



2021 INDIVIDUAL DENTAL

Broker Training

NOVEMBER 2020

Proprietary and Confidential

Dental Overview – Typical Benefit Structure

Category	Description
Deductible	The amount that must be paid by an individual or family per benefit period before CareFirst begins to pay its portion of claims.
Annual Maximum	The total amount of benefits (in and out-of-network) that CareFirst will pay each eligible member per benefit period. (Does not include deductible, coinsurance or copayments the member pays to the dentist.) Once a member reaches the Annual Maximum, the member will be responsible for the provider's charges.
Preventive & Diagnostic Services (Class I)	Includes oral exams, routine cleaning (prophylaxis) and x-rays
Basic Services (Class II)	Includes fillings, simple extractions and gum treatments (periodontal scaling and root planning)
Major Services – Surgical (Class III)	Includes surgical dental procedures like root canal therapy (endodontics), surgical extractions and anesthesia
Major Services – Restorative (Class IV)	Includes dentures, crowns, implants and bridges
Orthodontic Services (Class V)	Includes orthodontic services
Lifetime Orthodontic Maximum	The total amount of benefits (in and out-of-network) that CareFirst will pay each eligible member for orthodontic services. CareFirst looks back at CareFirst member history only.

Delivering national access and industry leading discounts

- **Access to a nationwide network of providers**
 - PPO: Over 5,000 regional and 123,000 national providers (300,000 access points nationwide)¹
 - DHMO: Over 600 regional (regional network only)
- **Higher in-network utilization**
 - Nearly 90% of CareFirst dental members visit in-network providers²
 - This is due to the large number of general dentists, our deepest discounts, and plan designs
 - Industry average for use among in-network general dentists is 70-79%²
- **#1 for effective discounts²**
 - CareFirst's Net Effective discount, along with high in-network utilization, translates to savings
 - Savings range from 30-50% off billed charges when using in-network providers²
- **Robust plan design without all the limitations of our competitors**
 - Preventive and diagnostic services are covered in full when visiting a participating provider for most plans
 - No waiting periods
 - No limitations on pre-existing conditions or missing teeth exclusions
 - Coverage for composite fillings on all teeth
 - Less frequency limitations, including filling every 12 months, bitewing x-rays twice in 12 months, crowns, bridges, implants & dentures every 60 months
 - Coverage for fluoride and sealants up to age 19
- **World-class service**
 - 92% satisfaction among dental members (75% highly satisfied)³
 - Local Dedicated Dental Unit delivers all customer service, claims processing, provider service/recruitment

¹ Unique providers based on all participating providers. The Dental GRID+ is a service of GRID Dental Corporation which is an independent company offering access to dental provider network and services to CareFirst members. NovaNet is an independent company offering access to a dental provider network and services to CareFirst members.

² Out of 14 participants in the Dental Actuarial Analytics, LLC (formerly Ruark Consulting, LLC) 2018 Dental PPO Network Study. Based on a provider network's overall value, effective discounts are determined by claims and their associated discounts with no adjustments made for variations in plan designs. Based on plans sold in Maryland, Washington, D.C. and Northern Virginia.

³ CareFirst data.

CareFirst ranked #1 for effective discounts – 7 years in a row



Effective discounts measure the value of a carrier's network based on size, utilization and discounts.

CareFirst's Preferred Provider network plans ranked #1 for deepest effective discounts in MD, DC and VA with up to a 17% higher discount.



95%

of CareFirst's Preferred network providers are contracted at our deepest discount level.

Choosing the Best Plan

- **BlueDental Preferred**– National network access, comprehensive coverage, deepest discounts & richest benefits
- **Individual Select Preferred** – Regional network access, routine-only care, lower cost premium
- **Individual Select DHMO** – DHMO network access (in-network only), lowest cost premium, predictable copay structure, comprehensive coverage

Network Comparison by Product

Plan Name	Regional DHMO Network	Any Other Provider
Individual Select DHMO	In-network (\$) (\$)	No coverage (\$\$\$\$) (\$\$\$\$)

Plan Name	Regional Preferred Network	Preferred Provider Network (National)	Non-Preferred Providers
Individual Select Preferred	In-network (\$) (\$)	Out-of-network (\$\$\$) (\$\$\$)	Out-of-network (\$\$\$) (\$\$\$)
BlueDental Preferred	In-network (\$) (\$)	In-network (\$) (\$)	Out-of-network (\$\$\$) (\$\$\$)

Dental Product Portfolio Comparison

	BlueDental Preferred	Individual Select Preferred	Individual Select DHMO
National Access	✓		
Out-of-Network Coverage	✓	✓	
Coinsurance vs. Copays	Coinsurance	Coinsurance	Copay
Coverage for Preventive & Diagnostic Services (Class I)	✓	✓	✓
Coverage for Basic & Major Services (Classes II-IV)	✓		✓
Orthodontic Coverage (Class V)	Child only - must be medically necessary		Adult & Child

2021 Plan Availability

BlueDental Preferred continues to be available on and off-exchange, while ISP and DHMO are available off-exchange only.

Product Name	Available On Exchange			Available Off Exchange		
	MD	DC	VA	MD	DC	VA
Individual Select Preferred (ISP)				✓	✓	✓
Individual Select DHMO				✓	✓	✓
BlueDental Preferred High Option (ACA)	✓	✓		✓	✓	✓
BlueDental Preferred Low Option (ACA)	✓	✓		✓	✓	✓

2021 Plan Comparison

	Individual Select DHMO (In-Network Only)	Individual Select Preferred Dental (ISP)	BlueDental Preferred	
			High Option	Low Option
Benefit Waiting Periods	None	None	None	
Network	Over 600 providers in MD, DC, and Northern VA.	Over 5,000 providers in MD, DC, and Northern VA	Over 123,000 providers nationally and over 5,000 providers in MD, DC, and Northern VA	
Deductible	None	None	Individual: \$50 IN/\$100 OON Family: \$150 IN/\$300 OON Applies to Classes II, III, & IV	Individual: \$100 IN/\$200 OON Family: \$300 IN/\$600 OON Applies to Classes I-IV
Out-of-Pocket Maximum	No maximum	No maximum	Up to age 19: \$350 for 1 member, \$700 for 2+ members Over age 19: No maximum (for members up to age 19)	
Annual Maximum	No maximum	No maximum	Up to age 19: No maximum Over age 19: \$1,750 combined IN/OON (Class I –IV)	Up to age 19: No maximum Over age 19: \$1,250 combined IN/OON (Class I –IV)
In-Network Benefits	Copays per service	Coverage for Class I (Preventive & Diagnostic Services) only	Coverage for all classes of service Up to age 19: 100/80/80/50/50 Over age 19: 100/80/60/50	Coverage for all classes of service Up to age 19: 100/80/80/50/50 Over age 19: 100/80/60/35
Out-of-Network Benefits	No benefit	CareFirst Allowed Amount	Coverage for all classes of service Up to age 19: 80/60/60/35/35 Over age 19: 80/60/50/35	Coverage for all classes of service Up to age 19: 80/60/60/35/35 Over age 19: 80/60/50/25

2021 BlueDental Preferred Plan Details – ACA Compliant (up to age 19)

	BlueDental Preferred High Option		BlueDental Preferred Low Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual: \$50 Family: \$150 (applies to Classes II, III & IV)	Individual: \$100 Family: \$300 (applies to Classes II, III & IV)	Individual: \$100 Family: \$300 (applies to Classes I-IV)	Individual: \$200 Family: \$600 (applies to Classes I-IV)
Out-of-Pocket Maximum	\$350 for 1 member \$700 for 2+ members		\$350 for 1 member \$700 for 2+ members	
Preventive & Diagnostic Services (Class I)	No charge (no deductible)	20% of Allowed Benefit (no deductible)	No charge (after deductible)	20% of Allowed Benefit (after deductible)
Basic Services (Class II)	20% of Allowed Benefit ¹ (after deductible)	40% of Allowed Benefit (after deductible)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)
Major Services – Surgical (Class III)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)
Major Services – Restorative (Class IV)	50% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)	50% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)
Orthodontic Services (Class V) (Must be medically necessary) ²	50% of Allowed Benefit (no deductible)	65% of Allowed Benefit (no deductible)	50% of Allowed Benefit (no deductible)	65% of Allowed Benefit (no deductible)

Coverage of a Dependent child will terminate at the end of the month that the Dependent child reaches his/her 26th birthday. BlueDental Preferred (Low & High) plans include pediatric dental benefits for Members up to the end of the calendar year in which the Member turns age 19.

¹ CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

² Qualifications to be medically necessary vary by jurisdiction.

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

2021 BlueDental Preferred Plan Details – ACA Compliant (over age 19)

	BlueDental Preferred High Option		BlueDental Preferred Low Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual: \$50 Family: \$150 (applies to Classes II, III & IV)	Individual: \$100 Family: \$300 (applies to Classes II, III & IV)	Individual: \$100 Family: \$300 (applies to Classes I-IV)	Individual: \$200 Family: \$600 (applies to Classes I-IV)
Annual Maximum (applies to Classes I-IV)	\$1,750 combined IN/OON		\$1,250 combined IN/OON	
Preventive & Diagnostic Services (Class I)	No charge (no deductible)	20% of Allowed Benefit (no deductible)	No charge (after deductible)	20% of Allowed Benefit (after deductible)
Basic Services (Class II)	20% of Allowed Benefit ¹ (after deductible)	40% of Allowed Benefit (after deductible)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)
Major Services – Surgical (Class III)	40% of Allowed Benefit (after deductible)	50% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)	50% of Allowed Benefit (after deductible)
Major Services – Restorative (Class IV)	50% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)	75% of Allowed Benefit (after deductible)

Coverage of a Dependent child will terminate at the end of the month that the Dependent child reaches his/her 26th birthday. BlueDental Preferred (Low & High) plans include pediatric dental benefits for Members up to the end of the calendar year in which the Member turns age 19.

¹ CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

² Qualifications to be medically necessary vary by jurisdiction.

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

2021 BlueDental Preferred Plan Details – ACA Compliant (continued)

Comprehensive coverage from \$24 to \$49 per month

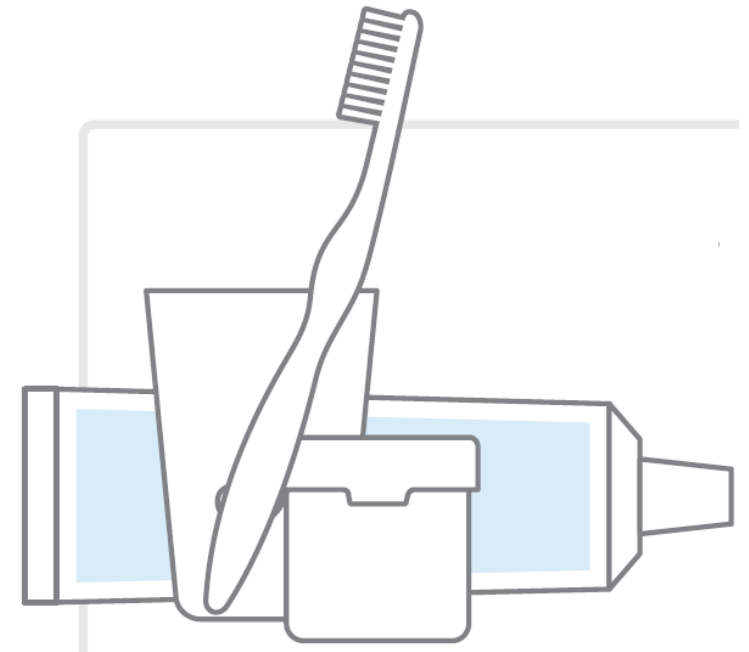
Key Features:

- Freedom of provider choice
- No requirement to select a Primary Care Dentist
- Large national provider network
- No referrals required
- No claim forms when using a participating provider
- Coverage for many services in all Dental Classes
- Pediatric dental benefits for members up to the end of the calendar year in which the member turns age 19 (federally mandated)

2021 BlueDental Preferred Monthly Rates				
Effective 1/1/21		MD	DC	VA
HIGH OPTION	0-20	\$44.05	\$33.28	\$44.21
	20+	\$44.50	\$43.01	\$49.25
LOW OPTION	0-20	\$34.02	\$24.19	\$34.02
	20+	\$36.20	\$34.39	\$40.51

High Option: No deductible for Preventive, richer benefits

Low Option: Lower premiums



2021 Individual Select Preferred (ISP) Plan Details

Basic coverage as low as \$29 per month

Key Features:

- Basic coverage for preventive & diagnostic services only
- Large provider network across MD, DC and Northern VA
- Freedom of provider choice
- No requirement to select a Primary Care Dentist
- No deductibles and no annual maximum
- No claim forms when using a participating provider

2021 Individual Select Preferred (ISP) Quarterly Rates			
Effective 1/1/21	MD	DC	VA
Individual	\$86.76	\$81.66	\$84.18
Indiv + Child(ren)	\$160.50	\$151.08	\$155.73
Indiv + Adult	\$173.52	\$163.32	\$168.36
Family	\$242.94	\$228.66	\$235.71

Individual Select Preferred (ISP)		
	In-Network	Out-of-Network
Deductible	None	None
Annual Maximum	None	None
Preventive & Diagnostic Services (Class I)	\$0	Member pays provider's full charge and submits claim to be reimbursed CareFirst's Allowed Benefit ¹ (Member is responsible for any difference between the CareFirst Allowed Benefit and the Dentist's billed charge.)
Basic & Major Services (Class II, II & IV)	Not covered	Not covered
Orthodontic Services (Class V)	Not covered	Not covered

¹ CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges. Summary of Exclusions: Not all services and procedures are covered by the benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

2021 DHMO Plan Details

Lowest cost plan, as low as \$16 per month

Key Features:

- Predictable out-of-pocket costs with set copays
- Must select a Primary Care Dentist from DHMO network
- One copay per office visit for preventive, diagnostic and basic dental services, including exams, cleanings, X-rays, sealants, and simple extractions
- One copay per office visit for soft tissue management services (periodontics)
- No deductibles, claim forms, or annual maximums
- Orthodontia for children and adults

2021 Individual DHMO Quarterly Rates			
Effective 1/1/21	MD	DC	VA
Individual	\$47.85	\$56.40	\$57.87
Indiv + Child(ren)	\$88.53	\$104.34	\$107.07
Indiv + Adult	\$95.70	\$112.80	\$115.74
Family	\$133.98	\$157.92	\$162.03

Individual DHMO	
	In-Network
Deductible	None
Annual Maximum	None
Preventive & Diagnostic Services (Class I)	\$20 copay per office visit
Basic Services (Class II)	\$20-\$70 copay per office visit
Major Services Surgical (Class III)	Copays per service
Major Services Restorative (Class IV)	Copays per service
Orthodontic Services (Class V)	Child: \$2,500 per member Adult: \$2,700 per member
Orthodontic Lifetime Maximum	None

Dental Billing Options

- Members will have the option to choose the billing cycle for their premium. For each of the Dental Products the options are as follows:
 - **BlueDental Preferred Off Exchange** plans offers billing both **Quarterly or Annually** in MD, DC & VA
 - **BlueDental Preferred On Exchange** plans in MD & DC can be billed **Monthly**
 - **Individual Select Preferred** offers billing both **Quarterly or Annually** in MD, DC, & VA
 - **Individual Select Dental HMO** offers billing both **Quarterly or Annually** in MD, DC & VA

Dental Enrollment Guidelines

	Dental Product	Jurisdiction Availability	Pediatric Dental Benefits (ACA)	Benefit Period	Rating Structure	Initial Premium Payment Required	Billing Options	Effective Date Cut Off	Reinstatement Process
ON EXCHANGE	BlueDental Preferred	All	Yes	Calendar	Member Level	Yes	Monthly	20 th of the month rule through year or during ACA OE	MD: No wait to reapply DC/VA: If policy terms voluntarily, must wait 12 consecutive months to reapply and must qualify for SEP or during annual ACA OE*
OFF EXCHANGE	BlueDental Preferred	All	Yes	Calendar	Member Level	Yes	Annual/ Quarterly	20 th of the month rule through year or during ACA OE	If the policy terms voluntarily, must wait 12 consecutive months to reapply and must qualify for LOEP or during annual ACA OE*
	Individual Select Preferred Dental	All	No	Contract	Tiered	Yes	Annual/ Quarterly	20 th of the month rule	Can reapply anytime
	Individual Select DHMO	All	No	Contract	Tiered	Yes	Annual/ Quarterly	20 th of the month rule	Can reapply anytime



THANK YOU

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