



## Dental and Vision Options

**ANNE ARUNDEL COUNTY  
PUBLIC SCHOOLS**

*Active Employees and Retirees  
Benefits as of January 2016*



ANNE ARUNDEL  
COUNTY PUBLIC SCHOOLS

# Dental and Vision Options

Active Employees and Retirees

Dental Options Benefits	CareFirst Traditional	CareFirst PPO		Concordia Plus DHMO MD1560*
		In-Network	Out-of-Network	In-Network
Oral Examination	100% of AB	100% of AB	80% of AB	\$5 copay
Routine Cleaning	100% of AB	100% of AB	80% of AB	100%
Sealants (limited to permanent molars – until end of year in which a member turns 19)	100% of AB	100% of AB	80% of AB	100%
Bitewing X-ray	100% of AB	100% of AB	80% of AB	100%
Palliative Treatment	100% of AB	100% of AB	80% of AB	95%
Other X-rays as required	100% of AB	100% of AB	80% of AB	100%
Space Maintainers	100% of AB	100% of AB	80% of AB	95%
Fillings	100% of AB	80% of AB	60% of AB**	100%
Simple Extractions	100% of AB	80% of AB	60% of AB**	75%-85%
Pulpotomy	100% of AB	80% of AB	60% of AB**	75%-80%
Direct Pulp Caps	100% of AB	80% of AB	60% of AB**	75%-80%
Root Canals	100% of AB	80% of AB	60% of AB**	75%-80%
Apicoectomy	80% of AB**	80% of AB	60% of AB**	75%-80%
Oral Surgical Services	80% of AB**	80% of AB	60% of AB**	75%-85%
Surgical Extractions	80% of AB**	80% of AB	60% of AB**	75%-85%
Oral Surgery	80% of AB**	80% of AB	60% of AB**	75%-85%
General Anesthesia	80% of AB**	80% of AB	60% of AB**	See note 1
Periodontics	50% of AB**	80% of AB	60% of AB**	50%-65%
Crown	80% of AB**	80% of AB	60% of AB**	60%-80%
Prosthetic Appliances (including implants)	50% of AB	80% of AB	60% of AB**	60%-80% Implants not covered
Orthodontics Children and Adults	50% of AB	50% of AB	35% of AB	See note 3
Annual Deductible	\$25 Ind./\$50 Family	None	\$50 Ind./\$150 Family	None
Annual Benefit Maximum	\$1,500	\$1,500		None/See note 2
Ortho Lifetime Maximum	\$1,500	\$1,500		See note 3

(AB Allowed Benefit)

Under the Concordia Plus DHMO (MD1560\*) Plan, out-of-network services are reimbursed up to a maximum amount, based on the fee schedule provided by United Concordia.

\*The above DHMO Plan percentages are approximate and used for comparison purposes only. Please refer to the United Concordia (UCCI) Schedule of Benefits for actual copayment amounts. All coverage is subject to the Plan's exclusions and limitations.

\*\*After Deductible

Note 1—General Anesthesia is considered integral to other procedures under this plan and is not covered separately.

Note 2—No annual maximum for in-network services. United Concordia will reimburse up to a maximum of \$1,000 per family member per contract year for out-of-network services.

Note 3—After \$2,900 member copayment satisfied, benefits applicable to in-network services; provider should submit pre-treatment estimate. United Concordia will not reimburse covered members for any orthodontic services performed out-of-network.

Dental and Vision Options  
Active Employees and Retirees

**CareFirst Vision**

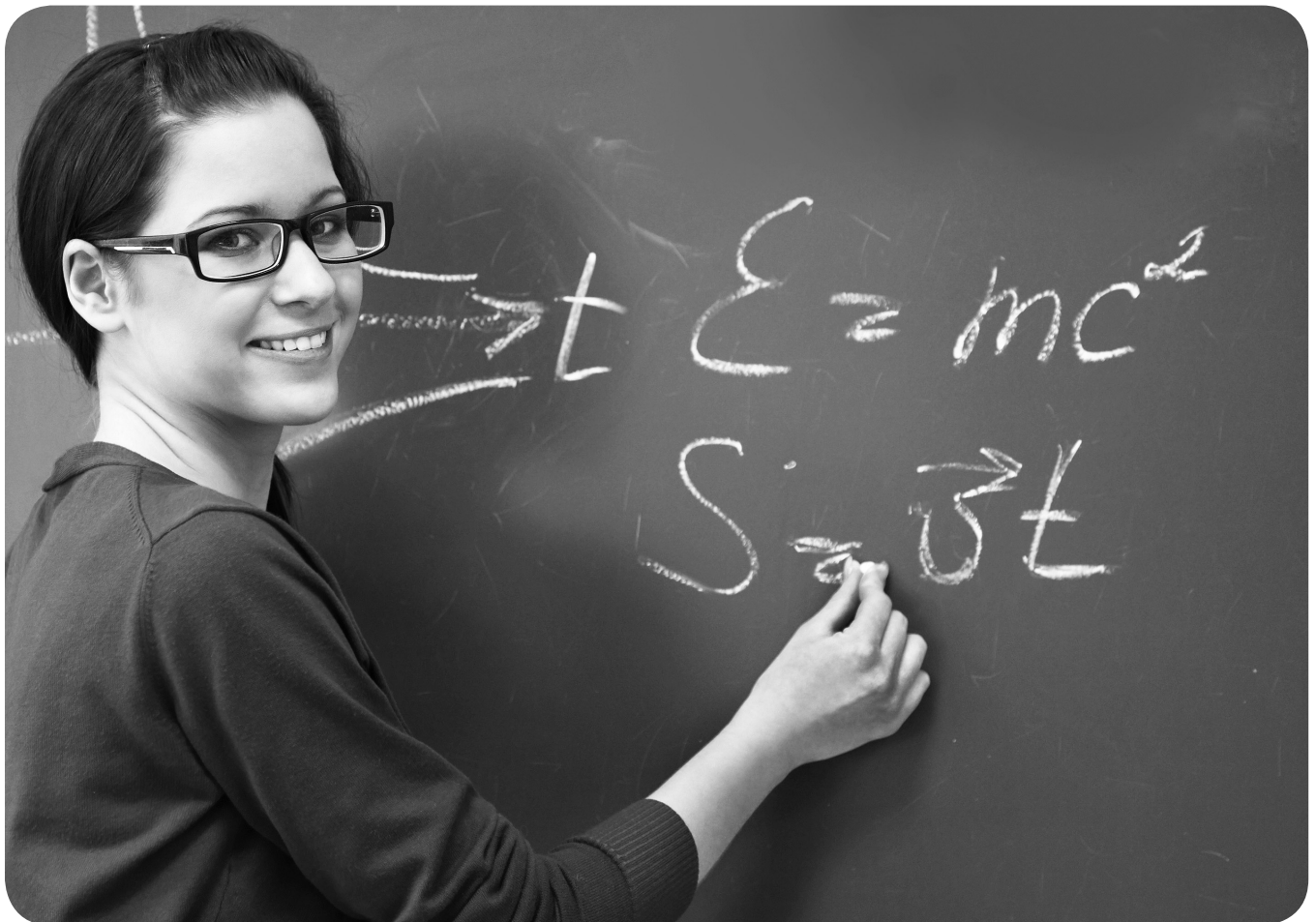
(Once every 12 months)

	Plan Pays
Eye Exam	100% of Allowed Benefit* Once every 12 months
Single Vision Lenses	\$52.00
Bifocal Lenses	\$82.00
Double Bifocal Lenses	\$100.50
Trifocal Lenses	\$101.00
Cataract (e) Lenses	\$181.00
Contact Lenses Medically Indicated	\$352.00
Contact Lenses instead of glasses Cosmetic—Single	\$97.00
Frames	\$45.00

\*Patient may be balance billed for eye exams, lenses, frames and contact lenses

This is to be used as a guide. Actual benefits will be governed by the terms and conditions of the contract between CareFirst BlueCross BlueShield and Anne Arundel County Public Schools.

Please refer to next page for information on Core Davis Vision benefits.



## Core Davis Vision

In addition to the CareFirst Vision plan, BlueChoice members also have the core BlueVision benefit through Davis Vision under the BlueChoice HMO Open Access and BlueChoice Triple Option Open Access medical plan. These benefits entitle members to an annual eye exam and discounts on glasses or contact lenses at participating Davis Vision providers. Members are responsible for a \$10 copay for the eye exam. To locate a participating Davis Vision provider, go to [www.carefirst.com](http://www.carefirst.com) and utilize the “Find a Doctor” feature or call Davis Vision at 800-783-5602 for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

When seeing a Davis Vision provider, you may also use the discounted benefit in conjunction with your CareFirst Select Vision plan. The Davis Vision discount will be applied and you will pay the required Davis Vision copay and balance at the point of sale. Then you can submit the balance to CareFirst for any eligible reimbursement under the CareFirst Select Vision plan. A completed CareFirst vision claim form and itemized bill will be required for processing.

This is to be used as a guide. Actual benefits will be governed by the terms and conditions of the contract between CareFirst BlueCross BlueShield and Anne Arundel County Public Schools.

### Summary of Benefits: (12-month benefit period)

IN-NETWORK	YOU PAY
<b>EYE EXAMINATIONS</b>	
Routine Eye Examination with dilation	\$10
<b>FRAMES<sup>1</sup></b>	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
<b>SPECTACLE LENSES<sup>2</sup></b>	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Standard Progressive Addition Lenses	\$75
<b>CONTACT LENSES<sup>1</sup></b>	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
Lens 1-2-3 <sup>®</sup> Mail Order Contact Lens Replacement Program	Up to 40% off retail prices
<b>LASER VISION CORRECTION<sup>1</sup></b>	Up to 25% off allowed amount or 95% of advertised special <sup>2</sup>

<sup>1</sup> CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product.

<sup>2</sup> Please note that some providers have flat fees that are equivalent to these discounts.

These benefits are issued under policies:

13.800 (6/98) • 13.801 (R. 10/99) • 13.802 (R. 10/99) • 13.803 (R. 10/99)  
13.804 (R. 10/99) • 13.805 (R. 10/99) • 13.806 (R. 10/99) • 13.810 (R. 10/99)  
13.812 (R. 10/99) • BCBSMD-APPEAL (1/99) • Preferred Dental Amendment (10/00)



[www.carefirst.com](http://www.carefirst.com)

CareFirst BlueCross BlueShield is the business name of CareFirst of Maryland, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association.  
® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.