

## Preferred Dental

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

### MARYLAND

#### Employer-Sponsored

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$20.82	\$49.97	\$41.64	\$81.20
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$23.13	\$55.51	\$46.26	\$90.21
Plan 2	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$26.60	\$63.84	\$53.20	\$103.74
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$28.91	\$69.38	\$57.82	\$112.75
Plan 3	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$28.92	\$69.41	\$57.84	\$112.79
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$31.23	\$74.95	\$62.46	\$121.80
Plan 4	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$30.07	\$72.17	\$60.14	\$117.27
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$32.38	\$77.71	\$64.76	\$126.28

#### Voluntary

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$22.02	\$52.85	\$44.04	\$85.88
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$24.22	\$58.13	\$48.44	\$94.46
Plan 2	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$29.73	\$71.35	\$59.46	\$115.95
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$31.93	\$76.63	\$63.86	\$124.53
Plan 3	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$31.93	\$76.63	\$63.86	\$124.53
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$34.13	\$81.91	\$68.26	\$133.11
Plan 4	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$34.13	\$81.91	\$68.26	\$133.11
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$36.33	\$87.19	\$72.66	\$141.69

#### 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

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### DISTRICT OF COLUMBIA

#### Employer-Sponsored

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$22.95	\$55.08	\$45.90	\$89.51
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$25.14	\$60.34	\$50.28	\$98.05
Plan 2	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$27.33	\$65.59	\$54.66	\$106.59
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$29.52	\$70.85	\$59.04	\$115.13
Plan 3	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$27.33	\$65.59	\$54.66	\$106.59
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$29.52	\$70.85	\$59.04	\$115.13
Plan 4	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$29.51	\$70.82	\$59.02	\$115.09
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$31.70	\$76.08	\$63.40	\$123.63

#### Voluntary

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$28.42	\$68.21	\$56.84	\$110.84
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$30.61	\$73.46	\$61.22	\$119.38
Plan 2	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$30.60	\$73.44	\$61.20	\$119.34
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$32.79	\$78.70	\$65.58	\$127.88
Plan 3	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$31.70	\$76.08	\$63.40	\$123.63
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$33.89	\$81.34	\$67.78	\$132.17
Plan 4	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$34.98	\$83.95	\$69.96	\$136.42
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$37.17	\$89.21	\$74.34	\$144.96

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Revised 2/3/2023

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### VIRGINIA

#### Employer-Sponsored

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$24.13	\$57.91	\$48.26	\$94.11
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$26.32	\$63.17	\$52.64	\$102.65
Plan 2	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$28.52	\$68.45	\$57.04	\$111.23
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$30.71	\$73.70	\$61.42	\$119.77
Plan 3	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$28.52	\$68.45	\$57.04	\$111.23
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$30.71	\$73.70	\$61.42	\$119.77
Plan 4	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$30.72	\$73.73	\$61.44	\$119.81
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$32.91	\$78.98	\$65.82	\$128.35

#### Voluntary

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$28.52	\$68.45	\$57.04	\$111.23
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$25/\$ 75 Ded; \$1,000 Max	\$30.71	\$73.70	\$61.42	\$119.77
Plan 2	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$31.81	\$76.34	\$63.62	\$124.06
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$25/\$75 Ded; \$1,000 Max	\$34.00	\$81.60	\$68.00	\$132.60
Plan 3	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$35.10	\$84.24	\$70.20	\$136.89
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,000 Max	\$37.29	\$89.50	\$74.58	\$145.43
Plan 4	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$36.20	\$86.88	\$72.40	\$141.18
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$25/\$75 Ded; \$1,500 Max	\$38.39	\$92.14	\$76.78	\$149.72

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