CareFirst®

Family of health care plans

2020 INDIVIDUAL PRODUCT CHANGES

Dental & Vision

OCTOBER 2019

Proprietary and Confidential

Summary of 2020 Changes for ACA Embedded Dental/Vision

CareFirst Family of health care plans

Pediatric Dental

- No changes

Adult Vision & Adult VisionPlus

- No changes

Pediatric Vision

- Increased OON Medically Necessary Contact Lens allowance from $225 to $240
- Changed the INN benefit for Low Vision Care from 'No charge' to the following allowances:
  - Exam: $300 allowance
  - Follow-up Care: $100 allowance
  - High-power spectacles, magnifiers and telescopes: $600 allowance
- Added a $1,200 lifetime maximum for Low Vision high power spectacles, magnifiers and telescopes for DC and VA plans only

Pediatric Vision
MD, DC & VA

CareFirst Family of health care plans

Pediatric Vision (coverage up to age 19)		
	In-Network	**Out-of-Network**
Benefit Period	12/12/12	
Eye Exam (one per benefit period)	$0 copay ($50 copay for DC Bronze plans)	$40 allowance
Spectacle Lenses* (one per benefit period)	**Basic Single Vision:** $0 copay **Basic Bifocals:** $0 copay **Basic Trifocals:** $0 copay **Basic Lenticular:** $0 copay	**Basic Single Vision:** $40 allowance **Basic Bifocals:** $60 allowance **Basic Trifocals:** $80 allowance **Basic Lenticular:** $100 allowance
Frames* (one per benefit period)	**Davis Vision Collection**[1]**:** $0 copay **Other:** $70 allowance	$70 allowance
Elective Contact Lenses* (one per benefit period, in lieu of spectacle lenses & frames)	**Davis Vision Collection**[2]**:** $0 copay **Other:** $105 allowance	$105 allowance
Medically Necessary Contact Lenses* (prior authorization required)	$0 copay	$240 allowance
Low Vision Care* (prior authorization required)	**Exam:** $300 allowance **Follow-up Care:** $100 allowance **High-power spectacles, magnifiers and telescopes:** $600 allowance (*$1,200 lifetime max for plans in DC & VA)*	**Exam:** $300 allowance **Follow-up Care:** $100 allowance **High-power spectacles, magnifiers and telescopes:** $600 allowance (*1,200 lifetime max for plans in DC & VA)*

*Services are subject to the medical deductible for BlueChoice Young Adult plans only.
[1]The Davis Vision Frame Collection includes 222 frames available to members at no cost. Each of the Collection frames come with a free one-year breakage warranty. The Davis Vision Frame Collection is available at nearly 9,000 independent provider locations nationwide.
[2]The Davis Vision Contact Collection is a formulary of popular contact brands that are available for members at no cost for an initial supply. Members receive an initial supply of contacts (up to a 6 month supply – depending on the provider-recommended wearing schedule). The number of boxes varies by brand. The Collection includes select torics and multifocals.

Summary of Exclusions: Not all services and procedures are covered by the benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Summary of 2020 Changes for BlueDental Preferred

CareFirst Family of health care plans

High Option

- Increased Annual Maximum from $1,000 to $1,750
- Changed the coinsurance (INN/OON) for Class III services for members over age 19 from 80/60 to 60/50

Low Option

- Increased Annual Maximum from $1,000 to $1,250
- Changed the coinsurance (INN/OON) for Class III services for members over age 19 from 80/60 to 60/50
- Changed the coinsurance (INN/OON) for Class IV services for members over age 19 from 50/35 to 35/25

2020 BlueDental Preferred Plan Details – High Option*

CareFirst Family of health care plans

	Members up to age 19 pay		Members over age 19 pay	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible (applies to Classes II, III & IV)	Individual: $50 Family: $150	Individual: $100 Family: $300	Individual: $100 Family: $300	Individual: $200 Family: $600
Out-of-Pocket Maximum	$350 for 1 member $700 for 2+ members			
Annual Maximum (applies to Classes I, II, III, & IV)			$1,750 combined IN/OON	
Preventive & Diagnostic Services (Class I)	No charge (no deductible)	20% of Allowed Benefit (no deductible)	No charge (after deductible)	20% of Allowed Benefit (after deductible)
Basic Services (Class II)	20% of Allowed Benefit[1] (after deductible)	40% of Allowed Benefit (after deductible)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)
Major Services – Surgical (Class III)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)	50% of Allowed Benefit (after deductible)
Major Services – Restorative (Class IV)	50% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)	50% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)
Orthodontic Services (Class V) (Must be medically necessary)[2]	50% of Allowed Benefit (no deductible)	65% of Allowed Benefit (no deductible)	No benefit	No benefit

*Plans do not include Deductible Carryover or Deductible Credit provisions

[1] CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

[2] Qualifications to be medically necessary vary by jurisdiction.

Summary of Exclusions: Not all services and procedures are covered by the benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

2020 BlueDental Preferred Plan Details – Low Option*

CareFirst Family of health care plans

	Members up to age 19 pay		Members over age 19 pay	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible (applies to Classes II, III & IV)	Individual: $50 Family: $150	Individual: $100 Family: $300	Individual: $100 Family: $300	Individual: $200 Family: $600
Out-of-Pocket Maximum	$350 for 1 member $700 for 2+ members			
Annual Maximum (applies to Classes I, II, III, & IV)			$1,250 combined IN/OON	
Preventive & Diagnostic Services (Class I)	No charge (no deductible)	20% of Allowed Benefit (no deductible)	No charge (after deductible)	20% of Allowed Benefit (after deductible)
Basic Services (Class II)	20% of Allowed Benefit[1] (after deductible)	40% of Allowed Benefit (after deductible)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)
Major Services – Surgical (Class III)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)	50% of Allowed Benefit (after deductible)
Major Services – Restorative (Class IV)	50% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)	75% of Allowed Benefit (after deductible)
Orthodontic Services (Class V) (Must be medically necessary)[2]	50% of Allowed Benefit (no deductible)	65% of Allowed Benefit (no deductible)	No benefit	No benefit

*Plans do not include Deductible Carryover or Deductible Credit provisions

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BlueDental Preferred Rate Overview for 1/1/2020

CareFirst Family of health care plans

- Geo-factors have been eliminated for Maryland
- Rates will stay the same for District of Columbia and Virginia

BlueDental Preferred High Option (Monthly Rates)

Jurisdiction	Region	Age	Rate 1/1/2019	Rate 1/1/2020	% Change
Maryland	Baltimore Metro	0-20	$46.96	$46.38	-1.2%
		21+	$47.43	$46.84	-1.2%
	D.C. Metro	0-20	$46.50	$46.38	-0.3%
		21+	$46.96	$46.84	-0.3%
	Eastern/Southern MD	0-20	$45.57	$46.38	1.8%
		21+	$46.02	$46.84	1.8%
	Western MD	0-20	$44.17	$46.38	5.0%
		21+	$44.62	$46.84	5.0%
D.C.	-	0-20	$34.30	$34.30	0.0%
	-	21+	$44.33	$44.33	0.0%
Virginia	-	0-20	$44.21	$44.21	0.0%
	-	21+	$49.25	$49.25	0.0%

BlueDental Preferred Low Option (Monthly Rates)

Jurisdiction	Region	Age	Rate 1/1/2019	Rate 1/1/2020	% Change
Maryland	Baltimore Metro	0-20	$36.26	$35.81	-1.2%
		21+	$38.58	$38.11	-1.2%
	D.C. Metro	0-20	$35.90	$35.81	-0.3%
		21+	$38.20	$38.11	-0.3%
	Eastern/Southern MD	0-20	$35.18	$35.81	1.8%
		21+	$37.43	$38.11	1.8%
	Western MD	0-20	$34.10	$35.81	5.0%
		21+	$36.29	$38.11	5.0%
D.C.	-	0-20	$24.94	$24.94	0.0%
	-	21+	$35.46	$35.46	0.0%
Virginia	-	0-20	$34.02	$34.02	0.0%
	-	21+	$40.51	$40.51	0.0%

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THANK YOU

For more information, contact

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APPENDIX

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STANDALONE DENTAL BENEFITS

Portfolio of Individual Dental Plans

2020 Plan Comparison

CareFirst Family of health care plans

	Individual Select Preferred Dental (ISP)	Individual Select DHMO (In-Network Only)	BlueDental Preferred	
			High Option	Low Option
Benefit Waiting Periods	None	None	None	
Network	Over 5,000 providers in MD, DC, and Northern VA	Over 600 providers in MD, DC, and Northern VA	Over 5,000 providers in MD, DC, and Northern VA plus 123,000 providers nationally	
Deductible	None	None	**Individual:** $50 IN/$100 OON **Family:** $150 IN/$300 OON (applies to Classes II, III, & IV)	**Individual:** $100 IN/$200 OON **Family:** $300 IN/$600 OON (applies to Classes I-IV)
Out-of-Pocket Maximum	No maximum	No maximum	Up to age 19: $350 for 1 member, $700 for 2+ members Over age 19: No maximum	
Annual Maximum (Classes I-IV)	No maximum	No maximum	Up to age 19: No maximum Over age 19: $1,750 combined IN/OON	Up to age 19: No maximum Over age 19: $1,250 combined IN/OON
In-Network Benefits	Coverage for Class I only (Preventive & Diagnostic Services)	Copays per service	Up to age 19: 100/80/80/50/50 Over age 19: 100/80/60/50	Up to age 19: 100/80/80/50/50 Over age 19: 100/80/60/35
Out-of-Network Benefits	CareFirst Allowed Amount	No benefit	Up to age 19: 80/60/60/35/35 Over age 19: 80/60/50/35	Up to age 19: 80/60/60/35/35 Over age 19: 80/60/50/25

Summary of Exclusions: Not all services and procedures are covered by the benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

2020 Plan Availability

CareFirst Family of health care plans

BlueDental Preferred continues to be available on and off-exchange, while ISP and DHMO are available off-exchange only.

Product Name	Available On Exchange			Available Off Exchange		
	MD	DC	VA	MD	DC	VA
Individual Select Preferred (ISP)				✓	✓	✓
Individual Select DHMO				✓	✓	✓
BlueDental Preferred High Option (ACA)	✓	✓		✓	✓	✓
BlueDental Preferred Low Option (ACA)	✓	✓		✓	✓	✓

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DENTAL – ACA EMBEDDED BENEFITS

Pediatric Dental

Pediatric Dental

CareFirst Family of health care plans

- Pediatric dental is embedded in all CareFirst ACA medical plans
- Pediatric dental is only offered to members through the end of the calendar year that the member turns age 19
  - Example: Members turning 19 in 2019 will lose pediatric benefits on 12/31/19
- Out-of-pocket expenses accumulate towards the medical out-of-pocket maximum
- Separate dental deductible from medical deductible (except for BlueChoice Young Adult plans)
- National Preferred (PPO) network
- ID card indicator is PD for embedded pediatric dental

Pediatric Dental – Metal Plans
MD, DC & VA

CareFirst Family of health care plans

Pediatric Dental (coverage up to age 19)		
	In-Network	**Out-of-Network**
Deductible (applies to Classes II, III & IV)	$25 individual	$50 individual
Out-of-Pocket Maximum (applies to Classes I-V)	Medical plan OOPM applies	
Annual Maximum	No maximum	
Preventive & Diagnostic Services (Class I)*	No charge (no deductible)	20% of Allowed Benefit[1] (no deductible)
Basic Services (Class II)*	20% of Allowed Benefit[1] (after dental deductible)	40% of Allowed Benefit[1] (after dental deductible)
Major Services – Surgical (Class III)*	20% of Allowed Benefit[1] (after dental deductible)	40% of Allowed Benefit[1] (after dental deductible)
Major Services – Restorative (Class IV)*	50% of Allowed Benefit[1] (after dental deductible)	65% of Allowed Benefit[1] (after dental deductible)
Orthodontic Services (Class V)* (Must be medically necessary)[2]	50% of Allowed Benefit[1] (no deductible)	65% of Allowed Benefit[1] (no deductible)

* DC standard plans have specific copays for certain services. Please note: These benefits are not representative of the DC standard NA0 and NAL plans.
[1] CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.
[2] Qualifications to be medically necessary vary by jurisdiction.

Summary of Exclusions: Not all services and procedures are covered by the benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Pediatric Dental – Catastrophic BlueChoice Young Adult Plans
MD, DC & VA

CareFirst Family of health care plans

Pediatric Dental (coverage up to age 19)		
	Preferred Dentist	**Non-Preferred Dentist**
Deductible* (applies to Classes II, III, IV & V)	Individual: $7,900 Family: $15,800	
Out-of-Pocket Maximum (applies to Classes I-V)	Medical plan OOPM applies	
Annual Maximum	No maximum	
Preventive & Diagnostic Services (Class I)	No charge (no deductible)	No charge (no deductible)
Basic Services (Class II)	No charge (after medical deductible)	No charge (after medical deductible)
Major Services – Surgical (Class III)	No charge (after medical deductible)	No charge (after medical deductible)
Major Services – Restorative (Class IV)	No charge (after medical deductible)	No charge (after medical deductible)
Orthodontic Services (Class V) (Must be medically necessary) [2]	No charge (after medical deductible)	No charge (after medical deductible)

* Medical plan deductible applies.
[1] CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.
[2] Qualifications to be medically necessary vary by jurisdiction.

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VISION – ACA EMBEDDED BENEFITS

Pediatric & Adult Vision Benefits

Vision

- CareFirst partners with Davis Vision* to offer access to over 93,000 nationwide points of access including ophthalmologists and optometrists at many independent and retail locations, including: Visionworks, Target, Walmart and Sam's Club.
- Adult and pediatric vision is embedded in all ACA medical plans:
  - **Pediatric Vision –** Comprehensive pediatric vision benefits that provides a $0 eye exam (or $50 for DC Bronze plans) and additional coverage for materials (frames, lenses and contacts) is embedded in all ACA medical plans for children up to age 19.
  - **Adult Vision –** A routine adult vision benefit, which is embedded in all individual ACA medical plans includes a $0 eye exam and discounts[1] on materials (frames, lenses and contacts).
  - **Adult VisionPlus –** In 2018, an enhanced adult vision benefit was added to individual ACA Silver On Exchange plans in Maryland. The enhanced benefit includes the $0 eye exam and additional coverage for coverage for materials (frames, lenses and contacts).

*CareFirst partners with Davis Vision to offer an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members. Davis Vision is solely responsible for the services it provides.
[1]As of 4/1/14, some providers in MD and VA may no longer provide these discounts.

Pediatric Vision
MD, DC & VA

CareFirst Family of health care plans

Pediatric Vision (coverage up to age 19)		
	In-Network	**Out-of-Network**
Benefit Period	12/12/12	
Eye Exam (one per benefit period)	$0 copay ($50 copay for DC Bronze plans)	$40 allowance
Spectacle Lenses* (one per benefit period)	**Basic Single Vision:** $0 copay **Basic Bifocals:** $0 copay **Basic Trifocals:** $0 copay **Basic Lenticular:** $0 copay	**Basic Single Vision:** $40 allowance **Basic Bifocals:** $60 allowance **Basic Trifocals:** $80 allowance **Basic Lenticular:** $100 allowance
Frames* (one per benefit period)	**Davis Vision Collection**[1]**:** $0 copay **Other:** $70 allowance	$70 allowance
Elective Contact Lenses* (one per benefit period, in lieu of spectacle lenses & frames)	**Davis Vision Collection**[2]**:** $0 copay **Other:** $105 allowance	$105 allowance
Medically Necessary Contact Lenses* (prior authorization required)	$0 copay	$240 allowance
Low Vision Care* (prior authorization required)	**Exam:** $300 allowance **Follow-up Care:** $100 allowance **High-power spectacles, magnifiers and telescopes:** $600 allowance (*$1,200 lifetime max for plans in DC & VA)*	**Exam:** $300 allowance **Follow-up Care:** $100 allowance **High-power spectacles, magnifiers and telescopes:** $600 allowance (*1,200 lifetime max for plans in DC & VA)*

*Services are subject to the medical deductible for BlueChoice Young Adult plans only.
[1]The Davis Vision Frame Collection includes 222 frames available to members at no cost. Each of the Collection frames come with a free one-year breakage warranty. The Davis Vision Frame Collection is available at nearly 9,000 independent provider locations nationwide.
[2]The Davis Vision Contact Collection is a formulary of popular contact brands that are available for members at no cost for an initial supply. Members receive an initial supply of contacts (up to a 6 month supply – depending on the provider-recommended wearing schedule). The number of boxes varies by brand. The Collection includes select torics and multifocals.

Adult Vision
MD, DC & VA

CareFirst Family of health care plans

Adult Vision		
	In-Network	**Out-of-Network**
Eye Exam (one per 12-month benefit period)	$0 copay	$40 allowance

Adult VisionPlus – *for MD Silver On Exchange plans ONLY*		
	In-Network	**Out-of-Network**
Benefit Period	12/12/12	
Eye Exam (one per benefit period)	$0 copay	$40 allowance
Spectacle Lenses (one per benefit period)	**Basic Single Vision:** $0 copay **Basic Bifocals/Double Bifocals:** $0 copay **Basic Trifocals:** $0 copay **Basic Lenticular:** $0 copay	**Basic Single Vision:** $52 allowance **Basic Bifocals/Double Bifocals:** $82 allowance **Basic Trifocals:** $101 allowance **Basic Lenticular:** $181 allowance
Frames (one per benefit period)	**Davis Vision Collection**[1]**:** $0 copay **Other:** $70 allowance	$70 allowance
Elective Contact Lenses (one per benefit period, in lieu of spectacle lenses & frames)	**Davis Vision Collection**[2]**:** $0 **Other Single Vision:** $105 allowance **Other Bifocal:** $127 allowance	**Single Vision:** $105 allowance **Bifocal:** $127 allowance
Medically Necessary Contact Lenses (prior authorization required)	$0 copay	$285 allowance

[1]The Davis Vision Frame Collection includes 222 frames available to members at no cost. Each of the Collection frames come with a free one-year breakage warranty. The Davis Vision Frame Collection is available at nearly 9,000 independent provider locations nationwide.
[2]The Davis Vision Contact Collection is a formulary of popular contact brands that are available for members at no cost for an initial supply. Members receive an initial supply of contacts (up to a 6-month supply – depending on the provider-recommended wearing schedule). The number of boxes varies by brand. The Collection includes select torics and multifocals.

Summary of Exclusions: Not all services and procedures are covered by the benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.