



# Your Dental Benefit Options

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*July 1, 2021–June 30, 2022*

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# Welcome

## Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

### How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

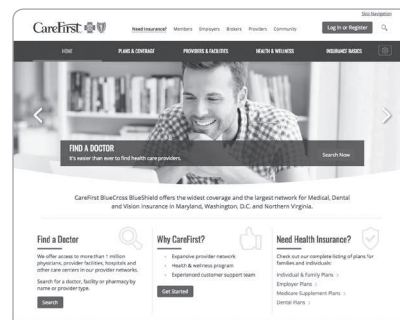
### What's covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

### Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips and a variety of articles.



Visit [carefirst.com/acps](https://carefirst.com/acps)  
for up-to-date information  
on your plan.

# Find Providers and Estimate Treatment Costs

Quickly find doctors and facilities, review your health providers and estimate treatment costs—all in one place!

## Find providers

[carefirst.com/acps](https://carefirst.com/acps)

You can easily find health care providers and facilities that participate with your CareFirst health plan. Search for and filter results based on your specific needs, like:

- Provider name
- Provider specialty
- Distance
- Gender
- Accepting new patients
- Language
- Group affiliations

## Review providers

Read what other members are saying about the providers you're considering before making an appointment. You can also leave feedback of your own after your visit.

## Make low-cost, high-quality decisions

When you need a procedure, there are other things to worry about besides your out-of-pocket costs. To help you make the best care decisions for your needs, CareFirst's Treatment Cost Estimator will:

- Quickly estimate your total treatment costs
- Avoid surprises and save money
- Plan ahead to control expenses

Want to see how it works? Visit [carefirst.com/acps](https://carefirst.com/acps) today!



Want to view personalized information about doctors in your plan's network? Be sure to log in to *My Account* from your computer, tablet or smartphone.

# BlueDental Plus

*Includes access to a national provider network*

CareFirst BlueCross BlueShield (CareFirst) offers BlueDental Plus coverage, which allows you the freedom to see any dentist you choose.

## Advantages of the plan

- **Freedom of choice, freedom to save**—With BlueDental Plus, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider Network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. Your plan even covers orthodontia for members of all ages! A summary of your benefits is available on the following page.
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with participating dentists throughout the United States. BlueDental Plus gives you coverage for the dental services you need, whenever and wherever you need them.

## Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 2**—By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you incur slightly higher out-of-pocket costs. Similar to Option 1, there is no balance billing. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

## Using your plan

### How do I find a preferred dentist?

Visit [carefirst.com/acps](http://carefirst.com/acps) to access our online directory 24 hours a day. Click on *Dental* and then select *BlueDental Plus*.

### How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in- and out-of-network.

### Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

### Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: 866-891-2802 between 8:30 a.m. and 5 p.m. ET, Monday–Friday.

## Summary of Benefits

| Services                                                                                                                                                                                                                                                                                                                                                                                              | In-network You Pay                                                                                                                                                                                                                                                                                                                                            | Out-of-network You Pay                               |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*                                                                                                                                                                                                                                                                                                                                                   | \$50 Individual/<br>\$150 Family                                                                                                                                                                                                                                                                                                                              | \$50 Individual/<br>\$150 Family                     |                                                      |
| ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*                                                                                                                                                                                                                                                                                                                                               | Plan pays \$2,000 combined maximum                                                                                                                                                                                                                                                                                                                            |                                                      |                                                      |
| PREVENTIVE AND DIAGNOSTIC SERVICES                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                      |
| <ul style="list-style-type: none"><li>■ Oral Exams (two per benefit period)</li><li>■ Prophylaxis (two cleanings per benefit period)</li><li>■ Bitewing X-rays</li><li>■ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</li><li>■ Palliative emergency treatment</li></ul>                                                             | <ul style="list-style-type: none"><li>■ Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19)</li><li>■ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19)</li><li>■ Space maintainers (once per 60 months)</li></ul> | No charge                                            | 20% of Allowed Benefit <sup>1</sup>                  |
| BASIC SERVICES AND MAJOR SERVICES—SURGICAL                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                      |
| <ul style="list-style-type: none"><li>■ Direct placement fillings using approved materials (one filling per surface per 12 months)</li><li>■ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li><li>■ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)</li></ul> | <ul style="list-style-type: none"><li>■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li><li>■ General anesthesia rendered for a covered dental service</li><li>■ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)</li><li>■ Simple extractions</li></ul>   | 20% of Allowed Benefit after deductible <sup>1</sup> | 40% of Allowed Benefit after deductible <sup>1</sup> |
| MAJOR SERVICES—RESTORATIVE                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                      |
| <ul style="list-style-type: none"><li>■ Full and/or partial dentures (once per 60 months)</li><li>■ Fixed bridges, crowns, inlays and onlays (once per 60 months)</li><li>■ Denture adjustments and relining (limits apply for regular and immediate dentures)</li></ul>                                                                                                                              | <ul style="list-style-type: none"><li>■ Recementation of crowns, inlays and/or bridges (once per 12 months)</li><li>■ Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</li><li>■ Dental implants, subject to medical necessity review (once per 60 months)</li></ul>                                  | 20% of Allowed Benefit after deductible <sup>1</sup> | 40% of Allowed Benefit after deductible <sup>1</sup> |
| ORTHODONTIC SERVICES                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                      |
| <ul style="list-style-type: none"><li>■ Benefits for orthodontic services are available for covered members who meet treatment criteria.</li></ul>                                                                                                                                                                                                                                                    | 50% of Allowed Benefit <sup>1</sup>                                                                                                                                                                                                                                                                                                                           | 50% of Allowed Benefit <sup>1</sup>                  |                                                      |
| ORTHODONTIC LIFETIME MAXIMUM                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                      |
| Plan pays \$1,000 combined maximum                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                      |

<sup>1</sup> 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. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

\* Deductible and Annual Maximum Combined In-network/Out-of-network.

**Summary of Exclusions:** Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

**VA Benefits issued under policy form numbers:** Group Hospitalization and Medical Services, Inc.: VA/GHMSI/BLUEDENTAL EOC (1/15); VA/GHMSI/BLUEDENTAL DOCS (1/15); VA/GHMSI/BLUEDENTAL SOB (1/15); VA/CF/GC (R.1/13); VA/CF/ELIG (R.1/12) and any amendments.

For more information visit [carefirst.com/acps](https://carefirst.com/acps)

### Section 3—Limitations and Exclusions

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

#### 3.1 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).
- 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.

#### 3.2 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 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.
- 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. 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 Description of Covered Services and the Evidence of Coverage.
- S. Services or supplies that are not Medically Necessary.
- T. Services not specifically listed in the Description of Covered Services 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).
- Z. Class III, Class IV and Class V services incurred during a Member's Benefit Waiting Period (optional).

# How Orthodontic Benefits are Paid

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The standard CareFirst orthodontia benefit, if included in the dental plan, covers orthodontic service until the end of the month in which a member reaches age 19, regardless of any treatment that may be in progress. Some plans do not cover orthodontic treatment at all. Your orthodontist will work with you to determine what treatment works best for you and your family.

**CareFirst does NOT reduce the lifetime maximum because of a previous dental carrier's payment to the service.**

On the following pages are examples of how orthodontic benefits are paid based on different circumstances. These scenarios assume a **Traditional Dental product** with a lifetime maximum benefit of \$1,200 and a \$3,000 allowed benefit for orthodontic treatment. If the member is receiving treatment from a participating orthodontist, the member and the plan will each pay 50 percent coinsurance of the allowed benefit, with the plan paying up to the orthodontic lifetime maximum benefit amount of \$1,200. The member is responsible for the difference between the lifetime maximum and the allowed benefit.



## How Orthodontic Benefits are Paid

### Scenario 1—New orthodontia treatment

The benefit for orthodontic treatment is provided in quarterly installments, and is determined on the anticipated length of treatment, as specified by the orthodontist. Orthodontists will submit one claim for the entire orthodontic course of treatment. Twenty-five percent of the member's lifetime maximum for orthodontic services will be paid upon the initial placement of the bands.

Payments of the remaining allowance will be divided into equal monthly amounts and paid

quarterly. Members seeking treatment from a participating orthodontist are responsible for the coinsurance percentage associated with the treatment; the amount of member liability should not exceed the CareFirst allowed benefit. The allowance for the comprehensive treatment will be determined at the time the appliance (e.g. braces, retainer, headgear, etc.) is placed; any increase in allowances that may occur during the course of treatment will not apply to orthodontic cases in progress.

#### Example #1—Participating orthodontist

The orthodontic treatment plan costs \$5,000 for 24 months.

|                                                    |         |                                                                                                                                             |
|----------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------|
| CareFirst's initial payment                        | \$300   | 25% of the member's orthodontic lifetime maximum, \$1,200.                                                                                  |
| CareFirst is responsible for the remaining payment | \$900   | 7 quarterly increments of \$117.39 ( $\$900 \div 23 \text{ months} \times 3 = \$117.39$ ) plus final payment of \$78.27 in the 8th quarter. |
| CareFirst allowed benefit                          | \$3,000 |                                                                                                                                             |
| The member will be liable for                      | \$1,800 | $\$3,000 \text{ allowed benefit} - \$1,200 = \$1,800$                                                                                       |

#### Example #2—Non-participating orthodontist

The orthodontic treatment plan costs \$5,000 for 24 months.

|                                                                              |         |                                                                                                                                             |
|------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------|
| CareFirst's initial payment                                                  | \$300   | 25% of the member's orthodontic lifetime maximum, \$1,200.                                                                                  |
| CareFirst is responsible for the remaining payment                           | \$900   | 7 quarterly increments of \$117.39 ( $\$900 \div 23 \text{ months} \times 3 = \$117.39$ ) plus final payment of \$78.27 in the 8th quarter. |
| The member will be liable for any charges in excess of the CareFirst payment | \$3,800 | $\$5,000 - \$1,200 = \$3,800$                                                                                                               |

## How Orthodontic Benefits are Paid

### Scenario 2—CareFirst coverage becomes effective after the start of an ongoing orthodontic treatment plan

Members enrolled after the placement of the appliance (e.g. braces, retainer, headgear, etc.) are eligible to receive orthodontia benefits for the treatment in progress. CareFirst will consider a benefit based on the cost of the remainder of the treatment plan. CareFirst will prorate an

orthodontic claim if the banding date is before the members' effective date. Providers will submit the total charges, banding date and number of treatment months for the treatment to be rendered. The prorated payments will be different dependent upon the length of treatment.

#### Example #1 — 36 month treatment plan, participating orthodontist

The orthodontic treatment plan costs \$5,000 for 36 months and the member had 20 months in treatment prior to CareFirst coverage effective date.

|                                                                                                 |            |                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly treatment plan cost                                                                     | \$138.89   | $\$5,000 \div 36 \text{ months} = \$138.89$                                                                                                                                                                                                                                                                                                               |
| Total amount CareFirst will not cover for benefit                                               | \$2,777.80 | $\$138.89 \times 20 \text{ months} = \$2,777.80$                                                                                                                                                                                                                                                                                                          |
| New total charge for benefit and what CareFirst and the member will pay over the next 16 months | \$2,222.20 | $\$5,000 - \$2,777.80 = \$2,222.20$<br>$\$2,222.20$ is less than the allowed benefit of \$3,000; therefore, CareFirst and the member share the total cost over the remaining 16 months of covered treatment (36 total months of treatment minus 20 months of coverage already received before CareFirst coverage effective date).                         |
| Total member is responsible for                                                                 | \$1,111.10 | Member is responsible for 50 percent coinsurance ( $\$2,222.20 \times 50\% = \$1,111.10$ )                                                                                                                                                                                                                                                                |
| Total amount CareFirst is responsible for                                                       | \$1,111.10 | Since the coinsurance is lower than the orthodontic lifetime maximum of \$1,200, CareFirst will pay the remaining balance, after the member pays 50 percent coinsurance. CareFirst will make an initial payment of \$69.44 ( $\$1,111.10 \div 16 \text{ months} = \$69.44$ ) and then 4 quarterly payments of \$208.32, plus a final payment of \$208.38. |

#### Example #2 — 24 month treatment plan, participating orthodontist

The orthodontic treatment plan costs \$5,000 for 24 months and the member had 20 months in treatment prior to CareFirst coverage effective date.

|                                                                                                |            |                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly treatment plan cost                                                                    | \$208.33   | $\$5,000 \div 24 \text{ months} = \$208.33$                                                                                                                                                                                                                                                                                    |
| Total amount CareFirst will not cover for benefit                                              | \$4,166.60 | $\$208.33 \times 20 \text{ months} = \$4,166.60$                                                                                                                                                                                                                                                                               |
| New total charge for benefit and what CareFirst and the member will pay over the next 4 months | \$833.40   | $\$5,000 - \$4,166.60 = \$833.40$<br>$\$833.40$ is less than the allowed benefit of \$3,000; therefore, CareFirst and the member share the total cost over the next 4 months of covered treatment (24 total months of treatment minus 20 months of coverage already received before CareFirst coverage effective date).        |
| Total member is responsible for                                                                | \$416.70   | Member is responsible for 50 percent coinsurance ( $\$833.40 \times 50\% = \$416.70$ )                                                                                                                                                                                                                                         |
| Total amount CareFirst is responsible for                                                      | \$416.70   | Since the coinsurance is lower than the orthodontic lifetime maximum of \$1,200, CareFirst will pay the remaining balance, after the member pays 50 percent coinsurance.<br><br>CareFirst will make an initial payment of \$104.18 ( $\$416.70 \div 4 \text{ months} = \$104.18$ ) and then one quarterly payment of \$312.52. |

This information applies to most standard insured Traditional Dental plans.  
This information does not apply to Affordable Care Act (ACA) plans.

# How Orthodontic Benefits are Paid

## Virginia—Limitations and Exclusions GHMSI Traditional Dental Group Contact (in addition to those found in the Evidence of Coverage)

### 1.1 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

### 1.2 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 Evidence 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

### Benefits issued under policy form numbers:

#### 1) Dental Freestanding/Non-Rider contract policy form numbers—Group Regional Traditional Dental:

Group Hospitalization and Medical Services, Inc.  
(DC jurisdiction): DC/CF/GC (R. 1/13), DC/CF/EOC/D-V  
(1/12), DC/CF/DO-DOCS (R. 10/11), DC/CF/DO-SOB  
(R. 1/04), DC/CF/ELIG (9/04) and any amendments.

CareFirst of Maryland, Inc. (MD Groups in CFMI Service Area): CFMI/51+/GC (R. 1/13) • CFMI/EOC/D-V (R. 10/11) • CFMI/DENTAL DOCS (R. 9/11) • CFMI/DENTAL SOB (7/09) • CFMI/ELIG/D-V (7/09) and any amendments.

Group Hospitalization and Medical Services, Inc. (MD Groups in GHMSI Service Area): MD/CF/GC (R. 1/13) • MD/CF/EOC/D-V (R. 10/11) • MD/CF/DENTAL DOCS (R. 9/11) • MD/CF/DO-SOB (7/03) • MD/CF/ELIG (R. 1/08) and any amendments.

Group Hospitalization and Medical Services, Inc. (Virginia): VA/CF/GC (R. 1/13) • VA/CF/EOC D-V (1/12) • VA/DN-DOCS (R. 10/11) • VA/CF/DO-SOB (R. 1/04) • VA/CF/ELIG (1/12); and any amendments.

#### 2) Dental Rider policy form numbers—Group Regional Traditional Dental:

CareFirst of Maryland, Inc. Dental Rider (MD Groups in CFMI Service Area): CFMI/51+/DENTAL RIDER (4/09);

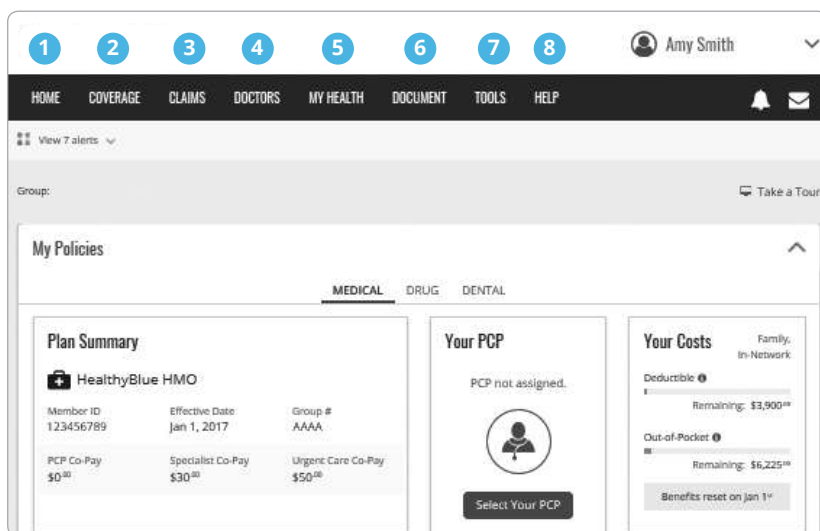
Group Hospitalization and Medical Services, Inc. Dental Riders: MD/CF/DENTAL RIDER (R. 4/08); DC/CF/DENTAL RIDER (R. 6/09);  
VA/CF/DN RDR (R. 6/09).

CareFirst BlueChoice, Inc. Dental Riders: MD/BC/DENTAL RIDER (R. 4/08); DC/BC/DENTAL RIDER (R. 6/09); VA/BC/DN RDR (R. 6/09).

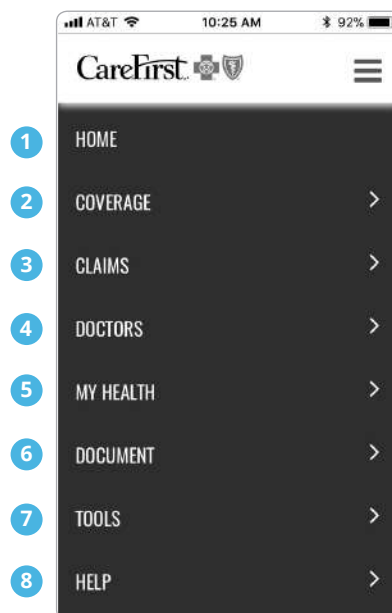
# My Account

Online access to your health care information

*My Account* makes it easier than ever to understand and manage personalized information about your benefits. Set up an account today! Go to **carefirst.com/acps** to create a username and password.



As viewed on a computer.



As viewed on a smartphone.

## My Account at a glance

### 1 Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details 👤 including password, username and email, or choose to receive materials electronically
- Send a secure message via the *Message Center* ✉
- Check *Alerts* 🔔 for important notifications

### 2 Coverage

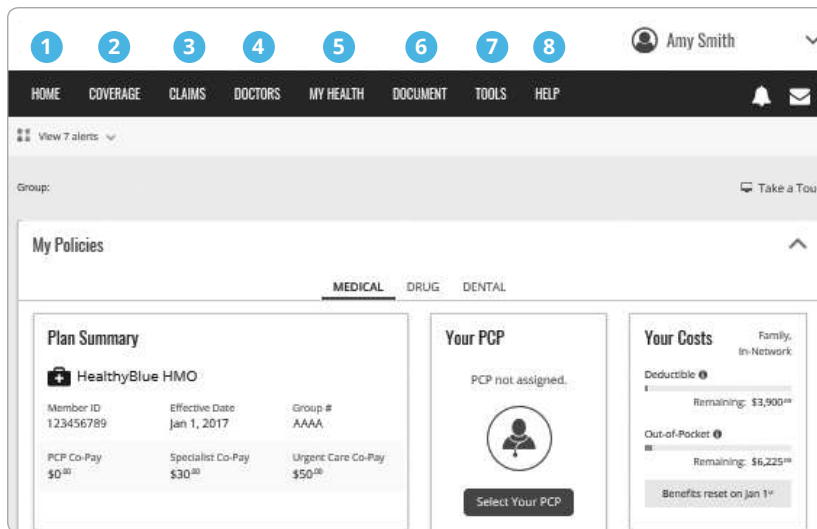
- Access your plan information—plus, see who is covered
- View, order or print member ID cards
- Order and refill prescriptions
- View prescription drug claims



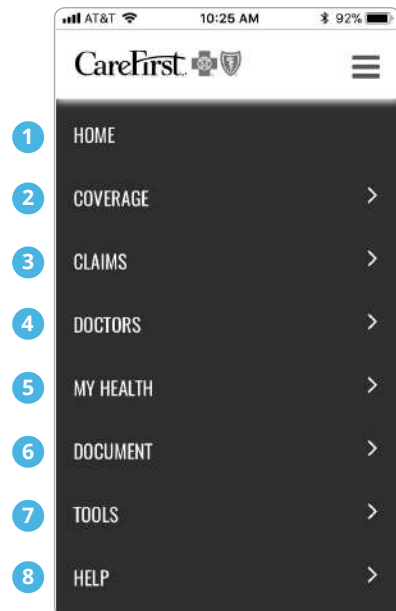
### Signing up is easy

Information included on your member ID card will be needed to set up your account.

- Visit [carefirst.com/acps](https://carefirst.com/acps)
- Select *Register Now*
- Create your username and password



As viewed on a computer.



As viewed on a smartphone.

### 3 Claims

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

### 4 Doctors

- Find in-network providers and facilities nationwide, including specialists
- Locate nearby pharmacies

### 5 My Health

- Access health and wellness discounts through Blue365

### 6 Documents

- Look up plan forms and documentation<sup>1</sup>

### 7 Tools

- Use the drug pricing tool to determine prescription costs

### 8 Help

- Find answers to many frequently asked questions
- Send a secure message or locate important phone numbers

<sup>1</sup> Only available when using a computer.

# Your Source For Health Care Information



## Benefits include:

- Easy access to *My Account*—check your plan's benefits, deductibles, copays and out-of-pocket costs
- Find a dentist or locate a pharmacy.
- Look up the details of your plan
- Download or print forms
- Check and compare your prescription costs to help you plan your pharmacy spending.
- Locate essential CareFirst phone numbers
- Learn about health and wellness resources available to you

**Visit [carefirst.com/acps](https://carefirst.com/acps) to find information about your health care plan that's personalized for you.**

# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

**If you need these services, please call 855-258-6518.**

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## Civil Rights Coordinator, Corporate Office of Civil Rights

|                  |                                                                                                |
|------------------|------------------------------------------------------------------------------------------------|
| Mailing Address  | P.O. Box 8894<br>Baltimore, Maryland 21224                                                     |
| Email Address    | <a href="mailto:civilrightscoordinator@carefirst.com">civilrightscoordinator@carefirst.com</a> |
| Telephone Number | 410-528-7820                                                                                   |
| Fax Number       | 410-505-2011                                                                                   |

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. 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.). The Blue Cross® and 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.

### Foreign Language Assistance

*Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.*

*አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኸን መረጃ የማግኘት እና ያለምንም ከፍተኛ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪገርድ ድረስ ንግግሩን መጠበቅ አለብዎት። አንድ ወኪል መልስ ሲሰጥዎት የሚፈልጉትን ቋንቋ ያሳውቁ፤ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።*

*Èdè Yorùbá (Yoruba) Ìtẹ̀lẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ. Ó le ní àwọn déètì pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèfẹ̀. Àwọn ọ̀mọ-ẹgbé gbódò pe nọmbà fòònú tò wà lẹ́yìn káàdì idánimọ̀ wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí títí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì sọ ọ̀ pọ̀ mó ògbufò kan.*

*Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.*

*Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang iyong insurance. Maaari itong maglaman ng mga pinakamahahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyologo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.*

*Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.*

*Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.*

## Notice of Nondiscrimination and Availability of Language Assistance Services

**हिन्दी (Hindi)** ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

**Bàsɔ̀-wùdù (Bassa)** Tò Dùù Cáo! Bǝ̀ nǝ̀ kɛ bá nyo bǝ̀ kɛ m̃ gbo kpá bó nì fùà-fùá-tiín nyɛɛ jɛ dyí. Bǝ̀ nǝ̀ kɛ bédé wé jéé bǝ̀ bɛ m̃ kɛ dɛ wa m̃ kɛ nyuɛɛ nyu hwɛ bɛ wé bɛa kɛ zi. ɔ̀ m̃ nì kpé bɛ m̃ kɛ bǝ̀ nǝ̀ kɛ kɛ gbo-kpá-kpá m̃ m̃ɛɛ dyé dɛ nì bídí-wùdù mú bɛ m̃ kɛ se wídí dɛ pɛ́ɛ. Kpooɔ̀ nyo bǝ̀ m̃ dǝ́ fùùn-nòbà nǝ̀ dɛ waà I.D. káàò dɛín nyɛ. Nyo tòò sɛín m̃ dǝ́ nòbà nǝ̀ kɛ: 855-258-6518, kɛ m̃ m̃ fò tee bɛ wa kɛ m̃ gbo cɛ́ bɛ m̃ kɛ nòbà m̃òà 0 kɛɛ dyi pàdàin hwɛ. ɔ̀ jǝ́ kɛ nyo dɛ dyi m̃ gǝ́ jǝ́in, po wuɔ̀ m̃ m̃ pɔɛ dyie, kɛ nyo dɛ mu bó nìin bɛ ɔ̀ kɛ nì wuɔ̀ mú zà.

**বাংলা (Bengali)** লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

**اردو (Urdu)** توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

**فارسی (Farsi)** توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

**اللغة العربية (Arabic)** تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

**中文繁体 (Traditional Chinese)** 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

## Notice of Nondiscrimination and Availability of Language Assistance Services

*Igbo (Igbo)* Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o buła. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asusu i choro, a ga-ejikọ gi na onye okowa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahólq bee éédahózin béeso ách'ááh naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyííligíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihj'. Aadóó náánáła' éi koji' dahódoonih 855-258-6518 dóó yii diiłts'ííł yaltí'ígíí t'áá níléijí áádóó éi bikéé'dóó naasbaas bił adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.



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