

Summary of Benefits: Select Vision

	Lenses	Frames	Total Allowance
SINGLE	\$52.00	\$50.00	\$102.00
BIFOCAL	\$82.00	\$50.00	\$132.00
TRIFOCAL	\$101.00	\$50.00	\$151.00
CATARACT (APHAIC)	\$181.00	\$50.00	\$231.00
CONTACT LENSES (PER PAIR)	Medically Indicated*		\$352.00
	Cosmetic – Single Vision Lenses		\$97.00
BENEFIT PERIOD FOR FRAMES AND LENSES	Benefits for frames, lenses, and contact lenses are available once every 12 months		
EYE EXAM	100% of Allowed Benefit (any additional charge for contact lenses exam not covered) Benefit for eye exam - once every 12 months		

* Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.

Summary of Benefits: Regional Traditional Dental

BENEFIT PERIOD DEDUCTIBLES: CLASS II-IV	
Individual Deductible	\$25
Family Deductible	\$75
REIMBURSEMENT LEVELS	
Class I – Preventative & Diagnostic Services	100% Allowed Benefit (AB), no deductible
Class II – Basic Services Periodontal Services	100% AB after deductible 80% AB after deductible
Class III – Major Surgical Services	80% AB after deductible
Class IV – Major Restorative Services	50% AB after deductible
Class V – Orthodontic Services	50% AB, no deductible
BENEFIT PERIOD MAXIMUM: CLASS I-IV	\$1,500
LIFETIME MAXIMUM: CLASS V	\$1,500
BENEFIT PERIOD	July 1st -June 30th



From the CareFirst BlueCross BlueShield family of health care plans.

10455 Mill Run Circle
Owings Mills, MD 21117

www.carefirst.com

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees 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.