

## BlueDental Plus

Monthly Premium for Groups with 1-50 Employees  
Quarter 1 - January 1, 2023 to March 31, 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 10/26/22

## BlueDental Plus

Monthly Premium for Groups with 1-50 Employees  
Quarter 1 - January 1, 2023 to March 31, 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 10/26/22

## BlueDental Plus

Monthly Premium for Groups with 1-50 Employees  
Quarter 1 - January 1, 2023 to March 31, 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, 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