



Need a Reason to Smile?

Get dental benefits starting at \$12 a month*

Your smile says a lot about you.

It's the first thing people see when they meet you. But did you know your smile also says a lot about your overall health? That's why good dental care is so important.

Dental plans from CareFirst BlueCross BlueShield and The Dental Network (CareFirst) are available to individuals for an additional cost and cover a comprehensive range of dental services including

Protect your smile, your health and your budget with an affordable dental plan from CareFirst.

no charge oral exams, cleanings and X-rays. CareFirst dental plans are sold separately and are not included with a medical student health plan. Learn more by visiting carefirst.com/dental.

* Based on pricing for an individual enrolling in the Individual Select DHMO plan in Maryland or DC (annual premium of \$142.68 in MD/DC; \$148.08 in VA) billed annually or quarterly.

Choose from one of the plans below:

	Individual Select Dental HMO	Individual Select Preferred Dental	BlueDental Preferred Low Option	BlueDental Preferred High Option
	In-Network Only Out-of-Network Coverage not available	In-Network Out-of-Network Coverage available	In-Network Out-of-Network Coverage available	
Individual Cost Per Month	\$12/month ¹	\$25/month ²	\$25-\$41/month ³	\$35-\$50/month ³
Deductible	None	None	\$100 Individual/ \$300 Family ⁴ (applies to classes I-IV) per calendar year	\$50 Individual/ \$150 Family ⁴ (applies to classes II, III, IV) per calendar year
Annual Maximum	No maximum	No maximum	Plan pays \$1,000 maximum for members age 19 and over. No annual maximum for members under age 19.	
Network	Over 600 providers in MD, D.C. and No. VA	Over 5,000 providers in MD, D.C. and No. VA	Over 5,000 providers in MD, D.C. and No. VA; 123,000 dentists nationally	
Preventive & Diagnostic Services (Class I)	\$20 copay per office visit	No charge	No charge after deductible	No charge
Basic Services (Class II) <i>Fillings, simple extractions, non-surgical periodontics</i>	\$20-\$70 copay per office visit	Not covered	20% of allowed benefit* after deductible	
Major Services—Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i>	Copays per service	Not covered	20% of allowed benefit* after deductible	
Major Services—Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>	Copays per service	Not covered	50% of allowed benefit* after deductible	
Orthodontic Services (Class V)	\$2,500-\$2,700 copay	Not covered	50% of allowed benefit*	

This is a summary of benefits and does not provide full benefit details. Rates are subject to change.

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.

Coverage of a Dependent child will terminate at the end of the month that the Dependent child reaches his/her 26th birthday. BlueDental Preferred (Low & High) plans include pediatric dental benefits for Members up to the end of the calendar year in which the Member turns age 19.

¹ Based on pricing for an individual enrolling in the Individual Select DHMO plan in Maryland or DC (annual premium of \$142.68 in MD/DC; \$148.08 in VA) billed annually or quarterly.

² Individual only cost per month billed annually or quarterly (\$300.24 annually in MD; \$295.92 annually in DC/VA).

³ Individual only cost per month billed annually or quarterly (rates vary by age, jurisdiction and county of residence).

⁴ Family deductible—no member will be charged more than the individual deductible amount. Once the family deductible has been met, then all members on the policy have met their deductible. In-network and out-of-network deductibles will be separate amounts.

* 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 members for the difference between the allowed benefit and their charges. This means you may have to pay your dentist's entire billed amount for non-covered services. At your dentist's discretion, they may choose to accept the CareFirst Allowed Benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.

