

BlueDHMO \$10 Member Copay Summary

| ADA Code | ADA Description | Copay |
|------------------|--|-------|
| | Office visit—all appointments | \$10 |
| 0100-0999 | Diagnostic | |
| | Clinical oral evaluations | |
| 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 |
| | Diagnostic imaging | |
| 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 |
| | Tests and examinations | |
| 0460 | Pulp vitality tests | \$0 |
| 0470 | Diagnostic casts | \$0 |
| 1000-1999 | Preventive | |
| | Dental prophylaxis (routine cleaning) | |
| 1110 | Prophylaxis—adult | \$0 |
| 1120 | Prophylaxis—child | \$0 |
| | Topical fluoride treatment | |
| 1206 | Topical application of fluoride varnish up to 19th birthday | \$0 |
| 1208 | Topical application of fluoride | \$0 |
| | Other preventive services | |

| ADA Code | ADA Description | Copay |
|------------------|---|-------|
| 1330 | Oral hygiene instructions | \$0 |
| 1351 | Sealant—per tooth | \$0 |
| 1353 | Sealant repair—per tooth | \$0 |
| | Space maintenance (passive appliances) | |
| 1510 | Space maintainer—fixed—unilateral | \$100 |
| 1515 | Space maintainer—fixed—bilateral | \$130 |
| 1520 | Space maintainer—removable—unilateral | \$100 |
| 1525 | Space maintainer—removable—bilateral | \$130 |
| 1550 | Recementation of space maintainer | \$0 |
| 1555 | Removal of fixed space maintainer | \$30 |
| 2000-2999 | Restorative | |
| | Amalgam restorations | |
| 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 |
| | Resin-based composite restorations | |
| 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) | \$65 |
| 2390 | Resin-based composite crown, anterior | \$100 |
| 2391 | Resin-based composite—one surface, posterior | \$45 |
| 2392 | Resin-based composite—two surfaces, posterior | \$55 |
| 2393 | Resin-based composite—three surfaces, posterior | \$65 |
| 2394 | Resin-based composite—four or more surfaces, posterior | \$75 |
| | Inlay / onlay restorations | |
| 2510 | Inlay—metallic—one surface | \$200 |
| 2520 | Inlay—metallic—two surfaces | \$250 |
| 2530 | Inlay—metallic—three or more surfaces | \$250 |
| 2543 | Onlay—metallic—three surfaces | \$280 |
| 2544 | Onlay—metallic—four or more surfaces | \$300 |
| 2610 | Inlay—porcelain/ceramic—one surface | \$250 |
| 2620 | Inlay—porcelain/ceramic—two surfaces | \$250 |
| | Crowns—single restoration | |
| 2710 | Crown—resin-based composite (indirect) | \$200 |
| 2740 | Crown—porcelain/ceramic substrate | \$430 |
| 2750 | Crown—porcelain fused to high noble metal | \$430 |
| 2751 | Crown—porcelain fused to predominantly base metal | \$410 |

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|------------------|---|-------|
| 2752 | Crown—porcelain fused to noble metal | \$420 |
| 2790 | Crown—full cast high noble metal | \$390 |
| 2791 | Crown—full cast predominantly base | \$370 |
| 2792 | Crown—full cast noble metal | \$380 |
| 2799 | Provisional crown—further treatment or completion of diagnosis necessary prior to final impression | \$100 |
| | Other restorative services | |
| 2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$25 |
| 2920 | Re-cement or re-bond crown | \$30 |
| 2921 | Reattachment of tooth fragment, incisal edge or cusp | \$65 |
| 2930 | Prefabricated stainless steel crown—primary tooth | \$85 |
| 2931 | Prefabricated stainless steel crown—permanent tooth | \$85 |
| 2933 | Prefabricated stainless steel crown with resin window | \$100 |
| 2940 | Protective restoration | \$25 |
| 2941 | Interim therapeutic restoration—primary dentition | \$30 |
| 2950 | Core buildup, including any pins when required | \$80 |
| 2951 | Pin retention—per tooth, in addition to restoration | \$15 |
| 2952 | Post and core in addition to crown, indirectly fabricated | \$130 |
| 2953 | Each additional indirectly fabricated post—same tooth | \$55 |
| 2954 | Prefabricated post and core in addition to crown | \$90 |
| 2957 | Each additional prefabricated post—same tooth | \$40 |
| 2970 | Temporary crown (fractured tooth) | \$100 |
| 3000-3999 | Endodontics | |
| | Pulp capping | |
| 3110 | Pulp cap—direct (excluding final restoration) | \$15 |
| 3120 | Pulp cap—indirect (excluding final restoration) | \$20 |
| | Pulpotomy | |
| 3220 | Therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to the dentinocemental junction and application of medicament | \$55 |
| 3221 | Pulpal debridement, primary and permanent teeth | \$40 |
| | Endodontic therapy | |
| 3230 | Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) | \$65 |
| 3240 | Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) | \$75 |
| 3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$250 |
| 3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | \$310 |
| 3330 | Endodontic therapy, molar (excluding final restoration) | \$410 |

| ADA Code | ADA Description | Copay |
|------------------|--|-------|
| 3331 | Treatment of root canal obstruction; non-surgical access | \$40 |
| 3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$165 |
| | Endodontic retreatment | |
| 3346 | Retreatment of previous root canal therapy—anterior | \$320 |
| 3347 | Retreatment of previous root canal therapy—bicuspid | \$420 |
| 3348 | Retreatment of previous root canal therapy—molar | \$520 |
| | Apicoectomy periradicular services | |
| 3410 | Apicoectomy—anterior | \$240 |
| 3421 | Apicoectomy—bicuspid (first root) | \$225 |
| 3425 | Apicoectomy—molar (first root) | \$270 |
| 3426 | Apicoectomy—each additional root | \$100 |
| 3427 | Periradicular surgery without apicoectomy | \$190 |
| 3428 | Bone graft in conjunction with periradicular surgery—per tooth, single site | \$410 |
| 3429 | Bone graft in conjunction with periradicular surgery—each additional contiguous tooth in the same surgical site | \$150 |
| 3430 | Retrograde filling—per root | \$80 |
| 3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | \$350 |
| 3450 | Root amputation—per root | \$100 |
| | Other endodontic procedures | |
| 3910 | Surgical procedure for isolation of tooth with rubber dam | \$85 |
| 3920 | Hemisection (including root removal), not including root canal therapy | \$130 |
| 4000-4999 | Periodontics | |
| | Surgical services | |
| 4210 | Gingivectomy or gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant | \$170 |
| 4211 | Gingivectomy or gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant | \$70 |
| 4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$160 |
| 4240 | Gingival flap procedure, including root planing—four or more contiguous teeth or tooth bounded spaces per quadrant | \$225 |
| 4249 | Clinical crown lengthening—hard tissue | \$240 |

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|------------------|---|-------|
| 4260 | Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant | \$400 |
| 4261 | Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant | \$290 |
| 4263 | Bone replacement graft—first site in quadrant | \$410 |
| 4264 | Bone replacement graft—each additional site in quadrant | \$150 |
| 4266 | Guided tissue regeneration—resorbable barrier, per site | \$350 |
| 4267 | Guided tissue regeneration—non-resorbable barrier, per site (includes membrane removal) | \$235 |
| 4270 | Pedical soft tissue graft procedure | \$235 |
| 4273 | Subepithelial connective tissue graft procedures, per tooth | \$275 |
| 4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | \$200 |
| 4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft | \$505 |
| 4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | \$355 |
| | Non-surgical services | |
| 4341 | Periodontal scaling and root planing—four or more teeth per quadrant | \$65 |
| 4342 | Periodontal scaling and root planing—one to three teeth per quadrant | \$55 |
| 4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | \$55 |
| | Other periodontal services | |
| 4910 | Periodontal maintenance | \$45 |
| 5000-5999 | Prosthodontics | |
| | Complete dentures | |
| 5110 | Complete denture—maxillary | \$415 |
| 5120 | Complete denture—mandibular | \$415 |
| 5130 | Immediate denture—maxillary | \$505 |
| 5140 | Immediate denture—mandibular | \$505 |
| | Partial dentures | |
| 5211 | Maxillary partial denture—resin base (including any conventional clasps, rests and teeth) | \$385 |
| 5212 | Mandibular partial denture—resin base (including any conventional clasps, rests and teeth) | \$385 |
| 5213 | Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$480 |
| 5214 | Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$480 |
| 5281 | Removable unilateral partial denture—one piece cast metal (including clasps and teeth) | \$185 |

| ADA Code | ADA Description | Copay |
|----------|---|-------|
| | Adjustments to dentures | |
| 5410 | Adjust complete denture—maxillary | \$25 |
| 5411 | Adjust complete denture—mandibular | \$25 |
| 5421 | Adjust partial denture—maxillary | \$25 |
| 5422 | Adjust partial denture—mandibular | \$25 |
| | Repairs to complete dentures | |
| 5510 | Repair broken complete denture base | \$70 |
| 5520 | Replace missing or broken teeth—complete denture (each tooth) | \$70 |
| | Repairs to partial dentures | |
| 5610 | Repair resin denture base | \$50 |
| 5620 | Repair cast framework | \$70 |
| 5630 | Repair or replace broken clasp | \$70 |
| 5640 | Replace broken teeth—per tooth | \$50 |
| 5650 | Add tooth to existing partial denture | \$70 |
| 5660 | Add clasp to existing partial denture | \$75 |
| | Denture rebase procedures | |
| 5710 | Rebase complete maxillary denture | \$165 |
| 5711 | Rebase complete mandibular denture | \$165 |
| 5720 | Rebase maxillary partial denture | \$150 |
| 5721 | Rebase mandibular partial denture | \$150 |
| | Denture reline procedures | |
| 5730 | Reline complete maxillary denture (chairside) | \$100 |
| 5731 | Reline complete mandibular denture (chairside) | \$100 |
| 5740 | Reline maxillary partial denture (chairside) | \$100 |
| 5741 | Reline mandibular partial denture (chairside) | \$100 |
| 5750 | Reline complete maxillary denture (laboratory) | \$135 |
| 5751 | Reline complete mandibular denture (laboratory) | \$135 |
| 5760 | Reline maxillary partial denture (laboratory) | \$135 |
| 5761 | Reline mandibular partial denture (laboratory) | \$135 |
| | Interim prosthesis | |
| 5810 | Interim complete denture (maxillary) | \$300 |
| 5811 | Interim complete denture (mandibular) | \$300 |
| 5820 | Interim partial denture (maxillary) | \$250 |
| 5821 | Interim partial denture (mandibular) | \$250 |
| | Other removable prosthetic services | |
| 5850 | Tissue conditioning, maxillary | \$50 |
| 5851 | Tissue conditioning, mandibular | \$50 |

| ADA Code | ADA Description | Copay |
|------------------|---|---------|
| 5875 | Modification of removable prosthesis following implant surgery | \$140 |
| 6000-6199 | Implants | |
| | Surgical services | |
| 6010 | Surgical placement of implant body: endosteal implant | \$1,500 |
| 6011 | Second stage implant surgery | \$140 |
| 6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | \$1,115 |
| 6013 | Surgical placement of mini implant | \$350 |
| 6040 | Surgical placement: eosteal implant | \$1,500 |
| | Implant supported prosthetics | |
| 6055 | Connecting bar—implant supported or abutment supported | \$1,400 |
| 6065 | Implant supported porcelain/ceramic crown | \$845 |
| 6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$845 |
| 6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$845 |
| 6075 | Implant supported retainer for ceramic FPD | \$845 |
| 6076 | Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | \$855 |
| 6077 | Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | \$855 |
| 6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prosthesis and abutments | \$235 |
| | Other implant services | |
| 6090 | Repair implant supported prosthesis, by report | \$450 |
| 6092 | Recement implant/abutment supported crown | \$50 |
| 6093 | Recement implant/abutment supported fixed partial denture | \$120 |
| 6095 | Repair implant abutment, by report | \$425 |
| 6100 | Implant removal, by report | \$1,175 |
| 6101 | Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure | \$280 |
| 6102 | Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry closure | \$330 |
| 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 | \$470 |
| 6104 | Bone graft at time of implant placement | \$195 |
| 6190 | Radiographic/surgical implant index, by report | \$140 |
| 6200-6999 | Prosthodontics, fixed | |
| | Fixed partial denture pontics | |
| 6210 | Pontic—cast high noble metal | \$390 |
| 6211 | Pontic—cast predominantly base metal | \$370 |

| ADA Code | ADA Description | Copay |
|------------------|---|-------|
| 6212 | Pontic—cast noble metal | \$380 |
| 6240 | Pontic—porcelain fused to high noble metal | \$390 |
| 6241 | Pontic—porcelain fused to predominantly base metal | \$370 |
| 6242 | Pontic—porcelain fused to noble metal | \$380 |
| | Fixed partial denture retainers—inlays/onlays | |
| 6545 | Retainer—cast metal for resin bonded fixed prosthesis | \$220 |
| 6548 | Retainer—porcelain/ceramic for resin bonded fixed prosthesis | \$220 |
| 6549 | Resin retainer—for resin bonded fixed prosthesis | \$220 |
| | Fixed partial denture retainers—crowns | |
| 6750 | Crown—porcelain fused to high noble metal | \$430 |
| 6751 | Crown—porcelain fused to predominantly base metal | \$410 |
| 6752 | Crown—porcelain fused to noble metal | \$420 |
| 6780 | Crown—3/4 cast high noble metal | \$370 |
| 6781 | Crown—3/4 cast predominantly based metal | \$400 |
| 6782 | Crown—3/4 cast noble metal | \$400 |
| 6783 | Crown—3/4 porcelain/ceramic | \$400 |
| 6790 | Crown—full cast high noble metal | \$390 |
| 6791 | Crown—full cast predominantly base metal | \$370 |
| 6792 | Crown—full cast noble metal | \$380 |
| | Other fixed partial denture services | |
| 6930 | Re-cement or re-bond fixed partial denture | \$40 |
| 6940 | Stress breaker | \$75 |
| 6950 | Precision attachment | \$115 |
| 7000-7999 | Oral and maxillofacial surgery | |
| | Extractions | |
| 7111 | Extraction, coronal remnants—deciduous tooth | \$30 |
| 7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$30 |
| 7210 | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and excluding elevation of mucoperiosteal flap if indicated | \$75 |
| 7220 | Removal of impacted tooth—soft tissue | \$100 |
| 7230 | Removal of impacted tooth—partially bony | \$130 |
| 7240 | Removal of impacted tooth—completely bony | \$160 |
| 7241 | Removal of impacted tooth—completely bony, with unusual surgical complications | \$190 |
| 7250 | Surgical removal of residual tooth roots (cutting procedure) | \$80 |
| | Other surgical procedures | |
| 7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$300 |
| 7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | \$365 |

| ADA Code | ADA Description | Copay |
|------------------|--|---------|
| 7280 | Surgical access of an unerupted tooth | \$190 |
| 7286 | Incisional biopsy of oral tissue—soft | \$80 |
| | Alveoloplasty | |
| 7310 | Alveoloplasty in conjunction with extractions—four or more teeth or tooth spaces, per quadrant | \$70 |
| 7320 | Alveoloplasty not in conjunction with extractions—four or more teeth or tooth spaces, per quadrant | \$100 |
| | Surgical incision | |
| 7510 | Incision and drainage of abscess—intraoral soft tissue | \$50 |
| 7520 | Incision and drainage of abscess—extraoral soft tissue | \$45 |
| | Other repair procedures | |
| 7960 | Frenulectomy also known as frenectomy or frenotomy—separate procedure not incidental to another | \$95 |
| 7971 | Excision of pericoronal gingiva | \$70 |
| 8000-8999 | Orthodontics | |
| | Limited orthodontic treatment | |
| 8010 | Limited orthodontic treatment of the primary dentition | \$525 |
| 8020 | Limited orthodontic treatment of the transitional dentition | \$550 |
| 8030 | Limited orthodontic treatment of the adolescent dentition | \$575 |
| 8040 | Limited orthodontic treatment of the adult dentition | \$600 |
| | Interceptive orthodontic treatment | |
| 8050 | Interceptive orthodontic treatment of the primary dentition | \$750 |
| 8060 | Interceptive orthodontic treatment of the transitional dentition | \$850 |
| | Comprehensive orthodontic treatment | |
| 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 |
| | Other orthodontic services | |
| 8210 | Removable appliance therapy | \$475 |
| 8220 | Fixed appliance therapy | \$440 |
| 8660 | Pre-orthodontic treatment examination to monitor growth and development | \$100 |
| 8670 | Periodic orthodontic treatment visit | \$40 |
| 8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$200 |
| 9000-9999 | Adjunctive general services | |
| | Unclassified treatment | |
| 9110 | Palliative (emergency) treatment of dental pain, minor procedure | \$25 |

| ADA Code | ADA Description | Copay |
|----------|---|-------|
| | Anesthesia | |
| 9219 | Evaluation for deep sedation or general anesthesia | \$30 |
| 9230 | Inhalation of nitrous oxide / anxiolysis, analgesia | \$30 |
| 9241 | Intravenous moderate (conscious) sedation/analgesia—first 30 minutes | \$125 |
| 9242 | Intravenous moderate (conscious) sedation/analgesia—each additional 15 minutes | \$40 |
| | Professional consultation | |
| 9310 | Consultation—diagnostic service provided by dentist or physician other than requesting dentist or physician | \$40 |
| | Miscellaneous services | |
| 9910 | Application of desensitizing medicament | \$20 |
| 9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | \$15 |
| 9940 | Occlusal guard, by report | \$220 |
| 9951 | Occlusion adjustment—limited | \$60 |
| 9952 | Occlusion adjustment—complete | \$130 |
| 9974 | Internal bleaching—per tooth | \$120 |
| | Non-clinical procedures | |
| 9986 | Missed appointment | \$40 |

Limitations & Exclusions

The following exclusions and limitations shall apply:

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 SOB10 (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 SOB10 (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 SOB10 (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

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 fòdùnù tó wà lẹ̀yìn káàdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mó 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 nasasaklawang 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 Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́èa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò dεín nyε. Nyò t̀òò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀ùǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é 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 ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo 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 kójj' 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 yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowól.