

CareFirst BlueCross BlueShield Regional Dental Program

Wicomico County Public Entities Consortium (WCPE)

Wicomico County, MD & Affiliated Groups; Wicomico County Public Schools; City of Salisbury

Deductible (Class II, III and IV combined)	\$25 Individual/\$75 Family
Annual Maximum (Class I, II, III and IV combined)	\$1,000 per member
Lifetime Orthodontia Maximum (Class V)	\$800 per member
BENEFIT DESCRIPTION	PLAN PAYMENT
CLASS I: Preventive & Diagnostic Services	80% of AB* no deductible
➤ oral exam; routine cleaning (periodontic cleaning – see Class II); topical fluoride until the end of the year in which a member reaches the age of 19; pulp vitality tests; additional tests may be allowed for accidental injury and trauma, other emergency	<i>Twice per benefit period</i>
➤ bitewing x-rays not taken at the same time as those below	
➤ one set of full mouth x-rays OR one panoramic x-ray and one additional set of bitewing x-rays; one cephalometric x-ray	<i>Once per 36 months</i>
➤ sealants on permanent molars are covered until the end of the year in which a member reaches the age of 19.	<i>Once per tooth per 36 months</i>
➤ space maintainers for prematurely lost cuspid to posterior deciduous teeth	<i>Once per 60 months</i>
➤ palliative treatments; emergency oral exam; periapical and occlusal x-rays; professional consultation rendered by a dentist, limited to one consultation per dentist per condition.	<i>As required</i>
CLASS II: Basic Services	50% of AB* after deductible
➤ direct placement fillings: including direct pulp caps, limited to silver amalgam, silicate, plastic, composite, or equivalent material approved by CareFirst	<i>One filling per surface per 12 months</i>
➤ non-surgical periodontic services: one full mouth treatment, periodontal scaling and root planing; gingival curettage	<i>Once per 24 months</i>
➤ simple extractions performed without general anesthesia	<i>As required</i>
CLASS III: Major Services – Surgical	50% of AB* after deductible
➤ surgical periodontic services: one full mouth treatment: osseous surgery, including flap entry and closure; gingivectomy, & gingivoplasty	<i>Once per 60 months</i>
➤ limited or complete occlusal adjustments in connection with periodontal treatment	
➤ mucogingival surgery limited to grafts and plastic procedures; one treatment per site	
➤ endodontics services: root tip removal; root resection; pulpotomy for deciduous teeth, root canal for permanent teeth	<i>As required</i>
➤ root canal retreatment performed on permanent teeth	<i>Once per tooth per lifetime</i>
➤ oral surgical services: surgical extractions, including impactions; oral surgery, including treatment for cysts, tumors and abscesses; biopsies of oral tissue if a biopsy report is submitted; apicoectomy; hemi-section	<i>As required</i>
➤ general anesthesia and or IV sedation, if required for oral surgery; and administered by a dentist who has a permit to administer conscious sedation or general anesthesia	
CLASS IV: Major Services - Restorative	50% of AB* after deductible
➤ dentures, full and/or partial;	
➤ fixed bridges, including crowns, inlays and onlays used as abutments for or as a unit of the bridge, and dental implants	<i>Once per 60 months</i>
➤ crowns, inlays and onlays; stainless steel crowns until the end of the year in which a member reaches the age of 19	
➤ recementation of crowns, inlays and/or bridges;	<i>Once per 12 months</i>
➤ repair of prosthetic appliances	
➤ denture adjustments and relining	<i>Refer to benefit guide</i>
CLASS V: Orthodontic Services (Services provided to members only until the end of the month in which a member reaches the age 19)	50% of AB* no deductible
➤ all orthodontic services treatments that reduce or eliminate an existing malocclusion and associated oral diseases. Refer to benefit guide for more information <i>Length of time for treatment shall be no more than 36 consecutive months of covered services</i>	<i>\$800 Lifetime Maximum per member</i>

* Payment is based upon use of Participating Providers. Non-participating providers may bill you for the difference between the Plan Payment and the provider's total charge. "AB"= Allowed Benefit

A member or provider may wish to obtain a written estimate of benefits available for planned dental treatment. Please refer to your benefit guide for more information on how to obtain an "Estimate of Eligible Benefits" (EEB).

This summary is for comparison purposes only and does not create rights not given through the benefits contract