



ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS

Anne Arundel County Public Schools

Dental and Vision Options

Active Employees and Retirees

Benefits as of January 2012

Dental and Vision Options

Active Employees and Retirees

Dental Options Benefits	CareFirst Traditional	CareFirst PPO		Concordia Plus DHMO MD1160*
		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 (MD1160*) 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 co-payment amounts.

**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 co-payment 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.

Vision Options

Vision Options	Vision Option 1 Once every 24 months	Vision Option 2 Once every 12 months
Eye Exam	100% of Allowed Benefit* Once every 24 months	100% of Allowed Benefit* Once every 12 months
Single Vision Lenses	\$52.00	\$52.00
Bifocal Lenses	\$82.00	\$82.00
Double Bifocal Lenses	\$100.50	\$100.50
Trifocal Lenses	\$101.00	\$101.00
Cataract (º) Lenses	\$181.00	\$181.00
Contact Lenses Medically Indicated	\$352.00	\$352.00
Contact Lenses instead of glasses Cosmetic - Single	\$97.00	\$97.00
Frames	\$45.00	\$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.



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)



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