

# Individual Select Dental Application

OFFICE USE ONLY: (District of Columbia and Virginia Residents)



840 First Street, NE, Washington, DC 20065

|          |               |
|----------|---------------|
| ID #:    | CLASS/PLAN #: |
| GROUP #: | EFF DATE:     |

**INSTRUCTIONS**

- Please fill out all applicable spaces on this application. Print or type all information.
- Sign and return this application in the postage-paid return envelope.

Give careful attention to all questions in this application. Accurate, complete information is necessary before your application can be processed. ***If incomplete, the application will be returned and delay your coverage.***

**SELECT YOUR PLAN (Check one)**

Individual Select DHMO CareFirst BlueChoice, Inc.
  Individual Select Preferred Group Hospitalization and Medical Services, Inc.

**1. APPLICANT INFORMATION**

|   |  |  |                |   |                   |
|---|--|--|----------------|---|-------------------|
| Last Name   |  | First Name   |                | Initial   | Social Security # |
| Residence Address: (Number and Street, Apt. #)                                    |  |  | City and State | Zip Code (9-digit, if known)  |                   |
| Billing Address, if different from Residence Address: (Number and Street, Apt. #) |  |  | City and State | Zip Code (9-digit, if known)  |                   |
| Date of Birth<br>/ /  | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Married/Partner |                | Plan Type<br><input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual |                   |
| Home Phone<br>( )   | Work Phone<br>( )  | E-mail Address   |                |   |                   |

|   |  |
|---|--|
| <b>2. COVERAGE SELECTION FOR DENTAL HMO: (Check one)</b>  | <b>COVERAGE SELECTION FOR PREFERRED: (Check one)</b>   |
| <input type="checkbox"/> <b>Individual</b> - Provides coverage for one person<br><input type="checkbox"/> <b>Individual &amp; Child</b> - Provides coverage for an individual and eligible dependent (if you have more than one child, you must select Family coverage)<br><input type="checkbox"/> <b>Individual &amp; Adult</b> - Provides coverage for two eligible adults<br><input type="checkbox"/> <b>Family</b> - Provides coverage for up to two eligible adults and eligible dependent(s) | <input type="checkbox"/> <b>Individual</b> - Provides coverage for one person<br><input type="checkbox"/> <b>Individual &amp; Child(ren)</b> - Provides coverage for an individual and eligible dependent(s)<br><input type="checkbox"/> <b>Individual &amp; Adult</b> - Provides coverage for two eligible adults<br><input type="checkbox"/> <b>Family</b> - Provides coverage for two eligible adults and eligible dependent(s) |

**3. ENROLLING FAMILY MEMBER(S) – Complete only if you select Individual & Child(ren), Individual & Adult or Family Coverage**  
(Dental HMO Plan must have a dental code. Each person can select their own dentist.)

| Last Name      | First Name | M. I. | Relationship | Social Security # | Date of Birth (Mo/Day/Yr) | SEX  | Dental Office Code (DHMO Plan only) |
|----------------|------------|-------|--------------|-------------------|---------------------------|--|-------------------------------------|
| Member         |            |       |              |                   |                           | <input type="checkbox"/> M<br><input type="checkbox"/> F |                                     |
| Spouse/Partner |            |       |              |                   |                           | <input type="checkbox"/> M<br><input type="checkbox"/> F |                                     |
| Dependent 1    |            |       |              |                   |                           | <input type="checkbox"/> M<br><input type="checkbox"/> F |                                     |
| Dependent 2    |            |       |              |                   |                           | <input type="checkbox"/> M<br><input type="checkbox"/> F |                                     |
| Dependent 3    |            |       |              |                   |                           | <input type="checkbox"/> M<br><input type="checkbox"/> F |                                     |
| Dependent 4    |            |       |              |                   |                           | <input type="checkbox"/> M<br><input type="checkbox"/> F |                                     |

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**4. OTHER INSURANCE INFORMATION**

**IF YOU HAVE OTHER INSURANCE, FAILURE TO COMPLETE THIS SECTION WILL CAUSE SIGNIFICANT DELAYS IN PROCESSING ANY CLAIMS SUBMITTED.** YES NO

Is anyone listed on this application covered by other dental insurance, including other Blue Cross and Blue Shield coverage?  YES  NO

If yes, please provide the following:

Name of family member(s) \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy Number and Type \_\_\_\_\_ Effective Date \_\_\_\_\_

**5. CONDITIONS OF ENROLLMENT – Please Read This Section Carefully**

**IT IS UNDERSTOOD AND AGREED THAT:**

A copy of this application is available to the Subscriber (or to a person authorized to act on his/her behalf) upon request.

This information is subject to verification. Failure to complete any section may delay the processing of your application and/or claims payment. If we determine that additional information is needed, you will receive an authorization to release that information. Failure to execute an authorization may result in the denial of your application for coverage.

Premium payment options are available on an annual and a semi-annual basis. Those members who elect the semi-annual payment option will be subject to a five dollar (\$5) surcharge per payment, which equates to ten dollars annually.

To the best of my knowledge and belief, all statements made on this application are complete, true and correctly recorded. They are representations that are made to induce the issuance of, and form part of the consideration for a CareFirst policy.

**IF YOU HAVE ANY QUESTIONS CONCERNING THE BENEFITS AND SERVICES THAT ARE PROVIDED BY OR EXCLUDED UNDER THIS AGREEMENT, PLEASE CONTACT A MEMBERSHIP SERVICES REPRESENTATIVE BEFORE SIGNING THIS APPLICATION.**

**WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, CareFirst BlueChoice, Inc., or CareFirst BlueCross BlueShield may deny insurance benefits if false information materially related to a claim was provided by the applicant.**

**Signature of Applicant: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Applications submitted solely on behalf of applicants under the age of 18, where payment of premium is made by the parent or legal guardian, must be signed by the parent or legal guardian.

**Parent or Legal Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

| If you have selected Individual Select <b>DENTAL HMO</b>   | If you have selected Individual Select <b>PREFERRED</b>  |
|--|--|
| Please make checks payable to<br><b>CAREFIRST BLUECHOICE, INC.</b><br>and mail to:<br>P.O. Box 79810<br>Baltimore, MD 21279-0810 | Please make checks payable to<br><b>CAREFIRST BLUECROSS BLUESHIELD</b><br>and mail to:<br>P.O. Box 79810<br>Baltimore, MD 21279-0810 |

**FOR INTERNAL USE ONLY:**

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| Agency Name <b>JEFF MOTSCO 20220</b>                                 |                                     |  |  |
| Agency Address (Number and Street, Apt.#)<br><b>5965 SANDY RIDGE</b> |                                     | (City and State)<br><b>ELKRIDGE MD</b> | Zip Code (9-digit, if known)<br><b>21075</b> |
| Telephone Number<br>( ) <b>4107967497</b>                            | Fax Number<br>( ) <b>4107967456</b> | E-mail Address                         |  |
| Annual Premium   |                                     |  |  |

## Individual Dental Rates - District of Columbia and Virginia

### *Individual Select Preferred Dental*

| Coverage Type           | Annual Rate<br>Full Annual Payment Due<br>with Enrollment Application | Coverage Type           | Semi-Annual Rate<br>Second Payment Due by the 1st of the fifth<br>month from the effective date of coverage |             |
|-------------------------|---|-------------------------|---|-------------|
|                         |   |                         | 1ST PAYMENT   | 2ND PAYMENT |
| Individual              | \$151.44  | Individual              | \$80.72   | \$80.72     |
| Individual & Child(ren) | \$280.20  | Individual & Child(ren) | \$145.10  | \$145.10    |
| Individual & Adult      | \$302.88  | Individual & Adult      | \$156.44  | \$156.44    |
| Family                  | \$424.08  | Family                  | \$217.04  | \$217.04    |

Please note that when selecting the semi-annual payment, a \$5.00 administration fee is already included into each payment. You pay an additional \$10/year when you select the semi-annual payment option. The first payment (of the semi-annual rate) is due with the enrollment application. The second payment is due by the 1st of the fifth month from the effective date of coverage.

### *Individual Select Dental HMO*

| Coverage Type      | Annual Rate<br>Full Annual Payment Due<br>with Enrollment Application | Coverage Type      | Semi-Annual Rate<br>Second Payment Due by the 1st of the fifth<br>month from the effective date of coverage |             |
|--------------------|---|--------------------|---|-------------|
|                    |   |                    | 1ST PAYMENT   | 2ND PAYMENT |
| Individual         | \$120.00  | Individual         | \$65.00   | \$65.00     |
| Individual & Child | \$204.00  | Individual & Child | \$107.00  | \$107.00    |
| Individual & Adult | \$240.00  | Individual & Adult | \$125.00  | \$125.00    |
| Family             | \$360.00  | Family             | \$185.00  | \$185.00    |

Please note that when selecting the semi-annual payment, a \$5.00 administration fee is already included into each payment. You pay an additional \$10/year when you select the semi-annual payment option. The first payment (of the semi-annual rate) is due with the enrollment application. The second payment is due by the 1st of the fifth month from the effective date of coverage.



Individual  
Dental Coverage  
*District of Columbia and Virginia*

*More to feel good about.*

## Did You Know...

- Pregnancy can cause swelling, bleeding, redness, or tenderness in the gum tissue due to hormonal changes.
- Women less than 35 weeks pregnant who receive treatment for gum disease have 84% fewer premature births.<sup>1</sup>
- People with periodontal disease are 2-4 times more likely to have a heart attack.<sup>2</sup>
- Diabetic patients with periodontal disease have more difficulty controlling blood glucose levels.<sup>3</sup>

<sup>1</sup> Lopez NJ, et al. Periodontal therapy reduces the rate of preterm low birth weight in women with pregnancy-associated gingivitis. *J Periodontol*. 2005 Nov;76(11 Suppl):2144-53.

<sup>2</sup> Andriankaia, OM, et al. The use of different measurements and definitions of periodontal disease in the study of the association between periodontal disease and risk of myocardial infarction. *J Periodontol* 2006 Jun;77(6):1067-73

<sup>3</sup> Faria-Almeida R, Navarro A, Bascones A. Clinical and metabolic changes after conventional treatment of type 2 diabetic patients with chronic periodontitis. *J Periodontol*. 2006 Apr;77(4):591-8.

# Protect Your Best Feature – *Your Smile*

Your smile says a lot about you. It's the first thing people see when they meet you. A healthy smile can make you more appealing, even more youthful. But did you know your smile also says a lot about your overall health?



That's why it's so important to protect your smile. Good dental care has been scientifically shown to reduce your risk of heart disease; it helps to control diabetes, and can even prevent premature births.

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice) offer two Individual Dental options: **Individual Select Preferred** and **Individual Select Dental HMO**.

Both plans offer:

- **Lower cost**
- **Easy enrollment**
- **No deductibles**
- **No claims forms to file in network**
- **Guaranteed acceptance**

Just think – a better smile and better health – all for just *pennies a day*.

Ready to protect your smile – your health? *Read on!*

# Two Choices for Your Dental Health

## Individual Select Preferred

**Comprehensive coverage of preventive services, in-network savings for major procedures, and your choice of 3,400+ participating dentists**

**Individual Select Preferred**, offered by CareFirst, combines the freedom to select any dentist from a large regional network with comprehensive coverage of preventive and diagnostic dental services such as:

- Examinations
- Cleanings
- X-rays



These services are covered in full when visiting an in-network provider. You'll also have the option to seek routine treatment from non-participating providers and continue to receive benefits.\*

With **Individual Select Preferred**, you'll enjoy in-network savings on additional dental procedures, including fillings, crowns, and orthodontia. To take advantage of these reduced rates, you must visit a participating dentist.\*\*

\* NOTE: CareFirst payments are based on the CareFirst Allowed Benefit. Participating dentists accept 100% of the Allowed Benefit from CareFirst as payment in full for covered services. If you visit a non-participating dentist for routine services, you must submit a claim form to CareFirst for reimbursement. You will be responsible for the difference between the CareFirst Allowed Benefit and a non-participating provider's full charges.

\*\* This portion of the plan is not an insurance product. Member charges are based on CareFirst allowances with the participating providers. Since rates vary by provider, members should check with their participating dentist to determine the costs of specific procedures. Members must pay these reduced rates directly to the provider during the office visit.

## Individual Select Dental HMO

**Maximum savings on major dental services and access to a network of 800+ participating providers**

**Individual Select Dental HMO**, offered by CareFirst BlueChoice, offers you reliable dental care with predictable copayments for routine and major dental services such as:

- Preventive dental care
- Surgical extractions
- Root canal therapy
- Comprehensive orthodontic treatment

As a member of our Dental Health Maintenance Organization (Dental HMO) plan, you'll select a general dentist from a network of participating providers to coordinate all of your dental care needs. When specialized care is needed, your general dentist will recommend a specialist within the Dental HMO network.



## Comparison of In-Network Benefits for Each Dental Plan

| Dental Service  | Regular Cost of Dental Services* | Individual Select Preferred You Pay | Individual Select Dental HMO You Pay |
|---|----------------------------------|-------------------------------------|--------------------------------------|
| <b>Biannual Checkups</b><br>(twice a year) including routine exams, cleanings and x-rays  | \$225 (2 visits per year)        | No charge in-network                | \$20 per office visit copay          |
| <b>Simple Tooth Extractions</b>   | \$135                            | \$69-\$93**                         | \$20 per office visit copay          |
| <b>Periodontal Scaling and Root Planing</b> (four or more teeth per section of the mouth) | \$210                            | \$116-\$137**                       | \$70 per office visit copay          |
| <b>Porcelain Crown</b><br>(high noble metal)  | \$915                            | \$575-\$680**                       | \$460                                |
| <b>Complete Upper Dentures</b>  | \$1,375 each                     | \$665-\$800** each                  | \$495 each                           |
| <b>Orthodontics</b> (braces)  |                                  |                                     |                                      |
| Adolescents   | \$4,890                          | \$2,900-\$4,700**                   | \$2,500                              |
| Adults  | \$5,110                          | \$2,900-\$4,700**                   | \$2,700                              |

\* Based on 2006 National Dental Advisory Service Fee Report.

\*\* This portion of the plan is not an insurance product. In-network providers typically charge reduced rates within these ranges. Member charges are based on CareFirst allowances with the participating providers. Since rates vary by provider, members should check with their participating dentist to determine the costs of specific procedures. Members must pay these reduced rates directly to the provider during the office visit.

This is a partial listing of available dental services under each plan. For specific questions, please contact customer service toll-free at 1-888-833-8464.

## Not sure which plan to choose?

Just follow these easy guidelines. And remember, whichever plan you choose, you're protecting your smile, your health, and your budget if serious dental issues arise.

### Choose Individual Select Preferred if you:

- **Want flexibility in your choice of dentists.** As a member, you can go to any dentist in the network of over 3,400 dentists, and can change your dentist at any time. You can also go out-of-network for preventive and diagnostic dental care; you'll pay only a little more for these services.
- **Want to avoid referrals.** As a member of Individual Select Preferred, you won't have to get referrals for specialty care.
- **Think you'll only use preventive care.** With two in-network preventive visits covered at 100% each year, the plan easily pays for itself!

### Choose Individual Select Dental HMO if you:

- **Appreciate the simplicity of an HMO style plan.** As a member of Individual Select Dental HMO, you'll select a general dentist from a network of over 800 providers to coordinate all your dental care needs. If specialized care is required, your general dentist will recommend a participating specialist within the dental HMO network.
- **Don't need out-of-network care.** Note: out-of-town emergencies are covered up to \$50 (member copayment required).
- **Want to know what your copayments will be up front.** You'll receive a schedule of benefits with the pre-established copays for all covered procedures.
- **Wish to obtain maximum savings on major dental procedures.** You'll minimize your out-of-pocket costs for surgical and restorative services, including root canal therapy, bridges, and dentures.

**Both plans give you great coverage with your budget in mind.**

# Maria



Maria is a single, healthy 30-year-old web designer who has just moved to Washington, D.C. She has an individual health insurance plan to cover medical expenses, but she never thought about dental coverage. Maria visits her local dentist twice a year for her routine cleanings and exams.

|   | No Coverage              | Individual Select Preferred Plan         | Savings |
|---|--------------------------|--|---------|
| Biannual (twice a year) check-ups with x-rays | \$225* (for both visits) | \$0 in-network (both visits are covered) | \$225   |

\* Based on National Dental Advisory Service Fee Report (2006).

With no dental coverage, Maria was paying for her biannual check-ups. She chose to enroll in the **Individual Select Preferred** plan. Her current dentist is a participating provider, so her routine exams and cleanings are now covered in full and she saved \$225. With **Individual Select Preferred**, Maria also has the freedom to try out different general dentists and specialists in her area whenever she likes. With 3,400+ participating providers in MD, DC and VA, she has plenty of choices!

## The Johnsons



Anna and Jeff Johnson are an active and energetic couple with two children. They own a catering business, so they have purchased a family health insurance plan. They didn't think about dental coverage until their daughter needed braces and their son needed a filling. The costs quickly started to add up:

|  | No Coverage | Individual Select Dental HMO Plan | Savings |
|--|-------------|-----------------------------------|---------|
| <b>Biannual (twice a year) check-ups with x-rays</b><br>(8 visits, 2 per person) | \$900*      | \$160<br>(\$20 copay per visit)   | \$740   |
| <b>Filling</b> (1 filling)   | \$110*      | \$20 copay per visit              | \$90    |
| <b>Orthodontic Services</b><br>(1 Adolescent)                                    | \$4,890*    | \$2,500                           | \$2,390 |
| <b>Total</b>   | \$5,900     | \$2,680                           | \$3,220 |

\* Based on National Dental Advisory Service Fee Report (2006).

With no dental coverage, the Johnsons paid \$5,900 for these services. They decided to purchase the **Individual Select Dental HMO** coverage to protect themselves against future dental costs. This dental coverage saved them more than \$3,200 in dental service costs the next year when their daughter needed a filling and their son needed braces!

# The Smiths



Mildred and Charles Smith are active retirees who recently took up golf. They have Medicare and have purchased a supplemental Medicare product to protect themselves against medical costs. They didn't think about how their budget might be impacted by major dental expenses until Mildred needed root canal therapy and Charles needed a bridge.

|  | No Coverage    | Individual Select Preferred Plan        | Savings        |
|--|----------------|---|----------------|
| Biannual (twice a year) check-ups with x-rays (4 visits, 2 per person) | \$450*         | \$0 in-network (all visits are covered) | \$450          |
| Root Canal (Bicuspid)  | \$695*         | \$435**                                 | \$260          |
| Bridge (3-Unit)  | \$2,650*       | \$1,890**                               | \$760          |
| <b>Total</b>   | <b>\$3,795</b> | <b>\$2,325</b>                          | <b>\$1,470</b> |

\* Based on National Dental Advisory Service Fee Report (2006).  
 \*\* Prices are approximate, depending upon services and the contractual rate agreed upon between the dentist you use and the plan.

With no dental coverage, the Smiths paid \$3,795 for these dental services. They decided to purchase dental coverage to protect themselves against further unexpected dental costs. With **Individual Select Preferred** coverage, the Smiths would have spent \$2,325, a savings of over \$1,400 on these dental services. Now they're covered and ready for whatever lies ahead!

## It's Easy to Enroll.

To protect your smile with this exclusive offer, just follow these simple steps:

- **Fill out and sign the enclosed application.**
- **If you are applying for Individual Select Preferred, you do not need to provide us with the name of the dentist you wish to visit. To find a dentist in the Individual Select Preferred network, visit the Members and Visitors section of [www.carefirst.com](http://www.carefirst.com) and use the Find a Doctor search tool.**
- **If you are applying for Individual Select Dental HMO, choose a provider from the enclosed Dental HMO directory. Each member of your family may choose his or her own dentist. Remember to select your dental office code and write it on the application.**
- **Choose annual or semi-annual payment.**
- **Send in your application, with your premium payment, in the enclosed, postage paid envelope. Remember, you must include your annual or semi-annual payment for your application to be processed.**

We will mail you your membership cards and certificate of coverage. Then you can start enjoying all the benefits of your coverage – and the benefits of good dental care.

Policy Form Numbers:

**DC:**

DN001DC (10/07)  
DC DHMO SCHBEN 1N1 (R. 10/07)  
DB/BC/DHMO SCHBEN 20 CP (R. 10/07)  
DC/GHMSI/DB/IEA-DENTAL (2/08)  
DC/GHMSI/DB/SOB-DENTAL (2/08)  
DC/GHMSI/DB/ES-DENTAL (2/08)  
JDNDCVAAP (8/08)

**VA:**

VA/BC/DB/COC (6/06)  
VA/BC/DB/SOB (6/06)  
VA/GHMSI/DB/IEA-DENTAL (2/08)  
VA/GHMSI/DB/SOB-DENTAL (2/08)  
VA/GHMSI/DB/ES-DENTAL (2/08)  
JDNDCVAAP (8/08)



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

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BRC6633-9N (10/08)