

BlueDHMO \$10

An important part of your health care package

Regular preventive dental care is an important part of staying healthy. Studies show a connection between oral health and a variety of health conditions, including diabetes and heart disease.* The Dental Network (TDN), a subsidiary of CareFirst BlueChoice, is pleased to offer you BlueDHMO \$10 coverage.

Advantages of the plan

- **Affordability through predictable copays**—Your dental plan offers in-network preventive care, x-rays, dental surgery and more for a set copay with no deductible to meet. A summary of your benefits is available on the following page.
- **Simplicity**—BlueDHMO \$10 coverage keeps dental insurance simple. When you receive care from your primary dental office, you have no deductibles to meet, no claim forms to file and no preauthorizations.
- **A network of caring professionals**—Your dental provider network includes dentists from across Maryland, Virginia and Washington, D.C. who are committed to providing quality dental care. Each dental office participates in an on-going quality assessment program.

Looking for a dentist?
Connect to CareFirst
www.carefirst.com

Frequently asked questions

Since this is a dental HMO, will I be required to select a primary care dentist?

Yes, in order to enroll in this plan, you must complete a dentist selection form and indicate which network dentist you wish to use.

How do I find a participating dentist?

You can access an online directory 24 hours a day at **www.carefirst.com**, or you can call Dental Customer Service at 844-495-0653. Your benefits manager may also have copies of the printed directory.

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 their corresponding copays for services.

Am I required to submit a claim form for reimbursement?

No—there is no paperwork. Just show your membership card when you arrive at your dentist's office. Depending on the procedure, you will only be required to pay the corresponding copay for that procedure.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at 844-495-0653.



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Summary of Benefits

Services	You Pay
BASIC DENTAL SERVICES (PER OFFICE VISIT COPAY)	
Includes all examinations, prophylaxis, x-rays, oral hygiene instruction, sealants, amalgam restorations, recementation of space maintainers and follow-up visits.	\$10
SOFT TISSUE MANAGEMENT (PER OFFICE VISIT COPAY)	
Periodontal scaling and root planing	\$65
Full mouth debridement	\$55
Periodontal maintenance procedures following active therapy	\$45
RESTORATIVE SERVICES	
Crown – porcelain fused to predominantly base metal	\$410
Crown – porcelain fused to high noble metal	\$430
ENDODONTICS – ROOT CANAL THERAPY	
Anterior (excluding final restoration)	\$250
Molar (excluding final restoration)	\$410
DENTURES AND RELATED PROCEDURES	
Complete denture – maxillary or mandibular	\$415
Partial denture – cast metal framework with resin denture bases	\$480
Reline complete maxillary or mandibular denture (in a dentist's office)	\$100
Pontic – porcelain fused to predominantly base metal	\$370
Pontic – porcelain fused to high noble metal	\$390
SURGICAL SERVICES	
Osseous Surgery (including flap entry and closure) per quadrant	\$400
Surgical removal of erupted tooth	\$75
Removal of impacted tooth – completely bony	\$160
ORTHODONTICS	
Comprehensive – adolescent	\$3,000
Comprehensive – adult	\$3,000
Pre-orthodontic treatment visit	\$100
Orthodontic retention	\$200
ANESTHESIA	
Intravenous sedation (first 30 minutes)	\$125
BROKEN APPOINTMENTS	
Fee (without 24-hour notice)	\$40

This chart includes common procedures and does not list all services and procedures covered by your benefits contract. It is for comparison purposes only and does not create rights that are not covered through the benefit plan.

These benefits are issued under policy form numbers:

Maryland: MD/TDN/DHMO/GCA (10/15) • MD/TDN/DHMO GC (10/15) • MD/TDN/DHMO EOC (10/15) • MD/TDN/DHMO DOCS (10/15) • MD/TDN/DHMO SOB10 (10/15) • MD/TDN/DHMO ELIG (10/15) • MD/TDN/DHMO APPEAL (10/15) and any amendments.

(For internal and application use only) — MD Plan BlueDHMO \$10

**American Dental Association®. Dentists: Doctors of Oral Health. Accessed September 18, 2015.
http://www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health.*

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