

# BlueDHMO \$0 Member Copay Summary

ADA Code	ADA Description	Copay
	Office visit—all appointments	\$0
<b>0100-0999</b>	<b>Diagnostic</b>	
	<b>Clinical oral evaluations</b>	
0120	Periodic oral evaluation—established patient (once every 6 months)	\$0
0140	Limited oral evaluation—problem focused	\$0
0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
0150	Comprehensive oral evaluation—new or established patient	\$0
0160	Detailed and extensive oral evaluation—problem focused, by report	\$0
0170	Re-evaluation—limited, problem focused (established patient, not post-operative visit)	\$0
0171	Re-evaluation—post operative office visit	\$0
0180	Comprehensive periodontal evaluation—new or established patient	\$0
	<b>Diagnostic imaging</b>	
0210	Intraoral—complete series of radiographic images	\$0
0220	Intraoral periapical—first film	\$0
0230	Intraoral periapical—each additional film	\$0
0240	Intraoral occlusal film	\$0
0270	Bitewing—single film	\$0
0272	Bitewing—two films	\$0
0273	Bitewing—three films	\$0
0274	Bitewing—four films	\$0
0277	Vertica bitewings—7 to 8 films	\$0
0330	Panoramic film	\$0
0340	Cephalometric radiographic image	\$0
0350	2D oral/facial photographic image obtained intraorally or extra-orally	\$0
0351	3D photographic image	\$0
	<b>Tests and examinations</b>	
0460	Pulp vitality tests	\$0
0470	Diagnostic casts	\$0
<b>1000-1999</b>	<b>Preventive</b>	
	<b>Dental prophylaxis (routine cleaning)</b>	
1110	Prophylaxis—adult	\$0
1120	Prophylaxis—child	\$0
	<b>Topical fluoride treatment</b>	
1206	Topical application of fluoride varnish up to 19th birthday	\$0
1208	Topical application of fluoride	\$0
	<b>Other preventive services</b>	

ADA Code	ADA Description	Copay
1330	Oral hygiene instructions	\$0
1351	Sealant—per tooth	\$0
1353	Sealant repair—per tooth	\$0
	<b>Space maintenance (passive appliances)</b>	
1510	Space maintainer—fixed—unilateral	\$80
1515	Space maintainer—fixed—bilateral	\$115
1520	Space maintainer—removable—unilateral	\$80
1525	Space maintainer—removable—bilateral	\$120
1550	Recementation of space maintainer	\$0
1555	Removal of fixed space maintainer	\$25
<b>2000-2999</b>	<b>Restorative</b>	
	<b>Amalgam restorations</b>	
2140	Amalgam, one surface—primary or permanent	\$0
2150	Amalgam, two surfaces—primary or permanent	\$0
2160	Amalgam, three surfaces—primary or permanent	\$0
2161	Amalgam, four or more surfaces—primary or permanent	\$0
	<b>Resin-based composite restorations</b>	
2330	Resin-based composite—one surface, anterior	\$0
2331	Resin-based composite—two surfaces, anterior	\$0
2332	Resin-based composite—three surfaces, anterior	\$0
2335	Resin-based composite—four or more surfaces or involving incisal angle (anterior)	\$60
2390	Resin-based composite crown, anterior	\$90
2391	Resin-based composite—one surface, posterior	\$40
2392	Resin-based composite—two surfaces, posterior	\$50
2393	Resin-based composite—three surfaces, posterior	\$60
2394	Resin-based composite—four or more surfaces, posterior	\$70
	<b>Inlay / onlay restorations</b>	
2510	Inlay—metallic—one surface	\$175
2520	Inlay—metallic—two surfaces	\$210
2530	Inlay—metallic—three or more surfaces	\$230
2543	Onlay—metallic—three surfaces	\$260
2544	Onlay—metallic—four or more surfaces	\$290
2610	Inlay—porcelain/ceramic—one surface	\$210
2620	Inlay—porcelain/ceramic—two surfaces	\$210
	<b>Crowns—single restoration</b>	
2710	Crown—resin-based composite (indirect)	\$160
2740	Crown—porcelain/ceramic substrate	\$345
2750	Crown—porcelain fused to high noble metal	\$350
2751	Crown—porcelain fused to predominantly base metal	\$330

ADA Code	ADA Description	Copay
2752	Crown—porcelain fused to noble metal	\$340
2790	Crown—full cast high noble metal	\$320
2791	Crown—full cast predominantly base	\$300
2792	Crown—full cast noble metal	\$310
2799	Provisional crown—further treatment or completion of diagnosis necessary prior to final impression	\$80
	<b>Other restorative services</b>	
2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$20
2920	Re-cement or re-bond crown	\$20
2921	Reattachment of tooth fragment, incisal edge or cusp	\$60
2930	Prefabricated stainless steel crown—primary tooth	\$70
2931	Prefabricated stainless steel crown—permanent tooth	\$70
2933	Prefabricated stainless steel crown with resin window	\$80
2940	Protective restoration	\$20
2941	Interim therapeutic restoration—primary dentition	\$25
2950	Core buildup, including any pins when required	\$65
2951	Pin retention—per tooth, in addition to restoration	\$10
2952	Post and core in addition to crown, indirectly fabricated	\$110
2953	Each additional indirectly fabricated post—same tooth	\$50
2954	Prefabricated post and core in addition to crown	\$70
2957	Each additional prefabricated post—same tooth	\$30
2970	Temporary crown (fractured tooth)	\$80
<b>3000-3999</b>	<b>Endodontics</b>	
	<b>Pulp capping</b>	
3110	Pulp cap—direct (excluding final restoration)	\$10
3120	Pulp cap—indirect (excluding final restoration)	\$15
	<b>Pulpotomy</b>	
3220	Therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to the dentinocemental junction and application of medicament	\$40
3221	Pulpal debridement, primary and permanent teeth	\$35
	<b>Endodontic therapy</b>	
3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	\$50
3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	\$60
3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$190
3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$240
3330	Endodontic therapy, molar (excluding final restoration)	\$310

ADA Code	ADA Description	Copay
3331	Treatment of root canal obstruction; non-surgical access	\$35
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$125
	<b>Endodontic retreatment</b>	
3346	Retreatment of previous root canal therapy—anterior	\$250
3347	Retreatment of previous root canal therapy—bicuspid	\$310
3348	Retreatment of previous root canal therapy—molar	\$390
	<b>Apicoectomy periradicular services</b>	
3410	Apicoectomy—anterior	\$190
3421	Apicoectomy—bicuspid (first root)	\$175
3425	Apicoectomy—molar (first root)	\$225
3426	Apicoectomy—each additional root	\$85
3427	Periradicular surgery without apicoectomy	\$150
3428	Bone graft in conjunction with periradicular surgery—per tooth, single site	\$315
3429	Bone graft in conjunction with periradicular surgery—each additional contiguous tooth in the same surgical site	\$120
3430	Retrograde filling—per root	\$70
3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$270
3450	Root amputation—per root	\$80
	<b>Other endodontic procedures</b>	
3910	Surgical procedure for isolation of tooth with rubber dam	\$70
3920	Hemisection (including root removal), not including root canal therapy	\$100
<b>4000-4999</b>	<b>Periodontics</b>	
	<b>Surgical services</b>	
4210	Gingivectomy or gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant	\$140
4211	Gingivectomy or gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant	\$60
4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$135
4240	Gingival flap procedure, including root planing—four or more contiguous teeth or tooth bounded spaces per quadrant	\$170
4249	Clinical crown lengthening—hard tissue	\$180

ADA Code	ADA Description	Copay
4260	Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant	\$330
4261	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant	\$240
4263	Bone replacement graft—first site in quadrant	\$315
4264	Bone replacement graft—each additional site in quadrant	\$120
4266	Guided tissue regeneration—resorbable barrier, per site	\$270
4267	Guided tissue regeneration—non-resorbable barrier, per site (includes membrane removal)	\$175
4270	Pedical soft tissue graft procedure	\$175
4273	Subepithelial connective tissue graft procedures, per tooth	\$200
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$140
4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$415
4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$300
<b>Non-surgical services</b>		
4341	Periodontal scaling and root planing—four or more teeth per quadrant	\$60
4342	Periodontal scaling and root planing—one to three teeth per quadrant	\$50
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$50
<b>Other periodontal services</b>		
4910	Periodontal maintenance	\$40
<b>5000-5999</b>	<b>Prosthodontics</b>	
<b>Complete dentures</b>		
5110	Complete denture—maxillary	\$335
5120	Complete denture—mandibular	\$335
5130	Immediate denture—maxillary	\$390
5140	Immediate denture—mandibular	\$390
<b>Partial dentures</b>		
5211	Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)	\$300
5212	Mandibular partial denture—resin base (including any conventional clasps, rests and teeth)	\$300
5213	Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$385
5214	Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$385
5281	Removable unilateral partial denture—one piece cast metal (including clasps and teeth)	\$160

ADA Code	ADA Description	Copay
	<b>Adjustments to dentures</b>	
5410	Adjust complete denture—maxillary	\$20
5411	Adjust complete denture—mandibular	\$20
5421	Adjust partial denture—maxillary	\$20
5422	Adjust partial denture—mandibular	\$20
	<b>Repairs to complete dentures</b>	
5510	Repair broken complete denture base	\$60
5520	Replace missing or broken teeth—complete denture (each tooth)	\$60
	<b>Repairs to partial dentures</b>	
5610	Repair resin denture base	\$45
5620	Repair cast framework	\$60
5630	Repair or replace broken clasp	\$60
5640	Replace broken teeth—per tooth	\$45
5650	Add tooth to existing partial denture	\$60
5660	Add clasp to existing partial denture	\$65
	<b>Denture rebase procedures</b>	
5710	Rebase complete maxillary denture	\$135
5711	Rebase complete mandibular denture	\$135
5720	Rebase maxillary partial denture	\$125
5721	Rebase mandibular partial denture	\$125
	<b>Denture reline procedures</b>	
5730	Reline complete maxillary denture (chairside)	\$80
5731	Reline complete mandibular denture (chairside)	\$80
5740	Reline maxillary partial denture (chairside)	\$80
5741	Reline mandibular partial denture (chairside)	\$80
5750	Reline complete maxillary denture (laboratory)	\$115
5751	Reline complete mandibular denture (laboratory)	\$115
5760	Reline maxillary partial denture (laboratory)	\$115
5761	Reline mandibular partial denture (laboratory)	\$115
	<b>Interim prosthesis</b>	
5810	Interim complete denture (maxillary)	\$270
5811	Interim complete denture (mandibular)	\$270
5820	Interim partial denture (maxillary)	\$230
5821	Interim partial denture (mandibular)	\$230
	<b>Other removable prosthetic services</b>	
5850	Tissue conditioning, maxillary	\$45
5851	Tissue conditioning, mandibular	\$45

ADA Code	ADA Description	Copay
5875	Modification of removable prosthesis following implant surgery	\$115
<b>6000-6199</b>	<b>Implants</b>	
	<b>Surgical services</b>	
6010	Surgical placement of implant body: endosteal implant	\$1,360
6011	Second stage implant surgery	\$120
6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$1,000
6013	Surgical placement of mini implant	\$300
6040	Surgical placement: eosteal implant	\$1,360
	<b>Implant supported prosthetics</b>	
6055	Connecting bar—implant supported or abutment supported	\$1,200
6065	Implant supported porcelain/ceramic crown	\$720
6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$720
6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$720
6075	Implant supported retainer for ceramic FPD	\$720
6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$725
6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$725
6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prosthesis and abutments	\$200
	<b>Other implant services</b>	
6090	Repair implant supported prosthesis, by report	\$385
6092	Recement implant/abutment supported crown	\$40
6093	Recement implant/abutment supported fixed partial denture	\$100
6095	Repair implant abutment, by report	\$360
6100	Implant removal, by report	\$1,000
6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$240
6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry closure	\$280
6103	Bone graft for repair of periimplant defect—not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	\$400
6104	Bone graft at time of implant placement	\$175
6190	Radiographic/surgical implant index, by report	\$120
<b>6200-6999</b>	<b>Prosthodontics, fixed</b>	
	<b>Fixed partial denture pontics</b>	
6210	Pontic—cast high noble metal	\$320
6211	Pontic—cast predominantly base metal	\$300

ADA Code	ADA Description	Copay
6212	Pontic—cast noble metal	\$310
6240	Pontic—porcelain fused to high noble metal	\$320
6241	Pontic—porcelain fused to predominantly base metal	\$300
6242	Pontic—porcelain fused to noble metal	\$310
	<b>Fixed partial denture retainers—inlays/onlays</b>	
6545	Retainer—cast metal for resin bonded fixed prosthesis	\$140
6548	Retainer—porcelain/ceramic for resin bonded fixed prosthesis	\$140
6549	Resin retainer—for resin bonded fixed prosthesis	\$140
	<b>Fixed partial denture retainers—crowns</b>	
6750	Crown—porcelain fused to high noble metal	\$350
6751	Crown—porcelain fused to predominantly base metal	\$330
6752	Crown—porcelain fused to noble metal	\$340
6780	Crown—3/4 cast high noble metal	\$290
6781	Crown—3/4 cast predominantly based metal	\$320
6782	Crown—3/4 cast noble metal	\$320
6783	Crown—3/4 porcelain/ceramic	\$320
6790	Crown—full cast high noble metal	\$320
6791	Crown—full cast predominantly base metal	\$300
6792	Crown—full cast noble metal	\$310
	<b>Other fixed partial denture services</b>	
6930	Re-cement or re-bond fixed partial denture	\$35
6940	Stress breaker	\$65
6950	Precision attachment	\$95
<b>7000-7999</b>	<b>Oral and maxillofacial surgery</b>	
	<b>Extractions</b>	
7111	Extraction, coronal remnants—deciduous tooth	\$25
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$25
7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and excluding elevation of mucoperiosteal flap if indicated	\$65
7220	Removal of impacted tooth—soft tissue	\$75
7230	Removal of impacted tooth—partially bony	\$95
7240	Removal of impacted tooth—completely bony	\$120
7241	Removal of impacted tooth—completely bony, with unusual surgical complications	\$140
7250	Surgical removal of residual tooth roots (cutting procedure)	\$55
	<b>Other surgical procedures</b>	
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$270
7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$330

ADA Code	ADA Description	Copay
7280	Surgical access of an unerupted tooth	\$135
7286	Incisional biopsy of oral tissue—soft	\$60
	<b>Alveoloplasty</b>	
7310	Alveoloplasty in conjunction with extractions—four or more teeth or tooth spaces, per quadrant	\$50
7320	Alveoloplasty not in conjunction with extractions—four or more teeth or tooth spaces, per quadrant	\$80
	<b>Surgical incision</b>	
7510	Incision and drainage of abscess—intraoral soft tissue	\$40
7520	Incision and drainage of abscess—extraoral soft tissue	\$35
	<b>Other repair procedures</b>	
7960	Frenulectomy also known as frenectomy or frenotomy—separate procedure not incidental to another	\$75
7971	Excision of pericoronal gingiva	\$55
<b>8000-8999</b>	<b>Orthodontics</b>	
	<b>Limited orthodontic treatment</b>	
8010	Limited orthodontic treatment of the primary dentition	\$500
8020	Limited orthodontic treatment of the transitional dentition	\$525
8030	Limited orthodontic treatment of the adolescent dentition	\$550
8040	Limited orthodontic treatment of the adult dentition	\$575
	<b>Interceptive orthodontic treatment</b>	
8050	Interceptive orthodontic treatment of the primary dentition	\$725
8060	Interceptive orthodontic treatment of the transitional dentition	\$825
	<b>Comprehensive orthodontic treatment</b>	
8070	Comprehensive orthodontic treatment of the transitional dentition	\$3,000
8080	Comprehensive orthodontic treatment of the adolescent dentition	\$3,000
8090	Comprehensive orthodontic treatment of the adult dentition	\$3,000
	<b>Other orthodontic services</b>	
8210	Removable appliance therapy	\$455
8220	Fixed appliance therapy	\$420
8660	Pre-orthodontic treatment examination to monitor growth and development	\$70
8670	Periodic orthodontic treatment visit	\$40
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$190
<b>9000-9999</b>	<b>Adjunctive general services</b>	
	<b>Unclassified treatment</b>	
9110	Palliative (emergency) treatment of dental pain, minor procedure	\$20

ADA Code	ADA Description	Copay
	<b>Anesthesia</b>	
9219	Evaluation for deep sedation or general anesthesia	\$25
9230	Inhalation of nitrous oxide / anxiolysis, analgesia	\$25
9241	Intravenous moderate (conscious) sedation/analgesia—first 30 minutes	\$100
9242	Intravenous moderate (conscious) sedation/analgesia—each additional 15 minutes	\$35
	<b>Professional consultation</b>	
9310	Consultation—diagnostic service provided by dentist or physician other than requesting dentist or physician	\$35
	<b>Miscellaneous services</b>	
9910	Application of desensitizing medicament	\$15
9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$10
9940	Occlusal guard, by report	\$180
9951	Occlusion adjustment—limited	\$50
9952	Occlusion adjustment—complete	\$110
9974	Internal bleaching—per tooth	\$95
	<b>Non-clinical procedures</b>	
9986	Missed appointment	\$40

## Limitations & Exclusions

### I. Limitations.

The following limitations shall apply:

- A. Unlisted procedures will be provided at the dentist's charges;
- B. The American Dental Association (ADA) may periodically change the Current Dental Terminology (CDT) Codes or definitions listed in the ADA publications. If such changes result in different CDT codes being used by Participating Dentists to describe the Covered Services listed in the Schedule of Benefits and Copayments, the Member Copayments will be determined by CareFirst BlueChoice.
- C. Services rendered by a Pedodontist (Pediatric Dentist) are considered Specialty Care and must be approved by the Member's Personal Participating Dentist;
- D. All services listed on the Schedule of Benefits and Copayments will be provided by the Member's Personal Participating Dentist or an Approved Specialist; provided, however, that the Member's Personal Participating Dentist referred the Member to an Approved Specialist if it is the judgment of the Member's Personal Participating Dentist that the service or procedure must be provided by an Approved Specialist, with an exception for out-of-area Emergency Care;
- E. Out-of-Area Emergency Care: Members are covered for out-of-area Emergency Care as described in the Evidence of Coverage.

### II. Exclusions.

Benefits will not be provided for the following:

- A. Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability Laws;
- B. Services which are provided without cost to the Member by any municipality, county or other political subdivision (with the exception of Medicaid);
- C. Services which, in the opinion of the Participating Dentist, are not necessary for the Member's dental health;

- D. Payment of any claim or bill will not be made for prohibited referrals;
- E. Cosmetic, elective, or aesthetic dentistry, which in the opinion of the Participating Dentist are not necessary for the Member's dental health;
- F. Oral surgery requiring the setting of fractures or dislocations;
- G. Services with respect to malignancies, cysts or neoplasms, or hereditary, congenital or developmental malformations;
- H. Dispensing of drugs, except those used as a local anesthetic;
- I. Hospitalization for any dental procedure;
- J. Loss or theft of bridgework or dentures previously covered by this Evidence of Coverage;
- K. Replacement of a bridge, crown, or denture within five (5) years after the date it was originally installed;
- L. General anesthesia;
- M. Teeth Cleaning (Prophylaxis) limited to twice per Benefit Period;
- N. Services which are obtained outside the dental office in which enrolled and which are not pre-authorized by CareFirst BlueChoice. This does not apply to out-of-area Emergency Care as described in this Evidence of Coverage;
- O. Services which cannot be performed in the dental office of the Personal Participating Dentist or Approved Specialist due to the special needs or health related conditions of the Member.
- P. All Member Copayments listed on the Schedule of Benefits and Copayments are exclusive of gold.
- Q. Any service, supply or item that is not necessary for the Member's dental health. Although a service may be listed as covered, benefits will be provided only if the service is necessary for the Member's dental health as determined by CareFirst BlueChoice.
- R. Services that are Experimental/Investigational or not in accordance with accepted dental practices and standards in effect at the time the service in question is rendered, as determined by CareFirst BlueChoice.

This chart is for comparison purposes only and does not create rights that are not covered through the benefit plan. Always refer to your benefits contract to view services and procedures covered under your plan.

Note: The American Dental Association (ADA) periodically reviews and changes the Current Dental Terminology (CDT) codes. Your benefit contract includes language that allows the DHMO plan to keep your member copayment schedules up to date in accordance with the ADA's most recent CDT code changes. Therefore, this document may include some CDT codes that are or are not on your original benefits contract. To view your plan's schedule of benefits, log in to My Account.

These benefits are issued under policy form numbers:

Maryland:

MD/TDN/DHMO/GCA (10/15) • MD/TDN/DHMO GC (10/15) • MD/TDN/DHMO EOC (10/15) • MD/TDN/DHMO DOCS (10/15) • MD/TDN/DHMO SOB0 (10/15) • MD/TDN/DHMO ELIG (10/15) • MD/TDN/DHMO APPEAL (10/15) and any amendments.

District of Columbia:

DC/CFBC/DHMO/GCA (10/15) • DC/CFBC/DHMO GC (10/15) • DC/CFBC/DHMO EOC2 (10/15) • DC/CFBC/DHMO DOCS2 (10/15) • DC/CFBC/DHMO SOB0 (10/15) • DC/CFBC/DHMO ELIG (10/15) and any amendments.

Virginia:

VA/CFBC/DHMO/GCA (10/15) • VA/CFBC/DHMO GC (10/15) • VA/CFBC/DHMO EOC (10/15) • VA/CFBC/DHMO DOCS (10/15) • VA/CFBC/DHMO SOB0 (10/15) • VA/CFBC/DHMO ELIG (10/15) • VA/CFBC/DHMO APPEAL (10/15) and any amendments.



# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 7/12/18)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

**If you need these services, please call 855-258-6518.**

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address            P.O. Box 8894  
                                      Baltimore, Maryland 21224

Email Address             [civilrightscoordinator@carefirst.com](mailto:civilrightscoordinator@carefirst.com)

Telephone Number        410-528-7820

Fax Number                410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Foreign Language Assistance

*Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.*

*አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።*

*Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fì sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.*

*Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.*

*Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.*

*Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.*

*Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.*

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bǎ kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bǎ bǎ m̄ kè dε wa m̄ kè nyuεε nyu hwè bǎ wé bǎa kè zi. Ǿ m̄ nì kpé bǎ m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ m̄ dε dyé dε nì bídí-wùdù mú bǎ m̄ kè se wídí dò péè. Kpooò nyò bǎ m̄ dá fúùn-nòbà nìà dε waa I.D. káàò dεín nyε. Nyò tòò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ fò tee bǎ wa kέ m̄ gbo cē bǎ m̄ kè nòbà m̄à 0 kέ dyi pàdàìn hwè. Ǿ jǔ kè nyò dò dyi m̄ gǎ jǔǐn, po wuqu m̄ m̄ poye dyie, kè nyò dò mu bó nìin bǎ Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

*Igbo (Igbo)* Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozu niile nwere ike ikpo 855-258-6518 wee chere ububu ahuru roo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éí bikéé'dóo naasbaqas bił adidiilchil. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowól.