**2027 Blue Cross and Blue Shield Service Benefit Plan**
**FEP Blue Standard and FEP Blue Basic**
**Section 5(g). Dental Benefits**

## Dental Benefits

### What is Covered

**Standard Option** dental benefits are presented in the chart on the following page.

**Basic Option** dental benefits appear later in this section.

Note: See Section 5(b) for our benefits for oral and maxillofacial surgery, and Section 5(c) for our benefits for hospital services (inpatient/outpatient) in connection with dental services, available under both Standard Option and Basic Option.

### Preferred Dental Network

All Local Plans contract with Preferred dentists who are available in most areas. Preferred dentists agree to accept a negotiated, discounted amount called the Maximum Allowable Charge (MAC) as payment in full for the following services. They will also file your dental claims for you. Under Standard Option, you are responsible, as an out-of-pocket expense, for the difference between the amount specified in this Schedule of Dental Allowances and the MAC. To find a Preferred dentist near you, visit www.fepblue.org/provider to use our National Doctor & Hospital Finder, or call us at the customer service phone number on the back of your ID card. You can also call us to obtain a copy of the applicable MAC listing.

Note: Dentists and oral surgeons who are in our Preferred Dental Network for routine dental care are not necessarily Preferred providers for other services covered by this Plan under other benefit provisions (such as the surgical benefit for oral and maxillofacial surgery). Call us at the customer service phone number on the back of your ID card to verify that your provider is Preferred for the type of care (e.g., routine dental care or oral surgery) you are scheduled to receive.

### Standard Option Dental Benefits

Under Standard Option, we pay billed charges for the following services, up to the amounts shown per service as listed in the Schedule of Dental Allowances below and on the following page. This is a complete list of dental services covered under this benefit for Standard Option. There are no deductibles, copayments, or coinsurance. When you use non-preferred dentists, you pay all charges in excess of the listed fee schedule amounts. For Preferred dentists, you pay the difference between the fee schedule amount and the MAC described on the previous page.

### Standard Option Dental Benefits

#### Clinical oral evaluations

**Covered Service:** Periodic oral evaluation *(up to 2 per person per calendar year)*

**We Pay to Age 13:** $12
**We Pay Age 13 and Over:** $8
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Limited oral evaluation
**We Pay to Age 13:** $14
**We Pay Age 13 and Over:** $9
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Comprehensive oral evaluation
**We Pay to Age 13:** $14
**We Pay Age 13 and Over:** $9
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Detailed and extensive oral evaluation
**We Pay to Age 13:** $14
**We Pay Age 13 and Over:** $9
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Standard Option Dental Benefits**

**Diagnostic imaging**

**Covered Service:** Intraoral complete series
**We Pay to Age 13:** $36
**We Pay Age 13 and Over:** $22
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Standard Option Dental Benefits**

**Palliative treatment**

**Covered Service:** Palliative treatment of dental pain – minor procedure
**We Pay to Age 13:** $24

**We Pay Age 13 and Over:** $15
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Protective restoration
**We Pay to Age 13:** $24
**We Pay Age 13 and Over:** $15
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Standard Option Dental Benefits**

**Preventive**

**Covered Service:** Prophylaxis – adult *(up to 2 per person per calendar year)*
**We Pay to Age 13:** ---
**We Pay Age 13 and Over:** $16
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Prophylaxis – child *(up to 2 per person per calendar year)*
**We Pay to Age 13:** $22
**We Pay Age 13 and Over:** $14
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Topical application of fluoride or fluoride varnish *(up to 2 per person per calendar year)*
**We Pay to Age 13:** $13
**We Pay Age 13 and Over:** $8
**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Standard Option Dental Benefits**

**Covered Service:** *Not covered: Any service not specifically listed above*
**We Pay to Age 13:** *Nothing*
**We Pay Age 13 and Over:** *Nothing*
**You Pay:** *All charges*

## Basic Option Dental Benefits

Under Basic Option, we provide benefits for the services listed below. You pay a $35 copayment for each evaluation, and we pay any balances up to the Maximum Allowable Charge previously described in this section. This is a complete list of dental services covered under this benefit for Basic Option. You **must** use a Preferred dentist in order to receive benefits. For a list of Preferred dentists, visit www.fepblue.org/provider to use our National Doctor & Hospital Finder, or call us at the customer service phone number on the back of your ID card.

## Basic Option Dental Benefits

### Clinical oral evaluations

**Covered Service**
Periodic oral evaluation*
**We Pay**
Preferred: All charges in excess of your $35 copayment
Participating/Non-participating: Nothing
**You Pay**
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

**Covered Service**
Limited oral evaluation
**We Pay**
Preferred: All charges in excess of your $35 copayment
Participating/Non-participating: Nothing
**You Pay**
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

**Covered Service**
Comprehensive oral evaluation*
**We Pay**
Preferred: All charges in excess of your $35 copayment
Participating/Non-participating: Nothing
**You Pay**
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

*Benefits are limited to a combined total of 2 evaluations per person per calendar year.

## Basic Option Dental Benefits

### Diagnostic imaging

**Covered Service**
Intraoral – complete series including bitewings (*limited to 1 complete series every 3 years*)
**We Pay**

Preferred: All charges in excess of your $35 copayment
Participating/Non-participating: Nothing
**You Pay**
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

**Basic Option Dental Benefits**

**Preventive**

**Covered Service**
Prophylaxis – adult (*up to 2 per calendar year*)
**We Pay**
Preferred: All charges in excess of your $35 copayment
Participating/Non-participating: Nothing
**You Pay**
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

**Covered Service**
Prophylaxis – child (*up to 2 per calendar year*)
**We Pay**
Preferred: All charges in excess of your $35 copayment
Participating/Non-participating: Nothing
**You Pay**
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

**Covered Service**
Topical application of fluoride or fluoride varnish – for children only (*up to 2 per calendar year*)
**We Pay**
Preferred: All charges in excess of your $35 copayment
Participating/Non-participating: Nothing
**You Pay**
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

**Covered Service**
Sealant – per tooth, first and second molars only (*once per tooth for children up to age 16 only*)
**We Pay**
Preferred: All charges in excess of your $35 copayment
Participating/Non-participating: Nothing
**You Pay**
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

**Basic Option Dental Benefits**

**Covered Service**

*Not covered: Any service not specifically listed above*
**We Pay**
*Nothing*
**You Pay**
*All charges*