

BlueDental Basic

Monthly Premium for Groups with 1-50 Employees

Quarter 2 - April 1, 2023 to June 31, 2023

MARYLAND

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
BlueDental Basic	In Network - 100 / 80 / 0 / 0% \$25/\$75 Ded; \$1,000 Max	\$20.65	\$49.56	\$41.30	\$80.54
Voluntary BlueDental Basic	In Network - 100 / 80 / 0 / 0% \$25/\$75 Ded; \$1,000 Max	\$24.37	\$58.49	\$48.74	\$95.04

DISTRICT OF COLUMBIA

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
BlueDental Basic	In Network - 100 / 80 / 0 / 0% \$25/\$75 Ded; \$1,000 Max	\$22.34	\$53.62	\$44.68	\$87.13
Voluntary BlueDental Basic	In Network - 100 / 80 / 0 / 0% \$25/\$75 Ded; \$1,000 Max	\$26.36	\$63.26	\$52.72	\$102.80

VIRGINIA

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
BlueDental Basic	In Network - 100 / 80 / 0 / 0% \$25/\$75 Ded; \$1,000 Max	\$22.08	\$52.99	\$44.16	\$86.11
Voluntary BlueDental Basic	In Network - 100 / 80 / 0 / 0% \$25/\$75 Ded; \$1,000 Max	\$26.05	\$62.52	\$52.10	\$101.60

Base rates effective January 1, 2023

This is not a quote. CareFirst reserves the right to revise the rates if applicable law or regulatory authority requires such revisions. See benefit summary for plan details.

AGE BAND RATING DOES NOT APPLY

Revised 2/3/2023

