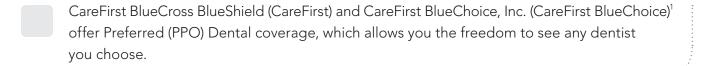
# Preferred Dental

### Includes access to a National Provider Network

### MONTGOMERY COUNTY PUBLIC SCHOOLS—ACTIVES



## 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.

<sup>&</sup>lt;sup>1</sup> 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.



#### Summary of Benefits **IN-NETWORK OUT-OF-NETWORK CAREFIRST PAYS CAREFIRST PAYS MAXIMUM ANNUAL BENEFIT** \$2,000 (combined in-and out-of-network) ANNUAL DEDUCTIBLE ■ Class I None None Class II & Class III \$50 \$100 Class IV & Class V \$50 \$100 PREVENTIVE & DIAGNOSTIC SERVICES (CLASS I) Oral Exams (three per benefit period) • Fluoride treatments (two per benefit period per member, until the end of ■ Prophylaxis (two cleanings per benefit period) the year the member reaches the ■ Bitewing X-rays age 19) ■ Full mouth X-ray or panograph and Sealants on permanent molars 100% of 80% of bitewing X-ray combination and one (once per tooth per 36 months per Allowed Benefit1 Allowed Benefit1 cephalometric X-ray (once per 36 member, until the end of the year the member reaches the age 16) months) ■ Space maintainers (once per 60 months) Palliative emergency treatment **BASIC SERVICES (CLASS II)** ■ Direct placement fillings using Periodontal scaling and root planing 100% of approved materials (one filling per (once per 24 months, one full mouth 80% of Allowed Benefit Allowed Benefit surface per 12 months) treatment) after deductible1 after deductible1 ■ Simple extractions MAJOR SERVICES - SURGICAL (CLASS III) Surgical periodontic services Oral surgery (surgical extractions, including osseous surgery, treatment for cysts, tumor and 100% of mucogingival surgery and occlusal abscesses, apicoectomy and 80% of Allowed Benefit Allowed Benefit adjustments (once per 60 months) hemi-section) after deductible1 ■ Endodontics (treatment as required • General anesthesia rendered for a after deductible involving the root and pulp of the covered dental service ■ Removal of impacted teeth tooth, such as root canal therapy) MAJOR SERVICES - RESTORATIVE (CLASS IV) Recementation of crowns, inlays ■ Full and/or partial dentures (once per 60 months) and/or bridges (once per 12 months) 40% of Allowed Benefit • Fixed bridges, crowns, inlays and Repair of prosthetic appliances as 50% of Allowed Benefit after deductible1 onlays (once per 60 months) required (once in any 12 month after deductible1 (\$400 maximum Denture adjustments and relining period per specific area of appliance) benefit per service) (limits apply for regular and immediate dentures) ORTHODONTIC SERVICES (CLASS V) 50% of 30% of ■ Benefits for orthodontic services are available for covered members prior to age 20 who meet treatment criteria. Allowed Benefit1 Allowed Benefit1 \$1.500 maximum ■ Lifetime Maximum

**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.

(combined in-and out-of-network)



<sup>&</sup>lt;sup>1</sup> 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 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.