a participating provider?

It's a dentist or specialist who is in our network and accepts our reduced negotiated fees as payment in full. This means no balance for you to pay, keeping your out-of-pocket costs low.

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you pay the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full. You're only responsible for deductibles and coinsurance. And for your convenience, your provider is reimbursed directly.
- **Option 2**—By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you'll pay slightly higher out-of-pocket costs. Similar to Option 1, there is no balance to pay. You're still responsible for deductibles and coinsurance, and have the convenience of your provider being reimbursed directly.

Can I see a non-participating provider?

Of course. But your out-of-pocket expenses will be highest with providers outside our network. You may have to pay the difference between the dentist's fee and what your plan allows for those services.

Where can I find a dentist?

Visit carefirst.com/doctor and select *BlueDental* to view in-network providers.

When do I get my ID card?

Member ID cards are mailed to your home after enrollment. You can also access your ID card—along with other claims and benefit information—at *My Account* or on the CareFirst mobile app. Visit carefirst.com/myaccount to register.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at 866-891-2802 between 8 a.m. and 6 p.m. ET, Monday–Friday.

Common dental insurance terms

Deductible: The amount you are responsible for before CareFirst pays for dental services.

Family deductible: A deductible that is satisfied by the combined expenses of all covered family members. For example, a plan with a \$25 deductible may be limited to a maximum of three deductibles (\$75 per family) regardless of the number of family members.

Coinsurance: Your share of the dentist's fee after CareFirst has paid its share.

Annual maximum: The yearly reimbursement level for an individual/family set by your CareFirst dental plan.