

Preferred Dental

Includes access to a National Provider Network

EASTERN SHORE OF MARYLAND EDUCATIONAL CONSORTIUM

(Talbot Board of Education—Only active employees are eligible)

Regular preventive dental care is an important part of staying healthy. That's why CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)¹ are pleased to offer Preferred (PPO) 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 Preferred Dental coverage, you have the freedom to see any dentist. This plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our network of Preferred providers. It's your choice!
- **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 following page.
- **Large Regional Network** — Over 3,700 dentists in Maryland, Virginia and Washington D.C. participate in CareFirst's and CareFirst BlueChoice's Preferred Dental Network. You may already be seeing a dentist who is part of our network.
- **Nationwide Access to Participating Dentists** — With our national dental network, you have access to more than 74,000 participating dentists 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.
- **Out-of-network care** — Dentists who participate in the Traditional Dental Network (not the Preferred) or dentists who do not participate in either CareFirst Dental Networks are out-of-network providers. If you see a dentist who is out-of-network you will still receive valuable dental coverage for a higher

out-of-pocket cost. There is a separate deductible for services rendered out-of-network. In addition, a non-participating dentist can balance bill you the difference between the provider's charge and the CareFirst allowed benefit.

- **Easy to use** — If you see a Preferred dentist, you will incur lower out-of-pocket costs for all dental services and you will not have to file claim forms. Preferred 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 have any additional expenses.

Frequently Asked Questions

How do I find a preferred dentist?

You can access an online directory 24 hours a day at www.carefirst.com/doctor. Click on the Dental tab, then click on Preferred Dental (PPO).

How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

Is there a lot of paperwork?

There is no paperwork when you use a dentist in our Preferred or Traditional Dental Network. 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 Dental Customer Service toll free at:
(866) 891-2802 between 8:30 am and 5:00 pm ET,
Monday–Friday.

¹ 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.

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Summary of Benefits

	In-Network You Pay Preferred Dental Provider	Out-of-Network You Pay Traditional Dental Provider OR Non-Participating Dental Provider
Deductible (Class II, III and IV combined) There is a separate deductible for in- and out-of-network services	\$25 Individual \$75 Family	\$25 Individual \$75 Family
Annual Maximum (Class I, II, III and IV combined)	\$1,000 per member	
Lifetime Orthodontia Maximum (Class V)	\$1,500 per member	

Plan Payment

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 panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months) 	<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) Palliative emergency treatment 	100% of Allowed Benefit*
Basic Services (Class II)		
<ul style="list-style-type: none"> Direct placement fillings using approved materials (one filling per surface per 12 months) 	<ul style="list-style-type: none"> Periodontical scaling and root planing (once per 24 months, one full mouth treatment) Simple extractions 	80% 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) 	<ul style="list-style-type: none"> Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section) General anesthesia rendered for a covered dental service 	80% 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) 	<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, 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*

* NOTE: CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

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.: CFMI/51+/GC (R. 9/11) • CFMI/EOC/D-V (7/09) • CFMI/DENTAL DOCS (R. 9/11) • CFMI/DENTAL SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments

CareFirst of Maryland, Inc.: CFMI/51+/DENTAL RIDER (4/09)

Group Hospitalization and Medical Services, Inc.: MD/CF/GC (R. 9/11) • MD/CF/EOC/D-V (10/08) • MD/CF/DENTAL DOCS (R. 9/11) • MD/CF/DO-SOB (7/03) • MD/CF/ELIG (R. 1/08) • 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)



From the CareFirst BlueCross BlueShield family of health care plans.

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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