

## Traditional 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% \$50/\$ 150 Ded \$1,000 Max	\$22.86	\$54.86	\$45.72	\$89.15
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$24.93	\$59.83	\$49.86	\$97.23
Plan 2	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$30.14	\$72.34	\$60.28	\$117.55
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$32.21	\$77.30	\$64.42	\$125.62
Plan 3	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$31.18	\$74.83	\$62.36	\$121.60
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$33.25	\$79.80	\$66.50	\$129.68
Plan 4	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$34.30	\$82.32	\$68.60	\$133.77
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$36.37	\$87.29	\$72.74	\$141.84

#### Voluntary

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$26.31	\$63.14	\$52.62	\$102.61
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$28.33	\$67.99	\$56.66	\$110.49
Plan 2	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$34.41	\$82.58	\$68.82	\$134.20
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$36.43	\$87.43	\$72.86	\$142.08
Plan 3	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$36.43	\$87.43	\$72.86	\$142.08
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$38.45	\$92.28	\$76.90	\$149.96
Plan 4	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$38.46	\$92.30	\$76.92	\$149.99
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$40.48	\$97.15	\$80.96	\$157.87

#### 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

## Traditional 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% \$50/\$ 150 Ded \$1,000 Max	\$29.09	\$69.82	\$58.18	\$113.45
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$31.33	\$75.19	\$62.66	\$122.19
Plan 2	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$32.45	\$77.88	\$64.90	\$126.56
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$34.69	\$83.26	\$69.38	\$135.29
Plan 3	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$33.57	\$80.57	\$67.14	\$130.92
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$35.81	\$85.94	\$71.62	\$139.66
Plan 4	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$35.81	\$85.94	\$71.62	\$139.66
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$38.05	\$91.32	\$76.10	\$148.40

#### Voluntary

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$33.57	\$80.57	\$67.14	\$130.92
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$35.81	\$85.94	\$71.62	\$139.66
Plan 2	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$38.05	\$91.32	\$76.10	\$148.40
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$40.29	\$96.70	\$80.58	\$157.13
Plan 3	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$39.17	\$94.01	\$78.34	\$152.76
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$41.41	\$99.38	\$82.82	\$161.50
Plan 4	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$43.64	\$104.74	\$87.28	\$170.20
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$45.88	\$110.11	\$91.76	\$178.93

#### 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

## Traditional Dental

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

### VIRGINIA

#### Employer-Sponsored

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$28.05	\$67.32	\$56.10	\$109.40
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$30.21	\$72.50	\$60.42	\$117.82
Plan 2	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$33.45	\$80.28	\$66.90	\$130.46
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$35.61	\$85.46	\$71.22	\$138.88
Plan 3	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$34.53	\$82.87	\$69.06	\$134.67
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$36.69	\$88.06	\$73.38	\$143.09
Plan 4	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$35.61	\$85.46	\$71.22	\$138.88
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$37.77	\$90.65	\$75.54	\$147.30

#### Voluntary

OPTION NUMBER	BENEFIT DESCRIPTION	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
Plan 1	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$34.53	\$82.87	\$69.06	\$134.67
Plan 1 w/ \$1,200 Ortho Max	80 / 50 / 50 / 50% \$50/\$ 150 Ded \$1,000 Max	\$36.69	\$88.06	\$73.38	\$143.09
Plan 2	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$39.92	\$95.81	\$79.84	\$155.69
Plan 2 w/ \$1,200 Ortho Max	100 / 80 / 50 / 50% \$50/\$150 Ded \$1,000 Max	\$42.08	\$100.99	\$84.16	\$164.11
Plan 3	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$39.92	\$95.81	\$79.84	\$155.69
Plan 3 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,000 Max	\$42.08	\$100.99	\$84.16	\$164.11
Plan 4	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$42.08	\$100.99	\$84.16	\$164.11
Plan 4 w/ \$1,200 Ortho Max	100 / 80 / 80 / 50% \$50/\$150 Ded \$1,500 Max	\$44.24	\$106.18	\$88.48	\$172.54

#### 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