

Preferred Dental Summary of Benefits—1TEW

Commissioners of St. Mary's County

| Services | In-network You Pay | Out-of-network You Pay |
|---|--|--|
| CALENDAR YEAR DEDUCTIBLE AND MAXIMUM | Deductible \$50 Individual/\$150 Family Calendar year Maximum \$1,500 Ortho Lifetime Maximum \$1,000 | |
| PREVENTIVE AND DIAGNOSTIC SERVICES | | |
| <ul style="list-style-type: none"> ■ Oral Exams (two 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) ■ Palliative emergency treatment | <ul style="list-style-type: none"> ■ Fluoride treatments (two per benefit period per member) ■ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19) ■ Space maintainers (once per 60 months) | No charge |
| BASIC SERVICES | | |
| <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 | 20% of Allowed Benefit after deductible ¹ |
| MAJOR SERVICES—SURGICAL² | | |
| <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 | 20% of Allowed Benefit after deductible ¹ |
| MAJOR SERVICES—RESTORATIVE² | | |
| <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) ■ Occlusal Guards (once per 60 months) | <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) ■ Dental implants, subject to medical necessity review (once per 60 months) | 50% of Allowed Benefit after deductible ¹ |
| ORTHODONTIC SERVICES^{2,3} | | |
| <ul style="list-style-type: none"> ■ Benefits for orthodontic services may be available for covered members under age 19 who meet treatment criteria. | 50% of Allowed Benefit ¹ | 50% of Allowed Benefit 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 CareFirst Allowed Benefit and their charges.

² Coverage for orthodontia may be included—ask your benefits manager for details.

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: CareFirst of Maryland, Inc.: CFMI/51+/GC (R. 9/11) • CFMI/EOC/D-V (7/09) • CFMI/DENTAL DOCS (R. 9/11) • CFMI/DENTAL SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments; CareFirst of Maryland, Inc.: CFMI/51+/DENTAL RIDER (4/09); Group Hospitalization and Medical Services, Inc.: MD/CF/GC (R. 9/11) • MD/CF/EOC/D-V (10/08) • MD/CF/DENTAL DOCS (R. 9/11) • MD/CF/DO-SOB (7/03) • MD/CF/ELIG (R. 1/08) • and any amendments; Group Hospitalization and Medical Services, Inc.: MD/CF/DENTAL RIDER (R. 4/08); CareFirst BlueChoice, Inc.: MD/BC/DENTAL RIDER (R. 4/08)

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Advantages of the plan

- 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 Preferred Dental, 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**—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.

Where can I find a dentist?

Visit [carefirst.com/doctor](https://www.carefirst.com/doctor) and select *Preferred Dental PPO* 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://www.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.

Calendar year maximum: The yearly reimbursement level for an individual/family set by your CareFirst dental plan.