CareFirst
Family of health care plans

CAREFIRST DENTAL PLANS & BENEFIT INFORMATION

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and The Dental Network (collectively, "CareFirst") offer a variety of dental plans with competitive rates to meet both your employees' needs and your budget.

PLAN COMPARISON CHART

Plan Feature	BlueDHMO	BlueDental EPO	BlueDental Basic	BlueDental Plus
Advantages	Low-cost, regional-only dental coverage with predictable out-of-pocket costs	Low-cost comprehensive dental coverage with predictable out-of-pocket costs and broad, national access	Basic dental coverage with access to a national network	Rich, comprehensive dental coverage with broad, national access
Network	Over 600 regional providers	135,000 unique providers and over 500,000 access points nationwide	135,000 unique providers and over 500,000 access points nationwide	135,000 unique providers and over 500,000 access points nationwide
Plan Highlights *Effective 1/1/2026, this coverage applies to all contracts.	▪ Includes comprehensive coverage for dental services ▪ Includes orthodontia coverage for children and adults ▪ Copays cover in-network dental services ▪ One copay per office visit for routine dental services, such as exams, X-rays and simple extractions ▪ Teledentistry*—virtual urgent and emergency dental visits at no additional cost.	▪ Includes comprehensive coverage for dental services. ▪ Option to offer orthodontia for children and adults ▪ Copays cover in-network dental services ▪ Most preventive and diagnostic services covered in full and not subject to the deductible ▪ Can purchase with medical coverage or freestanding ▪ Teledentistry*—virtual urgent and emergency dental visits at no additional cost.	▪ Includes coverage for basic dental services only ▪ Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible ▪ Can purchase with medical coverage or freestanding ▪ Participating dental providers accept CareFirst's allowed benefit amounts as payment-in-full for covered services ▪ No need to select a primary care dentist ▪ Out-of-network care: Members have the option to see any dentist and still receive coverage, but may have to file their own claim forms and pay higher out-of-pocket costs ▪ Teledentistry*—virtual urgent and emergency dental visits at no additional cost.	▪ Includes comprehensive coverage for dental services ▪ Option to offer orthodontia for children and adults ▪ Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible ▪ Can purchase with medical coverage or freestanding ▪ Combined in- and out-of-network deductible ▪ No claim forms to file when visiting a participating dental provider ▪ Participating dental providers accept CareFirst's allowed benefit amounts as payment-in-full for covered services ▪ Annual maximum does not apply to preventive and diagnostic services or orthodontic services ▪ Out-of-network care: Members have the option to see any dentist and still receive coverage, but may have to file their own claim forms and pay higher out-of-pocket costs ▪ Teledentistry*—virtual urgent and emergency dental visits at no additional cost.
Funding	Employer-sponsored or Voluntary	Employer-sponsored or Voluntary	Employer-sponsored or Voluntary	Employer-sponsored or Voluntary
Orthodontia	Child/Adult	None or Adult/Child	No benefit	None or Adult/Child
Out-of-network reimbursement	No benefit	No benefit	PPO fee schedule	PPO fee schedule (Employer-sponsored and Voluntary) or 90 fee schedule (Employer-sponsored only)
In-network coinsurances	Copay schedule	Copay schedule	100/80	100/80/50
Out-of-network coinsurances	No benefit	No benefit	80/60	100/80/50 or 80/60/35
Claim Forms	None	None	Out-of-network only	Out-of-network only
Select a Primary Care Dentist	Yes	No	No	No
Referrals Required	Yes	No	No	No

MEMBER BENEFITS COMPARISON CHART

Benefit	BlueDHMO	BlueDental EPO	BlueDental Basic		BlueDental Plus							
					Plan 1 & Plan 5		Plan 2 & Plan 6		Plan 3 & Plan 7		Plan 4 & Plan 8	
	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum	No maximum	$2,000 *Does not apply to Preventive & Diagnostic or Orthodontic Services*	$1,000 *Does not apply to Preventive & Diagnostic Services*		**Plan 1:** $1,500 Voluntary or Employer-sponsored plans **Plan 5:** $2,000 Employer-sponsored plans only *Does not apply to Preventive & Diagnostic or Orthodontic Services*		**Plan 2:** $1,500 Voluntary or Employer-sponsored plans **Plan 6:** $2,000 Employer-sponsored plans only *Does not apply to Preventive & Diagnostic or Orthodontic Services*		**Plan 3:** $1,500 Voluntary or Employer-sponsored plans **Plan 7:** $2,000 Employer-sponsored plans only *Does not apply to Preventive & Diagnostic or Orthodontic Services*		**Plan 4:** $1,500 Voluntary or Employer-sponsored plans **Plan 8:** $2,000 Employer-sponsored plans only *Does not apply to Preventive & Diagnostic or Orthodontic Services*	
Deductible	None	$25 Individual/ $75 Family	$25 Individual/ $75 Family	$50 Individual/ $150 Family	$25 Individual/ $75 Family	$50 Individual/ $150 Family	$25 Individual/ $75 Family	$50 Individual/ $150 Family	$25 Individual/ $75 Family	$50 Individual/ $150 Family	$25 Individual/ $75 Family	$50 Individual/ $150 Family
Preventive & Diagnostic Services (exams, X-rays, cleanings, fluoride, sealants)	$0 or $10 copay per office visit	Copays per service, most covered at $0 copay	0%	20%[1]	0%	0%[1]	0%	20%[1]	0%	0%[1]	0%	20%[1]
Basic Services (fillings, non-surgical periodontics, simple extractions)	Copays per service	Copays per service[2]	20%[1,2]	40%[1,2]	20%[1,2]	20%[1,2]	20%[1,2]	40%[1,2]	20%[1,2]	20%[1,2]	20%[1,2]	40%[1,2]
Endodontics (root canals)	Copays per service	Copays per service[2]	No benefit		20%[1,2]	20%[1,2]	20%[1,2]	40%[1,2]	50%[1,2]	50%[1,2]	50%[1,2]	65%[1,2]
Surgical Periodontics (gum treatment)	Copays per service	Copays per service[2]	No benefit		20%[1,2]	20%[1,2]	20%[1,2]	40%[1,2]	50%[1,2]	50%[1,2]	50%[1,2]	65%[1,2]
Oral Surgery	Copays per service	Copays per service[2]	No benefit		20%[1,2]	20%[1,2]	20%[1,2]	40%[1,2]	50%[1,2]	50%[1,2]	50%[1,2]	65%[1,2]
Restorative (crowns, inlays, onlays)	Copays per service	Copays per service[2]	No benefit		50%[1,2]	50%[1,2]	50%[1,2]	65%[1,2]	50%[1,2]	50%[1,2]	50%[1,2]	65%[1,2]
Prosthodontics (bridges, dentures, implants)	Copays per service	Copays per service[2]	No benefit		50%[1,2]	50%[1,2]	50%[1,2]	65%[1,2]	50%[1,2]	50%[1,2]	50%[1,2]	65%[1,2]
Orthodontic Services (optional) no age limit	Copays per service	Copays per service[2]	No benefit		50%[1]	50%[1]	50%[1]	65%[1]	50%[1]	50%[1]	50%[1]	65%[1]
Orthodontic Lifetime Maximum	No maximum	Plan pays $2,000 maximum	No benefit		Plan pays $1,500 maximum		Plan pays $1,500 maximum		Plan pays $1,500 maximum		Plan pays $1,500 maximum	
Benefit Waiting Periods	None	**Employer-sponsored:** None **Voluntary:** None, except for groups without proof of prior coverage	None		**Employer-sponsored:** None **Voluntary:** None, except for groups without proof of prior coverage							

NOTE: Customized plans for groups 200+ are available upon request with required CareFirst approvals.

[1] CareFirst payments are based on the CareFirst allowed benefit. Participating and Preferred dentists accept 100% of the CareFirst allowed benefit as payment in full for covered services. Members are subject to the coinsurance requirements referenced in the chart above. Non-participating dentists may bill the member for the difference between the allowed benefit and their charges.

[2] Deductible applies.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, 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.

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