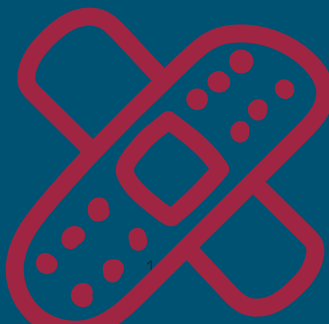
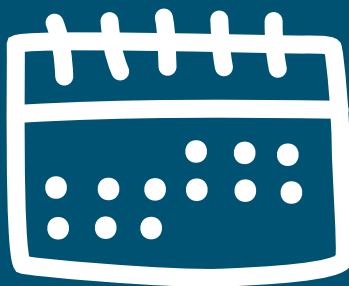


Your 2025 Dental and Vision Benefit Guide

Montgomery County Public Schools
Active



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Welcome

We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your health plan. We hope this simplified guide provides information that makes choosing CareFirst an easy decision.

Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

Ready to explore your benefits?

Let's find the best health plan for you.



Note your enrollment dates and deadlines



Review your health benefit options



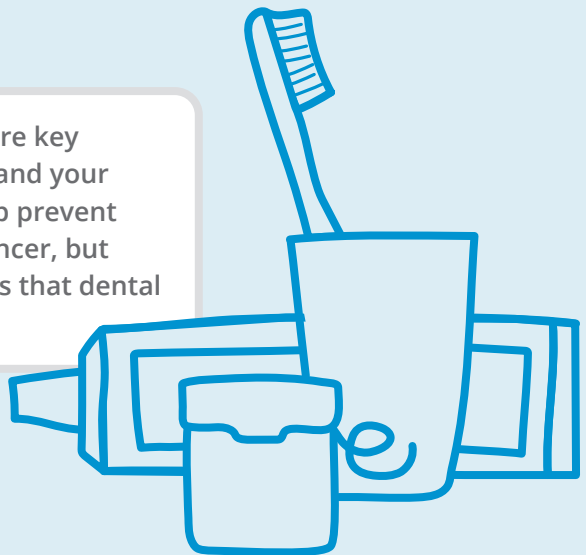
Make your selection and complete your enrollment

Dental plan highlights

Let's review some of your in-network costs for common dental services.

	Dental Plan
Costs to consider	
Annual Maximum Benefit	\$2,000
Annual In-network Deductible	\$50 Individual/\$100 Family
Orthodontia Lifetime Maximum	\$1,000 per child, up to age 20
Plan includes Out-of-network Coverage	Yes
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	\$0 per visit
Basic services	
Fillings, Basic Periodontal Services and Non-surgical Extractions	After deductible is met, no charge
Major services	
Major Surgical (root canals, surgical extractions and surgical periodontal services)	After deductible is met, no charge
Major Restorative (dentures, crowns, bridges, dental implants)	After deductible is met, 50% of CareFirst member cost
Orthodontia (up to the lifetime max. per person)	50% of CareFirst member cost

Regular preventive dental checkups are key to maintaining both your oral health and your overall health. Checkups not only help prevent tooth decay, gum disease and oral cancer, but they help you avoid the pain and costs that dental problems can bring with them.



Dental plan features

Unparalleled network access

Our members can choose from over 123,000 dental providers and over 300,000 points of care nationwide.*

Comprehensive coverage

- Preventive and diagnostic services covered in full when visiting a participating provider
- No limitations on pre-existing conditions
- Enhanced Dental Benefits: additional preventive services to eligible members who have diabetes, hypertension (high blood pressure) or are pregnant at no extra cost
- No missing teeth exclusions

Effective discounts

- Save 30–50% off billed charges when using in-network providers**

Dental cost estimator

- Estimates provider charges for selected procedures

Compatible with Health Saving Accounts (HSA)

- You can use your HSA funds to supplement the costs of procedures or orthodontics

Dental insurance terms

Deductible: The amount you are responsible for before CareFirst pays for dental services.

Family deductible: A deductible that is satisfied by the combined expenses of all covered family members. For example, a plan with a \$25 deductible may be limited to a maximum of three deductibles (\$75 per family) regardless of the number of family members.

Coinsurance: Your share of the dentist's fee after CareFirst has paid its share.

Annual maximum: The yearly reimbursement level for an individual/family set by your CareFirst dental plan.

* The Dental GRID+ is a service of GRID Dental Corporation. The GRID networks are exclusively for members of participating Blue Cross and Blue Shield plans, giving our customers access to a seamless network solution encompassing all 50 states. NovaNet is an independent company offering access to a dental provider network and services to CareFirst members.

** Two out of 14 participants ranked in the Dental Actuarial Analytics, LLC 2018 Dental PPO Network Study (formerly Ruark Consulting LLC, Dental PPO Network Study). Based on a provider network's overall value, effective discounts are determined by claims and their associated discounts with no adjustments made for variations in plan designs. Based on plans sold in Maryland, Washington, D.C. and Northern Virginia.

Vision plan highlights

Let's review some of your in-network costs for common vision services.

	Vision Plan
Routine checkup	
Annual Eye Exam	Plan pays up to \$25/\$33
Corrective measures	
All Frames	\$20
Standard Progressive Lenses	Plan pays up to \$65
Spectacle Lenses (single-vision/lined bifocal/trifocal)	\$20/\$35/\$45
Medically Necessary Contact Lenses	\$230
All Contact Lenses	Plan pays up to \$40

A regular vision checkup can tell you more about your health than you might think. Not only can your eye doctor help you see better, but they can also identify a host of other problems including diabetes and cancer.



Vision plan features

Nationwide network of over 131,000 points of access*

- Includes major eyewear retailers—Visionworks, Target Optical, Walmart, Costco and more
- Convenient online retail options—Warby Parker, 1-800 Contacts, Glasses.com and Befitting

Fully covered frames and contacts available

Effective and affordable eye care

- Fixed fee pricing on all cosmetic lens options
- Enhance Vision Benefits-additional preventive services to eligible members who have diabetes, hypertension (high blood pressure) or are pregnant at no extra cost.

Compatible with Health Saving Accounts (HSA)

- You can use your HSA funds towards things like frames or contact lenses.

Extra perks

- Lasik discounts
- Hearing aid discounts
- Repair and breakage warranty on frames
- Retinal imaging discount

Vision insurance terms

Copay: Fixed dollar amount you pay for certain Vision Care.

Frame Allowance: The amount your Vision plan will cover for your eyeglasses frames. For example, if you have an allowance of \$20 and choose frames that cost less than \$20, you pay nothing. If you choose frames that cost more than \$20, you pay the difference. So, for frames that cost \$40, you'd pay \$20 at the doctor's office.

Find a provider

CareFirst has one of the world's largest networks of participating providers—over one million in all. Whether you're looking for a general dentist, a dental specialist or an online vision provider, we can help you find one that's right for you. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.

Try it for yourself. Visit carefirst.com/doctor. You'll be able to search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.



My Account benefits

Your member portal is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips. With My Account, you can:

- Find in-network doctors, urgent care centers and other care—nationwide
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs
- Send a secure message for members

Treatment tools

Vision frame try-on tool

Our frame try-on tool allows you to conveniently try Exclusive Collection frames using your phone, tablet, or computer. Go to DavisVision.com/try-on-tool to try on hundreds of brand name frames.

Dental treatment estimator

The FAIR Health Dental Cost Calculator is provided by FAIR Health, a dental industry standard provider for dental cost data. It can help you estimate costs for a wide range of dental services and procedures. Members can access this on carefirst.com under *Using Your Plan*.

Next steps

Ready to enroll?

- Complete the enrollment process
- Look for your member ID cards in the mail
- Be sure to download the CareFirst mobile app to access your plan on-the-go

Set a reminder on your phone so you don't miss the deadline to enroll!



Not ready to choose your plan just yet?

- Set a reminder on your phone so you don't miss the deadline!



Want to learn more about CareFirst BueCross BlueShield?
Visit us online at carefirst.com.



“Everything in this guide is designed to help you and your family achieve your best health. And all the plans, programs, tools and resources that we’ve built for you are exactly what we expect for ourselves and those we love. Because, like you, we’re CareFirst members, too.”

Tonya O.

CareFirst

Employee since '22

Rights and responsibilities

Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, go to www.carefirst.com and click on *Privacy Statement* at the bottom of the page, click on *Health Information* then click on *Notice of Privacy Practices*. Or call the Member Services telephone number on your member ID card. Members of self-insured groups should contact their Human Resources department for a copy of their Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department.

Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
 - Send an email to: quality.care.complaints@carefirst.com
 - Fax a written complaint to: 301-470-5866
 - Write to:
CareFirst BlueCross BlueShield
Quality of Care Department
P.O. Box 17636
Baltimore, MD 21297

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.

For assistance in resolving a Billing or Payment Dispute with the Health Plan or a Health Care Provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at 877-261-8807.

Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: 800-735-2258
National Capital Area TTY: 202-479-3546
Please have your Member Services number ready.

Language assistance

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Please Note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

Confidentiality of subscriber/ member information

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

Your rights

You have the following rights regarding your own Protected Health Information. You have the right to:

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at 800-853-9236 or send an email to privacy.office@carefirst.com.

Members' rights and responsibilities statement

Members have the right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.
- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities.
- Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

Eligible individuals' rights statement wellness and health promotion services

Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Habilitative services

CareFirst provides coverage for habilitative services to members younger than the age of 19. This includes habilitative services to treat congenital or genetic birth defects, including a defect existing at or from birth, a hereditary defect, autism or an autism spectrum disorder, and cerebral palsy.

Habilitative services include speech, physical and occupational therapies. CareFirst must pre-approve all habilitative services. Any deductibles, copayments and coinsurance required under your contract apply. Policy maximums and benefit limits apply. Habilitative services are not counted toward any visit maximum for therapy services.

Please note that any therapies provided through the school system are not covered by this benefit. This coverage applies only to contracts sold to businesses based in Maryland. Check your contract coverage to determine if you are eligible to receive these benefits. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

Mastectomy-related services

CareFirst provides coverage for home visits to members who undergo a mastectomy (the surgical removal of all or part of the breast as a result of breast cancer) or the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor. To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. This coverage applies only to contracts sold to businesses based in Maryland. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

CareFirst offers other benefits for mastectomy-related services, including:

- All stages of reconstruction of the breast that underwent the mastectomy.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling).

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your Benefit Guide or Evidence of Coverage for more details or call Member Services at the telephone number on your member ID card.

Care for mothers, newborns

Under the Newborns' and Mothers' Health Protection Act, CareFirst offers coverage for inpatient hospitalization services for a mother and newborn child for a minimum of:

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean section.

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes:

- A home visit if prescribed by the attending physician.
- The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.

Preferred Dental Exclusions

Section 4—Limitations and Exclusions— Dental Contract

(in addition to those found in the Certificate)

4.1 Limitations.

- A. Covered Dental Services must be performed by or under the supervision of a Dentist, within the scope of practice for which licensure or certification has been obtained
- B. Benefits will be limited to standard procedures and will not be provided for personalized restorations or specialized techniques in the construction of dentures or bridges, including precision attachments and custom denture teeth
- C. If a Member switches from one Dentist to another during a course of treatment, or if more than one Dentist renders services for one dental procedure, CareFirst shall pay as if only one Dentist rendered the service
- D. CareFirst will reimburse only after all dental procedures for the condition being treated have been completed (this provision does not apply to Orthodontic Services) (optional)
- E. In the event there are alternative dental procedures that meet generally accepted standards of professional dental care for a Member's condition, benefits will be based upon the lowest cost alternative

4.2 Exclusions.

Benefits will not be provided for:

- A. Replacement of a denture, bridge, or crown as a result of loss or theft
- B. Replacement of an existing denture, bridge, or crown that is determined by CareFirst to be satisfactory or repairable
- C. Replacement of dentures, bridges, or crowns within 60 months from the date of placement or replacement for which benefits were paid in whole or in part under the terms of the Contract
- D. Treatment or services for temporomandibular joint disorders including but not limited to radiographs and/or tomographic surveys
- E. Gold foil fillings
- F. Dental services in connection with birth defects or mainly for Cosmetic reasons; with the following exceptions:
 - 1. Benefits will be provided for dental services received by the Member due to trauma to whole Sound Natural Teeth only if the Member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst, and
 - 2. Benefits will be provided for dental services in connection with birth defects, including cleft lip or cleft palate or both, only if the Member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst.
- G. Periodontal appliances
- H. Prescription drugs, including, but not limited to antibiotics administered by the Member, inhalation of nitrous oxide, injected or applied medications that are not part of the dental service being rendered, and localized delivery of chemotherapeutic agents for the treatment of a medical condition, unless specifically listed as a covered service in the Contract.
- I. Splinting
- J. Nightguards, occlusal guards, or other oral orthotic appliances

- K. Bacteriologic studies, histopathologic exams, accession of tissue, caries susceptibility tests, diagnostic radiographs, and other pathology procedures, unless specifically listed as a covered service in the Contract.
- L. Intentional tooth reimplantation or transplantation
- M. Interim prosthetic devices, fixed or removable and not part of a permanent or restorative prosthetic service, and tissue conditioning
- N. Additional fees charged for visits by a Dentist to the Member's home, to a hospital, to a nursing home, or for office visits after the Dentist's standard office hours. CareFirst shall provide the benefits for the dental service as if the visit was rendered in the Dentist's office during normal office hours.
- O. Transseptal fibrotomy or vestibuloplasty
- P. Orthognathic Surgery or other oral Surgery covered under the Member's medical benefit plan
- Q. The repair or replacement of any orthodontic appliance
- R. Any orthodontic services after the last day of the month in which covered services ended except as specifically described in the Certificate of Coverage
- S. Services or supplies that are not Medically Necessary.
- T. Services not specifically shown in the Contract as a Covered Dental Service, even if Medically Necessary
- U. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be covered services)
- V. Separate billings for dental care services or supplies furnished by an employee of a Dentist which are normally included in the Dentist's charges and billed for by them
- W. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services
- X. Services or supplies that are Experimental or Investigational in nature
- Y. Services, appliances, or supplies related to orthodontic treatment. (optional)

EPO Dental Exclusions

Limitations and Exclusions

(in addition to those found in the Evidence of Coverage)

Limitations

- A. Covered Dental Services must be performed by or under the supervision of a Dentist, within the scope of practice for which licensure or certification has been obtained.
- B. Benefits will be limited to standard procedures and will not be provided for personalized restorations or specialized techniques in the construction of dentures, bridges, or implants, including precision attachments and custom denture teeth.
- C. If a Member switches from one Dentist to another during a course of treatment, or if more than one Dentist renders services for one dental procedure, CareFirst shall pay as if only one Dentist rendered the service.
- D. CareFirst will reimburse only after all dental procedures for the condition being treated have been completed.
- E. In the event there are alternative dental procedures that meet generally accepted standards of professional dental care for a Member's condition, benefits will be based upon the lowest cost alternative. CareFirst benefits will cover treatment based upon the CareFirst allowance for the less expensive procedure, provided that the less expensive procedure meets accepted standards of professional dental treatment. CareFirst's decision does not commit the Subscriber to the less expensive procedure. However, if the Subscriber and the dentist choose the more expensive procedure, the Subscriber is responsible for the additional charges beyond those approved or allowed by CareFirst.
- F. Dental procedures not listed on the Schedule of Benefits and Copayments will be provided at the dentist's charges unless written approval is received from CareFirst.
- G. The American Dental Association (ADA) may periodically change the Current Dental Terminology (CDT) Codes or definitions listed in the ADA publications. If such changes result in different CDT codes being used by Preferred Dentists or Participating Dentists to describe the Covered Dental Services listed in the Schedule of Benefits and Copayments, the Member Copayments will be determined by CareFirst. CareFirst will notify the Subscriber of such changes when applicable.
- H. All services listed on the Schedule of Benefits and Copayments will be provided by a Participating Dentist or a Preferred Dentist.
- I. Oral examination, routine teeth cleaning (prophylaxis), topical fluoride up to age 19, and pulp vitality tests not related to accidental injury or trauma or emergency limited to twice per Benefit Period.

Exclusions

Benefits will not be provided for:

- A. Replacement of a denture, bridge, dental implant, or crown as a result of loss or theft.
- B. Replacement of an existing denture, bridge, dental implant, or crown that is determined by CareFirst to be satisfactory or repairable.
- C. Replacement of dentures, bridges, dental implants, or crowns within 60 months from the date of placement or replacement for which benefits were paid in whole or in part under the terms of the Evidence of Coverage.
- D. Treatment or services for temporomandibular joint disorders including but not limited to radiographs and/or tomographic surveys.

- E. Gold foil fillings. All Member Copayments listed on the Schedule of Benefits and Copayments are exclusive of gold.
- F. Dental services in connection with birth defects or mainly for Cosmetic reasons; with the following exceptions:
 - 1. Benefits will be provided for dental services received by the Member due to trauma to whole Sound Natural Teeth when the dental services are received after the Effective Date of coverage under the Evidence of Coverage only if the Member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst, and
 - 2. Benefits will be provided for dental services in connection with birth defects, including cleft lip or cleft palate or both, only if the Member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst.
- G. Periodontal appliances.
- H. Prescription drugs, including, but not limited to antibiotics administered by the Member, inhalation of nitrous oxide, injected or applied medications that are not part of the dental service being rendered, and localized delivery of chemotherapeutic agents for the treatment of a medical condition, unless specifically listed as a Covered Dental Service in the Description of Covered Services.
- I. Splinting.
- J. Nightguards, occlusal guards, or other oral orthotic appliances.
- K. Bacteriologic studies, histopathologic exams, accession of tissue, caries susceptibility tests, diagnostic radiographs, and other pathology procedures, unless specifically listed as a Covered Dental Service in the Description of Covered Services.
- L. Intentional tooth reimplantation or transplantation.
- M. Interim prosthetic devices, fixed or removable and not part of a permanent or restorative prosthetic service, and tissue conditioning.
- N. Additional fees charged for visits by a Dentist to the Member's home, to a hospital, to a nursing home, or for office visits after the Dentist's standard office hours. CareFirst shall provide the benefits for the dental service as if the visit was rendered in the Dentist's office during normal office hours.
- O. Transseptal fibrotomy or vestibuloplasty.
- P. Orthognathic Surgery or other oral Surgery covered under the Member's medical benefit plan.
- Q. Services not specifically listed in the Description of Covered Services as a Covered Dental Service, even if Medically Necessary.
- R. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be covered services).
- S. Separate billings for dental care services or supplies furnished by an employee of a Dentist which are normally included in the Dentist's charges and billed for by them.
- T. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services.
- U. Services or supplies that are Experimental or Investigational in nature.
- V. Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability Laws.

- W. Services which are provided without cost to the Member by any municipality, county or other political subdivision (with the exception of Medicaid).
- X. Services which, in the opinion of the Dental Director, are not Medically Necessary for the Member's dental health.
- Y. Cosmetic, elective, or aesthetic dentistry, which in the opinion of the Dental Director are not necessary for the Member's dental health;
- Z. Oral surgery requiring the setting of fractures or dislocations.
- AA. Services with respect to malignancies, cysts or neoplasms, or hereditary, congenital or developmental malformations unless specifically listed as a Covered Dental Service in the Description of Covered Services.
- AB. Hospitalization for any dental procedure.
- AC. General anesthesia.
- AD. Services which are obtained from a Non-Participating Dentist unless specifically listed as a Covered Dental Service in the Description of Covered Services. AE. Additional fees charged for dental services which cannot be performed in the dental office of a Participating Dentist or Preferred Dentist due to the special needs or health related conditions of the Member. CareFirst shall provide the benefits for the Covered Dental Service as if the dental services were rendered in the Dentist's office during normal office hours. Any additional facility and professional fees charged shall be the Member's responsibility.
- AF. Any service, supply or item that is not Medically Necessary for the Member's dental health. Although a service may be listed as covered, benefits will be provided only if the service is Medically Necessary for the Member's dental health as determined by CareFirst.
- AG. Services required solely for administrative purposes, for example, employment, insurance, foreign travel, school, camp admissions or participation in sports activities.
- AH. The repair or replacement of any orthodontic appliance.
- AI. Services, appliances, or supplies related to orthodontic treatment.
- AJ. Class III and Class IV services incurred during a Member's Benefit Waiting Period (if applicable).



CONNECT WITH US:



The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518。

This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.