

Preferred Dental

Includes access to a national provider network

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 [carefirst.com/doctor](https://www.carefirst.com/doctor). Click on *Dental* and then select *Preferred Dental*.

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: 866-891-2802 between 8:30 a.m. and 5 p.m. 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.

Summary of Benefits

National Academy of Sciences—Fellowship

| Services | In-network You Pay | Out-of-network You Pay |
|---|---|--|
| ANNUAL DEDUCTIBLE AND MAXIMUM | | |
| See your benefits manager for specific deductibles and maximums. Deductible applies to specific classes based on your employer's dental plan. | \$25 Individual/ \$75 Family | \$50 Individual/ \$150 Family |
| Plan Pays \$1,500 combined maximum | | |
| 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, 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 19) ▪ Space maintainers (once per 60 months) | No charge |
| | | 20% of Allowed Benefit ¹ |
| 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 (when applicable) |
| | | 40% 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 | 50% of Allowed Benefit after deductible ¹ (when applicable) |
| | | 65% 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) | <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 (when applicable) |
| | | 65% 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. | Not covered | Not covered |

¹ CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating and Preferred Dentists accept 100% of the 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.

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

Benefits issued under policy form numbers: Group Hospitalization and Medical Services, Inc.: DC/CF/GC (R. 10/11) • DC/CF/COC DEN (9/04) • DC/CF/DO-DOCS (R. 10/11) • DC/CF/DO-SOB (R. 1/04) • DC/CF/ELIG (9/04) • and any amendments; Group Hospitalization and Medical Services, Inc.: DC/CF/DENTAL RIDER (R. 6/09); CareFirst BlueChoice, Inc.: DC/BC/DENTAL RIDER (R. 6/09)

