

BlueDHMO \$0 Summary of Benefits

An important part of your health care package

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.	\$0
SOFT TISSUE MANAGEMENT (PER OFFICE VISIT COPAY)	
Periodontal scaling and root planing	\$60
Full mouth debridement	\$50
Perodontal maintenance procedures following active therapy	\$40
RESTORATIVE SERVICES	
Crown—porcelain fused to predominantly base metal	\$330
Crown—porcelain fused to high noble metal	\$350
ENDODONTICS—ROOT CANAL THERAPY	
Anterior (excluding final restoration)	\$190
Molar (excluding final restoration)	\$310
DENTURES AND RELATED PROCEDURES	
Complete denture—maxillary or mandibular	\$335
Partial denture—cast metal framework with resin denture bases	\$385
Reline complete maxillary or mandibular denture (in a dentist's office)	\$80
Pontic—porcelain fused to predominantly base metal	\$300
Pontic—porcelain fused to high noble metal	\$320
SURGICAL SERVICES	
Osseous Surgery (including flap entry and closure) per quadrant	\$330
Surgical removal of erupted tooth	\$65
Removal of impacted tooth—completely bony	\$120
ORTHODONTICS	
Comprehensive—adolescent	\$3,000
Comprehensive—adult	\$3,000
Pre-orthodontic treatment visit	\$70
Orthodontic retention	\$190
ANESTHESIA	
Intravenous sedation (first 30 minutes)	\$100
BROKEN APPOINTMENT FEE	
Per 15 minutes (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:

VA/CFBC/DHMO/GCA (10/15); VA/CFBC/DHMO GC (10/15); VA/CFBC/DHMO EOC (10/15); VA/CFBC/DHMO DOCS (10/15); VA/CFBC/ DHMO SOB10 (10/15); VA/CFBC/DHMO ELIG (10/15); VA/CFBC/DHMO APPEAL (R. 1/20) and any amendments.

Advantages of the DHMO plan

- **Affordability through predictable copays**—With a Dental HMO plan, most preventive and diagnostic services are available for a small office visit charge (\$0 or \$10).
- **In-network preventive care**—X-rays, dental surgery and more for a set copay with no deductibles or benefit maximums.
- **Simplicity**—As long as you visit your primary dental office for treatment, you won't have to file claim forms or get preauthorizations.
- **A network of caring professionals**—Your dental provider network includes dentists from across Maryland, Virginia and Washington, D.C. These network dentists are committed to providing quality dental care. Each dental office participates in an ongoing quality assessment program.

Things to remember

- You can change your dentist at any time (if no balance exists).
- You can choose a different participating general dentist office for each family member.
- You must get a referral to see a specialist.

Frequently asked questions

Do I need to select a dentist?

Yes. Before you can receive benefits under this plan, you must first select a dentist from the provider directory.

What happens in a dental emergency away from home?

Should you have a dental emergency more than 50 miles from home, the Dental HMO plan will cover the cost of emergency care provided by any licensed dentist. The plan will cover a maximum of \$50 per emergency occurrence.

How do I find a participating DHMO dentist?

To find a DHMO dentist, visit [carefirst.com/doctor](https://www.carefirst.com/doctor) and select *DHMO—BlueDHMO, Individual (IND20)*.

When do I get my ID card?

Member ID cards are mailed to your home after enrollment. You can also access your ID card—along with other claims and benefit information—at *My Account* or on the CareFirst mobile app. Visit [carefirst.com/myaccount](https://www.carefirst.com/myaccount) to register.

Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at 844-495-0653 between 8 a.m. and 6 p.m. ET, Monday–Friday.

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Limitations and Exclusions

I. Limitations. The following limitations shall apply:

- A. Unlisted procedures will be provided at the dentist's charges;
- B. 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 Participating Dentists to describe the Covered Services listed in the Schedule of Benefits and Copayments, the Member Copayments will be determined by CareFirst BlueChoice.
- C. Services rendered by a Pedodontist (Pediatric Dentist) are considered Specialty Care and must be approved by the Member's Personal Participating Dentist;
- D. All services listed on the Schedule of Benefits and Copayments will be provided by the Member's Personal Participating Dentist or an Approved Specialist; provided, however, that the Member's Personal Participating Dentist referred the Member to an Approved Specialist if it is the judgment of the Member's Personal Participating Dentist that the service or procedure must be provided by an Approved Specialist, with an exception for out-of-area Emergency Care;
- E. Out-of-Area Emergency Care: Members are covered for out-of-area Emergency Care as described in the Evidence of Coverage.

II. Exclusions. Benefits will not be provided for the following:

- A. Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability Laws;
- B. Services which are provided without cost to the Member by any municipality, county or other political subdivision (with the exception of Medicaid);
- C. Services which, in the opinion of the Participating Dentist, are not necessary for the Member's dental health;

- D. Payment of any claim or bill will not be made for prohibited referrals;
- E. Cosmetic, elective, or aesthetic dentistry, which in the opinion of the Participating Dentist are not necessary for the Member's dental health;
- F. Oral surgery requiring the setting of fractures or dislocations;
- G. Services with respect to malignancies, cysts or neoplasms, or hereditary, congenital or developmental malformations;
- H. Dispensing of drugs, except those used as a local anesthetic;
- I. Hospitalization for any dental procedure;
- J. Loss or theft of bridgework or dentures previously covered by the Evidence of Coverage;
- K. Replacement of a bridge, crown, or denture within five (5) years after the date it was originally installed;
- L. General anesthesia;
- M. Teeth Cleaning (Prophylaxis) limited to twice per Benefit Period;
- N. Services which are obtained outside the dental office in which enrolled and which are not pre-authorized by CareFirst BlueChoice. This does not apply to out-of-area Emergency Care as described in the Evidence of Coverage;
- O. Services which cannot be performed in the dental office of the Personal Participating Dentist or Approved Specialist due to the special needs or health related conditions of the Member.
- P. All Member Copayments listed on the Schedule of Benefits and Copayments are exclusive of gold.
- Q. Any service, supply or item that is not necessary for the Member's dental health. Although a service may be listed as covered, benefits will be provided only if the service is necessary for the Member's dental health as determined by CareFirst BlueChoice.
- R. Services that are Experimental/Investigational or not in accordance with accepted dental practices and standards in effect at the time the service in question is rendered, as determined by CareFirst BlueChoice.