The CareFirst BlueCross BlueShield family of health care plans

Benefit	DHMO	Preferred Dental		Preferred Dental Plus		BlueDental Preferred (ACA-Compliant Plan)	
	In-Network Only Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays	In-Network Member Pays	Out-of-Network Member Pays
PREVENTIVE & DIAGNOSTIC SERVICES (CLASS I)	$20 copay per office visit	No charge	Member pays provider's full charge and submits claim to be reimbursed CareFirst's Allowed Amount. *(Member is responsible for any difference between the CareFirst Allowed Amount and the Dentist's billed charge.)*	No charge	20% of Allowed Amount[2]	No charge	20% of Allowed Amount[2]
BASIC SERVICES (CLASS II) Fillings, non-surgical periodontics, simple extractions	$20-$70 copay per office visit	Not covered[1]		20% of Allowed Amount[2] after deductible	40% of Allowed Amount[2] after deductible	20% of Allowed Amount[2] after deductible	40% of Allowed Amount[2] after deductible
MAJOR SERVICES—SURGICAL (CLASS III) Surgical periodontics, endodontics, oral surgery	Copays per service	Not covered[1]		20% of Allowed Amount[2] after deductible and 12 month Benefit Waiting Period	40% of Allowed Amount[2] after deductible and 12 month Benefit Waiting Period	20% of Allowed Amount[2] after deductible	40% of Allowed Amount[2] after deductible
MAJOR SERVICES—RESTORATIVE (CLASS IV) Inlays, onlays, dentures, bridges, crowns	Copays per service	Not covered[1]		50% of Allowed Amount[2] after deductible and 12 month Benefit Waiting Period	65% of Allowed Amount[2] after deductible and 12 month Benefit Waiting Period	50% of Allowed Amount[2] after deductible	65% of Allowed Amount[2] after deductible
ORTHODONTIC SERVICES (CLASS V)	Child: $2,500 per member Adult: $2,700 per member	Not covered[1]		50% of Allowed Amount[2] after 12 month Benefit Waiting Period	65% of Allowed Amount[2] after 12 month Benefit Waiting Period	50% of Allowed Amount[2] (no deductible) when medically necessary	65% of Allowed Amount[2] (no deductible) when medically necessary
ORTHODONTIC SERVICES MAXIMUM (CLASS V)	No Maximum	Not applicable		Plan pays $800 combined lifetime maximum for in- and out-of-network per member age 19 and under		No maximum, medically necessary orthodontia only for members age 19 and under	
ANNUAL MAXIMUM (CLASSES I–IV)	No Maximum	No Maximum		Plan pays $1,000 combined maximum for in- and out-of-network per member (per contract year)		Members up to age 19: No Maximum. Members age 19 and over: Plan pays $1,000 combined maximum for in- and out-of-network covered services per calendar year per member, then member pays balance.	
OUT-OF-POCKET MAXIMUM	No Maximum	No Maximum		No Maximum		Members up to age 19 pay up to $1,000 in MD and DC, or $700 in VA, per calendar year per member, then no further Coinsurance or Deductible will be required for covered services. Plan pays 100% of Allowed Amount for covered services. Members age 19 and over: No Maximum.	No Maximum

Benefit	DHMO	Preferred Dental	Preferred Dental Plus		BlueDental Preferred (ACA-Compliant Plan)	
DEDUCTIBLE	None	None	In-Network: $25 Ind./ $75 Family Applies to Classes II, III & IV (per contract year)	Out-of-Network: $50 Ind./ $150 Family Applies to Classes II, III & IV (per contract year)	In-Network: $25 Ind./$75 Family Applies to Classes II, III & IV (per calendar year)	Out-of-Network: $50 Ind./$150 Family Applies to Classes II, III & IV (per calendar year)
BENEFIT WAITING PERIODS	None	None	12 months Applies to Classes III, IV & V		None	
NETWORK	Over 580 providers in MD, DC, and Northern VA. Find a Doctor, click on DHMO Plan IND20	Over 3,600 providers in MD, DC, and Northern VA. Find a Doctor, click on Individual Select Preferred	Over 3,600 providers in MD, DC, and Northern VA. 63,000 dentists nationally. Find a Doctor, click on Preferred Dental, DP		Over 3,600 providers in MD, DC, and Northern VA. 63,000 dentists nationally. Find a Doctor, click on Preferred Dental, DP	
CLAIM FORMS	No	Out-of-network only	Out-of-network only		Out-of-network only	
OUT-OF-AREA EMERGENCY CARE	Limited to $50 per member per emergency	Out-of-network benefit applies	When visiting a dentist in the national network, benefits are paid based on the In-Network coinsurance.		When visiting a dentist in the national network, benefits are paid based on the In-Network coinsurance.	
SELECT A PRIMARY CARE DENTIST	Yes	No	No		No	
REFERRALS REQUIRED	Yes	No	No		No	
GUARANTEED ACCEPTANCE	Yes	Yes	Yes		Yes	
KEY ADVANTAGES	■ Predictable out-of-pocket costs with set copays ■ One copay per office visit for preventive, diagnostic and basic dental services, including exams, cleanings, X-rays, sealants, and simple extractions ■ One copay per office visit for soft tissue management services (periodontics) ■ No deductibles ■ No claim forms ■ No annual maximums ■ Orthodontia for children and adults	■ Freedom of provider choice ■ No requirement to pre-select a Primary Care Dentist ■ Large provider network across MD, DC and Northern VA ■ No deductibles ■ No annual maximum ■ No referrals required ■ No claim forms when using a participating provider	■ Freedom of provider choice ■ No requirement to pre-select a Primary Care Dentist ■ Large national provider network ■ No referrals required ■ No claim forms when using a participating provider ■ No deductible for Preventive/Diagnostic and Orthodontic Services ■ Orthodontia for children (under age 19) ■ Coverage for many services in all Dental Classes		■ ACA compliant ■ Freedom of provider choice ■ No requirement to pre-select a Primary Care Dentist ■ Large national provider network ■ No referrals required ■ No claim forms when using a participating provider ■ No deductible for Preventive/Diagnostic and Orthodontic Services ■ Coverage for many services in all Dental Classes	

Dental Plan Comparison

DHMO		
Payment Options	**Annually or Semi-annually** (Semi-annual bill includes $5 administrative fee)	
Coverage Level	Annually	Semi-Annually
	MD/DC/VA RATES	
Individual	$120	$65
Individual & Child	$204	$107
Individual & Adult	$240	$125
Family	$360	$185

Note: If more than one child, Family coverage must be selected

	Preferred Dental		Preferred Dental Plus	
Payment Options	**Annually or Semi-annually** (Semi-annual bill includes $5 administrative fee)		**Annually or Quarterly** (Quarterly bill includes $4.98 administrative fee)	
Coverage Level	Annually	Semi-Annually	Annually	Quarterly
	MD RATES		MD/DC RATES	
Individual	$189.72	$99.84	$464.04	$120.99
Individual & Child(ren)	$351.00	$180.48	$858.60	$219.63
Individual & Adult	$436.56	$223.26	$1,067.40	$271.83
Family	$531.36	$270.66	$1,299.48	$329.85
	DC/VA RATES		VA RATES	
Individual	$189.36	$99.66	$464.04	$120.99
Individual & Child(ren)	$350.28	$180.12	$858.60	$219.63
Individual & Adult	$378.60	$194.28	$928.08	$237.00
Family	$530.16	$270.06	$1,299.36	$329.82

BlueDental Preferred	Prince George's & Montgomery Counties	Baltimore Metro	Western MD	Eastern & Southern MD
Coverage Level	Annually[3]	Annually[3]	Annually[3]	Annually[3]
	MD RATES[3]			
Individual	$336	$348	$324	$336
Individual & Child(ren)	$ 936	$960	$900	$936
Individual & Adult	$672	$696	$648	$672
Family	$1,476	$1,536	$1,428	$1,476

ANNUAL[3] DC RATES	
Individual	$312
Individual & Child(ren)	$720
Individual & Adult	$624
Family	$1,176

ANNUAL[3] VA RATES	
Individual	$312
Individual & Child(ren)	$816
Individual & Adult	$624
Family	$1,296

"Child" is an eligible child up to age 26.

[1] *Providers are not required to accept CareFirst's Allowed Amounts on non-covered services. This means you may have to pay your dentist's entire billed amount for these non-covered services. At your dentist's discretion, they may choose to accept the CareFirst Allowed Amount, but are not required to do so. Please talk with your dentist about your cost for any dental services.*

[2] *CareFirst payments are based upon the CareFirst Allowed Amount. Participating dentists accept 100% of the CareFirst Allowed Amount as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Allowed Amount.*

[3] *Premiums for BlueDental Preferred can be paid annually.*

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.
Additional benefit information and plan policy form numbers are available upon request.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc.
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