

Profile Details

[< Return to Results Page](#)

Plan Details

Live Assistance

Your Information:

Male - 34 years
MD - 20878

Dependents

None

Requested Coverage

Start Date

06/01/2017

[Change Profile](#)

Learn More

Why do I need dental insurance?

How do I know if my dentist is in-network?

Is dental included in my health insurance?

Does dental insurance cover braces?

[More>>](#)


BlueDental Preferred - Low Option

\$28.93 per month

[Apply >](#)

Information below describes the in-network coverage for this plan. The amounts shown are your share of the costs for covered benefits.

Benefit Details

Plan Type	PPO
Coinsurance	Preventive - \$0 after deductible Basic - 20% coinsurance after deductible Major (Surgical) - 20% coinsurance after deductible Major (Restorative) - 50% coinsurance after deductible
Deductible	\$100 individual/\$300 family deductible for preventive & diagnostic services \$100 individual/\$300 family deductible for basic services \$100 individual/\$300 family deductible for major services
Annual Maximum Benefit	\$1,000 for members over age 19
Annual Out-of-Pocket Limit	For members under age 19: \$350 for 1 member, \$700 for 2+ members

[Find Dentists](#) (Search to see if your doctors are part of this plan's network.)

Primary Benefits

Teeth Cleanings	No Charge after deductible No waiting period
Restorative Dentistry/Fillings	20% Coinsurance after deductible No waiting period
Oral Surgery	20% Coinsurance after deductible No waiting period
Extractions	20% Coinsurance after deductible No waiting period
X-Rays	No Charge, after deductible No waiting period
Crowns	50% Coinsurance after deductible No waiting period
Root Canals	20% Coinsurance after deductible No waiting period
Periodontics	20% Coinsurance after deductible No waiting period
Dentures	50% Coinsurance after deductible No waiting period
Topical Fluoride	No Charge after deductible No waiting period
Sealant	No Charge after deductible No waiting period
Bridges	50% Coinsurance after deductible No waiting period
Endodontics	20% Coinsurance after deductible No waiting period

Additional Information

Electronic Signature for Application Available Yes

Additional information about this health insurance plan is available in the documents below.

[Plan Brochure](#) (PDF)

[Exclusions and Limitations](#) (PDF)

1-888-432-4380
Available Monday to
Friday 8 am - 6 pm,
Saturday 8 am - 12 pm

Apply >

[< Return to Results Page](#)

IMPORTANT NOTICES AND DISCLAIMERS

Note: the monthly rates shown reflect the current premium levels based on the information you initially provided to receive a quote. Your actual premium rate may be higher than the rate shown based on the data on your signed application. All rates are subject to change.

The BlueDental Preferred plans are underwritten by Group Hospitalization and Medical Services, Inc. for individuals residing in Prince Georges and Montgomery counties and CareFirst of Maryland, Inc. for individuals residing in all other counties in Maryland. The Individual Select Preferred plan is underwritten by Group Hospitalization and Medical Services, Inc. The Individual Select Dental HMO plan is underwritten by The Dental Network.

[Report Fraud](#)

[Privacy Statement](#)

[Site Map](#)

[Return to Home Page](#)

Serving Maryland, the District of Columbia and portions of Virginia, CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., and The Dental Network are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.

CareFirst of Maryland, Inc. and The Dental Network underwrite products in Maryland only.

CFISWS (03/14)