



## BlueDental Preferred

MARYLAND  
DISTRICT OF COLUMBIA  
NORTHERN VIRGINIA

# Welcome

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 significantly shown to reduce your risk of heart disease; it helps control diabetes, and some studies show that it prevents premature births.

We're pleased to introduce you to **BlueDental Preferred**.

As a member of **BlueDental Preferred** you'll enjoy:

- Freedom of choice
- Two different options to suit your budget
- Coverage for numerous dental services
- No referrals
- More than 3,600 dentists throughout Maryland, the District of Columbia and Northern Virginia, and, access to a national network of 63,000 dentists and specialists.
- No charge for oral exams, cleanings and X-rays when you visit an in-network provider
- No claim forms to file in-network
- Medically necessary orthodontia benefit – for children up to age 19
- Guaranteed acceptance
- No charge for in-network covered services after members age 19 and under reach their \$350 out-of-pocket maximum.

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

Read on to learn about **BlueDental Preferred**, offered by CareFirst BlueCross BlueShield. Or, contact our Product Specialists at 410-356-8000 or toll-free at 800-544-8703, Monday–Friday, 8 a.m. to 8 p.m.



## Did You Know...

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

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.



How your plan works

# Manage Your Care and Save

## Preventive & Diagnostic Services (Class I)

If you pick the High Option, there is no deductible for the following services which are covered in full when visiting an in-network provider:

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

## Basic & Major Services (Classes II, III, IV)

After meeting a deductible, your plan includes fillings, simple extractions, periodontal scaling and root planing, root canals, oral surgery, dentures, crowns, and more!

## Orthodontia (Class V)

**BlueDental Preferred** offers benefits for braces when medically necessary for children up to age 19.

## Visiting Non-Participating Providers

You also have the option to seek treatment from non-participating providers. If you visit a non-participating provider, CareFirst will pay a percentage of the allowed benefit\*, but you may be responsible for the difference in cost between the CareFirst allowed benefit and your dental provider's full charge in addition to any applicable deductibles and coinsurance. You may also be required to pay all costs at the time of service and submit a claim form to be reimbursed for covered services.



*To locate a participating provider, go to [www.carefirst.com/doctor](http://www.carefirst.com/doctor), click on “Dental” and select “DP” under “Preferred Dental (PPO).”*

**\*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 he/she 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.

# A Plan for You



## Meet The Johnsons

– *Low Option*

Anna and Jeff Johnson are an energetic couple with two children. They own a catering business, and have purchased a family health insurance plan that doesn't include benefits for dental services. They didn't think about dental coverage until their daughter needed braces and their son needed a filling. The costs quickly started to add up.

Common Dental Procedure	No Coverage <sup>1</sup>	BlueDental Preferred Low Option (In-Network) <sup>2</sup>	Savings on Services <sup>3</sup>
<b>6 month check-ups, including routine exams, cleanings and x-rays</b> <i>(8 visits, 2 per person)</i>	\$1,344 (\$168 per visit)	\$0 (after \$300 deductible)	\$1,044
<b>Filling</b> <i>(1 filling)</i>	\$135	\$10 (deductible applies)	\$125
<b>Medically Necessary Orthodontic Services</b> <i>(1 Child to age 19)</i>	\$5,100	\$350	\$4,750
<b>Total</b>	<b>\$6,579</b>	<b>\$660</b>	<b>\$5,919</b>

<sup>1</sup> Based on National Dental Advisory Service Fee Report (2013).

<sup>2</sup> Approximate amount. Pricing may vary depending upon dental provider's negotiated rate with CareFirst.

<sup>3</sup> Savings do not include premium costs.

With no dental coverage, the Johnsons paid \$6,579 for these services. With **BlueDental Preferred—Low Option** coverage, the Johnsons would have saved more than \$5,900 for these services. The Johnsons decided to purchase **BlueDental Preferred—Low Option** coverage to protect themselves against future dental costs.



## Meet The Smiths

– High Option

Mary and Charles Smith are active retirees who recently took up golf. They have medicare and have purchased a supplemental medicare plan and medicare prescription drug coverage to protect themselves against medical costs. They didn't think about how their budget might be impacted by major dental expenses until Mary needed root canal therapy and Charles needed a bridge.

Common Dental Procedure	No Coverage <sup>1</sup>	BlueDental Preferred—High Option (In-Network) <sup>2</sup>	Savings on Services <sup>3</sup>
<b>6 month check-ups, including routine exams, cleanings and x-rays</b> <i>(4 visits, 2 per person)</i>	\$720 (\$180 per visit)	\$0	\$720
<b>Root Canal</b> <i>(bicuspid)</i>	\$825	\$97 (after \$60 deductible)	\$668
<b>Bridge</b> <i>(3-unit)</i>	\$3,200	\$985 (after \$60 deductible)	\$2,155
<b>Total</b>	<b>\$4,745</b>	<b>\$1,202</b>	<b>\$3,543</b>

<sup>1</sup> Based on National Dental Advisory Service Fee Report (2013).

<sup>2</sup> Approximate amount. Pricing may vary depending upon dental provider's negotiated rate with CareFirst.

<sup>3</sup> Savings do not include premium costs.

With no dental coverage, the Smiths paid \$4,745 for these services. They decided to purchase dental coverage to protect themselves against further unexpected dental costs. With **BlueDental Preferred—High Option** coverage, the Smiths would have spent only \$1,202, a savings of over \$3,500 on these dental services. Now they're covered and ready for whatever lies ahead!

# Frequently Used Benefits

Common Dental Procedures	Regular Cost <sup>1</sup>	In-Network You Pay <sup>2</sup>
<b>Preventive check-ups, including routine exams, cleanings and x-rays</b>	\$168 per visit (2 visits per year)	\$0 after deductible for Low—Option Plan
<b>Fillings and simple extractions</b>	\$135–\$166	\$10–\$16 after deductible
<b>Periodontal scaling and root planing</b> <i>(4 or more teeth per section of the mouth)</i>	\$248	\$26 after deductible
<b>Porcelain crown</b> <i>(high noble metal)</i>	\$1,082	\$328 after deductible
<b>Root canal therapy</b> <i>(molar, excluding final restoration)</i>	\$990	\$126 after deductible
<b>Complete upper dentures</b>	\$1,650	\$355 after deductible
<b>Medically Necessary Orthodontia</b> <i>(Child up to age 19)</i>	\$5,100	\$350

<sup>1</sup> Based on National Dental Advisory Service Fee Report (2013)

<sup>2</sup> Approximate amount. Pricing may vary depending upon dental provider's negotiated rate with CareFirst.

*This is a partial listing of services. For specific questions please contact CareFirst Dental Services toll-free at 866-891-2802.*

# BlueDental Preferred—High Option

Summary of Benefits	In-Network Member Pays	Out-of-Network Member Pays	
DEDUCTIBLE APPLIES TO CLASSES II, III, IV			
<ul style="list-style-type: none"> <li>The family deductible amount is calculated in the aggregate. However, no family member will be charged more than the individual deductible amount.</li> <li>The in-network and out-of-network deductible will be a separate amount.</li> </ul>	\$60 Individual Deductible \$180 Family Deductible	\$120 Individual Deductible \$360 Family Deductible	
OUT-OF-POCKET MAXIMUM (CLASSES I–V) FOR MEMBERS UP TO AGE 19	One member pays up to \$350; Two or more members pay up to \$700	No limit	
ANNUAL MAXIMUM (CLASSES I-IV) FOR MEMBERS OVER AGE 19			
<ul style="list-style-type: none"> <li>The in-network and out-of-network annual maximum is a combined amount.</li> </ul>	Plan pays up to \$1,000 per member		
PREVENTIVE & DIAGNOSTIC SERVICES (CLASS I)			
<ul style="list-style-type: none"> <li>Oral Exams (one per six months)</li> <li>Prophylaxis (one cleaning per six months)</li> <li>Bitewing X-Rays (one per six months)</li> <li>Fluoride treatments* until the end of the year in which member reaches age 19</li> </ul>	<ul style="list-style-type: none"> <li>Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray*</li> <li>Sealants on permanent molars* until the end of the year in which member reaches age 19</li> <li>Space maintainers*</li> <li>Palliative treatments</li> <li>Emergency oral exam</li> </ul>	No charge	20% of Allowed Benefit**
BASIC SERVICES (CLASS II)			
<ul style="list-style-type: none"> <li>Direct placement fillings using approved materials*</li> <li>Simple extractions</li> </ul>	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li> </ul>	20% of Allowed Benefit** after deductible	40% of Allowed Benefit** after deductible
MAJOR SERVICES – SURGICAL (CLASS III)			
<ul style="list-style-type: none"> <li>Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments*</li> <li>Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li> </ul>	<ul style="list-style-type: none"> <li>Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemisection)</li> <li>General anesthesia required for oral surgery</li> </ul>	20% of Allowed Benefit** after deductible	40% of Allowed Benefit** after deductible
MAJOR SERVICES – RESTORATIVE (CLASS IV)			
<ul style="list-style-type: none"> <li>Full and/or partial dentures (once per 60 months)</li> <li>Fixed bridges, crowns, inlays and onlays (once per 60 months)</li> <li>Recementation of crowns, inlays and/or bridges (once per 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>Denture adjustments and relining*</li> <li>Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance for members over age 19)</li> <li>Dental implants, subject to medical necessity review (once per 60 months)</li> </ul>	50% of Allowed Benefit** after deductible	65% of Allowed Benefit** after deductible
ORTHODONTIC SERVICES (CLASS V)			
<ul style="list-style-type: none"> <li>Benefits for medically necessary orthodontic services are available for covered members until the end of the calendar year in which a member reaches the age of 19.</li> </ul>	50% of Allowed Benefit**	65% of Allowed Benefit**	

\*Frequency limitations may apply.

\*\*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 members for the difference between the allowed benefit and their charges.

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

# BlueDental Preferred—Low Option

Summary of Benefits	In-Network Member Pays	Out-of-Network Member Pays	
<b>DEDUCTIBLE APPLIES TO CLASSES I-IV</b>			
<ul style="list-style-type: none"> <li>The family deductible amount is calculated in the aggregate. However, no family member will be charged more than the individual deductible amount.</li> <li>The in-network and out-of-network deductible will be a separate amount.</li> </ul>	\$100 Individual Deductible \$300 Family Deductible	\$200 Individual Deductible \$600 Family Deductible	
<b>OUT-OF-POCKET MAXIMUM (CLASSES I-V) FOR MEMBERS UP TO AGE 19</b>	One member pays up to \$350; Two or more members pay up to \$700	No limit	
<b>ANNUAL MAXIMUM (CLASSES I-IV) FOR MEMBERS OVER AGE 19</b>			
<ul style="list-style-type: none"> <li>The in-network and out-of-network annual maximum is a combined amount.</li> </ul>	Plan pays up to \$1,000 per member		
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES (CLASS I)</b>			
<ul style="list-style-type: none"> <li>Oral Exams (one per six months)</li> <li>Prophylaxis (one cleaning per six months)</li> <li>Bitewing X-Rays (one per six months)</li> <li>Fluoride treatments* until the end of the year in which member reaches age 19</li> </ul>	<ul style="list-style-type: none"> <li>Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray*</li> <li>Sealants on permanent molars* until the end of the year in which member reaches age 19</li> <li>Space maintainers*</li> <li>Palliative treatments</li> <li>Emergency oral exam</li> </ul>	No charge after deductible	20% of Allowed Benefit** after deductible
<b>BASIC SERVICES (CLASS II)</b>			
<ul style="list-style-type: none"> <li>Direct placement fillings using approved materials*</li> <li>Simple extractions</li> </ul>	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li> </ul>	20% of Allowed Benefit** after deductible	40% of Allowed Benefit** after deductible
<b>MAJOR SERVICES – SURGICAL (CLASS III)</b>			
<ul style="list-style-type: none"> <li>Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments*</li> <li>Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li> </ul>	<ul style="list-style-type: none"> <li>Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemisection)</li> <li>General anesthesia required for oral surgery</li> </ul>	20% of Allowed Benefit** after deductible	40% of Allowed Benefit** after deductible
<b>MAJOR SERVICES – RESTORATIVE (CLASS IV)</b>			
<ul style="list-style-type: none"> <li>Full and/or partial dentures (once per 60 months)</li> <li>Fixed bridges, crowns, inlays and onlays (once per 60 months)</li> <li>Recementation of crowns, inlays and/or bridges (once per 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>Denture adjustments and relining*</li> <li>Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance for members over age 19)</li> <li>Dental implants, subject to medical necessity review (once per 60 months)</li> </ul>	50% of Allowed Benefit** after deductible	65% of Allowed Benefit** after deductible
<b>ORTHODONTIC SERVICES (CLASS V)</b>			
<ul style="list-style-type: none"> <li>Benefits for medically necessary orthodontic services are available for covered members until the end of the calendar year in which a member reaches the age of 19.</li> </ul>	50% of Allowed Benefit**	65% of Allowed Benefit**	

\*Frequency limitations may apply.

\*\*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 members for the difference between the allowed benefit and their charges.

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



Enroll today



Additional information

# Exclusions and Limitations

## For Maryland and District of Columbia Residents:

Please refer to your dental contract for your Exclusions and Limitations.

## For Virginia Residents:

### **3.1 Limitations.**

- A. Covered Dental Services must be performed by or under the supervision of a Dentist with an active and unrestricted license, 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 in the construction of dentures or bridges, including precision attachments, custom denture teeth and implant supported fixed or removable prostheses.
- C. If a Member switches from one Dentist to another during a course of treatment, or if more than one Dentist renders services for one dental procedure, CareFirst shall pay as if only one Dentist rendered the service.
- D. CareFirst will reimburse only after all dental procedures for the condition being treated have been completed (this provision does not apply to orthodontic services).
- E. In the event there are alternative dental procedures that meet generally accepted standards of professional dental care for a Member's condition, benefits will be based upon the lowest cost alternative procedure.

### **3.2 Exclusions. Benefits will not be provided for:**

- A. Replacement of a denture, bridge, or crown as a result of loss or theft.
- B. Replacement of an existing denture, bridge, or crown that is determined by CareFirst to be satisfactory or repairable.
- C. Replacement of dentures, bridges, metal and/or porcelain crowns, inlays, onlays and crown build-ups within 60 months from the date of placement or replacement for which benefits were paid in whole or in part under the terms of the dental benefits Agreement and are judged by CareFirst to be adequate and functional.
- D. Treatment or services for temporomandibular joint (TMJ) disorders including but not limited to radiographs and/or tomographic surveys.
- E. Gold foil fillings.
- F. Periodontal appliances.

- G. Prescription drugs, including, but not limited to antibiotics administered by the Member, inhalation of nitrous oxide (except for Members under age 19), injected or applied medications that are not part of the dental service being rendered, and localized delivery of chemotherapeutic agents for the treatment of a medical condition, unless specifically listed as a Covered Dental Service in the dental benefits Agreement.
- H. Nightguards for Members over age 19, or other oral orthotic appliances, unless specifically listed as a Covered Dental Service in the dental benefits Agreement.
- I. Bacteriologic studies, histopathologic exams, accession of tissue, caries susceptibility tests, diagnostic radiographs, and other pathology procedures, unless specifically listed as a Covered Dental Service in the dental benefits Agreement.
- J. Intentional tooth reimplantation or transplantation for Members over age 19.
- K. Interim prosthetic devices, fixed or removable and not part of a permanent or restorative prosthetic service.
- L. 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.
- M. Transseptal fiberotomy.
- N. Orthognathic Surgery.
- O. The repair or replacement of any orthodontic appliance, unless specifically listed as a Covered Dental Service in the dental benefits Agreement.
- P. Any orthodontic services after the last day of the month in which Covered Dental Services ended.
- Q. Services or supplies that are not Medically Necessary as determined by CareFirst.
- R. Services not specifically listed in the dental benefits Agreement as a Covered Dental Service, even if Medically Necessary, except as required to be covered under state or federal laws and regulations.
- S. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be covered services).
- T. 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.
- U. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services.
- V. Services or supplies that are Experimental or Investigational in nature.
- W. Orthodontic or any other services for Cosmetic purposes.
- X. Transitional orthodontic appliance, including a lower lingual holding arch placed where there is not premature loss of the primary molar.
- Y. Limited or complete occlusal adjustments in connection with periodontal surgical treatment when received in conjunction with restorative service on the same date of service.
- Z. Local anesthesia services are included in the benefit for restorative services and surgical services and are not separately reimbursed.

# Policy Form Numbers

## **Maryland – CareFirst of Maryland, Inc.**

BlueDental Preferred HIGH OPTION –  
CFMI/DEN/IEA (1/14),  
CFMI/DB/PREF DENT DOCS-SOB (R. 1/15),  
CFMI/DB/2015 DENTAL AMEND (1/15),  
and any amendments

BlueDental Preferred LOW OPTION –  
CFMI/DEN/IEA (1/14),  
CFMI/DB/PREF DENT DOCS-SOB LOW (1/15),  
CFMI/DB/2015 DENTAL AMEND (1/15),  
and any amendments

## **Maryland – Group Hospitalization and Medical Services**

BlueDental Preferred HIGH OPTION –  
MD/CF/DEN/IEA (1/14),  
MD/CF/DB/PREF DENT DOCS-SOB (R. 1/15),  
MD/CF/DB/2015 DENTAL AMEND (1/15),  
and any amendments

BlueDental Preferred LOW OPTION –  
MD/CF/DEN/IEA (1/14),  
MD/CF/DB/PREF DENT DOCS-SOB LOW (1/15),  
MD/CF/DB/2015 DENTAL AMEND (1/15),  
and any amendments

## **District of Columbia**

BlueDental Preferred HIGH OPTION –  
DC/CF/DB/DENTAL/IEA (1/14), DC/CF/DB/PREF DENT DOCS-SOB (R. 1/15),  
DC/CF/DB/2015 DENTAL AMEND (REV 1/15), and any amendments.

BlueDental Preferred LOW OPTION –  
DC/CF/DB/DENTAL/IEA (1/14), DC/CF/DB/PREF DENT DOCS-SOB LOW (1/15),  
DC/CF/DB/2015 DENTAL AMEND (REV 1/15), and any amendments

## **Virginia**

BlueDental Preferred HIGH OPTION – VA/CF/DB/PREF DENT (R. 1/15)  
BlueDental Preferred LOW OPTION – VA/CF/DB/PREF DENT LOW (1/15)  
DVAAP (4/14)

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[www.carefirst.com](http://www.carefirst.com)



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