



Individual Select Dental HMO

Northern Virginia

Did You Know...

- People with periodontal disease are 2-4 times more likely to have a heart attack.¹
- Diabetic patients with periodontal disease have more difficulty controlling blood glucose levels.²
- Pregnancy can cause swelling, bleeding, redness, or tenderness in the gum tissue due to hormonal changes.
- Women less than 35 weeks pregnant who receive treatment for gum disease have 84% fewer premature births.³

¹ Andriankaia, OM, et al. The use of different measurements and definitions of periodontal disease in the study of the association between periodontal disease and risk of myocardial infarction. J Periodontol 2006 Jun;77(6):1067-73

² Faria-Almeida R, Navarro A, Bascones A. Clinical and metabolic changes after conventional treatment of type 2 diabetic patients with chronic periodontitis. J Periodontol. 2006 Apr;77(4)591-8.

³ Lopez NJ, et al. Periodontal therapy reduces the rate of preterm low birth weight in women with pregnancy-associated gingivitis. J Periodontol. 2005 Nov;76(11 Suppl):2144-53.

Protect Your Best Feature – Your Smile



Your smile says a lot about you. It's the first thing people see when they meet you. A healthy smile can make you more appealing, even more youthful. But did you know your smile also says a lot about your overall health?

That's why it's so important to protect your smile. Good dental care has been scientifically shown to reduce your risk of heart disease; it helps to control diabetes, and can even help to prevent premature births.

CareFirst BlueChoice, Inc. (CareFirst BlueChoice) brings you the Individual Select Dental HMO Plan which offers:

- Lower premiums
- More than 580 dentists throughout Northern Virginia, Maryland and the District of Columbia
- Easy enrollment

- No deductibles
- Predictable out-of-pocket costs
- No claim forms to file
- Guaranteed acceptance

Protect your smile, your health, and your budget from serious dental issues.

Individual Select Dental HMO



Get maximum savings on major dental services and access to a network of 580+ participating dentists.

What Your Plan Covers

Individual Select Dental HMO offers you reliable dental care with predictable copayments for routine and major dental services such as:

- Preventive and diagnostic dental care
- Surgical extractions
- Root canal therapy
- Comprehensive orthodontic treatment (adults and adolescents)

As a member of our Dental Health Maintenance Organization (Dental HMO) plan, you'll select a general dentist from a network of participating providers to coordinate all of your dental care needs. Visit www.carefirst.com/doctor to find a dentist. When specialized care is needed, your general dentist will refer you to a specialist within the Dental HMO network.

The Johnsons



Anna and Jeff Johnson are an energetic couple with two children. They own a catering business, and have purchased a family health insurance plan. They didn't think about dental coverage until their daughter needed braces and their son needed a filling. The costs quickly started to add up.

	No Coverage	Individual Select Dental HMO Plan	Savings on Services
6 month check-ups with x-rays (8 visits, 2 per person)	\$1,280* (\$160 per visit)	\$160 (\$20 copay per visit)	\$1,120
Filling (1 filling)	\$120*	\$20 copay per visit	\$100
Orthodontic Services (1 Adolescent)	\$4,880*	\$2,500	\$2,380
Total	\$6,280	\$2,680	\$3,600

^{*} Based on National Dental Advisory Service Fee Report (2010).

With no dental coverage, the Johnsons paid \$6,280 for these services. With Individual Select Dental HMO coverage, the Johnsons would have saved \$3,600 for these services. The Johnsons decided to purchase the Individual Select Dental HMO coverage to protect themselves against future dental costs.

The Smiths



Mildred and Charles Smith are active retirees who recently took up golf. They have Medicare and have purchased a Supplemental Medicare plan and Medicare Prescription Drug coverage to protect themselves against medical costs. They didn't think about how their budget might be impacted by major dental expenses until Mildred needed root canal therapy and Charles needed a bridge.

	No Coverage	Individual Select Dental HMO Plan	Savings on Services
6 month check-ups with x-rays (4 visits, 2 per person)	\$640* (\$160 per visit)	\$80 (\$20 copay per visit)	\$560
Root Canal (Bicuspid)	\$750*	\$375	\$375
Bridge (3-Unit)	\$2,825*	\$1,305	\$1,520
Total	\$4,215	\$1,760	\$2,455

^{*} Based on National Dental Advisory Service Fee Report (2010).

With no dental coverage, the Smiths paid \$4,215 for these services. They decided to purchase dental coverage to protect themselves against further unexpected dental costs. With Individual Select Dental HMO coverage, the Smiths would have only paid \$1,760 for these services. A savings of over \$2,400. Now they're covered and ready for whatever lies ahead!

Benefits At A Glance

Common Dental Procedures and Their Costs	Regular Cost*	In-Network You Pay
Preventive check-ups (includes routine exams, cleanings and X-rays)	\$160 per visit (2 visits per year)	\$20 per office visit
Basic Dental Services (includes fillings, simple extractions and more)	\$120-\$300	\$20 per office visit
Soft Tissue Management (includes periodontal scaling, periodontal maintenance and more)	\$225	\$70 per office visit
Root Canal Therapy (excludes final restoration) Bicuspid	\$750	\$375 Primary Dentist or \$475 Specialty Care Dentist
Complete Upper Dentures	\$1,475 each	\$495
Orthodontia (Braces) Comprehensive - Adolescent Comprehensive - Adult	\$4,880 \$4,955	\$2,500 \$2,700

This is a partial listing of covered services. For specific questions, please contact CareFirst BlueChoice Dental Services, toll-free at 888-833-8464.

Apply Today!

- Fill out and sign the enclosed application.
 Choose the annual or semi-annual payment option.
- 2 Select a general dentist from the enclosed Dental HMO directory. Review a complete listing of dental providers at www.carefirst.com/doctor. Each member of your family may choose his or her own dentist. Remember to select your dental office code and write it on the application.
- Send in your application, with your premium payment, and provider selection, in the enclosed, postage paid envelope and mail to:

CareFirst BlueChoice, Inc. P.O. Box 79810 Baltimore, MD 21298-8159

CareFirst BlueChoice will mail you your membership cards and certificate of coverage. Then you can start enjoying all the benefits of good dental care.

Our service area includes the cities of Alexandria and Fairfax, the town of Vienna, Arlington county and the areas of Fairfax and Prince William counties in Virginia lying east of Route 123.

Limitations and Exclusions

Plan Limitations. The following limitations shall apply:

- All services listed on the Schedule of Benefits and Copayments will be provided by a general Participating Dentist or an approved Specialist; provided, however, that a general DENTIST will refer the Covered Individual or Dependent to an approved Specialist or recommend that the Covered Individual or Dependent contact an approved Specialist if it is the judgment of the DENTIST that the service or procedure must be provided by an approved Specialist, with an exception for out-of-area emergency care:
- B. Unlisted procedures will be provided at the dentist's charges;
- Services rendered by a Pedodontist (Pediatric Dentist) are considered Specialty Care and must be approved by the Covered Individual's General Participating DENTIST
- D. OUT-OF-AREA EMERGENCY CARE: Members are covered for emergency dental treatment to alleviate acute pain, along with treatment arising from accidental injury or illness while temporarily more than 50 miles from their regular place of residence and the nearest PLAN Dental Office. Limited to \$50 per member per emergency.

EXCLUSIONS Benefits will not be provided for:

- Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability Laws;
- В. Services which are provided without cost to the Covered Individual 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 Covered Individual's health;
- Cosmetic, elective, or aesthetic dentistry, which in the opinion of the participating DENTIST are not necessary for the patient's dental health;
- E. Oral surgery requiring the setting of fractures or dislocations;
- Services with respect to malignancies, cysts or neoplasms, or hereditary, congenital or developmental malformations:
- G. Dispensing of drugs, except those used as a local anesthetic;
- Н. Hospitalization for any dental procedure;
- Loss or theft of bridgework or dentures previously supplied under the PLAN; ١.
- Replacement of a bridge, crown, or denture within five (5) years after the date it was originally J. installed;
- Any implantation; Κ.
- 1 General anesthesia;
- Teeth Cleaning (Prophylaxis) at intervals of less than six (6) months;
- Services which are obtained outside the dental office in which enrolled and which are not preauthorized by the PLAN. This does not apply to out-of-area emergency dental services;
- 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 Covered Individual and/or Dependent(s).
- Ρ. All Member Copayments listed on the Schedule of Benefits and Copayments are exclusive of
- Payment of any claim or bill will not be made for prohibited referrals. Q.

NOTES:		

Policy Form Numbers:

VA/BC/DB/COC (R. 1/10) VA/BC/DB/SOB (R. 1/10)



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www.carefirst.com

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