

## BlueDental Plus

Monthly Premium for Groups with 1-50 Employees  
Quarter 2 - April 1, 2023 to June 30, 2023

### MARYLAND

#### Employer-Sponsored - Out-of-Network, PPO Fee Schedule

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$32.35	\$77.64	\$64.70	\$126.17
Plan 1 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$33.99	\$81.58	\$67.98	\$132.56
Plan 2	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$31.67	\$76.01	\$63.34	\$123.51
Plan 2 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$33.31	\$79.94	\$66.62	\$129.91
Plan 3	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$31.33	\$75.19	\$62.66	\$122.19
Plan 3 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$32.97	\$79.13	\$65.94	\$128.58
Plan 4	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$30.62	\$73.49	\$61.24	\$119.42
Plan 4 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$32.26	\$77.42	\$64.52	\$125.81
Plan 5	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$33.99	\$81.58	\$67.98	\$132.56
Plan 5 w/\$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$35.63	\$85.51	\$71.26	\$138.96
Plan 6	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$33.20	\$79.68	\$66.40	\$129.48
Plan 6 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$34.84	\$83.62	\$69.68	\$135.88
Plan 7	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$32.46	\$77.90	\$64.92	\$126.59
Plan 7 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$34.10	\$81.84	\$68.20	\$132.99
Plan 8	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$31.65	\$75.96	\$63.30	\$123.44
Plan 8 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$33.29	\$79.90	\$66.58	\$129.83

#### Employer-Sponsored - Out-of-Network, 90 Fee Schedule

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$39.24	\$94.18	\$78.48	\$153.04
Plan 1 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$40.88	\$98.11	\$81.76	\$159.43
Plan 2	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$37.90	\$90.96	\$75.80	\$147.81
Plan 2 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$39.54	\$94.90	\$79.08	\$154.21
Plan 3	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$38.11	\$91.46	\$76.22	\$148.63
Plan 3 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$39.75	\$95.40	\$79.50	\$155.03
Plan 4	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$36.72	\$88.13	\$73.44	\$143.21
Plan 4 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$38.36	\$92.06	\$76.72	\$149.60
Plan 5	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$41.45	\$99.48	\$82.90	\$161.66
Plan 5 w/\$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$43.09	\$103.42	\$86.18	\$168.05
Plan 6	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$39.91	\$95.78	\$79.82	\$155.65
Plan 6 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$41.55	\$99.72	\$83.10	\$162.05
Plan 7	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$39.74	\$95.38	\$79.48	\$154.99
Plan 7 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$41.38	\$99.31	\$82.76	\$161.38
Plan 8	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$38.11	\$91.46	\$76.22	\$148.63
Plan 8 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$39.75	\$95.40	\$79.50	\$155.03

#### Voluntary - PPO Fee Schedule ONLY

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$38.17	\$91.61	\$76.34	\$148.86
Plan 1 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$40.11	\$96.26	\$80.22	\$156.43
Plan 2	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$37.37	\$89.69	\$74.74	\$145.74
Plan 2 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$39.31	\$94.34	\$78.62	\$153.31
Plan 3	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$36.97	\$88.73	\$73.94	\$144.18
Plan 3 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$38.90	\$93.36	\$77.80	\$151.71
Plan 4	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$36.13	\$86.71	\$72.26	\$140.91
Plan 4 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$38.07	\$91.37	\$76.14	\$148.47
Plan 5	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$40.11	\$96.26	\$80.22	\$156.43
Plan 5 w/\$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$42.04	\$100.90	\$84.08	\$163.96
Plan 6	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$39.18	\$94.03	\$78.36	\$152.80
Plan 6 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$41.11	\$98.66	\$82.22	\$160.33
Plan 7	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$38.30	\$91.92	\$76.60	\$149.37
Plan 7 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$40.24	\$96.58	\$80.48	\$156.94
Plan 8	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$37.35	\$89.64	\$74.70	\$145.67
Plan 8 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$39.28	\$94.27	\$78.56	\$153.19

#### 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

## BlueDental Plus

Monthly Premium for Groups with 1-50 Employees  
Quarter 2 - April 1, 2023 to June 30, 2023

### DISTRICT OF COLUMBIA

#### Employer-Sponsored - Out-of-Network, PPO Fee Schedule

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$35.23	\$84.55	\$70.46	\$137.40
Plan 1 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$37.15	\$89.16	\$74.30	\$144.89
Plan 2	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$34.49	\$82.78	\$68.98	\$134.51
Plan 2 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$36.41	\$87.38	\$72.82	\$142.00
Plan 3	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$34.11	\$81.86	\$68.22	\$133.03
Plan 3 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$36.03	\$86.47	\$72.06	\$140.52
Plan 4	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$33.34	\$80.02	\$66.68	\$130.03
Plan 4 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$35.26	\$84.62	\$70.52	\$137.51
Plan 5	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$37.01	\$88.82	\$74.02	\$144.34
Plan 5 w/\$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$38.93	\$93.43	\$77.86	\$151.83
Plan 6	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$36.14	\$86.74	\$72.28	\$140.95
Plan 6 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$38.06	\$91.34	\$76.12	\$148.43
Plan 7	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$35.34	\$84.82	\$70.68	\$137.83
Plan 7 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$37.26	\$89.42	\$74.52	\$145.31
Plan 8	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$34.45	\$82.68	\$68.90	\$134.36
Plan 8 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$36.37	\$87.29	\$72.74	\$141.84

#### Employer-Sponsored - Out-of-Network, 90 Fee Schedule

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$40.53	\$97.27	\$81.06	\$158.07
Plan 1 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$42.45	\$101.88	\$84.90	\$165.56
Plan 2	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$39.13	\$93.91	\$78.26	\$152.61
Plan 2 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$41.05	\$98.52	\$82.10	\$160.10
Plan 3	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$39.33	\$94.39	\$78.66	\$153.39
Plan 3 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$41.25	\$99.00	\$82.50	\$160.88
Plan 4	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$37.89	\$90.94	\$75.78	\$147.77
Plan 4 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$39.81	\$95.54	\$79.62	\$155.26
Plan 5	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$42.78	\$102.67	\$85.56	\$166.84
Plan 5 w/\$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$44.70	\$107.28	\$89.40	\$174.33
Plan 6	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$41.18	\$98.83	\$82.36	\$160.60
Plan 6 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$43.10	\$103.44	\$86.20	\$168.09
Plan 7	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$41.02	\$98.45	\$82.04	\$159.98
Plan 7 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$42.94	\$103.06	\$85.88	\$167.47
Plan 8	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$39.33	\$94.39	\$78.66	\$153.39
Plan 8 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$41.25	\$99.00	\$82.50	\$160.88

#### Voluntary - PPO Fee Schedule ONLY

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$41.57	\$99.77	\$83.14	\$162.12
Plan 1 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$43.84	\$105.22	\$87.68	\$170.98
Plan 2	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$40.70	\$97.68	\$81.40	\$158.73
Plan 2 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$42.96	\$103.10	\$85.92	\$167.54
Plan 3	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$40.25	\$96.60	\$80.50	\$156.98
Plan 3 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$42.52	\$102.05	\$85.04	\$165.83
Plan 4	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$39.34	\$94.42	\$78.68	\$153.43
Plan 4 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$41.61	\$99.86	\$83.22	\$162.28
Plan 5	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$43.67	\$104.81	\$87.34	\$170.31
Plan 5 w/\$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$45.94	\$110.26	\$91.88	\$179.17
Plan 6	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$42.65	\$102.36	\$85.30	\$166.34
Plan 6 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$44.91	\$107.78	\$89.82	\$175.15
Plan 7	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$41.70	\$100.08	\$83.40	\$162.63
Plan 7 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$43.97	\$105.53	\$87.94	\$171.48
Plan 8	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$40.65	\$97.56	\$81.30	\$158.54
Plan 8 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$42.92	\$103.01	\$85.84	\$167.39

#### 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

## BlueDental Plus

Monthly Premium for Groups with 1-50 Employees  
Quarter 2 - April 1, 2023 to June 30, 2023

### VIRGINIA

#### Employer-Sponsored - Out-of-Network, PPO Fee Schedule

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$37.42	\$89.81	\$74.84	\$145.94
Plan 1 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$39.07	\$93.77	\$78.14	\$152.37
Plan 2	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$36.63	\$87.91	\$73.26	\$142.86
Plan 2 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$38.28	\$91.87	\$76.56	\$149.29
Plan 3	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$36.23	\$86.95	\$72.46	\$141.30
Plan 3 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$37.88	\$90.91	\$75.76	\$147.73
Plan 4	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$35.41	\$84.98	\$70.82	\$138.10
Plan 4 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$37.06	\$88.94	\$74.12	\$144.53
Plan 5	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$39.31	\$94.34	\$78.62	\$153.31
Plan 5 w/\$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$40.96	\$98.30	\$81.92	\$159.74
Plan 6	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$38.38	\$92.11	\$76.76	\$149.68
Plan 6 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$40.03	\$96.07	\$80.06	\$156.12
Plan 7	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$37.53	\$90.07	\$75.06	\$146.37
Plan 7 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$39.18	\$94.03	\$78.36	\$152.80
Plan 8	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$36.59	\$87.82	\$73.18	\$142.70
Plan 8 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$38.24	\$91.78	\$76.48	\$149.14

#### Employer-Sponsored - Out-of-Network, 90 Fee Schedule

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$43.46	\$104.30	\$86.92	\$169.49
Plan 1 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$45.11	\$108.26	\$90.22	\$175.93
Plan 2	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$41.96	\$100.70	\$83.92	\$163.64
Plan 2 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$43.61	\$104.66	\$87.22	\$170.08
Plan 3	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$42.19	\$101.26	\$84.38	\$164.54
Plan 3 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$43.84	\$105.22	\$87.68	\$170.98
Plan 4	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$40.63	\$97.51	\$81.26	\$158.46
Plan 4 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$42.28	\$101.47	\$84.56	\$164.89
Plan 5	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$45.89	\$110.14	\$91.78	\$178.97
Plan 5 w/\$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$47.54	\$114.10	\$95.08	\$185.41
Plan 6	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$44.17	\$106.01	\$88.34	\$172.26
Plan 6 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$45.82	\$109.97	\$91.64	\$178.70
Plan 7	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$44.00	\$105.60	\$88.00	\$171.60
Plan 7 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$45.65	\$109.56	\$91.30	\$178.04
Plan 8	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$42.19	\$101.26	\$84.38	\$164.54
Plan 8 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$43.84	\$105.22	\$87.68	\$170.98

#### Voluntary - PPO Fee Schedule ONLY

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$44.16	\$105.98	\$88.32	\$172.22
Plan 1 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$46.10	\$110.64	\$92.20	\$179.79
Plan 2	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$43.22	\$103.73	\$86.44	\$168.56
Plan 2 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$45.17	\$108.41	\$90.34	\$176.16
Plan 3	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$42.75	\$102.60	\$85.50	\$166.73
Plan 3 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$44.70	\$107.28	\$89.40	\$174.33
Plan 4	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$41.78	\$100.27	\$83.56	\$162.94
Plan 4 w/\$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,500 Max	\$43.73	\$104.95	\$87.46	\$170.55
Plan 5	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$46.39	\$111.34	\$92.78	\$180.92
Plan 5 w/\$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$48.33	\$115.99	\$96.66	\$188.49
Plan 6	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$45.29	\$108.70	\$90.58	\$176.63
Plan 6 w/ \$1,500 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$2,000 Max	\$47.24	\$113.38	\$94.48	\$184.24
Plan 7	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$44.29	\$106.30	\$88.58	\$172.73
Plan 7 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$46.23	\$110.95	\$92.46	\$180.30
Plan 8	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$43.18	\$103.63	\$86.36	\$168.40
Plan 8 w/ \$1,500 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$2,000 Max	\$45.12	\$108.29	\$90.24	\$175.97

#### Base rates effective January 1, 2022

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