

# BlueDental EPO Summary of Benefits

*Includes access to a national provider network*

You Pay	
<b>DEDUCTIBLE</b>	
(does not apply to Preventive & Diagnostic Services)	\$25 individual / \$75 family
<b>ANNUAL MAXIMUM</b>	
(does not apply to Preventive & Diagnostic Services)	Plan pays up to \$2,000
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES</b>	
Examination	\$0
Prophylaxis	\$0
Bitewing x-rays	\$0
Sealants (per tooth)	\$18
Space maintainers	\$89-\$132
<b>FILLINGS</b>	
Amalgam restorations (one surface)	\$34
<b>SOFT TISSUE MANAGEMENT</b>	
Periodontal scaling and root planing	\$64-\$93
Full mouth debridement	\$63
Periodontal maintenance procedures following active therapy	\$60
<b>RESTORATIVE SERVICES</b>	
Crown - porcelain fused to predominantly base metal	\$417
Crown - porcelain fused to high noble metal	\$460
<b>ENDODONTICS - ROOT CANAL THERAPY</b>	
Anterior (excluding final restoration)	\$311
Molar (excluding final restoration)	\$529
<b>DENTURES AND RELATED PROCEDURES</b>	
Complete denture - maxillary or mandibular	\$535
Partial denture - cast metal framework with resin denture bases	\$622
Reline complete maxillary or mandibular denture (in dentist's office)	\$108
Pontic - porcelain fused to high noble metal	\$514
<b>SURGICAL SERVICES</b>	
Osseous Surgery (including flap entry and closure) per quadrant	\$333-\$478
Surgical removal of erupted tooth	\$108
Removal of impacted tooth - completely bony	\$198

CareFirst payments are based on the CareFirst Allowed Benefit. Only services received from an in-network dentist are covered under the BlueDental Exclusive Provider Organization (EPO) program.

**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.

**DC Benefits issued under policy form numbers:** DC/CF/DENTAL/GC (1/19); DC/CF/LG/2021 GC AMEND (1/21); DC/CF/BLUEDENTAL EPO EOC (1/19); DC/CF/BLUEDENTAL EPO DOCS LG (R. 7/21); DC/CF/MEDICALLY NEC AMEND (7/21); DC/CF/ELIG (9/04); DC/CFBC/DOL APPEAL (R. 1/22); DC/CF/PARTNER (R. 1/22); DC GHMSI - HEALTH GUARANTY 5/21; DC/CF/BLUEDENTAL EPO DOCS (R. 7/21); DC/CF/BLUEDENTAL EPO SOB I-IV (R. 7/21)

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### Advantages of the plan

- **Nationwide access to participating dentists**— With BlueDental EPO, you'll have access to one of the nation's largest dental networks. Choose from 123,000 participating dentists at over 300,000 office locations throughout the U.S.
- **Affordability through predictable copays**— Your dental plan offers in-network preventive care, x-rays, dental surgery and more at a set copay. A summary of these benefits is available on the following page. Most preventive services—like exams, cleanings and X-rays—are covered in full without a deductible.
- **Simplicity & flexibility**—BlueDental EPO makes dental coverage simple. Since you'll receive care from dentists in our national network, you'll have no claim forms to file. And referrals are not required.

### Common dental insurance terms

**Deductible:** The amount you are responsible for paying before CareFirst will pay 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.

**Copayment:** The preset amount you are required to pay before CareFirst will cover a dental treatment or service you receive.

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

### Using your plan

#### Can I see a provider outside of the BlueDental EPO network?

No; to use your dental benefits, you must visit a provider in the network (also known as an in-network provider). There is no out-of-network coverage under the BlueDental EPO plans. You'll pay out of pocket for any out-of-network services.

#### How do I find an in-network dentist?

Visit [carefirst.com/doctor](https://carefirst.com/doctor) and select *BlueDental* to view in-network providers. You must visit in-network dentists to take advantage of your dental plan.

#### 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://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, 8:00 a.m.–6 p.m. ET, Monday through Friday.

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 shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, 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., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, 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.