CareFirst BlueCross BlueShield
Medicare Advantage
10455 Mill Run Circle
Owings Mills, MD 21117-5559
carefirst.com/medicare

CareFirst BlueCross BlueShield Advantage Core (HMO)
Dental Benefits Summary

DG01	**In-Network***
Plan Type	**Medicare Advantage HMO**
Individual Deductible:	$0
Network:	***CareFirst Advantage Providers are In - Network**

- Members must receive covered services from in-network providers. Except in the highly limited circumstances as provided in the Evidence of Coverage, services provided by out-of-network providers are not covered. Members will be responsible for the full charge for services provided by out-of-network providers. Out-of-network providers are urged to contact Provider Services at [833-493-0535] before rendering services to a CareFirst BlueCross BlueShield Medicare Advantage member.
- Coverage for the benefits below are subject to the member eligibility and the terms of the Evidence of Coverage (EOC). If the Dental Procedure code is not listed below; it is not a covered benefit.

CDT CODE	PROCEDURE NAME	COPAY ($)
Oral Exams		
D0120	PERIODIC ORAL EXAMINATION—ESTABLISHED PATIENT	$30
D0140	LIMITED ORAL EVALUATION—PROBLEM FOCUSED	
D0150	COMPREHENSIVE ORAL EVALUATION—NEW OR ESTABLISHED PATIENT	
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION—PROBLEM FOCUSED, BY REPORT	
D0180	COMPREHENSIVE PERIODONTAL EVALUATION—NEW OR ESTABLISHED PATIENT	
Dental X-Rays		
D0210	INTRAORAL—COMPLETE SERIES OF RADIOGRAPHIC IMAGES	$30
D0220	INTRAORAL—PERIAPICAL FIRST RADIOGRAPHIC IMAGE	
D0230	INTRAORAL—PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	

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CDT CODE	PROCEDURE NAME	COPAY ($)
D0270	BITEWING—SINGLE RADIOGRAPHIC IMAGE	
D0272	BITEWINGS—TWO RADIOGRAPHIC IMAGES	
D0273	BITEWINGS—THREE RADIOGRAPHIC IMAGES	
D0274	BITEWINGS—FOUR RADIOGRAPHIC IMAGES	
D0277	VERTICAL BITEWINGS—7 TO 8 RADIOGRAPHIC IMAGES	
D0330	PANORAMIC RADIOGRAPHIC IMAGE	
Prophylaxis – Routine Cleanings		
D1110	PROPHYLAXIS—ADULT	$30
Topical Fluoride Treatment		
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	$30
D1208	TOPICAL APPLICATION OF FLUORIDE—EXCLUDING VARNISH	

Benefit Frequencies & Limitations

Class 1 - Preventive and Diagnostic Services:

1. Twice per benefit period (calendar year):
    a. oral exam
    b. routine cleaning
    c. topical fluoride
    d. x-rays