

Preferred Dental

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

Preferred Dental

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

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 10/31/22

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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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