

# BlueDental Plus Summary of Benefits

Harford County Public Schools

PPO Comprehensive—Includes access to a national provider network

	In-Network You Pay	Out-of-Network You Pay
<b>DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*</b>	\$25 Individual/ \$50 Family	\$50 Individual/ \$150 Family
<b>ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*</b>	Plan pays \$1,500 maximum	
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES (Deductible and Annual Maximum do not apply)</b>		
<ul style="list-style-type: none"> <li>■ Oral Exams</li> <li>■ Cleanings</li> <li>■ X-rays</li> <li>■ Sealants</li> </ul>	No charge <sup>1</sup>	35% of Allowed Benefit; Deductible does not apply; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. <sup>1</sup>
<b>BASIC SERVICES</b>		
<ul style="list-style-type: none"> <li>■ Fillings—includes posterior composite restorations</li> <li>■ Periodontics (gum treatment)</li> <li>■ Endodontics (root canals)</li> <li>■ Denture repair/relining</li> <li>■ Stainless steel crowns</li> <li>■ Bridges, bridge recementation/repair</li> <li>■ Implants—covered only as an alternative to a fixed bridge</li> <li>■ Oral surgery</li> </ul>	20% of Allowed Benefit after deductible <sup>1</sup>	50% of Allowed Benefit after deductible; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges <sup>1</sup>
<ul style="list-style-type: none"> <li>■ Surgical removal of impacted teeth</li> </ul>	No charge after deductible <sup>1</sup>	35% of Allowed Benefit after deductible; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. <sup>1</sup>
<b>MAJOR SERVICES</b>		
<ul style="list-style-type: none"> <li>■ Dentures</li> <li>■ Crowns, inlays, onlays and cast restorations</li> </ul>	50% of Allowed Benefit after deductible <sup>1</sup>	70% of Allowed Benefit after deductible; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. <sup>1</sup>
<b>ORTHODONTIC SERVICES</b>		
<ul style="list-style-type: none"> <li>■ Benefits for orthodontic services are available for dependent children up to age 19</li> </ul>	50% of Allowed Benefit <sup>1</sup>	50% of Allowed Benefit; Deductible does not apply; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. <sup>1</sup>
<b>ORTHODONTIC LIFETIME MAXIMUM</b>	Plan pays \$800 combined maximum	

<sup>1</sup> 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.

\* 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.

## 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](https://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](https://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.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.