



# Baltimore County Public Schools

## *Retirees Welcome Back to Blue Dental*



Regular preventive dental care is an important part of staying healthy. That is why Baltimore County Public Schools is offering its retirees the opportunity to purchase one of the two CareFirst BlueCross BlueShield dental plans.

- Preferred Dental Plan
- Maryland Dental Plan

While both plans cover the same type of expenses, provider choice, costs and annual maximums are different.

### MARYLAND DENTAL PLAN

You have the freedom to choose any dentist you prefer every time you need care. If you use a provider that participates with CareFirst, you can enjoy additional savings since the participating provider agrees to accept the CareFirst allowed benefit as payment in full – you are only responsible for deductibles and coinsurances. However, if you choose a dentist who does not participate with CareFirst, you are still covered.

#### PLAN HIGHLIGHTS

- Each family member receives up to \$750 in paid benefits per calendar year.
- All CareFirst Participating and Non-Participating providers are reimbursed the same
- Participating providers will file all claims and cannot bill you the difference between the CareFirst allowed benefit and the provider billed amount.

### PREFERRED DENTAL PLAN

Although you are free to choose any dentist, you will pay a smaller share of the cost if a CareFirst Preferred Dentist is used. A directory that lists the dentists who are in the network is available at [www.carefirst.com](http://www.carefirst.com) or call one of our customer services representatives at (410) 581-3675 or toll free (800) 638-6378. They are dedicated to helping you and will be happy to answer any questions you have about your Dental Benefit Plan.

### *The Preferred Dental Plan has In and Out-of-Network reimbursement*

#### IN-NETWORK

- Receive dental care from:
- CareFirst Preferred Provider

#### OUT-OF-NETWORK

- Receive dental care from:
- CareFirst Participating Provider
  - Non-Participating Provider

#### PLAN HIGHLIGHTS

- Each enrolled family member receives up to \$1,000 in paid benefits per calendar year.
- CareFirst Preferred or Participating providers will file all claims and cannot bill you the difference between the CareFirst allowed benefit and the provider billed amount. You will only be responsible for any deductibles or coinsurance.
- Non-participating providers will ask you to file the claim and you will be responsible for any deductible or coinsurance and the difference between the CareFirst BlueCross BlueShield allowed benefit and the provider billed amount.

BENEFITS	PREFERRED DENTAL MEMBER COPAYMENT		MARYLAND DENTAL MEMBER COPAYMENT
	IN-NETWORK	OUT-OF-NETWORK	
<b>DIAGNOSTIC/PREVENTIVE (LEVEL I)</b>			
<ul style="list-style-type: none"> <li>• Services limited to twice per calendar year: oral exam, routine cleaning, topical fluoride, pulp vitality test</li> <li>• Services limited to 4 times per calendar year: bitewing x-rays</li> <li>• Services limited to once per 24 months: set of full mouth x-ray or one pantograph X-ray</li> <li>• Services limited to once per 36 months: one cephalometric x-ray (orthodontic diagnosis only)</li> <li>• Services limited to once every 5 yrs: space maintainers and apicoectomy</li> <li>• Services as required: palliative treatments, emergency oral exam, periapical and occlusal x-rays, surgical extractions</li> </ul>	No deductible; 100% of Allowed benefit	No deductible; 80% of Allowed benefit	No deductible required 100% of Allowed benefit
<b>MAINTENANCE SERVICES (LEVEL II AND LEVEL III)*</b>			
<ul style="list-style-type: none"> <li>• Direct placement fillings, limited to silver amalgam, silicate, plastic or composite. One filling per surface per year</li> <li>• Services limited to once per two years: periodontal scaling and root planing, gingival curettage</li> <li>• Services limited to once per five years: complete occlusal adjustments related to periodontal treatment</li> <li>• Services limited to three times per five years: limited occlusal adjustments in connection with periodontal treatments</li> <li>• Services as required: root tip removal, pulpotomy, root canal performed on permanent teeth, root resection, endodontics, simple extractions and repair of prosthetic appliances limited to once in any 12 month period per specific area of appliance</li> <li>• Services limited to once per tooth per five years: crowns, inlays, onlays</li> </ul>	80% of Allowed benefit	60% of Allowed benefit	80% of Allowed benefit
<b>PROSTHETICS (LEVEL IV)*</b>			
<ul style="list-style-type: none"> <li>• Services limited to once per 5 years: full or partial dentures, fixed bridges</li> <li>• Denture adjustments/relining limited to: "Regular" dentures once per 36 months</li> <li>• "Immediate" dentures: initial adjustment/relining after 3 months placement: second adjustment within first year and third adjustment three years thereafter</li> </ul>	50% of Allowed benefit	30% of Allowed benefit	50% of Allowed benefit
<b>*CALENDAR YEAR DEDUCTIBLES (*APPLIES TO LEVELS II-IV)</b>			
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	\$10 \$25	\$20 \$50	\$10 \$25
<b>CALENDAR YEAR BENEFIT MAXIMUM</b>			
	\$1,000		\$750

*This benefit summary chart is intended for informational and comparison purposes only and is not meant to reflect all the terms and conditions of the Plan contracts.*

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