CareFirst BlueCross BlueShield

Individual Dental Rates
District of Columbia and Virginia

Individual Select Preferred Dental

Coverage Type	Annual Rate Full Annual Payment Due with Enrollment Application
Individual	$151.44
Individual & Child(ren)	$280.20
Individual & Adult	$302.88
Family	$424.08

Coverage Type	Semi-Annual Rate Second Payment Due by the 1st of the Seventh Month from the Effective Date of Coverage	
	1ST PAYMENT	2ND PAYMENT
Individual	$80.72	$80.72
Individual & Child(ren)	$145.10	$145.10
Individual & Adult	$156.44	$156.44
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 seventh month from the effective date of coverage. For example, if coverage is effective January 1, the second payment is due July 1.

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