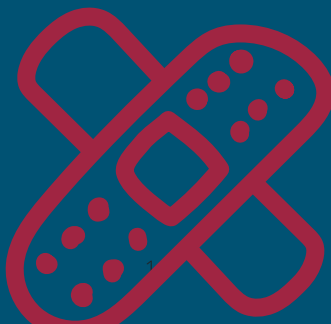
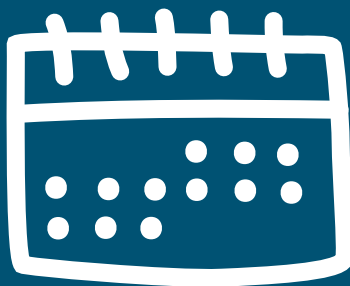


Your 2025 Dental Benefit Guide

City of Baltimore



With Care,

CareFirst®  

ETHISPHERE®
WORLD'S MOST
ETHICAL
COMPANIES®
2013 - 2024

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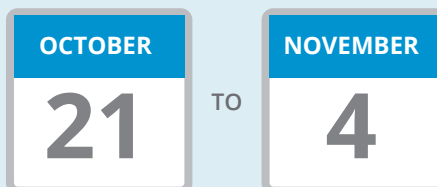
Welcome

We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your dental plan. We hope this simplified guide provides information that makes choosing CareFirst an easy decision.

Inside, you'll find information that'll help you select the dental plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

City of Baltimore

Your open enrollment is



**Ready to explore your 2025 dental benefits?
Let's get started.**



What's inside?

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The personas represented in this decision guide are not real. The personas and quotes are used for illustrative purposes only.

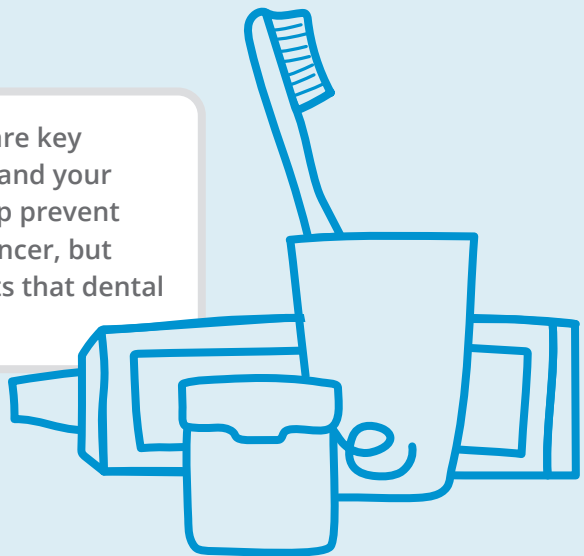
BlueDental Plus (PPO)

	In-Network	Out-of-Network
Costs to consider		
Annual Maximum Benefit*	\$1,500	
Annual In-network Deductible*	\$50 Individual/\$100 Family	
Orthodontia Lifetime Maximum	\$1,500	
Routine checkups		
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	No charge from participating dentist ¹	
Basic services		
Fillings, Basic Periodontal Services and Non-surgical Extractions	After deductible is met, 20% of CareFirst member cost ¹	
Major services		
Major Surgical (root canals, surgical extractions and surgical periodontal services)	After deductible is met, 40% of CareFirst member cost ¹	After deductible is met, 50% of CareFirst member cost ¹
Major Restorative (dentures, crowns, bridges)	After deductible is met, 40% of CareFirst member cost ¹	After deductible is met, 50% of CareFirst member cost ¹
Orthodontia (up to the lifetime max per person)	50% of CareFirst member cost ¹	

¹ 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."

Regular preventive dental checkups are key to maintaining both your oral health and your overall health. Checkups not only help prevent tooth decay, gum disease and oral cancer, but they help you avoid the pain and costs that dental problems can bring with them.



BlueDental Plus features

Our plusses

- 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 130,000 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 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 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.

BlueDHMO

	You pay
Basic dental services (per office visit copay)	
Includes all examinations, prophylaxis, x-rays, oral hygiene instruction, sealants, amalgam restorations, recementation of space maintainers, and follow-up visits.	\$0
Soft tissue management (per office visit copay)	
Periodontal scaling and root planing	\$60
Full mouth debridement	\$50
Perondontal maintenance procedures following active therapy	\$40
Restorative services	
Crown—porcelain fused to predominantly base metal	\$330
Endodontics—root canal therapy	
Anterior (excluding final restoration)	\$190
Molar (excluding final restoration)	\$310
Surgical services	
Osseous Surgery (including flap entry and closure) per quadrant	\$330
Surgical removal of erupted tooth	\$65
Removal of impacted tooth—completely bony	\$120
Anesthesia	
Intravenous sedation (first 30 minutes)	
Orthodontics	
Comprehensive—adolescent and adult	\$3,000

Advantages of the DHMO plan

Affordability through predictable

copays— With a Dental HMO plan, most preventive and diagnostic services are available for a small office visit charge (\$0 or \$10).

In-network preventive care—X-rays, dental surgery and more for a set copay with no deductibles or benefit maximums.

Simplicity—As long as you visit your primary dental office for treatment, you won't have to file claim forms or get preauthorizations.

A network of caring professionals—Your dental provider network includes dentists from across Maryland, Virginia and Washington, D.C. These network dentists are committed to providing quality dental care. Each dental office participates in an ongoing quality assessment program.

Things to remember

- You can change your dentist at any time (if no balance exists).
- You can choose a different participating general dentist office for each family member.
- You must get a referral to see a specialist

Frequently asked questions

Do I need to select a dentist?

Yes. Before you can receive benefits under this plan, you must first select a dentist from the provider directory.

What happens in a dental emergency away from home?

Should you have a dental emergency more than 50 miles from home, the Dental HMO plan will cover the cost of emergency care provided by any licensed dentist. The plan will cover a maximum of \$50 per emergency occurrence.

How do I find a participating DHMO dentist?

To find a DHMO dentist, visit [carefirst.com/doctor](https://www.carefirst.com/doctor) and select *DHMO—BlueDHMO, Individual (IND20)*.

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://www.carefirst.com/myaccount) to register.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at **844-495-0653** between 8 a.m. and 6 p.m. ET, Monday–Friday.

Find a dental provider

CareFirst has a robust network of participating providers—we can help you find one that's right for you. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.

Try it for yourself. Visit carefirst.com/doctor. You'll be able to search by name, location, specialty and a host of other options. You can even find participating dentists and facilities outside of the U.S.



My Account benefits

Your member portal is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips. With My Account, you can:

- Find in-network doctors, urgent care centers and other care—nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs
- Send a secure message for members

Dental Treatment Cost Estimator

The FAIR Health Dental Cost Calculator is provided by FAIR Health, a dental industry standard provider for dental cost data. It can help you estimate costs for a wide range of dental services and procedures. Members can access this on carefirst.com under *Using Your Plan*.

Next steps

Ready to enroll?

- Visit <http://workday.baltimorecity.gov/login> or call **410-396-5830** from October 21–November 4, 2024

Not ready to choose your plan just yet? Review your options with Alex.

Jelly Vision is here to help during the Open Enrollment period as well as Ongoing Enrollment when applicable. Active employees and retirees can always interact online with Alex, the virtual benefits counselor. Alex will help you make smarter healthcare decisions that may save you time and money by answering a series of health-related questions.

Alex walks you through the process of picking your best benefits and provides easy to understand explanations for any questions you might have along the way. Prepare to make the best benefits decision with Alex at <https://start.myalex.com/cityofbaltimore>.



**Don't worry—
you have until
November 4, 2024
to make or change
your plan selection.**



**Want to learn more about CareFirst BueCross BlueShield?
Visit us online at carefirst.com.**

Rights and responsibilities

Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, go to www.carefirst.com and click on *Privacy Statement* at the bottom of the page, click on *Health Information* then click on *Notice of Privacy Practices*. Or call the Member Services telephone number on your member ID card. Members of self-insured groups should contact their Human Resources department for a copy of their Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department.

Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
 - Send an email to: quality.care.complaints@carefirst.com
 - Fax a written complaint to: 301-470-5866
 - Write to:
CareFirst BlueCross BlueShield
Quality of Care Department
P.O. Box 17636
Baltimore, MD 21297

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.

For assistance in resolving a Billing or Payment Dispute with the Health Plan or a Health Care Provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at 877-261-8807.

Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: 800-735-2258
National Capital Area TTY: 202-479-3546
Please have your Member Services number ready.

Language assistance

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Please Note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

Confidentiality of subscriber/ member information

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

Your rights

You have the following rights regarding your own Protected Health Information. You have the right to:

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at 800-853-9236 or send an email to privacy.office@carefirst.com.

Members' rights and responsibilities statement

Members have the right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.
- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities.
- Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

Eligible individuals' rights statement wellness and health promotion services

Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Habilitative services

CareFirst provides coverage for habilitative services to members younger than the age of 19. This includes habilitative services to treat congenital or genetic birth defects, including a defect existing at or from birth, a hereditary defect, autism or an autism spectrum disorder, and cerebral palsy.

Habilitative services include speech, physical and occupational therapies. CareFirst must pre-approve all habilitative services. Any deductibles, copayments and coinsurance required under your contract apply. Policy maximums and benefit limits apply. Habilitative services are not counted toward any visit maximum for therapy services.

Please note that any therapies provided through the school system are not covered by this benefit. This coverage applies only to contracts sold to businesses based in Maryland. Check your contract coverage to determine if you are eligible to receive these benefits. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

Mastectomy-related services

CareFirst provides coverage for home visits to members who undergo a mastectomy (the surgical removal of all or part of the breast as a result of breast cancer) or the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor. To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. This coverage applies only to contracts sold to businesses based in Maryland. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

CareFirst offers other benefits for mastectomy-related services, including:

- All stages of reconstruction of the breast that underwent the mastectomy.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling).

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your Benefit Guide or Evidence of Coverage for more details or call Member Services at the telephone number on your member ID card.

Care for mothers, newborns

Under the Newborns' and Mothers' Health Protection Act, CareFirst offers coverage for inpatient hospitalization services for a mother and newborn child for a minimum of:

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean section.

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes:

- A home visit if prescribed by the attending physician.
- The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.

BlueDental Plus exclusions

Section 3—Limitations and Exclusions
(in addition to those found in the Evidence of Coverage)

3.1 Limitations.

- A. Covered Dental Services must be performed by or under the supervision of a Dentist, 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 and custom denture teeth.
- 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. CareFirst benefits will cover treatment based upon the CareFirst allowance for the least expensive procedure, provided that the least expensive procedure meets accepted standards of professional dental treatment. CareFirst's decision does not commit the Subscriber to the least expensive procedure. However, if the Subscriber and the dentist choose the more expensive procedure, the Subscriber is responsible for the additional charges beyond those approved or allowed by CareFirst.

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, or crowns 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 Evidence of Coverage.
- D. Treatment or services for temporomandibular joint disorders including but not limited to radiographs and/or tomographic surveys.
- E. Gold foil fillings.
- F. Dental services in connection with birth defects or mainly for Cosmetic reasons; with the following exceptions:
 - 1. Benefits will be provided for dental services received by the Member due to trauma to whole Sound Natural Teeth when the dental services are received after the Effective Date of coverage under the Evidence of Coverage only if the Member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst, and
 - 2. Benefits will be provided for dental services in connection with birth defects, including cleft lip or cleft palate or both, only if the Member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst.
- G. Periodontal appliances.
- H. Prescription drugs, including, but not limited to antibiotics administered by the Member, inhalation of nitrous oxide, 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 Description of Covered Services.

- I. Splinting.
- J. Nightguards, occlusal guards, or other oral orthotic appliances.
- K. 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 Description of Covered Services.
- L. Intentional tooth reimplantation or transplantation.
- M. Interim prosthetic devices, fixed or removable and not part of a permanent or restorative prosthetic service, and tissue conditioning.
- N. 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.
- O. Transseptal fibrotomy or vestibuloplasty.
- P. Orthognathic Surgery or other oral Surgery covered under the Member's medical benefit plan.
- Q. The repair or replacement of any orthodontic appliance.
- R. Any orthodontic services after the last day of the month in which covered services ended except as specifically described in the Description of Covered Services and the Evidence of Coverage.
- S. Services or supplies that are not Medically Necessary.
- T. Services not specifically listed in the Description of Covered Services as a Covered Dental Service, even if Medically Necessary.
- U. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be covered services).
- V. 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.
- W. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services.
- X. Services or supplies that are Experimental or Investigational in nature.
- Y. Services, appliances, or supplies related to orthodontic treatment (optional).
- Z. Class III, Class IV and Class V services incurred during a Member's Benefit Waiting Period (optional).



Family of health care plans

CONNECT WITH US:



The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518。

This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

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 business name of CareFirst Advantage, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), 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., Trusted Health Plan (District of Columbia), Inc., 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.