

For brokers, general producers and full-service producers

*Not intended for distribution to groups or members*

Date: April 27, 2018

Market: **Dental, 2-50 and 51+**

## **DHMO Provider Choice Product Exit, 2-50 and 51+ Maryland and Virginia Only**

Beginning with July 2018 renewals, DHMO Provider Choice (PC) plans will be discontinued for 2-50 and 51+ groups in Maryland and Virginia. The product exit impacts 120 groups with 2,152 subscribers (3,596 members). D.C. groups will continue to renew as scheduled until further notice.

### **Communications**

MD and VA groups will receive a notification letter 60 days prior to their renewal date. For example, groups renewing July 1, 2018 will receive a letter by or before May 1, 2018.

- Maryland, sample letter
- Virginia, sample letter

Members in VA will also receive a discontinuation letter 45 days prior to their termination date. For example, groups renewing July 1, 2018 will receive a letter by or before May 15, 2018.

### **Alternate Dental Plans**

Prior to their renewal date, these groups will automatically receive a quote for an alternative BlueDHMO plan (see attached) with benefits similar to their existing DHMO PC plan.

- **Groups will not automatically be renewed into a new plan; employers must sign the new dental quote in order to enroll in the new plan.**
- If a group's only line of coverage with CareFirst is the DHMO PC plan and they do *not* select an alternate BlueDHMO product (or any other plan), the group will be terminated.
- **A group can only have one BlueDHMO product.** If the group already has BlueDHMO, another BlueDHMO product will not be quoted.

When exiting these older DHMO products, CareFirst offers a wide variety of alternative DHMO and PPO dental plans:

- **BlueDHMO \$0 and BlueDHMO \$10 office visit plans:**
  - The same network access as the current plan with updated member fee schedules.
  - These plans are available as voluntary, or employer sponsored
  - Minimum enrollment of two contracts; no minimum percentage
  - Can be offered along with other CareFirst dental products if group has at least two medical plans
  - Regional network access
  
- **BlueDental Basic:**
  - A low-cost plan offering expanded network access
  - Limited covered services include diagnostic, preventative and basic services
  - No cost diagnostic & preventative services (in-network)
  - Only employer sponsored option at this time
  - Broad network access
  - Nationwide network access
  
- **BlueDental Plus:**
  - A comprehensive portfolio of plan options
  - No cost diagnostic & preventative services (in-network)
  - Employer sponsored or voluntary
  - Broad network access

Should you have any questions, please contact your broker sales representative.



Dear Group Administrator:

In order to ensure we are delivering the products, benefits and services our customers most desire, we periodically review our dental product offering.

As a result of a recent evaluation, CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and The Dental Network (CareFirst) will no longer offer the DHMO Provider Choice dental plan. You will not be able to renew this plan at your next renewal date.

You will automatically receive a quote for an alternative BlueDHMO plan with benefits similar to those you currently offer, though benefits and rates may vary. In addition, other CareFirst dental plans options are available to offer to your employees and you can get information and rates for those plans, as well.

If you have any questions on alternative dental plans, please contact your CareFirst sales representative.

We appreciate your business and look forward to continuing to do business with you.

Thanks,



Tony Taylor  
CareFirst BlueCross BlueShield  
Sr. Director, Dental Operations & Sales Consulting

Dear Group Administrator:

In order to ensure we are delivering the products, benefits and services our customers most desire, we periodically review our dental product offering.

As a result of a recent evaluation, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) will no longer offer the DHMO Provider Choice dental plan. You will not be able to renew this plan at your next renewal date.

You will automatically receive a quote for an alternative BlueDHMO plan with benefits similar to those you currently offer, though benefits and rates may vary. In addition, other CareFirst dental plans are available to offer to your employees and you can get information and rates for those plans, as well.

If you have any questions on alternative dental plans, please contact your CareFirst sales representative.

CareFirst will be notifying your employees 45 days prior to your renewal date that their plan will not be available upon renewal.

We appreciate your business and look forward to continuing to do business with you.

Thanks,



Tony Taylor  
CareFirst BlueCross BlueShield  
Sr. Director, Dental Operations & Sales Consulting

Dear Member:

In order to ensure we are delivering the products, benefits and services our members most desire, we periodically review our dental product offering.

As a result of a recent evaluation, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) will no longer offer the DHMO Provider Choice dental plan. This plan will not be available to you during your next renewal. Your Benefits Manager will let you know what plan(s) if any, will be offered prior to open enrollment.

If you have any questions regarding this, please contact your Benefits Manager.

Thank you,



Tony Taylor  
CareFirst BlueCross BlueShield  
Sr. Director, Dental Operations & Sales Consulting

## Plan Comparison: DHMO PC-5 and BlueDHMO \$0

Service	Copay	
	DHMO PC-5	BlueDHMO \$0
<b>Basic Dental Services (per office visit copay)</b>	\$5	\$0
<b>Soft Tissue Management (per office visit copay)</b>		
<i>Periodontal scaling and root planing</i>	\$60	\$60
<i>Full mouth debridement</i>	\$60	\$50
<i>Periodontal maintenance procedures following active therapy</i>	\$60	\$40
<b>Restorative Services</b>		
<i>Crown - porcelain fused to predominantly base metal</i>	\$300	\$330
<i>Crown - porcelain fused to high noble metal</i>	\$320	\$350
<b>Endodontics - Root Canal Therapy</b>		
<i>Aterior (excluding final restoration)</i>	\$190	\$190
<i>Molar (excluding final restoration)</i>	\$310	\$310
<b>Dentures and Related Procedures</b>		
<i>Complete denture - maxillary or mandibular</i>	\$320	\$335
<i>Partial dental - cast metal framework with resin denture bases</i>	\$350	\$385
<i>Reline complete maxillary or mandibular denture (in a dentist's office)</i>	\$75	\$80
<i>Pontic - porcelain fused to predominantly base metal</i>	\$300	\$300
<i>Pontic - porcelain fused to high noble metal</i>	\$320	\$320
<b>Surgical Services</b>		
<i>Osseous Surgery (including flap entry and closure) per quadrant</i>	\$330	\$330
<i>Surgical removal of erupted tooth</i>	\$60	\$65
<i>Removal of impacted tooth - completely bony</i>	\$120	\$120
<b>Orthodontics</b>		
<i>Comprehensive - adolescent</i>	\$2,100	\$3,000
<i>Comprehensive - adult</i>	\$2,250	\$3,000
<i>Pre-orthodontic treatment visit</i>	\$120	\$70
<i>Orthodontic retention</i>	\$190	\$190
<b>Anesthesia (intravenous sedations - first 30 minutes)</b>	\$90	\$100
<b>Broken Appointment Fee (without 24 hour notice)</b>	\$10 (per 15 minutes)	\$40

This chart includes common procedures and does not list all services and procedures covered by the benefits contract. It is for comparison purposes only and does not create rights that are not covered through the benefit plan.

## Plan Comparison: DHMO PC-10 and BlueDHMO \$10

Service	DHMO PC-10      BlueDHMO \$10	
	Copay	
<b>Basic Dental Services (per office visit copay)</b>	\$10	\$10
<b>Soft Tissue Management (per office visit copay)</b>		
<i>Periodontal scaling and root planing</i>	\$65	\$65
<i>Full mouth debridement</i>	\$65	\$55
<i>Periodontal maintenance procedures following active therapy</i>	\$65	\$45
<b>Restorative Services</b>		
<i>Crown - porcelain fused to predominantly base metal</i>	\$370	\$410
<i>Crown - porcelain fused to high noble metal</i>	\$390	\$430
<b>Endodontics - Root Canal Therapy</b>		
<i>Aterior (excluding final restoration)</i>	\$250	\$250
<i>Molar (excluding final restoration)</i>	\$410	\$410
<b>Dentures and Related Procedures</b>		
<i>Complete denture - maxillary or mandibular</i>	\$410	\$415
<i>Partial dental - cast metal framework with resin denture bases</i>	\$435	\$480
<i>Reline complete maxillary or mandibular denture (in a dentist's office)</i>	\$90	\$100
<i>Pontic - porcelain fused to predominantly base metal</i>	\$370	\$370
<i>Pontic - porcelain fused to high noble metal</i>	\$390	\$390
<b>Surgical Services</b>		
<i>Osseous Surgery (including flap entry and closure) per quadrant</i>	\$400	\$400
<i>Surgical removal of erupted tooth</i>	\$75	\$75
<i>Removal of impacted tooth - completely bony</i>	\$160	\$160
<b>Orthodontics</b>		
<i>Comprehensive - adolescent</i>	\$2,300	\$3,000
<i>Comprehensive - adult</i>	\$2,450	\$3,000
<i>Pre-orthodontic treatment visit</i>	\$130	\$100
<i>Orthodontic retention</i>	\$200	\$200
<b>Anesthesia (intravaneous sedations - first 30 minutes)</b>	\$110	\$125
<b>Broken Appointment Fee (without 24 hour notice)</b>	\$10 (per 15 minutes)	\$40

This chart includes common procedures and does not list all services and procedures covered by the benefits contract. It is for comparison purposes only and does not create rights that are not covered through the benefit plan.

## Plan Comparison: DHMO PC-20 and BlueDHMO \$10

Service	Copay	
	DHMO PC-20	BlueDHMO \$10
<b>Basic Dental Services (per office visit copay)</b>	\$20	\$10
<b>Soft Tissue Management (per office visit copay)</b>		
<i>Periodontal scaling and root planing</i>	\$70	\$65
<i>Full mouth debridement</i>	\$70	\$55
<i>Periodontal maintenance procedures following active therapy</i>	\$70	\$45
<b>Restorative Services</b>		
<i>Crown - porcelain fused to predominantly base metal</i>	\$410	\$410
<i>Crown - porcelain fused to high noble metal</i>	\$450	\$430
<b>Endodontics - Root Canal Therapy</b>		
<i>Aterior (excluding final restoration)</i>	\$300/\$400*	\$250
<i>Molar (excluding final restoration)</i>	\$450/\$600*	\$410
<b>Dentures and Related Procedures</b>		
<i>Complete denture - maxillary or mandibular</i>	\$485	\$415
<i>Partial dental - cast metal framework with resin denture bases</i>	\$540	\$480
<i>Reline complete maxillary or mandibular denture (in a dentist's office)</i>	\$115	\$100
<i>Pontic - porcelain fused to predominantly base metal</i>	\$410	\$370
<i>Pontic - porcelain fused to high noble metal</i>	\$450	\$390
<b>Surgical Services</b>		
<i>Osseous Surgery (including flap entry and closure) per quadrant</i>	\$420/\$600*	\$400
<i>Surgical removal of erupted tooth</i>	\$80/\$110*	\$75
<i>Removal of impacted tooth - completely bony</i>	\$165/\$200*	\$160
<b>Orthodontics</b>		
<i>Comprehensive - adolescent</i>	\$2,500	\$3,000
<i>Comprehensive - adult</i>	\$2,700	\$3,000
<i>Pre-orthodontic treatment visit</i>	\$150	\$100
<i>Orthodontic retention</i>	\$250	\$200
<b>Anesthesia (intravenous sedations - first 30 minutes)</b>	\$150	\$125
<b>Broken Appointment Fee (without 24 hour notice)</b>	\$10 (per 15 minutes)	\$40

\*When two copays are listed, the primary dentist will provide the service at the lower amount and the specialty care dentist will provide the service at the higher amount.

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