

# BlueDental EPO Member Copay Summary (with Orthodontic Benefits)

The BlueDental EPO plan includes a Deductible, Annual Maximum and Lifetime Orthodontic Maximum.

- The **deductible (\$25 individual / \$75 family)** must be met prior to receiving coverage from CareFirst for dental services. Only services in Classes II, III, IV and V are subject to the deductible. The deductible does not apply to Preventive and Diagnostic services (Class I). To track your deductible, log in to *My Account*.
- The **annual maximum (\$2000)** refers to the total amount that CareFirst will pay toward covered services. Once the annual maximum is met, CareFirst will no longer provide coverage for certain services. Only services in Classes II, III and IV are subject to the annual maximum. Class I and Class V services are excluded from the annual maximum.
- The **lifetime orthodontic maximum (\$2000)** refers to the total amount that CareFirst will pay toward covered orthodontic (Class V) services over the lifetime of the member

A benefit waiting period may apply to Class III, IV and V services. Please check your member benefits contract for more information.

| CLASS                            | CDT CODE | PROCEDURE NAME   | COPAY (\$) |
|----------------------------------|----------|--|------------|
| <b>CLINICAL ORAL EVALUATIONS</b> |          |  |            |
| I                                | D0120    | Periodic oral examination—established patient  | \$0        |
|                                  | D0140    | Limited oral evaluation—problem focused  | \$0        |
|                                  | D0145    | Oral evaluation for a patient under 3 years of age and counseling with primary caregiver | \$0        |
|                                  | D0150    | Comprehensive oral evaluation—new or established patient                                 | \$0        |
|                                  | D0160    | Detailed and extensive oral evaluation—problem focused, by report                        | \$0        |
|                                  | D0170    | Re-evaluation—limited, problem focused (established patient; not post-operative visit)   | \$0        |
|                                  | D0171    | Re-evaluation—post operative visit   | \$0        |
|                                  | D0180    | Comprehensive periodontal evaluation—new or established patient                          | \$0        |
| <b>RADIOGRAPHS</b>               |          |  |            |
| I                                | D0210    | Intraoral—complete series of radiographic images   | \$0        |
|                                  | D0220    | Intraoral—periapical first radiographic image  | \$0        |
|                                  | D0230    | Intraoral—periapical each additional radiographic image                                  | \$0        |
|                                  | D0240    | Intraoral—occlusal radiographic image  | \$0        |
|                                  | D0270    | Bitewing, single radiographic image  | \$0        |
|                                  | D0272    | Bitewings, two radiographic images   | \$0        |
|                                  | D0273    | Bitewings, three radiographic images   | \$0        |
|                                  | D0274    | Bitewings, four radiographic images  | \$0        |
|                                  | D0277    | Vertical bitewings—7 to 8 radiographic images  | \$0        |
|                                  | D0330    | Panoramic radiographic image   | \$0        |
|                                  | D0340    | 2D cephalometric radiographic image—acquisition, measurement, and analysis               | \$41       |

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|---|----------|---|------------|
| I   | D0350    | 2D oral/facial photographic image obtained intraorally or extraorally             | \$16       |
|   | D0351    | 3D photographic image   | \$24       |
| <b>TESTS AND LABORATORY EXAMINATIONS</b>          |          |   |            |
| I   | D0460    | Pulp vitality tests   | \$17       |
|   | D0470    | Diagnostic casts  | \$36       |
| <b>DENTAL PROPHYLAXIS</b>                         |          |   |            |
| I   | D1110    | Prophylaxis - adult   | \$0        |
|   | D1120    | Prophylaxis - child   | \$0        |
| <b>TOPICAL FLOURIDE TREATMENT</b>                 |          |   |            |
| I   | D1206    | Topical application of fluoride varnish   | \$0        |
|   | D1208    | Topical application of fluoride - excluding varnish                               | \$0        |
| <b>OTHER PREVENTIVE SERVICES</b>                  |          |   |            |
| I   | D1330    | Oral hygiene instructions   | \$15       |
|   | D1351    | Sealant—per tooth   | \$18       |
|   | D1354    | Interim caries arresting medicament application temporary crown (fractured tooth) | \$11       |
| <b>SPACE MAINTENANCE (PASSIVE APPLIANCES)</b>     |          |   |            |
| I   | D1510    | Space maintainer—fixed—unilateral   | \$89       |
|   | D1516    | Space maintainer—fixed—bilateral, maxillary                                       | \$127      |
|   | D1517    | Space maintainer—fixed—bilateral, mandibular                                      | \$127      |
|   | D1520    | Space maintainer—removable—unilateral   | \$89       |
|   | D1526    | Space maintainer—removable—bilateral, maxillary                                   | \$132      |
|   | D1527    | Space maintainer—removable—bilateral, mandibular                                  | \$132      |
|   | D1550    | Re-cement or re-bond space maintainer   | \$28       |
|   | D1555    | Removal of fixed space maintainer   | \$30       |
|   | D1575    | Distal shoe space maintainer—fixed—unilateral                                     | \$81       |
| <b>AMALGAM RESTORATIONS (INCLUDING POLISHING)</b> |          |   |            |
| II  | D2140    | Amalgam—one surface, primary or permanent   | \$34       |
|   | D2150    | Amalgam—two surfaces, primary or permanent  | \$46       |
|   | D2160    | Amalgam—three surfaces, primary or permanent                                      | \$45       |
|   | D2161    | Amalgam—four or more surfaces, primary or permanent                               | \$54       |
| <b>RESIN RESTORATIONS</b>                         |          |   |            |
| II  | D2330    | Resin-based composite—one surface, anterior                                       | \$46       |
|   | D2331    | Resin-based composite—two surfaces, anterior                                      | \$53       |
|   | D2332    | Resin-based composite—three surfaces, anterior                                    | \$62       |
|   | D2335    | Resin-based composite—four or more surfaces or involving incisal angle (anterior) | \$76       |
|   | D2391    | Resin-based composite—one surface, posterior                                      | \$55       |
|   | D2392    | Resin-based composite—two surfaces, posterior                                     | \$73       |
|   | D2393    | Resin-based composite—three surfaces, posterior                                   | \$79       |
|   | D2394    | Resin-based composite—four or more surfaces, posterior                            | \$101      |

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|-------|----------|--|------------|
|       |          | <b>ONLAY RESTORATIONS</b>  |            |
| IV    | D2542    | Onlay—metallic—two surfaces  | \$283      |
|       | D2543    | Onlay—metallic—three surfaces  | \$363      |
|       | D2544    | Onlay—metallic—four or more surfaces   | \$406      |
|       | D2642    | Onlay—porcelain/ceramic—two surfaces   | \$321      |
|       | D2643    | Onlay—porcelain/ceramic—three surfaces   | \$411      |
|       | D2644    | Onlay—porcelain/ceramic—four or more surfaces  | \$415      |
|       | D2662    | Onlay—resin-based composite—two surfaces   | \$321      |
|       | D2663    | Onlay—resin-based composite—three surfaces   | \$384      |
|       | D2664    | Onlay—resin-based composite—four or more surfaces  | \$415      |
|       |          | <b>CROWNS—SINGLE RESTORATION ONLY</b>  |            |
| IV    | D2710    | Crown—resin-based composite (indirect)   | \$246      |
|       | D2712    | Crown—3/4 resin-based composite (indirect)   | \$317      |
|       | D2720    | Crown—resin with high noble metal  | \$374      |
|       | D2721    | Crown—resin with predominantly base metal  | \$352      |
|       | D2722    | Crown—resin with noble metal   | \$374      |
|       | D2740    | Crown—porcelain/ceramic substrate  | \$530      |
|       | D2750    | Crown—porcelain fused to high noble metal  | \$460      |
|       | D2751    | Crown—porcelain fused to predominantly base metal  | \$417      |
|       | D2752    | Crown—porcelain fused to noble metal   | \$460      |
|       | D2780    | Crown—3/4 cast high noble metal  | \$388      |
|       | D2781    | Crown—3/4 cast predominately base metal  | \$370      |
|       | D2782    | Crown—3/4 cast noble metal   | \$388      |
|       | D2783    | Crown—3/4 porcelain/ceramic  | \$388      |
|       | D2790    | Crown—full cast high noble metal   | \$424      |
|       | D2791    | Crown—full cast predominantly base   | \$417      |
|       | D2792    | Crown—full cast noble metal  | \$424      |
|       | D2794    | Crown—titanium   | \$424      |
|       | D2799    | Provisional crown—further treatment or completion of diagnosis necessary prior to final impression | \$121      |
|       |          | <b>OTHER RESTORATIVE SERVICES</b>  |            |
| IV    | D2910    | Re-cement or re-bond inlay, onlay, or partial coverage restoration                                 | \$31       |
|       | D2915    | Re-cement or re-bond indirectly fabricated or prefabricated post and core                          | \$28       |
|       | D2920    | Re-cement or re-bond crown   | \$28       |
|       | D2921    | Reattachment of tooth fragment, incisal edge or cusp   | \$95       |
|       | D2930    | Prefabricated stainless steel crown—primary tooth  | \$93       |
|       | D2931    | Prefabricated stainless steel crown—permanent tooth  | \$93       |
|       | D2932    | Prefabricated resin crown  | \$86       |
|       | D2933    | Prefabricated stainless steel crown with resin window  | \$99       |

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| IV    | D2934    | Prefabricated esthetic coated stainless steel crown—primary tooth  | \$86       |
|       | D2940    | Protective restoration   | \$29       |
|       | D2941    | Interim therapeutic restoration—primary dentition  | \$33       |
|       | D2950    | Core buildup, including any pins   | \$92       |
|       | D2951    | Pin retention—per tooth, in addition to restoration  | \$19       |
|       | D2952    | Post and core in addition to crown, indirectly fabricated  | \$143      |
|       | D2953    | Each additional indirectly fabricated post—same tooth  | \$77       |
|       | D2954    | Prefabricated post and core in addition to crown   | \$92       |
|       | D2957    | Each additional prefabricated post- same tooth   | \$30       |
|       | D2961    | Labial veneer (resin laminate)—laboratory  | \$303      |
|       | D2962    | Labial veneer (porcelain laminate)—laboratory  | \$445      |
|       | D2971    | Additional procedures to construct new crown under existing partial denture framework  | \$51       |
|       | D2980    | Crown repair, necessitated by restorative material failure   | \$80       |
|       |          | <b>PULP CAPPING</b>  |            |
| III   | D3110    | Pulp cap—direct (excluding final restoration)  | \$19       |
|       | D3120    | Pulp cap—indirect (excluding final restoration)  | \$16       |
|       |          | <b>PULPOTOMY</b>   |            |
| III   | D3220    | Therapeutic pulpotomy (excluding final restoration)- removal of pulp coronal to the dentinocemental junction and application of medicament | \$67       |
|       | D3221    | Pulpal debridement, primary and permanent teeth  | \$58       |
|       | D3222    | Partial pulpotomy for apexogenesis   | \$137      |
|       |          | <b>ENDODONTIC THERAPY ON PRIMARY TEETH</b>   |            |
| III   | D3230    | Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)  | \$85       |
|       | D3240    | Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)   | \$98       |
|       |          | <b>ROOT CANAL / ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)</b>                                  |            |
| III   | D3310    | Endodontic therapy, anterior tooth (excluding final restoration)   | \$311      |
|       | D3320    | Endodontic therapy, bicuspid tooth (excluding final restoration)   | \$454      |
|       | D3330    | Endodontic therapy, molar (excluding final restoration)  | \$529      |
|       | D3331    | Treatment of root canal obstruction; non-surgical access   | \$67       |
|       | D3332    | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth   | \$126      |
|       | D3333    | Internal root repair of perforation defects  | \$92       |
|       |          | <b>ENDODONTIC RETREATMENT</b>  |            |
| III   | D3346    | Retreatment of previous root canal therapy—anterior  | \$403      |
|       | D3347    | Retreatment of previous root canal therapy—bicuspid  | \$463      |
|       | D3348    | Retreatment of previous root canal therapy—molar   | \$570      |

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|-------|----------|---|------------|
| III   | D3351    | Apexification/recalcification—initial visit (apical closure/calcific repair of perforations, root resorption, etc.)                                       | \$106      |
|       | D3352    | Apexification/recalcification/pulpal regeneration—interim medication replacement  | \$93       |
|       | D3353    | Apexification/recalcification - final visit (includes completed root canal therapy—apical closure/calcific repair of perforations, root resorption, etc.) | \$106      |
|       |          | <b>APICOECTOMY/PERIAPICAL SERVICES</b>  |            |
| III   | D3410    | Apicoectomy/periradicular surgery—anterior  | \$305      |
|       | D3421    | Apicoectomy/periradicular surgery—bicuspid (first root)   | \$284      |
|       | D3425    | Apicoectomy/periradicular surgery—molar (first root)  | \$325      |
|       | D3426    | Apicoectomy/periadicular surgery (each additional root)   | \$135      |
|       | D3427    | Periradicular surgery without apicoectomy   | \$192      |
|       | D3428    | Bone graft in conjunction with periradicular surgery—per tooth, single site   | \$308      |
|       | D3429    | Bone graft in conjunction with periradicular surgery—each additional contiguous tooth in the same surgical site   | \$141      |
|       | D3430    | Retrograde filling—per root   | \$112      |
|       | D3432    | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery   | \$257      |
|       | D3450    | Root amputation—per root  | \$132      |
|       |          | <b>OTHER ENDODONTIC PROCEDURES</b>  |            |
| III   | D3920    | Hemisection (including root removal), not including root canal therapy  | \$159      |
|       | D3950    | Canal preparation and fitting of preformed dowel or post  | \$40       |
|       |          | <b>SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES)</b>  |            |
| III   | D4210    | Gingivectomy or gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant  | \$172      |
|       | D4211    | Gingivectomy or gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant  | \$81       |
|       | D4212    | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth  | \$81       |
|       | D4240    | Gingival flap procedure, including root planing—four or more contiguous teeth or tooth bounded spaces per quadrant  | \$267      |
|       | D4241    | Gingival flap procedure, including root planing—one to three contiguous teeth or tooth bounded spaces per quadrant  | \$214      |
|       | D4249    | Clinical crown lengthening—hard tissue  | \$293      |
|       | D4260    | Osseous surgery (including elevation of full thickness flap entry and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant         | \$478      |
|       | D4261    | Osseous surgery (including elevation of full thickness flap entry and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant         | \$333      |
|       | D4263    | Bone replacement graft—first site in quadrant   | \$251      |
|       | D4264    | Bone replacement graft— each additional site in quadrant  | \$123      |

| CLASS | CDT CODE | PROCEDURE NAME   | COPAY (\$)                             |
|-------|----------|--|--|
| III   | D4265    | Biologic materials to aid in soft and osseous tissue regeneration  | \$189                                  |
|       | D4266    | Guided tissue regeneration—resorbable barrier, per site  | \$257                                  |
|       | D4267    | Guided tissue regeneration—non-resorbable barrier, per site (includes membrane removal)  | \$277                                  |
|       | D4270    | Pedicle soft tissue graft procedure  | \$278                                  |
|       | D4273    | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft                          | \$360                                  |
|       | D4274    | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)  | \$223                                  |
|       | D4275    | Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in a graft                    | \$366                                  |
|       | D4276    | Combined connective tissue and double pedicle graft, per tooth   | \$366                                  |
|       | D4277    | Free soft tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in a graft                                    | \$331                                  |
|       | D4278    | Free soft tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth or edentulous tooth position in same graft site                 | \$241                                  |
|       | D4283    | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in graft     | \$360                                  |
|       | D4285    | Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in graft | \$366                                  |
|       | D4341    | Periodontal scaling and root planing—four or more teeth per quadrant   | \$93                                   |
|       |          |  | <b>ADJUNCTIVE PERIODONTAL SERVICES</b> |
| II    | D4342    | Periodontal scaling and root planing—one to three teeth per quadrant   | \$64                                   |
|       | D4346    | Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation  | \$42                                   |
|       | D4355    | Full mouth debridement to enable comprehensive evaluation and diagnosis  | \$63                                   |
|       | D4381    | Localized delivery of antimicrobial agents, via a controlled release vehicle into diseased crevicular tissue, per tooth  | \$40                                   |
|       |          | <b>OTHER PERIODONTAL SERVICES</b>  |  |
| II    | D4910    | Periodontal maintenance  | \$60                                   |
|       |          | <b>COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>  |  |
| IV    | D5110    | Complete denture—maxillary   | \$535                                  |
|       | D5120    | Complete denture—mandibular  | \$535                                  |
|       | D5130    | Immediate denture—maxillary  | \$569                                  |
|       | D5140    | Immediate denture—mandibular   | \$569                                  |

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|-------|----------|--|------------|
|       |          | <b>PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)</b>   |            |
| IV    | D5211    | Maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)   | \$379      |
|       | D5212    | Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)  | \$379      |
|       | D5213    | Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)             | \$622      |
|       | D5214    | Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)            | \$622      |
|       | D5221    | Immediate maxillary partial denture—resin base (including any conventional clasps, rests, and teeth)                                     | \$379      |
|       | D5222    | Immediate mandibular partial denture—resin base (including any conventional clasps, rests, and teeth)                                    | \$379      |
|       | D5223    | Immediate maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)  | \$622      |
|       | D5224    | Immediate mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) | \$622      |
|       | D5225    | Maxillary partial denture—flexible base (including any clasps, rests and teeth)  | \$541      |
|       | D5226    | Mandibular partial denture—flexible base (including any clasps, rests and teeth)   | \$541      |
|       | D5282    | Removable unilateral partial denture—one piece cast metal (including clasps and teeth), maxillary  | \$253      |
|       | D5283    | Removable unilateral partial denture—one piece cast metal (including clasps and teeth), mandibular                                       | \$253      |
|       |          | <b>ADJUSTMENTS TO REMOVABLE PROSTHESIS</b>   |            |
| IV    | D5410    | Adjust complete denture—maxillary  | \$25       |
|       | D5411    | Adjust complete denture—mandibular   | \$25       |
|       | D5421    | Adjust partial denture—maxillary   | \$26       |
|       | D5422    | Adjust partial denture—mandibular  | \$26       |
|       |          | <b>REPAIRS TO COMPLETE DENTURES</b>  |            |
| IV    | D5511    | Repair broken complete denture base, mandibular  | \$80       |
|       | D5512    | Repair broken complete denture base, maxillary   | \$80       |
|       |          | <b>REPAIRS TO PARTIAL DENTURES</b>   |            |
| IV    | D5611    | Repair resin partial denture base, mandibular  | \$63       |
|       | D5612    | Repair resin partial denture base, maxillary   | \$63       |
|       | D5621    | Repair cast partial framework, mandibular  | \$75       |
|       | D5622    | Repair cast partial framework, maxillary   | \$75       |
|       | D5630    | Repair or replace broken retentive clasping materials—per tooth  | \$75       |
|       | D5640    | Replace broken teeth—per tooth   | \$63       |
|       | D5650    | Add tooth to existing partial denture  | \$69       |
|       | D5660    | Add clasp to existing partial denture—per tooth  | \$81       |
|       | D5670    | Replace all teeth and acrylic on cast metal framework (maxillary)  | \$203      |
|       | D5671    | Replace all teeth and acrylic on cast metal framework (mandibular)   | \$203      |

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|-------|---|---|------------|
|       |   | <b>DENTURE REBASE PROCEDURES</b>  |            |
| IV    | D5710   | Rebase complete maxillary denture   | \$189      |
|       | D5711   | Rebase complete mandibular denture  | \$189      |
|       | D5720   | Rebase maxillary partial denture  | \$175      |
|       | D5721   | Rebase mandibular partial denture   | \$175      |
|       |   | <b>DENTURE RELINE PROCEDURES</b>  |            |
| IV    | D5730   | Reline complete maxillary denture (chairside)   | \$108      |
|       | D5731   | Reline complete mandibular denture (chairside)  | \$108      |
|       | D5740   | Reline maxillary partial denture (chairside)  | \$108      |
|       | D5741   | Reline mandibular partial denture (chairside)   | \$108      |
|       | D5750   | Reline complete maxillary denture (laboratory)  | \$162      |
|       | D5751   | Reline complete mandibular denture (laboratory)   | \$162      |
|       | D5760   | Reline maxillary partial denture (laboratory)   | \$162      |
|       | D5761   | Reline mandibular partial denture (laboratory)  | \$162      |
|       |   | <b>OTHER REMOVABLE PROSTHETIC SERVICES</b>  |            |
| IV    | D5850   | Tissue conditioning, maxillary  | \$56       |
|       | D5851   | Tissue conditioning, mandibular   | \$56       |
|       | D5863   | Overdenture—complete maxillary  | \$895      |
|       | D5864   | Overdenture—partial maxillary   | \$895      |
|       | D5865   | Overdenture—complete mandibular   | \$895      |
|       | D5866   | Overdenture—partial mandibular  | \$895      |
|       | D5875   | Modification of removable prosthesis following implant surgery                            | \$81       |
|       |   | <b>IMPLANT SERVICES</b>   |            |
| IV    | D6010   | Surgical placement of implant body—endosteal implant                                      | \$1,150    |
|       | D6011   | Second stage implant surgery  | \$100      |
|       | D6012   | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | \$840      |
|       | D6013   | Surgical placement of mini implant  | \$245      |
|       | D6040   | Surgical placement—eposteal implant   | \$1,160    |
|       | D6055   | Connecting bar—implant supported or abutment supported                                    | \$960      |
|       | D6056   | Prefabricated abutment—includes modification and placement                                | \$375      |
|       | D6057   | Custom fabricated abutment—includes placement   | \$445      |
|       | D6058   | Abutment supported porcelain/ceramic crown  | \$645      |
|       | D6059   | Abutment supported porcelain fused to metal crown (high noble metal)                      | \$630      |
|       | D6060   | Abutment supported porcelain fused to metal crown (predominantly base metal)              | \$495      |
|       | D6061   | Abutment supported porcelain fused to metal crown (noble metal)                           | \$630      |
|       | D6062   | Abutment supported cast metal crown (high noble metal)                                    | \$600      |
|       | D6063   | Abutment supported cast metal crown (predominantly base metal)                            | \$480      |
| D6064 | Abutment supported cast metal crown (noble metal) | \$600   |            |

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| IV    | D6065                                 | Implant supported porcelain/ceramic crown  | \$645      |
|       | D6066                                 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)  | \$645      |
|       | D6067                                 | Implant supported metal crown (titanium, titanium alloy, high noble metal)   | \$645      |
|       | D6075                                 | Implant supported retainer for ceramic fpd   | \$645      |
|       | D6076                                 | Implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, or high noble metal)  | \$650      |
|       | D6077                                 | Implant supported retainer for cast metal fpd (titanium, titanium alloy, or high noble metal)  | \$650      |
|       | D6080                                 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prosthesis and abutments   | \$160      |
|       | D6081                                 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure                               | \$55       |
|       | D6090                                 | Repair implant supported prosthesis, by report   | \$310      |
|       | D6091                                 | Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment  | \$325      |
|       | D6092                                 | Recement or re-bond implant/abutment supported crown   | \$30       |
|       | D6093                                 | Recement or re-bond implant/abutment supported fixed partial denture   | \$80       |
|       | D6094                                 | Abutment supported crown (titanium)  | \$545      |
|       | D6095                                 | Repair implant abutment, by report   | \$290      |
|       | D6100                                 | Implant removal, by report   | \$800      |
|       | D6101                                 | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure                               | \$210      |
|       | D6102                                 | Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces including flap entry and closure | \$250      |
|       | D6103                                 | Bone graft for repair of peri-implant defect—does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately | \$360      |
|       | D6104                                 | Bone graft at time of implant placement  | \$160      |
|       | D6190                                 | Radiographic/surgical implant index, by report   | \$100      |
| D6205 | Pontic—indirect resin based composite | \$282  |            |
|       |                                       | <b>FIXED PARTIAL DENTURE PONTICS</b>   |            |
| IV    | D6210                                 | Pontic—cast high noble metal   | \$424      |
|       | D6211                                 | Pontic—cast predominantly base metal   | \$417      |
|       | D6212                                 | Pontic—cast noble metal  | \$424      |
|       | D6214                                 | Pontic—titanium  | \$424      |
|       | D6240                                 | Pontic—porcelain fused to high noble metal   | \$514      |

| CLASS | CDT CODE                              | PROCEDURE NAME   | COPAY (\$) |
|-------|---------------------------------------|--|------------|
| IV    | D6241                                 | Pontic—porcelain fused to predominantly base metal                   | \$506      |
|       | D6242                                 | Pontic—porcelain fused to noble metal                                | \$514      |
|       | D6245                                 | Pontic—porcelain/ceramic   | \$525      |
|       | D6250                                 | Pontic—resin with high noble metal                                   | \$454      |
|       | D6251                                 | Pontic—resin with predominantly base metal                           | \$446      |
|       | D6252                                 | Pontic—resin with noble metal  | \$454      |
|       |                                       | <b>RETAINERS</b>   |            |
| IV    | D6545                                 | Retainer—cast metal for resin bonded fixed prosthesis                | \$207      |
|       | D6548                                 | Retainer—porcelain/ceramic for resin bonded fixed prosthesis         | \$244      |
|       | D6549                                 | Resin retainer—for resin bonded fixed prosthesis                     | \$237      |
|       | D6602                                 | Retainer inlay—cast high noble metal, two surfaces                   | \$296      |
|       | D6603                                 | Retainer inlay—cast high noble metal, three or more surfaces         | \$334      |
|       | D6604                                 | Retainer inlay—cast predominantly base metal, two surfaces           | \$296      |
|       | D6605                                 | Retainer inlay—cast predominantly base metal, three or more surfaces | \$334      |
|       | D6606                                 | Retainer inlay—cast noble metal, two surfaces                        | \$296      |
|       | D6607                                 | Retainer inlay—cast noble metal, three or more surfaces              | \$334      |
|       | D6610                                 | Retainer onlay—cast high noble metal, two surfaces                   | \$336      |
|       | D6611                                 | Retainer onlay—cast high noble metal, three or more surfaces         | \$375      |
|       | D6612                                 | Retainer onlay—cast predominantly base metal, two surfaces           | \$336      |
|       | D6613                                 | Retainer onlay—cast predominantly base metal, three or more surfaces | \$375      |
|       | D6614                                 | Retainer onlay—cast noble metal, two surfaces                        | \$336      |
|       | D6615                                 | Retainer onlay—cast noble metal, three or more surfaces              | \$375      |
|       | D6624                                 | Retainer inlay—titanium  | \$334      |
|       | D6634                                 | Retainer onlay—titanium  | \$375      |
|       | D6710                                 | Retainer crown—indirect resin based composite                        | \$317      |
|       | D6720                                 | Retainer crown—resin with high noble metal                           | \$420      |
|       | D6721                                 | Retainer crown—resin with predominantly base metal                   | \$403      |
| D6722 | Retainer crown—resin with noble metal | \$420  |            |
|       |                                       | <b>FIXED PARTIAL DENTURE RETAINERS—CROWN</b>                         |            |
| IV    | D6750                                 | Retainer crown—porcelain fused to high noble metal                   | \$424      |
|       | D6751                                 | Retainer crown—porcelain fused to predominantly base metal           | \$417      |
|       | D6752                                 | Retainer crown—porcelain fused to noble metal                        | \$424      |
|       | D6780                                 | Retainer crown—3/4 cast high noble metal                             | \$403      |
|       | D6781                                 | Crown—3/4 cast predominantly based metal                             | \$370      |
|       | D6782                                 | Crown—3/4 cast noble metal   | \$403      |
|       | D6783                                 | Crown—3/4 porcelain/ceramic  | \$423      |
|       | D6790                                 | Retainer crown—full cast high noble metal                            | \$420      |
|       | D6791                                 | Retainer crown—full cast predominantly base metal                    | \$403      |
|       | D6792                                 | Retainer crown—full cast noble metal                                 | \$420      |

| CLASS  | CDT CODE | PROCEDURE NAME  | COPAY (\$) |
|--|----------|---|------------|
| IV   | D6793    | Provisional retainer crown-further treatment or completion of diagnosis necessary prior to final impression   | \$225      |
|  | D6794    | Retainer crown—titanium   | \$420      |
| <b>OTHER FIXED PARTIAL DENTURE SERVICES</b>  |          |   |            |
| IV   | D6930    | Re-cement or re-bond fixed partial denture  | \$49       |
|  | D6980    | Fixed partial denture repair necessitated by restorative material failure   | \$99       |
|  | D6985    | Pediatric partial denture, fixed  | \$304      |
| <b>EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED AND ROUTINE POST-OPERATIVE CARE)</b>          |          |   |            |
| II   | D7111    | Extraction, coronal remnants—deciduous tooth  | \$41       |
|  | D7140    | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)  | \$55       |
| <b>SURGICAL EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED AND ROUTINE POST-OPERATIVE CARE)</b> |          |   |            |
| III  | D7210    | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and excluding elevation of mucoperiosteal flap if indicated | \$108      |
|  | D7220    | Removal of impacted tooth—soft tissue   | \$114      |
|  | D7230    | Removal of impacted tooth—partially bony  | \$160      |
|  | D7240    | Removal of impacted tooth—completely bony   | \$198      |
|  | D7241    | Removal of impacted tooth—completely bony, with unusual surgical complications  | \$230      |
|  | D7250    | Surgical removal of residual tooth roots (cutting procedure)  | \$106      |
|  | D7260    | Oroantral fistula closure   | \$317      |
|  | D7261    | Primary closure of a sinus perforation  | \$207      |
|  | D7270    | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth  | \$244      |
| <b>OTHER SURGICAL PROCEDURES</b>   |          |   |            |
| III  | D7280    | Surgical access of an unerupted tooth   | \$216      |
|  | D7285    | Incisional biopsy of oral tissue—hard (bone, tooth)   | \$113      |
|  | D7286    | Incisional biopsy of oral tissue—soft   | \$92       |
|  | D7287    | Exfoliative cytological sample collection   | \$4        |
|  | D7288    | Brush biopsy—transepithelial sample collection  | \$83       |
| <b>ALVEOLOPLASTY—SURGICAL PREPARATION OF RIDGE FOR DENTURES</b>  |          |   |            |
| III  | D7310    | Alveoloplasty in conjunction with extractions—four or more teeth or tooth spaces, per quadrant  | \$91       |
|  | D7311    | Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant  | \$60       |
|  | D7320    | Alveoloplasty not in conjunction with extractions—four or more teeth or tooth spaces, per quadrant  | \$161      |
|  | D7321    | Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant  | \$106      |

| CLASS  | CDT CODE | PROCEDURE NAME  | COPAY (\$) |
|--|----------|---|------------|
| III  | D7471    | Removal of lateral exostosis (maxilla or mandible)  | \$172      |
|  | D7472    | Removal of torus palatinus  | \$178      |
|  | D7473    | Removal of torus mandibularis   | \$207      |
| <b>SURGICAL INCISION</b>                         |          |   |            |
| III  | D7510    | Incision and drainage of abscess—extraoral soft tissue.   | \$75       |
|  | D7520    | Incision and drainage of abscess—extraoral soft tissue  | \$126      |
| <b>OTHER REPAIR PROCEDURES</b>                   |          |   |            |
| III  | D7960    | Frenulectomy also known as frenectomy or frenotomy—separate procedure not incidental to another | \$150      |
|  | D7963    | Frenuloplasty   | \$150      |
|  | D7970    | Excision of hyperplastic tissue—per arch  | \$173      |
|  | D7971    | Excision of pericoronal gingiva   | \$71       |
| <b>LIMITED ORTHODONTIC TREATMENT</b>             |          |   |            |
| V  | D8010    | Limited orthodontic treatment of the primary dentition  | \$310      |
|  | D8020    | Limited orthodontic treatment of the transitional dentition                                     | \$310      |
|  | D8030    | Limited orthodontic treatment of the adolescent dentition                                       | \$310      |
|  | D8040    | Limited orthodontic treatment of the adult dentition  | \$310      |
|  | D8050    | Interceptive orthodontic treatment of the primary dentition                                     | \$310      |
|  | D8060    | Interceptive orthodontic treatment of the transitional dentition                                | \$310      |
| <b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>       |          |   |            |
| V  | D8070    | Comprehensive orthodontic treatment of the transitional dentition                               | \$2,576    |
|  | D8080    | Comprehensive orthodontic treatment of the adolescent dentition                                 | \$2,576    |
|  | D8090    | Comprehensive orthodontic treatment of the adult dentition                                      | \$2,576    |
| <b>MINOR TREATMENT TO CONTROL HARMFUL HABITS</b> |          |   |            |
| V  | D8210    | Removable appliance therapy   | \$260      |
|  | D8220    | Fixed appliance therapy   | \$324      |
| <b>OTHER ORTHODONTIC SERVICES</b>                |          |   |            |
| V  | D8660    | Pre-orthodontic treatment examination to monitor growth and development                         | \$40       |
|  | D8680    | Orthodontic retention (removal of appliances, construction and placement of retainer(s))        | \$150      |
| <b>UNCLASSIFIED TREATMENT</b>                    |          |   |            |
| I  | D9110    | Palliative (emergency) treatment of dental pain, minor procedure                                | \$34       |
| III  | D9120    | Fixed partial denture sectioning  | \$61       |
| <b>ANESTHESIA</b>                                |          |   |            |
| III  | D9210    | Local anesthesia not in conjunction with operative or surgical procedures                       | \$21       |
| I  | D9219    | Evaluation for moderate sedation or general anesthesia  | \$25       |
| III  | D9223    | Deep sedation/general anesthesia—each 15 minute increment                                       | \$74       |
|  | D9239    | Intravenous moderate (conscious) sedation/analgesia—first 15 minutes                            | \$74       |
|  | D9243    | Intravenous moderate (conscious) sedation/analgesia—each 15 minute increment                    | \$62       |
|  | D9248    | Non-intravenous conscious sedation  | \$86       |

| CLASS                            | CDT CODE | PROCEDURE NAME  | COPAY (\$) |
|----------------------------------|----------|---|------------|
| <b>PROFESSIONAL CONSULTATION</b> |          |   |            |
| I                                | D9310    | Consultation—diagnostic service provided by dentist or physician other than requesting dentist or physician | \$39       |
| <b>MISCELLANEOUS SERVICES</b>    |          |   |            |
| I                                | D9910    | Application of desensitizing medicament   | \$24       |
|                                  | D9911    | Application of desensitizing resin for cervical and/or root surface, per tooth                              | \$14       |
|                                  | D9932    | Cleaning and inspection of removable complete denture, maxillary  | \$14       |
|                                  | D9933    | Cleaning and inspection of a removable complete denture, mandibular   | \$14       |
|                                  | D9934    | Cleaning and inspection of a removable partial denture, maxillary   | \$14       |
|                                  | D9935    | Cleaning and inspection of a removable partial denture, mandibular  | \$14       |

## Limitations & Exclusions

(in addition to those found in the Evidence of Coverage)

### Limitations

- A. Covered dental services must be performed by or under the supervision of a dentist, within the scope of practice for which licensure or certification has been obtained.
- B. Benefits will be limited to standard procedures and will not be provided for personalized restorations or specialized techniques in the construction of dentures, bridges, or implants, including precision attachments and custom denture teeth.
- C. If a member switches from one Dentist to another during a course of treatment, or if more than one dentist renders services for one dental procedure, CareFirst shall pay as if only one dentist rendered the service.
- D. CareFirst will reimburse only after all dental procedures for the condition being treated have been completed (this provision does not apply to orthodontic services).
- E. In the event there are alternative dental procedures that meet generally accepted standards of professional dental care for a member's condition, benefits will be based upon the lowest cost alternative. CareFirst benefits will cover treatment based upon the CareFirst allowance for the less expensive procedure, provided that the less expensive procedure meets accepted standards of professional dental treatment. CareFirst's decision does not commit the subscriber to the less expensive procedure. However, if the subscriber and the dentist choose the more expensive procedure, the subscriber is responsible for the additional charges beyond those approved or allowed by CareFirst.
- F. Dental procedures not listed on the Schedule of Benefits and Copayments will be provided at the dentist's charges unless written approval is received from CareFirst.
- G. 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 preferred dentists or participating dentists to describe the covered dental services listed in the Schedule of Benefits and Copayments, the member copayments will be determined by CareFirst. CareFirst will notify the subscriber of such changes when applicable.
- H. All services listed on the Schedule of Benefits and Copayments will be provided by a participating dentist or a preferred dentist.
- I. Oral examination, routine teeth cleaning (prophylaxis), topical fluoride up to age 19, and pulp vitality tests not related to accidental injury or trauma or emergency limited to twice per benefit period.

### Exclusions

Benefits will not be provided for:

- A. Replacement of a denture, bridge, dental implant, or crown as a result of loss or theft.
- B. Replacement of an existing denture, bridge, dental implant, or crown that is determined by CareFirst to be satisfactory or repairable.
- C. Replacement of dentures, bridges, dental implants, or crowns within 60 months from the date of placement or replacement for which benefits were paid in whole or in part under the terms of the Evidence of Coverage.
- D. Treatment or services for temporomandibular joint disorders including but not limited to radiographs and/or tomographic surveys.
- E. Gold foil fillings. All member copayments listed on the Schedule of Benefits and Copayments are exclusive of gold.
- F. Dental services in connection with birth defects or mainly for cosmetic reasons; with the following exceptions:
  1. Benefits will be provided for dental services received by the member due to trauma to whole sound natural teeth when the dental services are received after the effective date of coverage under the Evidence of Coverage only if the member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst, and
  2. Benefits will be provided for dental services in connection with birth defects, including cleft lip or cleft palate or both, only if the member's medical benefit plan does not provide benefits for such dental services and written proof of denial of a claim for such benefits is submitted to CareFirst.

- G. Periodontal appliances.
- H. Prescription drugs, including, but not limited to antibiotics administered by the member, inhalation of nitrous oxide, injected or applied medications that are not part of the dental service being rendered, and localized delivery of chemotherapeutic agents for the treatment of a medical condition, unless specifically listed as a covered dental service in the Description of Covered Services.
- I. Splinting.
- J. Nightguards, occlusal guards, or other oral orthotic appliances.
- K. Bacteriologic studies, histopathologic exams, accession of tissue, caries susceptibility tests, diagnostic radiographs, and other pathology procedures, unless specifically listed as a covered dental service in the Description of Covered Services.
- L. Intentional tooth reimplantation or transplantation.
- M. Interim prosthetic devices, fixed or removable and not part of a permanent or restorative prosthetic service, and tissue conditioning.
- N. Additional fees charged for visits by a dentist to the member's home, to a hospital, to a nursing home, or for office visits after the dentist's standard office hours. CareFirst shall provide the benefits for the dental service as if the visit was rendered in the dentist's office during normal office hours.
- O. Transseptal fibrotomy or vestibuloplasty.
- P. Orthognathic surgery or other oral surgery covered under the member's medical benefit plan.
- Q. Services not specifically listed in the Description of Covered Services as a covered dental service, even if medically necessary.
- R. Services or supplies that are related to an excluded service (even if those services or supplies would otherwise be covered services).
- S. Separate billings for dental care services or supplies furnished by an employee of a dentist which are normally included in the dentist's charges and billed for by them.
- T. Telephone consultations, failure to keep a scheduled visit, completion of forms, or administrative services.
- U. Services or supplies that are experimental or investigational in nature.
- V. Services for injuries and conditions which are covered under Workers' Compensation or employers' liability laws.
- W. Services which are provided without cost to the member by any municipality, county or other political subdivision (with the exception of Medicaid).
- X. Services which, in the opinion of the dental director, are not medically necessary for the member's dental health.
- Y. Cosmetic, elective, or aesthetic dentistry, which in the opinion of the dental director are not necessary for the member's dental health;
- Z. Oral surgery requiring the setting of fractures or dislocations.
- AA. Services with respect to malignancies, cysts or neoplasms, or hereditary, congenital or developmental malformations unless specifically listed as a covered dental service in the Description of Covered Services.
- AB. Hospitalization for any dental procedure.
- AC. General anesthesia.
- AD. Services which are obtained from a non-participating dentist unless specifically listed as a covered dental service in the Description of Covered Services.
- AE. Additional fees charged for dental services which cannot be performed in the dental office of a participating dentist or preferred dentist due to the special needs or health related conditions of the member. CareFirst shall provide the benefits for the covered dental service as if the dental services were rendered in the dentist's office during normal office hours. Any additional facility and professional fees charged shall be the member's responsibility.
- AF. Any service, supply or item that is not medically necessary for the member's dental health. Although a service may be listed as covered, benefits will be provided only if the service is medically necessary for the member's dental health as determined by CareFirst.
- AG. Services required solely for administrative purposes, for example, employment, insurance, foreign travel, school, camp admissions or participation in sports activities.
- AH. The repair or replacement of any orthodontic appliance.
- AI. Any orthodontic services after the last day of the month in which covered services ended except as specifically described in the Description of Covered Services and the Evidence of Coverage.
- AJ. Class III, Class IV, and Class V services incurred during a member's benefit waiting period (if applicable).

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:

CareFirst of Maryland, Inc.: CFMI/DENTAL/GC (1/19); CFMI/BLUEDENTAL EPO EOC (1/19); CFMI/BLUEDENTAL EPO DOCS (1/19); CFMI/BLUEDENTAL EPO DOCS LG (7/19); CFMI/BLUEDENTAL EPO SOB I-V (1/19); CFMI/BLUEDENTAL EPO SOB I-V LG (7/19); CFMI/ELIG/D-V (7/09) and any amendments. Group Hospitalization and Medical Services, Inc.: MD/CF/DENTAL/GC (1/19); MD/CF/BLUEDENTAL EPO EOC (1/19); MD/CF/BLUEDENTAL EPO DOCS (1/19); MD/CF/BLUEDENTAL EPO DOCS LG (7/19); MD/CF/BLUEDENTAL EPO SOB I-V (1/19); MD/CF/BLUEDENTAL EPO SOB I-V LG (7/19); MD/CF/ELIG (R. 1/08) and any amendments.

District of Columbia:

DC/CF/DENTAL/GC (1/19); DC/CF/BLUEDENTAL EPO EOC (1/19); DC/CF/BLUEDENTAL EPO DOCS (1/19); DC/CF/BLUEDENTAL EPO DOCS LG (7/19); DC/CF/BLUEDENTAL EPO SOB I-V (1/19); DC/CF/BLUEDENTAL EPO SOB I-V LG (7/19); DC/CF/ELIG (9/04) and any amendments.

Virginia:

VA/CF/DENTAL/GC (1/19); VA/CF/BLUEDENTAL EPO EOC (1/19); VA/CF/BLUEDENTAL EPO DOCS (R. 4/19); VA/CF/BLUEDENTAL EPO DOCS LG (7/19); VA/CF/BLUEDENTAL EPO SOB I-V (R. 4/19); VA/CF/BLUEDENTAL EPO SOB I-V LG (7/19); VA/CF/ELIG (R. 1/12) and any amendments.

# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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 14858  
    Lexington, KY 40512

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>.

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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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic):- ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀናችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للأخريين الاتصال بالرقم 855-258-6518 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمتترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意 (Chinese) : 此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您將會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d'assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d'obtenir ces informations ainsi qu'une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d'adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu'à l'invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d'être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké mkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwughị ụgwọ ọbụla. Ndi ọtù ga akpọ ọnuogugụ ekwenti dị na àzụ Kààdị njirimara ndi ọtù ha. Ndi ọzọ nile nwere ike ikpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pja 0. Mgbe onye ozi zara, kwuo asụsụ ichorọ, a ga ejikota gị na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínizin (Navajo): Díí bee íł hane'í béeso nich'ááh naa'nil bee ník'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoolkálí dóó bee ida'ii'aahí háidíí shíí t'áá bich'í'jii' ha'át'íshíí ádadiilíihgíí biyi'. Díí bee baa dahane'í dóó t'áá jiiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'í'. Bii hada'dít'éhí binaaltsoos nitl'izhí bee béédahóziní baaq béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáfti'í biba' asdáago niléí ó bii adíłchííd hodoo'niidjii'. Naalnishí haadzíí'go, saad nínízinígíí bee bii hodíilnih dóó ata' yáfti'í bich'í' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरु सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana'omia ai le faia o se gaoiga i nisi taimi fa'agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se tofogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'aailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائلاگ پر انتظار کرنا چاہیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhả số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.