



# 2022 INDIVIDUAL DENTAL

OCTOBER 2021

**Proprietary and Confidential**

# 2022 Plan Availability

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

# Choosing the Best Plan

- **BlueDental Preferred**– National network access, comprehensive coverage, deepest discounts & richest benefits
- **Individual Select Preferred** – Regional network access, routine-only care, lower cost premium

# Dental Product Portfolio Comparison

	BlueDental Preferred High/Low Option	Individual Select Preferred
National Access	✓	
Out-of-Network Coverage	✓	✓
Coinsurance vs. Copays	Coinsurance	Coinsurance
Coverage for Preventive & Diagnostic Services (Class I)	✓	✓
Coverage for Basic & Major Services (Classes II-IV)	✓	
Orthodontic Coverage (Class V)	Child only - must be medically necessary	

# 2022 Plan Comparison

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

# 2022 BlueDental Preferred Plan Details – ACA Compliant (up to age 19)

	BlueDental Preferred High Option		BlueDental Preferred Low Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	Individual: \$50 Family: \$150 (applies to Classes II, III & IV)	Individual: \$100 Family: \$300 (applies to Classes II, III & IV)	Individual: \$100 Family: \$300 (applies to Classes I-IV)	Individual: \$200 Family: \$600 (applies to Classes I-IV)
<b>Out-of-Pocket Maximum</b>	\$350 for 1 member \$700 for 2+ members		\$350 for 1 member \$700 for 2+ members	
<b>Preventive &amp; Diagnostic Services (Class I)</b>	No charge (no deductible)	20% of Allowed Benefit (no deductible)	No charge (after deductible)	20% of Allowed Benefit (after deductible)
<b>Basic Services (Class II)</b>	20% of Allowed Benefit <sup>1</sup> (after deductible)	40% of Allowed Benefit (after deductible)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)
<b>Major Services – Surgical (Class III)</b>	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)
<b>Major Services – Restorative (Class IV)</b>	50% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)	50% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)
<b>Orthodontic Services (Class V)</b> (Must be medically necessary) <sup>2</sup>	50% of Allowed Benefit (no deductible)	65% of Allowed Benefit (no deductible)	50% of Allowed Benefit (no deductible)	65% of Allowed Benefit (no deductible)

Coverage of a Dependent child will terminate at the end of the month that the Dependent child reaches his/her 26th birthday. BlueDental Preferred (Low & High) plans include pediatric dental benefits for Members up to the end of the calendar year in which the Member turns age 19.

<sup>1</sup> 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.

<sup>2</sup> 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.

# 2022 BlueDental Preferred Plan Details – ACA Compliant (over age 19)

	BlueDental Preferred High Option		BlueDental Preferred Low Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	Individual: \$50 Family: \$150 (applies to Classes II, III & IV)	Individual: \$100 Family: \$300 (applies to Classes II, III & IV)	Individual: \$100 Family: \$300 (applies to Classes I-IV)	Individual: \$200 Family: \$600 (applies to Classes I-IV)
<b>Annual Maximum</b> (applies to Classes I-IV)	\$1,750 combined IN/OON		\$1,250 combined IN/OON	
<b>Preventive &amp; Diagnostic Services (Class I)</b>	No charge (no deductible)	20% of Allowed Benefit (no deductible)	No charge (after deductible)	20% of Allowed Benefit (after deductible)
<b>Basic Services (Class II)</b>	20% of Allowed Benefit <sup>1</sup> (after deductible)	40% of Allowed Benefit (after deductible)	20% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)
<b>Major Services – Surgical (Class III)</b>	40% of Allowed Benefit (after deductible)	50% of Allowed Benefit (after deductible)	40% of Allowed Benefit (after deductible)	50% of Allowed Benefit (after deductible)
<b>Major Services – Restorative (Class IV)</b>	50% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)	65% of Allowed Benefit (after deductible)	75% of Allowed Benefit (after deductible)

Coverage of a Dependent child will terminate at the end of the month that the Dependent child reaches his/her 26th birthday. BlueDental Preferred (Low & High) plans include pediatric dental benefits for Members up to the end of the calendar year in which the Member turns age 19.

<sup>1</sup> 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.

<sup>2</sup> 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.

## Comprehensive coverage from \$23 to \$50 per month

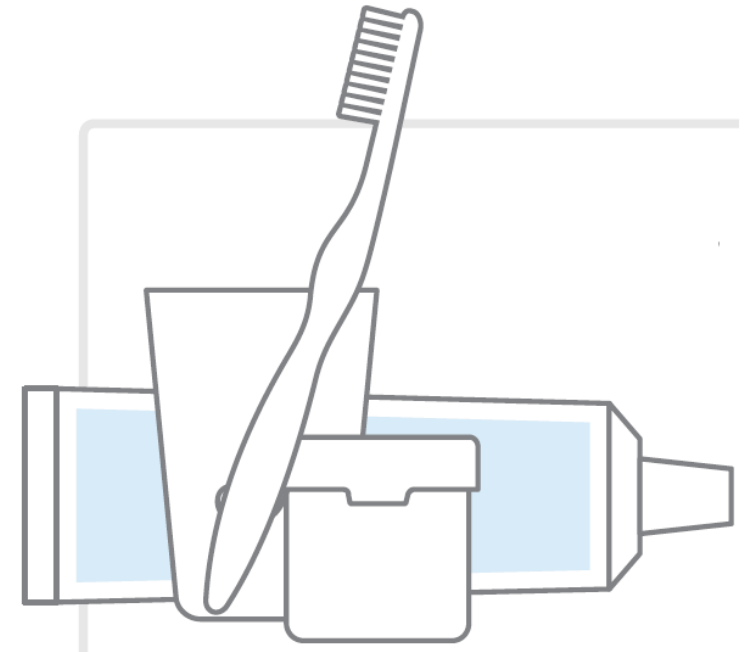
### Key Features:

- Freedom of provider choice
- No requirement to select a Primary Care Dentist
- Large national provider network
- No referrals required
- No claim forms when using a participating provider
- Coverage for many services in all Dental Classes
- Pediatric dental benefits for members up to the end of the calendar year in which the member turns age 19 (federally mandated)

2022 BlueDental Preferred Monthly Rates				
Effective 1/1/22		MD	DC	VA
HIGH OPTION	0-20	\$44.05	\$31.62	\$44.21
	20+	\$44.50	\$40.86	\$49.25
LOW OPTION	0-20	\$34.02	\$22.98	\$34.02
	20+	\$36.20	\$32.67	\$40.51

**High Option:** No deductible for Preventive, richer benefits

**Low Option:** Lower premiums





# 2022 Individual Select Preferred (ISP) Plan Details

## Basic coverage as low as \$29 per month

### Key Features:

- Basic coverage for preventive & diagnostic services only
- Large provider network across MD, DC and Northern VA
- Freedom of provider choice
- No requirement to select a Primary Care Dentist
- No deductibles and no annual maximum
- No claim forms when using a participating provider

2022 Individual Select Preferred (ISP) Quarterly Rates			
Effective 1/1/22	MD	DC	VA
Individual	\$89.37	\$81.66	\$88.38
Indiv + Child(ren)	\$165.33	\$151.08	\$163.50
Indiv + Adult	\$178.74	\$163.32	\$176.76
Family	\$250.23	\$228.66	\$247.47

Individual Select Preferred (ISP)		
	In-Network	Out-of-Network
<b>Deductible</b>	None	None
<b>Annual Maximum</b>	None	None
<b>Preventive &amp; Diagnostic Services (Class I)</b>	\$0	Member pays provider's full charge and submits claim to be reimbursed CareFirst's Allowed Benefit <sup>1</sup> (Member is responsible for any difference between the CareFirst Allowed Benefit and the Dentist's billed charge.)
<b>Basic &amp; Major Services (Class II, II &amp; IV)</b>	Not covered	Not covered
<b>Orthodontic Services (Class V)</b>	Not covered	Not covered

<sup>1</sup> 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.  
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.

# Dental Billing Options

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- Members will have the option to choose the billing cycle for their premium. For each of the Dental Products the options are as follows:
  - **BlueDental Preferred On Exchange** plans in MD & DC can be billed **Monthly**
  - **BlueDental Preferred Off Exchange** plans offers billing both **Quarterly or Annually** in MD, DC & VA
  - **Individual Select Preferred** offers billing both **Quarterly or Annually** in MD, DC, & VA

# Dental Enrollment Guidelines

	Dental Product	Jurisdiction Availability	Pediatric Dental Benefits (ACA)	Benefit Period	Rating Structure	Initial Premium Payment Required	Billing Options	Effective Date Cut Off	Reinstatement Process
ON EXCHANGE	BlueDental Preferred	MD & DC	Yes	Calendar	Member Level	Yes	Monthly	20 <sup>th</sup> of the month rule through year or during ACA OE	MD: No wait to reapply  DC: If policy terms voluntarily, must wait 12 consecutive months to reapply and must qualify for SEP or during annual ACA OE*
	BlueDental Preferred	All	Yes	Calendar	Member Level	Yes	Annual/ Quarterly	20 <sup>th</sup> of the month rule through year or during ACA OE	If the policy terms voluntarily, must wait 12 consecutive months to reapply and must qualify for LOEP or during annual ACA OE*
OFF EXCHANGE	Individual Select Preferred Dental	All	No	Contract	Tiered	Yes	Annual/ Quarterly	20 <sup>th</sup> of the month rule	Can reapply anytime



# THANK YOU

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