

Your Dental Options – Highlights

BCPS Offers Three Dental Options:

- CareFirst BlueCross BlueShield Regional Dental PPO
- CareFirst BlueCross BlueShield Regional Dental Traditional
- CIGNA Dental Care DHMO

Regional Dental PPO

The CareFirst Dental PPO Program offers two levels of benefits in one plan. When you need dental care, you may see the dentist of your choice. Benefit levels and out-of-pocket expenses are determined based upon whether you receive dental care from a preferred dentist.

In-Network Benefits

When you use a Preferred Provider, you receive the highest level of coverage with the least amount of out-of-pocket expense. In order to choose a preferred dentist, please refer to the Preferred Dental Provider directory or contact Member Services at (866) 891-2802.

Out-of-Network Benefits

You may choose to use dentists outside of the network, but your costs may be higher. There are two types of out-of-network dentists:

- **Participating dentists** are not preferred dentists, but they have agreed to bill only up to the allowed benefit amount by CareFirst BlueCross BlueShield, thus limiting your out-of-pocket expense.
- **Non-participating dentists** have no agreement with CareFirst BlueCross BlueShield and may bill you up to their charges, which may increase your out-of-pocket expense. Members who receive care from non-participating dentists must pay for their services at the time the services are rendered and must file a claim for reimbursement directly from CareFirst BlueCross BlueShield.

Plan Highlights

- Each enrolled family member receives up to \$1,000 in paid benefits per calendar year
- Flexibility to choose any dentist
- CareFirst Preferred and Participating Providers will file claims for you and cannot balance bill you
- Preventive care is available with no out-of-pocket expense if a CareFirst Preferred Provider is used

Regional Dental Traditional

The CareFirst Traditional Dental Program allows you the freedom to choose any dentist. If you seek care from a CareFirst participating provider, the dentist cannot bill you the difference between their charge and the allowed amount. You are only responsible for deductibles and coinsurance. A non-participating provider will bill for any amount over CareFirst's allowed benefit.

Plan Highlights

- Each enrolled family member receives up to \$750 in paid benefits per calendar year.
- Flexibility to choose any dentist.
- CareFirst's Participating Providers will file claims for you and cannot balance bill.

CIGNA Dental Care

CIGNA Dental Care is a dental health maintenance organization (DHMO). You must select and seek services from your DHMO facility. No benefits are available if non-participating dentists are used. For the most current information regarding participating dentists in your area, you may obtain a personalized provider directory by calling CIGNA's automated dental office locator at (800) 367-1037. You may also visit CIGNA's Web site at www.CIGNA.com/dental. Both resources are available 24 hours a day. You may change your primary dentist selection by calling Member Services. In most cases, the change will take effect on the first day of the following month.

Plan Highlights

- There is no deductible.
- There are no annual dollar maximums.
- There are no claim forms for you to file.
- All preventive care and some restorative care is available with zero copayments from you.
- Complex procedures are available for low, pre-set patient charges that are published in the Patient Charge Schedule.
- If you are covered by CIGNA Dental for at least one year prior to retirement, you may convert your coverage to an individual policy as a retiree following the 18 month COBRA period.

An informational package is available from the Office of Benefits, Leaves and Retirements which contains the CIGNA provider directory and the patient schedule of copayments for all covered dental services.

Your Dental Benefits At-a-Glance Chart

Dental Plans

	CareFirst BlueCross BlueShield Regional Dental PPO Group# 7J91		CareFirst BlueCross BlueShield Regional Dental Traditional Group# 7J91	CIGNA Dental DHMO Group# 10013509
Covered Service	In-Network (Preferred)	Out-of-Network (Participating or non-participating*)	Participating or non-participating*	In-Network Only
Deductible per calendar year**	\$10 per person \$20 per family	\$25 per person \$50 per family	\$10 per person \$25 per family	\$-0-
Maximum Benefit per Calendar Year**	\$1,000 per person		\$750 per person	Unlimited
PLAN PAYS:				
Preventive Care Exams, Cleanings, X-rays, Fluoride	100%	80%	100% when using a Participating Provider (Non-Participating Providers can balance bill)	100%
Restorative Care Fillings, Crowns, Root Canals	80% after deductible	60% after deductible	80% after deductible*	Most fillings and root canals: no out-of-pocket expense; copayments for other covered procedures range from \$0 to \$220
Periodontic Services	80% for limited services after deductible; treatment plan required	60% for limited services after deductible; treatment plan required	80% for limited services after deductible; treatment plan required	Copayments for covered procedures range from \$15 to \$335, no deductible
Prosthetic Services, Dentures, Bridgework	50% after deductible; treatment plan required	30% after deductible; treatment plan required	50% after deductible; treatment plan required	Copayments for covered procedures range from \$15 to \$335; no deductible
Emergency Care	Paid according to covered service. No additional emergency provisions are provided.			\$0 (\$54 after regularly scheduled hours)
Orthodontia Services	50% after deductible (\$1,500 lifetime maximum)	50% after deductible (\$1,000 lifetime maximum)	50% after deductible (\$1,000 lifetime maximum)	Copayments vary from case to case. Maximum benefit of 24 months. See patient charge schedule for details.
	(for dependent children only)		(for dependent children only)	

* CareFirst payments based on allowed benefits. Non-participating providers can bill any amount over the CareFirst BlueCross BlueShield allowed benefit.

** Calendar Year means January 1 through December 31.