



Mayor Sheila Dixon

# CareFirst Preferred (PPO) Dental Coverage

*City of Baltimore 2010*

The City of Baltimore offers its employees and their dependents the choice of two dental plans. The first is a Dental HMO (DHMO) plan, which is offered through The Dental Network and is available at no cost to you and no annual maximum.

Your second option is a dental-buy up, PPO plan. This means that, for an additional premium, which is shared between you and your employer, you can “buy-up” to the CareFirst BlueCross BlueShield Preferred dental plan.

The chart on the inside of this brochure offers a comparison of out-of-pocket costs of some of the more common dental services between the two plans.

## Advantages of the Plan

- **Freedom of Choice, Freedom to Save** – With Preferred Dental coverage, you have the freedom to see any dentist. This plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our network of Preferred providers. It’s your choice!
- **Preventive Care and More** – Benefits for you and your family include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the opposite side of this page. (Additional coverage for orthodontia may be included - ask your benefits manager for details).
- **Large Regional Network** – Over 3,400 dentists in Maryland, Virginia and Washington D.C. participate in CareFirst’s Preferred Dental Network. You may already be seeing a dentist who is part of our network.
- **Nationwide Access to Participating Dentists\*** – With our new national dental network, you now have access to more than 100,000 participating dentist locations throughout the United States. Whether you are in Baltimore or Boston, Laurel or Los Angeles, you have coverage for the dental services you need, when you need them.



\* The DNOA Preferred network is utilized outside of the CareFirst service area. Dentists within this network are considered in-network providers.

*More to feel good about.<sup>SM</sup>*

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- **Out-of-network care** – For a higher out-of-pocket cost, the Preferred plan allows you to go outside the network for care and still receive valuable dental coverage.
- **Easy to use** – If you see a Preferred dentist, you will incur lower out-of-pocket costs for all dental services and you will have no claim forms to file. Preferred dentists have agreed to accept CareFirst's allowed benefit as payment in full for covered services. Once you meet your deductible and coinsurance, you won't be faced with additional expenses.

## Frequently Asked Questions

### Who is eligible to enroll?

All City of Baltimore Active Employees and their dependents. Dependents are covered until the end of the calendar year in which they turn age 25 regardless of student status.

### How much will I have to pay for dental services?

The comparison chart on the opposite side, gives you an overview of many of the covered services along with the dollar amount 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 use a dentist in our Preferred Dental Network. If you see 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.

### How do I find a preferred dentist?

You can access an online directory 24 hours a day at [www.carefirst.com](http://www.carefirst.com). Under Solution Center click on "Find a Doctor." Two options are available: search by "Provider Type" or "Provider Name." To search by Provider Type, click on "Dental", then select "Regional Preferred Dental (PPO)." Click Continue, then complete steps 1 & 2 if you're looking for a preferred (PPO) provider in your area or complete step 3 to confirm the participation of a specific dentist (must have the name of the dentist). In step 1, select a dental specialty. In step 2, enter your zip code or city and state, then select the distance (in miles). For step 3, type the provider's last name. Then click "continue." A list of providers within the specified driving distance will be displayed. You may print a directory by clicking on "Create a Printed Directory" and following the steps.

Who can I call with questions about my dental plan?

Call CareFirst BlueCross BlueShield toll free at: (866) 891-2802.

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## Summary of Benefits

Benefits	You pay	You pay
<b>Preventive &amp; Diagnostic Services (Class I)</b>	<b>Coinsurance In-Network</b>	<b>Coinsurance Out-Of-Network</b>
<ul style="list-style-type: none"> <li>• Oral Exams (two per benefit period)</li> <li>• Cleanings (two per benefit period)</li> <li>• Bitewing X-rays (two procedures per benefit period)</li> <li>• Full mouth X-ray or panoramic and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</li> <li>• Fluoride treatments (two per benefit period per member, up to age 19)</li> <li>• Sealants on permanent molars (once per tooth per 36 months per member, up to age 19)</li> <li>• Space maintainers for prematurely lost posterior baby teeth (once per 60 months)</li> <li>• Emergency oral exam and palliative treatment</li> </ul>	No Charge	Difference between CareFirst's payment and the Non-Participating Dentist's Charges <sup>2</sup>
<b>Basic Services (Class II)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<ul style="list-style-type: none"> <li>• Fillings using approved materials (one filling per surface per 12 months)</li> <li>• Oral surgery (treatment for cysts, tumor and abscesses)</li> <li>• General anesthesia rendered for a covered dental service</li> <li>• Tooth extractions</li> </ul>	20% of Allowed Benefit after deductible <sup>1</sup>	20% of Allowed Benefit after deductible <sup>2</sup>
<b>Major Services (Class III)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<ul style="list-style-type: none"> <li>• Tooth scaling and root planing (once per 24 months, one full mouth treatment)</li> <li>• Gum surgery including bone surgery, tissue surgery and bite adjustments (once per 60 months)</li> <li>• Root canal treatment</li> <li>• Full and/or partial dentures (once per 60 months)</li> <li>• Fixed bridges, crowns, implants, inlays and onlays (once per 60 months)</li> <li>• Denture adjustments and relining (limits apply for regular and immediate dentures)</li> <li>• Recementation of crowns, inlays and/or bridges (once per 12 months)</li> <li>• Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</li> </ul>	40% of Allowed Benefit after deductible <sup>1</sup>	40% of Allowed Benefit after deductible <sup>2</sup>
<b>Orthodontic Services (Class IV)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<ul style="list-style-type: none"> <li>• Benefits for orthodontic services (braces) are available for covered members who meet treatment criteria. Covered services are limited to 36 consecutive months of covered services.</li> </ul>	50% of Allowed Benefit <sup>1</sup>	50% of Allowed Benefit <sup>2</sup>
<b>Annual Deductible and Maximum (In and Out-of-Network)</b>	\$50 Individual / \$150 Family Deductible (applies to classes II and III) \$1,500 Orthodontic Lifetime Maximum \$1,500 Annual Maximum	

<sup>1</sup> For in-network providers, plan payment is based on dental plan's negotiated fee schedule. After the deductible is met, Preferred dentists accept 100% of the Allowed Benefit as payment in full for covered dental services.

<sup>2</sup> If you use an out-of-network provider, you will need to pay the provider and will be reimbursed by the plan using an out-of-network plan allowance schedule. Your out-of-pocket costs will most likely be higher. Non-Participating Dentists may bill the Member for the difference (if any) between the Allowed Benefit and the Non-Participating Dentist's actual charge for Covered Dental Services.

# CareFirst Preferred (PPO) Dental Coverage

## Dental Comparison Chart

### Estimated Out-of-Pocket Expenses

ADA procedure code	Description	DHMO* You Pay	PPO** In-Network You Pay	PPO*** Out-Network You Pay
120	Periodic Oral Evaluations (once per 6 months)	\$5.00	\$0.00	\$0.00
272	Bitewings-Two Films	\$5.00	\$0.00	\$0.00
330	Panoramic Film	\$20.00	\$0.00	\$0.00
1110	Prophylaxis (cleaning) - Adult (once per 6 months)	\$10.00	\$0.00	\$0.00
1120	Prophylaxis (cleaning) - Child (once per 6 months)	\$10.00	\$0.00	\$0.00
1351	Sealants - Per Tooth	\$5.00	\$0.00	\$0.00
2140	Amalgam - One Surface, Permanent	\$28.00	\$9.90	\$24.40
2160	Amalgam - Three Surface, Permanent	\$45.00	\$15.12	\$38.20
2330	Resin-Based Composite, One Surface, Anterior	\$35.00	\$12.24	\$29.00
2332	Resin-Based Composite, Three Surface, Anterior	\$55.00	\$18.54	\$44.40
2750	Crown - Porcelain/High Noble Metal	\$390.00	\$230.04	\$411.20
2751	Crown - Porcelain/Noble Metal	\$370.00	\$230.04	\$400.80
3330	Molar Root Canal	\$425.00	\$211.32	\$365.60
4260	Osseous Surgery	\$450.00	\$237.60	\$386.40
4341	Periodontal Scaling and Root Planning-Quad	\$60.00	\$23.22	\$46.00
5110	Complete Denture - Upper	\$350.00	\$267.48	\$620.00
6010	Implant Body	Not Covered	\$460.08	\$751.60
7140	Extraction, Erupted Tooth or Exposed Root	\$35.00	\$13.86	\$30.20
7210	Surgical Extraction of Erupted Tooth	\$60.00	\$24.84	\$50.80
7240	Removal of Impacted Tooth - Completely Bony	\$150.00	\$45.18	\$89.80
8080	Comprehensive Orthodontic Treatment - Adolescent	\$2,200.00	\$1,480.50	\$3,786.00
9110	Palliative Treatment	\$10.00	\$0.00	\$0.00

\* Benefits are available in-network only.

\*\* Member estimated out-of-pocket expense when services are rendered by a CareFirst Preferred Participating Dentist without consideration of deductible or annual benefit maximum.

\*\*\* Member estimated out-of-pocket expense based upon dentist fee at 80th percentile of 2007 NDAS schedule without consideration of deductible or annual benefit maximum. Member subject to balance billing over and above this amount.



[www.carefirst.com](http://www.carefirst.com)

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