

BlueDental Traditional

Includes access to a National Provider Network

CareFirst BlueCross BlueShield (CareFirst) offers BlueDental Traditional coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With BlueDental Traditional coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Traditional Provider network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page.
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with more than 95,000 participating dentists throughout the United States. BlueDental Traditional gives you coverage for the dental services you need, whenever and wherever you need them.
- **Opportunity to reduce costs**—If you see a participating dentist, you will incur lower out-of-pocket costs for all dental services and you will have no claim forms to file. Participating dentists have agreed to accept CareFirst's allowed benefit as payment in full for covered services. Once you meet your deductible and coinsurance, you won't have any additional expenses. You will not be balance billed!
- **Out-of-network benefit**—You can receive care from a non-participating dentist and have the same level of coverage; however, you may be subject to higher out-of-pocket costs and balance billing.

Frequently asked questions

How do I find a traditional dentist?

You can access an online directory 24 hours a day at www.carefirst.com/doctor. Click on the *Dental* tab, followed by Traditional Dental.

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 see a participating dentist, you are free from filing claims. However, if you use 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.

Summary of Benefits

	YOU PAY	
DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES	\$60 Individual / \$180 Family	
ANNUAL MAXIMUM APPLIES TO ALL SERVICES FOR MEMBERS AGE 19 AND OVER	Plan pays \$1,500 maximum	
OUT-OF-POCKET MAXIMUM APPLIES TO ALL IN-NETWORK SERVICES FOR MEMBERS UP TO AGE 19	One member: \$350 Two or more members: \$700	
PREVENTIVE & DIAGNOSTIC SERVICES		
<ul style="list-style-type: none"> ▪ Oral Exams (two per benefit period) ▪ Prophylaxis (two cleanings per benefit period) ▪ Bitewing X-rays (two per benefit period) ▪ Full mouth X-ray or panograph and bitewing X-ray combination (services limited to one per 60 months: 1. Intraoral complete series x-ray (full mouth x-ray including bitewings) 2. One panoramic x-ray and one additional set of bitewing x-rays) ▪ Services as required: One cephalometric x-ray 	<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 calendar year the member reaches the age 19) ▪ Space maintainers (when medically necessary, until the end of the calendar year in which the member reaches the age 19) ▪ Palliative emergency treatment 	No charge from Participating Dentist ¹
BASIC SERVICES		
<ul style="list-style-type: none"> ▪ Direct placement fillings using approved materials 	<ul style="list-style-type: none"> ▪ Periodontal scaling and root planing (once per 24 months, one full mouth treatment) ▪ Simple extractions 	20% of Allowed Benefit after deductible ¹
MAJOR SERVICES – SURGICAL		
<ul style="list-style-type: none"> ▪ Surgical periodontic services including osseous surgery and mucogingival surgery (limits apply) ▪ Endodontics (treatment 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, vestibuloplasty and hemi-section) ▪ General anesthesia rendered for a covered dental service 	20% of Allowed Benefit after deductible ¹
MAJOR SERVICES – RESTORATIVE		
<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) ▪ Occlusal guard (one per 12 months for members age 13 and older) ▪ Dental implants, subject to medical necessity review (once per 60 months) 	50% of Allowed Benefit after deductible ¹
MEDICALLY NECESSARY ORTHODONTIC SERVICES		
<ul style="list-style-type: none"> ▪ Benefits for medically necessary orthodontic services are available for covered members up to age 19 who meet treatment criteria. 		50% of Allowed Benefit ¹

¹ NOTE: CareFirst payments are based on the CareFirst Allowed Benefit. Participating Dentists accept 100% of the 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.

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: Group Hospitalization and Medical Services, Inc.: DC/CF/DENTAL/EOC (1/14) • DC/CF/GRP/TRAD DENT DOCS-SOB (R. 1/15) • DC/CF/SHOP/GC (1/14) • DC/CF/SHOP/ELIG (1/14) • DC/CF/PARTNER (R. 7/09) • DC/GHMSI/DOL APPEAL (R. 11/11) • DC/GHMSI/HEALTH GUARANTEE 2/08 and any amendments.



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