

# BlueDental Basic

Monthly Premium for Groups with 1-50 Employees  
Quarter 1 - January 1, 2023 to March 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 10/26/22

