

Preferred Dental

Includes access to a National Provider Network

MONTGOMERY COUNTY PUBLIC SCHOOLS—ACTIVES

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice)¹ offer Preferred (PPO) Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

- **Freedom of choice, freedom to save**—With Preferred Dental 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 Preferred 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. (Additional coverage for orthodontia may be included—ask your benefits manager for details).
- **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. Preferred Dental gives you coverage for the dental services you need, whenever and wherever you need them.

Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you.
- **Option 2**—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for out-of-network deductibles and coinsurance, and also

have the convenience of your provider being reimbursed directly.

- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

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, followed by 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 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: 888-755-2657 between 8:30 am and 5:15 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.

MAXIMUM ANNUAL BENEFIT		\$2,000 (combined in-and out-of-network)	
ANNUAL DEDUCTIBLE			
<ul style="list-style-type: none"> ■ Class I ■ Class II & Class III ■ Class IV & Class V 		None \$50 \$50	None \$100 \$100
PREVENTIVE & DIAGNOSTIC SERVICES (CLASS I)			
<ul style="list-style-type: none"> ■ Oral Exams (three 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 16) ■ Space maintainers (once per 60 months) ■ Palliative emergency treatment 	100% of Allowed Benefit ¹	80% of Allowed Benefit ¹
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"> ■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment) ■ Simple extractions 	100% of Allowed Benefit after deductible ¹	80% of Allowed Benefit after deductible ¹
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 ■ Removal of impacted teeth 	100% of Allowed Benefit after deductible ¹	80% of Allowed Benefit after deductible ¹
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) 	50% of Allowed Benefit after deductible ¹	40% of Allowed Benefit after deductible ¹ (\$400 maximum benefit per service)
ORTHODONTIC SERVICES (CLASS V)			
<ul style="list-style-type: none"> ■ Benefits for orthodontic services are available for covered members prior to age 20 who meet treatment criteria. 		50% of Allowed Benefit ¹	30% of Allowed Benefit ¹
<ul style="list-style-type: none"> ■ Lifetime Maximum 		\$1,500 maximum (combined in-and 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.



CST2924-1P (9/15) n MD Standard 51+ n Plan 2 n Actives