

FEP BlueDental®

www.fepblue.org



2015

A Nationwide Dental PPO Plan

Who may enroll in this Plan: All Federal employees and annuitants in the United States and overseas who are eligible to enroll in the Federal Employees Dental and Vision Insurance Program.

Enrollment Options for this Plan:

- High Option – Self Only
- High Option – Self Plus One
- High Option – Self and Family
- Standard Option – Self Only
- Standard Option – Self Plus One
- Standard Option – Self and Family

This Plan has 6 enrollment regions, including international; please see the end of this brochure to determine your region and corresponding rates



Authorized for distribution by the:



**United States
Office of Personnel Management**

Healthcare and Insurance
www.opm.gov/healthcare-insurance

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of FEP BlueDental under the Blue Cross and Blue Shield Association's contract OPM01-FEDVIP-01AP-6 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

FEP BlueDental
PO Box 75
Minneapolis, MN 55440-0075
1-855-504-2583
www.fepblue.org

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits, if they are also listed on the coverage. **You and your family members do not have a right to benefits that were available before January 1, 2015 unless those benefits are also shown in this brochure.**

OPM negotiates rates with each carrier annually. Rates are shown at the end of this brochure.

FEP BlueDental is responsible for the selection of in-network providers in your area. Contact us at 1-855-504-2583, TTY 1-888-853-7570 for the names of participating providers or to request a zip code based provider directory. You may also view current in-network providers via our web site at www.fepblue.org which has a sophisticated provider search tool that allows you to select dentists according to a flexible set of criteria including location, proximity and specialty. Our online provider search tool is updated weekly and is available on a 24/7 basis. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not on a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in the FEP BlueDental network. If your provider is not currently participating in the provider network, you can nominate him or her to join. Please print a nomination form from our website at www.fepblue.org or call us at 1-855-504-BLUE (2583) and we will send you a form. Bring the form to your dentist and ask him or her to complete it if he or she is interested in participating in our network. You cannot change plans, outside of Open Season, because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

This FEP BlueDental Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

We want you to know that protecting the confidentiality of your individually identifiable health information is of the utmost importance to us. To review full details about our privacy practices, our legal duties, and your rights, please visit our website at www.fepblue.org and link to the "Privacy Policies" at the bottom of the page. If you do not have access to the internet or would like further information, please contact us by calling 1-855-504-BLUE (2583).

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FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit www.opm.gov/healthcare-insurance/dental-vision for more information.
Enroll Through BENEFEDES	You enroll through the Internet at www.BENEFEDES.com . Please see Section 2, Enrollment, for more information.
Dual Enrollment	If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2014 Open Season, your coverage will begin on January 1, 2015. Premium deductions will start with the first full pay period beginning on/after January 1, 2015. You may use your benefits as soon as your enrollment is confirmed.
Pre-Tax Salary Deduction for Employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
Annual Enrollment Opportunity	Each year, an Open Season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, Open Season runs from November 10, 2014 through December 8, 2014. You do not need to re-enroll each Open Season, unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual Open Season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment, for more information.
Continued Group Coverage After Retirement	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.
Waiting Period	The only waiting period is for orthodontic services. To meet this requirement, the person receiving orthodontic services must be enrolled in the same plan option for the entire and continuous 12-month waiting period to receive orthodontic coverage. Any change in the plan option will result in a new 12 month waiting period. A re-enrollment into FEP BlueDental, after transferring from another FEDVIP dental carrier, will require the member to satisfy a new 12-month orthodontia waiting period for the new plan option.

Section 1 Eligibility

Federal Employees If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP, if you are eligible for the Federal Employees Health Benefits (FEHB) Program or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation, you are eligible to enroll in FEDVIP. Enrollment in the FEHB Program or a Health Insurance Marketplace (Exchange) plan is not required.

Federal Annuitants You are eligible to enroll if you:

- retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;
- retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

Your FEDVIP enrollment will continue into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement, as there is with the FEHB Program.

Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.

Advise BENEFEDS of your new payroll office number.

Survivor Annuitants If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.

Compensationers A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

Family Members Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren (may include children of your same-sex domestic partner*) and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

FEDVIP rules and FEHB rules for family member eligibility are **NOT** the same. For more information on family member eligibility visit the website at <http://www.opm.gov/healthcare-insurance/dental-vision/eligibility> or contact your employing agency or retirement system.

*If you would marry but you live in a state that does not allow same-sex couples to marry.

Not Eligible The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants
- FEHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member

Section 2 Enrollment

Enroll Through BENEFEDES

You must use BENEFEDES to enroll or change enrollment in a FEDVIP plan. BENEFEDES is a secure enrollment website (www.BENEFEDES.com) sponsored by OPM. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

If you are currently enrolled in FEDVIP and do not want to change plans, your enrollment will continue automatically. Please Note: Your plans' premiums may change for 2015.

Note: You cannot enroll or change enrollment in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDES.

Enrollment Types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

Self and Family: A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i. e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.

Opportunities to Enroll or Change Enrollment

Open Season

If you are an eligible employee or an eligible annuitant, you can enroll in a dental and/or vision plan during the November 10 through December 8, 2014 Open Season. Coverage is effective January 1, 2015.

During future annual Open Seasons, you may enroll in a plan, change or cancel your dental and/or vision coverage. The effective date of these Open Season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. **Your enrollment carries over from year to year, unless you change it.**

New Hire/Newly Eligible

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP; or
- an employee returning to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDES receives and confirms your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	Increase Enrollment Type	Decrease Enrollment Type	Cancel	Change from One Plan to Another
Marriage	Yes	Yes	No	No	Yes
Acquiring an eligible family member (non-spouse)	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Going on active military duty, non-paystatus (enrollee or spouse)	No	No	No	Yes	No
Returning to pay status from active military duty (enrollee or spouse)	Yes	No	No	No	No
Returning to pay status from Leave without pay	Yes (if enrollment cancelled during LWOP)	No	No	No	Yes (if enrollment cancelled during LWOP)
Annuity/compensation restored	Yes	Yes	Yes	No	No
Transferring to an eligible position*	No	No	No	Yes	No

*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premium.

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area and

- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either plan, you cannot change or cancel that particular enrollment until the next Open Season, unless you experience a QLE that allows such a change or cancellation.

Canceling an Enrollment

You may cancel your enrollment only during the annual Open Season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the Open Season effective date.

When Coverage Stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or
- cancel the enrollment during Open Season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

NOTE: Coverage ends for a covered individual when FEP BlueDental does not receive premium payment for that covered individual.

Continuation of Coverage

Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under the FEDVIP plans:

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA),

you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the "Use-It-Or-Lose-It" rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2015. See www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans. You will be required to submit your claim to the FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA).

Section 3 How You Obtain Care

Identification Cards/ Enrollment Confirmation

When you enroll for the first time, you will receive a welcome letter along with an identification card ("ID Card") which will serve as confirmation of your enrollment. It is important to bring your FEDVIP and FEHB ID cards to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both ID cards can ensure prompt payment of the maximum allowable benefits under each Program.

If you require a replacement ID card, you may order a replacement ID card via www.fepblue.org or you may call 1-855-504-2583. An ID card is neither a guarantee of benefits nor does your provider need it to render dental services. Your dentist may call 1-855-504-2583 to confirm your enrollment and the benefits available to you.

Where You Get Covered Care

You can obtain care from any licensed dentist in the United States or overseas.

Plan Providers

Our website, www.fepblue.org, has a sophisticated provider search tool that allows you to select dentists according to a flexible set of criteria including location, proximity and specialty. Our online provider search directory is updated weekly and is available on a 24/7 basis. You may also contact us at 1-855-504-2583 for the names of participating providers or to request a provider directory.

When you make your appointment, please advise the dentist office that you are enrolled in the FEDVIP plan and wish to use your in-network benefits. This will also serve to confirm that the dentist is an FEP BlueDental provider. Also, be sure to give the provider your FEHB information, too.

You do not have to select a primary care dentist to receive benefits. You are free to choose the dentist you want for your dental care. However, your dentist choice can make a difference in the benefits you receive and the amount you pay. You may have additional out-of-pocket costs if your dentist is not an in-network provider.

In-Network

When you use an FEP BlueDental network provider, benefits are provided at the in-network level. You are responsible only for covered charges up to our Maximum Allowed Amount per procedure. You are not responsible for the difference between our Maximum Allowed Amount and the billed charges. FEP BlueDental's network consists of independently credentialed and contracted providers. To find a dentist in your area go to www.fepblue.org. You may also contact customer service at 1-855-504-2583.

Out-of-Network

You may obtain care from any licensed dentist. If the dentist you use is not part of our network, benefits will be determined based on the out-of-network benefit level. Because these providers are out of our network, payment will be based on the lesser of the provider's actual charge or the maximum allowed amounts established by FEP BlueDental for services rendered by out-of-network providers. You are responsible for the difference between our payment and the amount billed.

Emergency Services

All expenses for emergency services are payable as any other expense, subject to plan provisions. If you receive emergency services from an out-of-network dentist, benefits will be paid under the out-of-network plan provisions. You are responsible for the difference between the maximum allowed amount and the billed charge.

Maximum Amount Allowed

The maximum amount of reimbursement we allow for a specific procedure. When you use an in-network provider, the provider cannot bill you for the difference between the Maximum Allowed Amount and the billed charge. When you use an out-of-network provider, you are responsible for the difference between the Maximum Allowed Amount and the billed charge in addition to applicable coinsurance and deductible amounts.

Precertification

Precertification is not mandatory. However, we recommend a pretreatment estimate be submitted prior to treatment for extensive oral surgery, periodontic, endodontic, major restorative, prosthodontic, and orthodontic services. We will provide an explanation of benefits to both you and your dentist that will indicate if procedures are covered and an estimate of what we will pay for those specific services. The estimated Maximum Allowable Amount is based on your current eligibility and contract benefits in effect at the time of the completed service. Submission of other claims or changes in eligibility or the contract may alter final payment. A pretreatment estimate is not a guarantee of benefits. Please note that you are not required to submit pretreatment estimates to your FEHB carrier. They may be submitted directly to FEP BlueDental at:

FEP BlueDental
P.O. Box 75
Minneapolis, MN 55440-0075

Alternate Benefit

If more than one service or procedure can be used to treat the covered person’s dental condition, FEP BlueDental may decide to authorize coverage only for the less costly covered service or procedure when that service is an appropriate method of treatment and the service meets broadly accepted national standards of dental practice. The alternate benefit could result in additional out-of-pocket expense.

Dental Review

FEP BlueDental’s claim review is conducted by licensed dental professionals who review the clinical documentation submitted by your treating dentist. These licensed dental professionals review the records checking for dental necessity for certain procedures such as crowns, bridges, onlays, implants, periodontal treatments, as well as other services. The licensed dental professionals may also recommend that an alternate benefit be applied to a service in accordance with the terms of the plan.

First Payor

If you have dental coverage through your FEHB plan and coverage under FEP BlueDental, your FEHB plan will be the first payor of any benefit payments. When services are rendered by a provider who participates with both your FEHB and your FEP BlueDental plan, the FEP BlueDental Maximum Allowed Amount will be the prevailing charge, in these cases. We are responsible for facilitating the process with the primary FEHB payor. You are responsible for the difference between the FEHB and FEP BlueDental benefit payments and the FEP BlueDental Maximum Allowed Amount.

It is important to bring your FEDVIP and FEHB identification cards to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEP BlueDental coverage. Presenting both identification cards can ensure that you receive prompt payment for the maximum allowable benefit under each Program. Please see examples 1 and 2 below.

Example 1: High Option coverage (In-Network provider). This example assumes all deductibles have been met and annual maximums have not been reached.

FEP BlueDental member with FEHB coverage – FEHB is always primary	Services are provided by an In-Network Provider
1-surface filling	\$108.00
Maximum Allowable Amount	\$60.00
FEHB payment (estimated)	\$16.00
FEP BlueDental benefits payable in the absence of FEHB coverage	\$42.00 (\$60.00 at 70%)
Payment by FEP BlueDental	\$42.00
Member’s responsibility	\$2.00 (\$60-\$16-\$42=\$2.00)

Example 2: High Option coverage (Out-of-Network provider). This example assumes all deductibles have been met and annual maximums have not been reached.

FEP BlueDental member with FEHB coverage – FEHB is always primary	Services are provided by an Out-of-Network Provider
1-surface filling	\$108.00*
FEHB payment (estimated)	\$16.00
FEP BlueDental benefits payable in the absence of FEHB coverage	\$64.80 (\$108.00 at 60%)
Payment by FEP BlueDental	\$64.80
Member’s responsibility	\$27.20 (\$108-\$16-\$64.80=\$27.20)
	*Assumes provider charge is within the Maximum Allowed Amount

Coordination of Benefits

If you are covered under a non-FEHB plan, your FEP BlueDental benefits will be coordinated using traditional COB provisions for determining payment. Please see examples 3 and 4 below.

We will coordinate benefit payments with the payment of benefits under other group health benefits coverage (non-FEHB) you may have and the payment of dental costs under no-fault insurance that pays benefits without regard to fault.

Example 3: High Option coverage (In-Network provider). This example assumes all deductibles have been met and annual maximums have not been reached.

FEP BlueDental coverage is secondary to non-FEHB coverage	Services are provided by an In-Network Provider
2-surface filling	\$121.00
Maximum Allowable Amount	\$73.00
Payable by Primary Carrier	\$60.50
FEP BlueDental benefits payable in the absence of non-FEHB coverage	\$51.10 (\$73.00 at 70%)
Payment by FEP BlueDental	\$12.50
Member’s responsibility*	\$0.00 (\$73-\$60.50-\$12.50=\$0.00)
	*Assumes provider does not have a contractual relationship regarding fees with the primary carrier

Example 4: High Option coverage (Out-of-Network provider). This example assumes all deductibles have been met and annual maximums have not been reached.

FEP BlueDental coverage is secondary to non-FEHB coverage	Services are provided by an Out-of-Network Provider
2-surface filling	\$121.00
Payable by Primary Carrier	\$96.80
FEP BlueDental benefits payable in the absence of non-FEHB coverage	\$72.60 (\$121.00 at 60%)
Payment by FEP BlueDental	\$24.20
Member’s responsibility*	\$0.00 (\$121-\$96.80-\$24.20=\$0.00)
	*Assumes provider charge is within the Maximum Allowed Amount

Rating Areas

Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDS. Your rates might change because of the move. Your rates will not be impacted if you temporarily reside at another location.

Limited Access Area

If you live in a limited access area* (defined as greater than 15 miles urban areas/ greater than 35 miles in rural areas) and you receive covered dental services from an out-of-network provider, we will pay the same plan allowances as if you utilized an in-network provider. It is important to note that you will be responsible for the difference between the billed amount and our payment. If you have any questions about limited access areas or you are having problems locating an in-network dentist in your area, please call us at 1-855-504-2583.

***NOTE: Access Standards**

Urban zip codes: at least 90% of Federal eligibles (employees and annuitants) in a network access area (zip code plus 15 driving-miles) must have access to a dental care preferred provider.

Rural zip codes: at least 80% of Federal eligibles (employees and annuitants) in a network access area (zip code plus 35 driving-miles) must have access to a dental care preferred provider.

Section 4 Your Cost For Covered Services

This is what you will pay out-of-pocket for covered care:

Deductible

A deductible is a fixed amount of expenses you must incur for certain covered services and supplies before we will pay for covered services. There is no family deductible limit. Covered charges credited to the deductible are also counted towards the Plan maximum and limitations.

	In-Network High Option	In-Network Standard Option	Out-of-Network High Option	Out-of-Network Standard Option
Class A	\$0	\$0	\$50	\$75
Class B	\$0	\$0	\$50	\$75
Class C	\$0	\$0	\$50	\$75
Orthodontics	\$0	\$0	\$0	\$0

Coinsurance

Coinsurance is the percentage of our allowance that you must pay for your care. Coinsurance does not begin until you meet your deductible, if applicable.

	In-Network High Option	In-Network Standard Option	Out-of-Network High Option	Out-of-Network Standard Option
Class A	0%	0%	10%	40%
Class B	30%	45%	40%	60%
Class C	50%	65%	60%	80%
Orthodontics	50%	50%	50%	50%

Annual Benefit Maximum

Once you reach this amount, you are responsible for all additional charges. The Annual Benefit Maximums within each option are combined between in and out-of-network services. The total Annual Benefit Maximum will never be greater than the In-Network Maximum Annual Benefit.

	In-Network High Option	In-Network Standard Option	Out-of-Network High Option	Out-of-Network Standard Option
Maximum Annual Benefits	\$15,000	\$1,500	\$3,000	\$750

Lifetime Benefit Maximum

The Lifetime Maximum is applicable to Orthodontia benefits only. There are no other lifetime maximums under this Plan.

	In-Network High Option	In-Network Standard Option	Out-of-Network High Option	Out-of-Network Standard Option
Lifetime Orthodontic Maximum	\$3,500	\$2,000	\$3,500	\$1,000

In-Network Services	You pay the coinsurance percentage of our network allowance for covered services. You are not responsible for charges above that allowance. To avoid any misunderstanding of the amount that you will owe, ask your dentist about his or her participation status in the FEP BlueDental network prior to receiving dental care.
Out-of-Network Services	If the dentist you use is not part of our network, benefits will be considered at the out-of-network level. All services provided by an out-of-network dentist will be paid at out-of-network levels, except for limited access benefits. All benefit payments are based on FEP BlueDental's Maximum Allowable Amounts, which is a schedule of fixed dollar maximums established by FEP BlueDental for services by out-of-network providers.
Calendar Year	The calendar year refers to the plan year, which is defined as January 1, 2015 to December 31, 2015.
Emergency Services	Emergency services are defined as those dental services needed to relieve pain or prevent the worsening of a condition that would be caused by a delay.

Section 5 Dental Services and Supplies Class A Basic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is \$0 if you use an in-network provider. If you elect to use an out-of-network provider, the Standard Option has a \$75 deductible per person; High Option has a \$50 deductible. Neither Option contains a family deductible; each enrolled covered person must satisfy their own deductible.
- The High Option Annual Benefit Maximum for non-orthodontic services is \$15,000 for in-network services and \$3,000 for out-of-network services. In no instance will FEP BlueDental allow more than \$15,000 in combined benefits under High Option in any plan year.
- The Standard Option Annual Benefit Maximum for non-orthodontic services is \$1,500 for in-network services and \$750 for out-of-network services. In no instance will FEP BlueDental allow more than \$1,500 in combined benefits under Standard Option in any plan year.
- Alternate benefits - if more than one service can be used to treat your dental conditions, we may decide to authorize alternate treatment coverage only for less costly covered service provided that the service selected must be deemed by the dental profession to be an appropriate method of treatment. The alternate benefit could result in additional out-of-pocket expense.
- All services requiring more than one visit are payable once all visits are completed.
- The following list is an all-inclusive list of covered services. FEP BlueDental will provide benefits for these services, subject to the exclusions and limitations shown in this section and Section 7.

You Pay:

High Option

- **In-Network:** Preventive and Diagnostic services - \$0 for covered services as defined by the plan subject to plan maximums.
- **Out-of-Network:** Preventive and Diagnostic services – \$50 deductible and then you pay 10% of the plan allowance, subject to plan maximums. You are responsible for any difference between our allowance and the billed amount.

Standard Option

- **In-Network:** Preventive and Diagnostic services - \$0 for covered services as defined by the plan subject to plan maximums.
- **Out-of-Network:** \$75 deductible and then you pay 40% of the plan allowance, subject to plan maximums. You are responsible for any difference between our allowance and the billed amount.

Diagnostic and Treatment Services

D0120 Periodic oral evaluation - Limited to 2 during the calendar year

D0140 Limited oral evaluation - problem focused - Limited to 2 during the calendar year

D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver - Limited to 2 during the calendar year

D0150 Comprehensive oral evaluation - Limited to 2 during the calendar year

D0160 Detailed and extensive oral evaluation - Limited to 2 during the calendar year

D0180 Comprehensive periodontal evaluation - Limited to 2 during the calendar year

D0210 Intraoral - complete set of radiographic images including bitewings limited to 1 every 60 months

D0220 Intraoral - periapical first film

Diagnostic and Treatment Services (cont.)

D0230 Intraoral - each additional periapical film

D0240 Intraoral - occlusal radiographic image

D0250 Extraoral - first radiographic image

D0260 Extraoral - each additional radiographic images

D0270 Bitewing - single film - 1 per calendar year for adults/2 per calendar year for children

D0272 Bitewings - two films - 1 per calendar year for adults/2 per calendar year for children

D0273 Bitewings - three films - 1 per calendar year for adults/2 per calendar year for children

D0274 Bitewings - four films - 1 per calendar year for adults/2 per calendar year for children

D0277 Vertical bitewings - 7 to 8 radiographic images - 1 per calendar year for adults/2 per calendar year for children

D0330 Panoramic radiographic image - once every 60 months

D0425 Caries susceptibility tests

D0486 Accession of brush biopsy

Preventive Services

D1110 Prophylaxis - Adult - Limited to 2 during the calendar year

D1120 Prophylaxis - Child - Limited to 2 during the calendar year

D1206 Topical Fluoride - Varnish - Limited to 2 during the calendar year for dependent children up to age 22

D1208 Topical application of fluoride - Limited to 2 during the calendar year for dependent children up to age 22

D1351 Sealant - per tooth - unrestored permanent molars for dependent children under age 19 - any combination of a sealant or a preventive resin restoration is allowed 1 time per tooth every 24 months

D1352 Preventive resin restorations in a moderate to high caries risk patient - permanent tooth - any combination of a sealant or a preventive resin restoration is allowed 1 time per tooth every 24 months

D1510 Space maintainer - fixed - unilateral - Limited to children under age 19

D1515 Space maintainer - fixed - bilateral - Limited to children under age 19

D1520 Space maintainer - removable - unilateral - Limited to children under age 19

D1525 Space maintainer - removable - bilateral - Limited to children under age 19

D1550 Re-cementation of space maintainer - Limited to children under age 19

Additional Procedures Covered as Basic Services

D9110 Palliative treatment of dental pain – minor procedure

D9310 Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)

D9440 Office visit after regularly scheduled hours

Note: All exams, oral evaluations and treatments such as fluorides are combined under one limitation under the plan. For example, periodic oral exam (D0120), oral evaluations (D0140), and comprehensive oral exam (D0150, D0180) are combined and limited to two examinations per year. If you have a periodic oral evaluation and a limited oral exam, both services are combined, so that not more than the maximum allowable expense and limitation are paid.

Services Not Covered

Refer to Section 7 for a list of general exclusions

Class B Intermediate

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is \$0 if you use an in-network provider.
- If you elect to use an out-of-network provider, Standard Option has a \$75 deductible per person; High Option has a \$50 deductible. Neither Option contains a family deductible, each enrolled covered person must satisfy their own deductible.
- The High Option Annual Benefit Maximum for non-orthodontic services is \$15,000 for in-network services and \$3,000 for out-of-network services. In no instance will FEP BlueDental allow more than \$15,000 in combined benefits under High Option in any plan year.
- The Standard Option Annual Benefit Maximum for non-orthodontic services is \$1,500 for in-network services and \$750 for out-of-network services. In no instance will FEP BlueDental allow more than \$1,500 in combined benefits under Standard Option in any plan year.
- Alternate benefits - if more than one service can be used to treat your dental conditions, we may decide to authorize alternate treatment coverage only for less costly covered service provided that the service selected must be deemed by the dental profession to be an appropriate method of treatment. We recommend that your dentist request a pre-treatment estimate prior to receiving services so you and your provider are aware of the coverage and benefits. The alternate benefit could result in additional out-of-pocket expense.
- All services requiring more than one visit are payable once all visits are completed.
- The following list is an all-inclusive list of covered services. FEP BlueDental will provide benefits for these services, subject to the exclusions and limitations shown in this section and Section 7.

You Pay:

High Option

- **In-Network:** No deductible; you pay 30% of the plan allowance for covered services as defined by the plan subject to plan maximums.
- **Out-of-Network:** \$50 deductible; you pay 40% of the plan allowance for covered services as defined by the plan, subject to plan maximums and any difference between our allowance and the billed amount.

Standard Option

- **In-Network:** No deductible; you pay 45% of the plan allowance for covered services as defined by the plan subject to plan maximums.
- **Out-of-Network:** \$75 deductible; you pay 60% of the plan allowance for covered services as defined by the plan, subject to plan maximums and any difference between our allowance and the billed amount.

Minor Restorative Services

D2140 Amalgam – one surface, primary or permanent
D2150 Amalgam – two surfaces, primary or permanent
D2160 Amalgam – three surfaces, primary or permanent
D2161 Amalgam – four or more surfaces, primary or permanent
D2330 Resin-based composite – one surface, anterior
D2331 Resin-based composite – two surfaces, anterior
D2332 Resin-based composite – three surfaces, anterior
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)
D2391 Resin-based composite – one surface, posterior - an alternate benefit may be provided
D2392 Resin-based composite – two surfaces, posterior - an alternate benefit may be provided
D2393 Resin-based composite – three surfaces, posterior - an alternate benefit may be provided
D2394 Resin-based composite – four or more surfaces, posterior - an alternate benefit may be provided
D2910 Re-cement inlay
D2920 Re-cement crown
D2929 Pre-fabricated porcelain/ceramic crown – primary tooth – under age 15 – limited to 1 per tooth in 60 months
D2930 Pre-fabricated stainless steel crown - primary tooth – under age 15 – limited to 1 per tooth in 60 months
D2931 Pre-fabricated stainless steel crown – permanent tooth – under age 15 – limited to 1 per tooth in 60 months
D2940 Protective Restoration
D2951 Pin retention – per tooth, in addition to restoration

Endodontic Services

D3110 Pulp cap - direct (excluding final restoration)
D3120 Pulp cap - indirect (excluding final restoration)
D3220 Therapeutic pulpotomy (excluding final restoration)
D3221 Pulpal debridement, primary and permanent teeth
D3222 Partial pulpotomy for apexogenesis – permanent teeth with incomplete root development
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)

Periodontal Services

D4341 Periodontal scaling and root planning - four or more teeth per quadrant - Limited to 1 every 24 months
D4342 Periodontal scaling and root planning - one to three teeth per quadrant - Limited to 1 every 24 months
D4910 Periodontal maintenance - 4 in 12 months combined with adult prophylaxis after the completion of active periodontal therapy
D7921 Collect - Apply Autologous Product - Limited to 1 in 36 months

Prosthodontic Services

D5410 Adjust complete denture – maxillary
D5411 Adjust complete denture – mandibular
D5421 Adjust partial denture – maxillary
D5422 Adjust partial denture – mandibular
D5510 Repair broken complete denture base
D5520 Replace missing or broken teeth – complete denture (each tooth)
D5610 Repair resin denture base
D5620 Repair cast framework
D5630 Repair or replace broken clasp
D5640 Replace broken teeth – per tooth

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D5650 Add tooth to existing partial denture

D5660 Add clasp to existing partial denture

D5670 Replace all teeth and acrylic on cast metal framework, maxillary – Limited to 2 in a 24-month period 6 months after the initial installation

D5671 Replace all teeth and acrylic on cast metal framework, mandibular - Limited to 2 in a 24-month period 6 months after the initial installation

D5710 Rebase complete maxillary denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5711 Rebase complete mandibular denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5720 Rebase maxillary partial denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5721 Rebase mandibular partial denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5730 Reline complete maxillary denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation

D5731 Reline complete mandibular denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation

D5740 Reline maxillary partial denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation

D5741 Reline mandibular partial denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation

D5750 Reline complete maxillary denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation

D5751 Reline complete mandibular denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation

D5760 Reline maxillary partial denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation

D5761 Reline mandibular partial denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation

D5850 Tissue conditioning (maxillary)

D5851 Tissue conditioning (mandibular)

D6930 Re-cement fixed partial denture

D6980 Fixed partial denture repair, by report

D9120 Fixed partial denture sectioning

Oral Surgery

D7111 Extraction coronal remnants, deciduous tooth

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

D7220 Removal of impacted tooth – soft tissue

D7230 Removal of impacted tooth – partially bony

D7240 Removal of impacted tooth – completely bony

D7241 Removal of impacted tooth – completely bony with unusual surgical complications

D7250 Surgical removal of residual tooth roots (cutting procedure)

D7251 Coronectomy - intentional partial tooth removal

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

D7272 Tooth transplantation - includes splinting or stabilization

D7280 Surgical access of an unerupted tooth

D7310 Alveoloplasty in conjunction with extractions – per quadrant

Oral Surgery - continued on next page

Oral Surgery (cont.)

D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

D7320 Alveoloplasty not in conjunction with extractions – per quadrant

D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant

D7471 Removal of exostosis

D7485 Surgical reduction of tuberosity

D7510 Incision and drainage of abscess – intraoral soft tissue

D7910 Suture of recent small wounds up to 5 cm

D7953 Bone replacement graft for ridge preservation - per site - Limited to 1 every 60 months

D7971 Excision of pericoronal gingiva

D7972 Reduction of fibrous tuberosity – Limited to 1 every 6 months

D7999 Unspecified oral surgery procedure, by report

Services Not Covered

Refer to Section 7 for a list of general exclusions

Class C Major

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is \$0 if you use an in-network provider.
- If you elect to use an out-of-network provider, Standard Option has a \$75 deductible per person; High Option has a \$50 deductible. Neither Option contains a family deductible, each enrolled covered person must satisfy their own deductible.
- The High Option Annual Benefit Maximum for non-orthodontic services is \$15,000 for in-network services and \$3,000 for out-of-network services. In no instance will FEP BlueDental allow more than \$15,000 in combined benefits under High Option in any plan year.
- The Standard Option Annual Benefit Maximum for non-orthodontic services is \$1,500 for in-network services and \$750 for out-of-network services. In no instance will FEP BlueDental allow more than \$1,500 in combined benefits under Standard Option in any plan year.
- Alternate benefits - if more than one service can be used to treat your dental conditions, we may decide to authorize alternate treatment coverage only for less costly covered service provided that the service selected must be deemed by the dental profession to be an appropriate method of treatment. We recommend that your dentist request a pre-treatment estimate prior to receiving services so you and your provider are aware of the coverage and benefits. The alternate benefit could result in additional out-of-pocket expense.
- All services requiring more than one visit are payable once all visits are completed.
- The following list is an all-inclusive list of covered services. FEP BlueDental will provide benefits for these services, subject to the exclusions and limitations shown in this section and Section 7.

You Pay:

High Option

- **In-Network:** No deductible; you pay 50% of the plan allowance for covered services as defined by the plan subject to plan maximums.
- **Out-of-Network:** \$50 deductible; you pay 60% of the plan allowance for covered services as defined by the plan subject to plan maximums and any difference between our allowance and the billed amount.

Standard Option

- **In-Network:** No deductible; you pay 65% of the plan allowance for covered services as defined by the plan subject to plan maximums.
- **Out-of-Network:** \$75 deductible; you pay 80% of the plan allowance for covered services as defined by the plan subject to plan maximums and any difference between our allowance and the billed amount.

Major Restorative Services

D0160 Detailed and extensive oral evaluation – problem focused, by report
D2410 Gold Foil – one surface – An alternate benefit may be provided
D2420 Gold Foil – two surfaces – An alternate benefit may be provided
D2430 Gold Foil – three surfaces – An alternate benefit may be provided
D2510 Inlay - metallic - one surface - An alternate benefit may be provided
D2520 Inlay - metallic - two surfaces - An alternate benefit may be provided
D2530 Inlay - metallic - three surfaces - An alternate benefit may be provided
D2542 Onlay - metallic - two surfaces - Limited to 1 per tooth every 60 months
D2543 Onlay - metallic - three surfaces - Limited to 1 per tooth every 60 months
D2544 Onlay - metallic - four or more surfaces - Limited to 1 per tooth every 60 months
D2740 Crown - porcelain/ceramic substrate - Limited to 1 per tooth every 60 months
D2750 Crown - porcelain fused to high noble metal - Limited to 1 per tooth every 60 months
D2751 Crown - porcelain fused to predominately base metal - Limited to 1 per tooth every 60 months
D2752 Crown - porcelain fused to noble metal - Limited to 1 per tooth every 60 months
D2780 Crown - 3/4 cast high noble metal - Limited to 1 per tooth every 60 months
D2781 Crown - 3/4 cast predominately base metal - Limited to 1 per tooth every 60 months
D2782 Crown - 3/4 cast noble metal - Limited to 1 per tooth every 60 months
D2783 Crown - 3/4 porcelain/ceramic - Limited to 1 per tooth every 60 months
D2790 Crown - full cast high noble metal - Limited to 1 per tooth every 60 months
D2791 Crown - full cast predominately base metal - Limited to 1 per tooth every 60 months
D2792 Crown - full cast noble metal - Limited to 1 per tooth every 60 months
D2794 Crown - titanium - Limited to 1 per tooth every 60 months
D2950 Core buildup, including any pins - Limited to 1 per tooth every 60 months
D2954 Prefabricated post and core, in addition to crown - Limited to 1 per tooth every 60 months
D2980 Crown repair, by report – Limited to 1 per 12 months
D2981 Inlay Repair - Limited to 1 per 12 months
D2982 Onlay Repair – Limited to 1 per 12 months
D2983 Veneer Repair – Limited to 1 per 12 months
D2990 Resin infiltration/smooth surface

Endodontic Services

D3310 Anterior root canal (excluding final restoration)
D3320 Bicuspid root canal (excluding final restoration)
D3330 Molar root canal (excluding final restoration)
D3346 Retreatment of previous root canal therapy – anterior
D3347 Retreatment of previous root canal therapy – bicuspid
D3348 Retreatment of previous root canal therapy – molar
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353 Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
D3355 Pulpal regeneration initial visit
D3356 Pulpal regeneration interim visit
D3357 Pulpal regeneration completion of treatment

Endodontic Services - continued on next page

Endodontic Services (cont.)

D3410 Apicoectomy/periradicular surgery – anterior

D3421 Apicoectomy/periradicular surgery – bicuspid (first root)

D3425 Apicoectomy/periradicular surgery – molar (first root)

D3426 Apicoectomy/periradicular surgery (each additional root)

D3430 Retrograde filling – per root

D3450 Root amputation – per root

D3920 Hemisection (including any root removal) – not including root canal therapy

Periodontal Services

D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant - Limited to 1 every 36 months

D4211 Gingivectomy or gingivoplasty – one to three teeth, per quadrant

D4212 Gingivectomy or gingivoplasty - with restorative procedures, per tooth

D4240 Gingival flap procedure, including root planning, four or more contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months

D4241 Gingival flap procedure, including root planning, one to three teeth per quadrant – Limited to 1 every 36 months

D4245 Apically positioned flap – covered once per 36 months – permanent teeth only

D4249 Clinical crown lengthening – hard tissue

D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months

D4261 Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months

D4263 Bone replacement graft – 1st site in quad – covered once per 36 months – permanent teeth only

D4264 Bone replacement graft – each additional site in quad – covered once per 36 months – permanent teeth only

D4268 Surgical revision procedure, per tooth

D4270 Pedicle soft tissue graft procedure

D4273 Subepithelial connective tissue graft procedures (including donor site surgery)

D4274 Distal/proximal wedge – covered once per 36 months – permanent teeth only

D4275 Soft tissue allograft – Limited to 1 every 36 months

D4276 Combined connective tissue and double pedicle graft, per tooth – Limited to 1 every 36 months

D4277 Free soft tissue graft procedure, first tooth

D4278 Free soft tissue graft procedure - additional teeth

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis - Limited to 1 per lifetime

D4381 Localized delivery of antimicrobial agents

Prosthodontic Services

D5110 Complete denture – maxillary – limited to 1 every 60 months

D5120 Complete denture - mandibular – limited to 1 every 60 months

D5130 Immediate denture – maxillary – limited to 1 every 60 months

D5140 Immediate denture - mandibular - limited to 1 every 60 months

D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) - limited to 1 every 60 months

D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) - limited to 1 every 60 months

D5213 Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) - limited to 1 every 60 months

D5214 Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) - limited to 1 every 60 months

Prosthodontic Services (cont.)

D5225 Maxillary partial denture – flexible base – covered once per 60 months (5 years)
D5226 Mandibular partial denture – flexible base – covered once per 60 months (5 years)
D5281 Removable unilateral partial denture-one piece cast metal (including clasps and teeth) - limited to 1 every 60 months
D5863 Overdenture – complete maxillary - an alternate benefit may be provided
D5864 Overdenture – partial maxillary - an alternate benefit may be provided
D5865 Overdenture – complete mandibular - an alternate benefit may be provided
D5866 Overdenture – partial mandibular - an alternate benefit may be provided
D6010 Endosteal Implant – surgical placement – limited to 1 every 60 months
D6012 Surgical Placement of Interim Implant Body – limited to 1 every 60 months
D6013 Mini Implant – limited to 1 every 60 months
D6040 Eposteal Implant – limited to 1 every 60 months
D6050 Transosteal Implant, including hardware – limited to 1 every 60 months
D6055 Connecting Bar – implant or abutment supported – limited to 1 every 60 months
D6056 Prefabricated Abutment - includes modification and placement – limited to 1 every 60 months
D6057 Custom fabricated abutment - includes modification and placement – limited to 1 every 60 months
D6058 Abutment supported porcelain ceramic crown – limited to 1 every 60 months
D6059 Abutment supported porcelain fused to metal crown - high noble metal - limited to 1 every 60 months
D6060 Abutment supported porcelain fused to metal crown - predominately base metal - limited to 1 every 60 months
D6061 Abutment supported porcelain fused to metal crown - noble metal - limited to 1 every 60 months
D6062 Abutment supported cast metal crown - high noble metal - limited to 1 every 60 months
D6063 Abutment supported cast metal crown - predominately base metal – limited to 1 every 60 months
D6064 Abutment supported cast noble metal crown - noble metal – limited to 1 every 60 months
D6065 Implant supported porcelain/ceramic crown – limited to 1 every 60 months
D6066 Implant supported porcelain fused to high metal crown - titanium, titanium alloy, high noble metal – limited to 1 every 60 months
D6067 Implant supported metal crown - titanium, titanium alloy, high noble metal – limited to 1 every 60 months
D6068 Abutment supported retainer for porcelain/ceramic FPD – limited to 1 every 60 months
D6069 Abutment supported retainer for porcelain fused to metal FPD - high noble metal – limited to 1 every 60 months
D6070 Abutment supported retainer for porcelain fused to metal FPD - predominately base metal – limited to 1 every 60 months
D6071 Abutment supported retainer for porcelain fused to metal FPD - noble metal – limited to 1 every 60 months
D6072 Abutment supported retainer for cast metal FPD - high noble metal – limited to 1 every 60 months
D6073 Abutment supported retainer for cast metal FPD - predominately base metal - limited to 1 every 60 months
D6074 Abutment supported retainer for cast metal FPD - noble metal - limited to 1 every 60 months
D6075 Implant supported retainer for ceramic FPD – limited to 1 every 60 months
D6076 Implant supported retainer for porcelain fused to metal FPD - titanium, titanium alloy, or high noble metal - limited to 1 every 60 months
D6077 Implant supported retainer for cast metal FPD - titanium, titanium alloy, or high noble metal – limited to 1 every 60 months
D6080 Implant Maintenance Procedures – limited to 1 every 60 months
D6090 Repair Implant Prosthesis – limited to 1 every 60 months
D6091 Replacement of Semi-Precision or Precision Attachment – limited to 1 every 60 months
D6092 Recement Implant/abutment supported crown - limited to 1 every 60 months
D6093 Recement Implant/abutment supported fixed partial denture – limited to 1 every 60 months

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D6094 Abutment supported crown - titanium - limited to 1 every 60 months
D6095 Repair Implant Abutment – limited to 1 every 60 months
D6100 Implant Removal – limited to 1 every 60 months
D6101 Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure
D6102 Debridement and osseous contouring of a periimplant defect; include surface cleaning of exposed implant surfaces and flap entry and closure
D6103 Bone graft for repair of periimplant defect – not including flap entry and closure or, when indicated, placement of a barrier membrane or biologi materials to aid in osseous regeneration
D6104 Bone graft at time of implant placement
D6110 Implant supported removable denture for edentulous arch - Maxillary
D6111 Implant supported removable denture for edentulous arch - Mandibular
D6112 Implant supported removable denture for edentulous arch - Maxillary
D6113 Implant supported removable denture for edentulous arch - Mandibular
D6114 Implant supported removable denture for edentulous arch - Maxillary
D6115 Implant supported removable denture for edentulous arch - Mandibular
D6116 Implant supported removable denture for edentulous arch - Maxillary
D6117 Implant supported removable denture for edentulous arch - Mandibular
D6190 Implant Index – limited to 1 every 60 months
D6194 Abutment supported retainer crown for FPD - titanium - limited to 1 every 60 months
D6205 Pontic – indirect resin based composite – limited to 1 every 60 months, including all other crowns, bridges, prosthetics
D6210 Pontic - cast high noble metal - limited to 1 every 60 months
D6211 Pontic - cast predominately base metal - limited to 1 every 60 months
D6212 Pontic - cast noble metal - limited to 1 every 60 months
D6214 Pontic - titanium - limited to 1 every 60 months
D6240 Pontic - porcelain fused to high noble metal - limited to 1 every 60 month
D6241 Pontic - porcelain fused to predominately base metal - limited to 1 every 60 months
D6242 Pontic - porcelain fused to noble metal - limited to 1 every 60 months
D6245 Pontic - porcelain/ceramic - limited to 1 every 60 months
D6250 Pontic – resin with high noble metal – limited to 1 every 60 months
D6251 Pontic - resin with predominantly base metal – limited to 1 every 60 months
D6252 Pontic - resin with noble metal - limited to 1 every 60 months
D6545 Retainer - cast metal for resin bonded fixed prosthesis - limited to 1 every 60 months
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis - limited to 1 every 60 months
D6601 Inlay/onlay - porcelain/ceramic, three or more surfaces - An alternate benefit is applied
D6602 Inlay-cast high noble metal, 2 surfaces – limited to 1 every 60 months
D6603 Inlay-cast high noble metal, 3 + surfaces – limited to 1 every 60 months
D6604 Inlay - cast predominantly base metal, two surfaces - limited to 1 every 60 months
D6605 Inlay - cast predominantly base metal, three or more surfaces - limited to 1 every 60 months
D6606 Inlay - cast noble metal, 2 surfaces – limited to 1 every 60 months
D6607 Inlay - cast noble metal, 3 + surfaces – limited to 1 every 60 months
D6610 Onlay - cast high noble metal, 2 surfaces – limited to 1 every 60 months
D6611 Onlay - cast high noble metal, 3 + surfaces – limited to 1 every 60 months
D6612 Onlay - cast predominantly base metal, 2 + surfaces – limited to 1 every 60 months

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)

D6613 Onlay - cast predominantly base metal, 3 + surfaces – limited to 1 every 60 months

D6614 Onlay - cast noble metal, 2 surfaces – limited to 1 every 60 months

D6615 Onlay - cast noble metal, 3 + surfaces – limited to 1 every 60 months

D6624 Inlay – cast titanium metal – limited to 1 every 60 months

D6634 Onlay - cast titanium metal - limited to 1 every 60 months

D6710 Crown - indirect resin based composite - limited to 1 every 60 months

D6720 Crown - Resin with high noble metal - limited to 1 every 60 months

D6721 Crown - resin with predominantly base metal - limited to 1 every 60 months

D6722 Crown - resin with noble metal – limited to 1 every 60 months

D6740 Crown - porcelain/ceramic – limited to 1 every 60 months

D6750 Crown - porcelain fused to high noble metal - limited to 1 every 60 months

D6751 Crown - porcelain fused to predominately base metal – limited to 1 every 60 months

D6752 Crown - porcelain fused to noble metal - limited to 1 every 60 months

D6780 Crown - 3/4 cast high noble metal - limited to 1 every 60 months

D6781 Crown - 3/4 cast predominately base metal - limited to 1 every 60 months

D6782 Crown - 3/4 cast noble metal – limited to 1 every 60 months

D6783 Crown - 3/4 porcelain/ceramic – limited to 1 every 60 months

D6790 Crown - full cast high noble metal - limited to 1 every 60 months

D6791 Crown - full cast predominately base metal - limited to 1 every 60 months

D6792 Crown - full cast noble metal - limited to 1 every 60 months

D6794 Crown - Titanium - limited to 1 every 60 months

D9940 Occlusal guard, by report - 1 in 12 months for patients 13 and older

D9999 Unspecified Adjunctive procedure, by report

Note: All major prosthodontic services are combined under one replacement limitation under the plan. Benefits for prosthodontic services are combined and limited to one every 60 months. For example, if benefits for a partial denture are paid, this includes benefits to replace all missing teeth in the arch. No additional benefits for the arch would be considered until the 60 month replacement limit was met.

Note: When dental services that are subject to a frequency limitation were performed prior to your effective date of coverage the date of the prior service may be counted toward the time, frequency limitations and/or replacement limitations under this dental insurance. (For example, even if a crown, partial bridge, etc. was not placed while covered under FEP BlueDental, or paid by FEP BlueDental, the frequency limitations may apply.)

Services Not Covered

Refer to Section 7 for a list of general exclusions

Class D Orthodontic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- The waiting period for orthodontic services is 12 months. To meet this requirement, the member receiving orthodontic services must be covered under the same plan for the entire 12 month waiting period and continue orthodontia benefits in that same orthodontia vested plan option. Any plan option changes will incur a new 12 month orthodontic waiting period.
- The lifetime maximum for orthodontic services depends on the option in which you enroll and if you choose to receive services from a network provider. For example, if you are covered by the High Option, the lifetime maximum is \$3,500 regardless of the participating status of the provider. If you are enrolled in Standard Option, services rendered by an in-network provider are subject to a \$2,000 lifetime maximum and services rendered by an out-of-network provider are subject to a \$1,000 lifetime maximum.
- In no instance will FEP BlueDental allow more than \$2,000 under Standard Option.
- The benefit for the initial placement will not exceed 25% of the lifetime maximum benefit amount for the appliance. All subsequent payments will be made in equal installments pro-rated over the balance of a maximum period of 29 months. If your coverage terminates, all orthodontia benefit payments will end.
- Covered services are limited to the maximum allowable charge as determined by us and are subject to alternative benefit, coinsurance, maximum benefit limits, waiting period and the other limitations described in this plan document.
- We cover traditional orthodontic treatment (braces) as well as Invisalign. To determine what is most cost effective, we recommend a pretreatment estimate.
- Any dental service or treatment not listed as a covered service is not eligible for benefits.

You Pay:

High Option

- **In-Network:** 50% of the plan allowance up to the lifetime maximum. You are responsible for all charges that exceed the lifetime maximum.
- **Out-of-Network:** 50% of the plan allowance up to the lifetime maximum and any difference between our allowance and the billed amount.

Standard Option

- **In-Network:** 50% of the plan allowance up to the lifetime maximum. You are responsible for all charges that exceed the lifetime maximum.
- **Out-of-Network:** 50% of the plan allowance up to the lifetime maximum and any difference between our allowance and the billed amount.

Orthodontic Services

D8010 Limited orthodontic treatment of the primary dentition

D8020 Limited orthodontic treatment of the transitional dentition

D8030 Limited orthodontic treatment of the adolescent dentition

D8050 Interceptive orthodontic treatment of the primary dentition

D8060 Interceptive orthodontic treatment of the transitional dentition

D8070 Comprehensive orthodontic treatment of the transitional dentition

D8080 Comprehensive orthodontic treatment of the adolescent dentition

D8090 Comprehensive orthodontic treatment of the adult dentition

D8210 Removable appliance therapy

D8220 Fixed appliance therapy

D8660 Pre-orthodontic treatment visit

Services Not Covered

Refer to Section 7 for a list of general exclusions:

- Repair of damaged orthodontic appliances
 - Replacement of lost or missing appliances
 - Orthodontic services provided to a member who has not met the 12-month waiting period requirement
 - Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.
-

General Services

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is \$0, if you use an in-network provider.
- If you elect to use an out-of-network provider, the Standard Option has a \$75 deductible per person; High Option has a \$50 deductible per person. Neither Option contains a family deductible, each enrolled covered person must satisfy their own deductible.
- The High Option Annual Benefit Maximum for non-orthodontic services is \$15,000, for in-network services and \$3,000 for out-of-network services. In no instance will FEP BlueDental allow more than \$15,000 in combined benefits under High Option in any plan year.
- The Standard Option Annual Benefit Maximum for non-orthodontic services is \$1,500 for in-network services and \$750 for out-of-network services. In no instance will FEP BlueDental allow more than \$1,500 in combined benefits under Standard Option in any plan year.
- Alternate benefits - if more than one service can be used to treat your dental conditions, we may decide to authorize alternate treatment coverage only for less costly covered service provided that the service selected must be deemed by the dental profession to be an appropriate method of treatment. We recommend that your dentist request a pre-treatment estimate prior to receiving services so you and your provider are aware of the coverage and benefits. The alternate benefit could result in additional out-of-pocket expense.
- All services requiring more than one visit are payable once all visits are completed.
- The following list is an all-inclusive list of covered services. FEP BlueDental will provide benefits for these services, subject to the exclusions and limitations shown in this section and Section 7.

You Pay:

High Option

- **In-Network:** No deductible; you pay 30% of the plan allowance for covered services as defined by the plan subject to plan maximums.
- **Out-of-Network:** \$50 deductible; you pay 40% of the plan allowance for covered services as defined by the plan subject to plan maximums and any difference between our allowance and the billed amount.

Standard Option

- **In-Network:** No deductible; you pay 45% of the plan allowance for covered services as defined by the plan subject to plan maximums.
- **Out-of-Network:** \$75 deductible; you pay 60% of the plan allowance for covered services as defined by the plan, subject to plan maximums and any difference between our allowance and the billed amount.

Anesthesia Services

D9220 Deep sedation/general anesthesia - first 30 minutes

D9221 Deep sedation/general anesthesia - each additional 15 minutes

Intravenous Sedation

D9241 Intravenous conscious sedation/analgesia - first 30 minutes

D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes

Office Visits

D9440 Office visit – after regular scheduled hours

Medications

D9610 Therapeutic drug injection, by report

D9612 Therapeutic parenteral drugs, two or more administrations, different medications

Post-Surgical Services

D9930 Treatment of complications (post-surgical) unusual circumstances, by report

Miscellaneous Services

D9940 Occlusal guard, by report

D9941 Fabrication of athletic mouthguard

D9974 Internal bleaching - per tooth

Services Not Covered

Refer to Section 7 for a list of general exclusions

Section 6 International Services and Supplies

International Claims Payment	We will pay benefits, subject to plan provisions, in an amount equal to the covered percentage for the charges incurred by you. You are responsible for paying the dentist and for submitting your claims to FEP BlueDental. We will reimburse you in US dollars based on the OANDA currency conversion rate.
Finding an International Provider	<p>You may visit any dentist; however, you will only receive in-network benefits if you receive care from a dentist that participates in our international dental program. Our international dental program includes English-speaking dentists in approximately 100 countries worldwide. Customer service is available 24/7 to assist in making an appointment.</p> <p>For help in locating an in-network provider, you may call 24 hours a day (outbound calling code for the country you are calling from) plus 353-94-9372257. If calling from Ireland, press 0-94-9372257.</p> <p>Customer service (in the U.S.) 1-855-504-2583</p> <p>Customer service (international) call collect 651-994-2583</p>
Filing International Claims	<p>You are responsible for paying the dentist and submitting the claims to FEP BlueDental for reimbursement. Mail the completed claim form and receipt to:</p> <p>FEP BlueDental Claims P.O. Box 75 Minneapolis, MN 55440-0075</p>
International Rates	There is one international region. Please see the rate table for the actual premium amount.

Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.**

We do not cover the following:

- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group;
- Services and treatment performed prior to your effective date of coverage;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice.
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/ mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Those submitted by a dentist, which is for the same services performed on the same date for the same member by another dentist;
- Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law;
- Those for which the member would have no obligation to pay in the absence of this or any similar coverage;
- Those which are for specialized procedures and techniques;
- Those performed by a dentist who is compensated by a facility for similar covered services performed for members;
- Duplicate, provisional and temporary devices, appliances, and services;
- Plaque control programs, oral hygiene instruction, and dietary instructions;

- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth;
- Gold foil restorations;
- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan;
- Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization;
- Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient);
- Charges by the provider for completing dental forms;
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it;
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners;
- Cone Beam Imaging and Cone Beam MRI procedures;
- Sealants for teeth other than permanent molars;
- Precision attachments, personalization, precious metal bases and other specialized techniques;
- Replacement of dentures that have been lost, stolen or misplaced;
- Orthodontic services provided to a member who has not met the 12 month waiting period requirement;
- Repair of damaged orthodontic appliances;
- Replacement of lost or missing appliances;
- Fabrication of athletic mouth guard;
- Internal and external bleaching;
- Nitrous oxide;
- Oral sedation;
- Topical medicament center;
- Bone grafts when done in connection with extractions, apicoetomies or non-covered/non-eligible implants;
- When two or more services are submitted and the services are considered part of the same service to one another the Plan will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by FEP BlueDental.
- When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), the Plan will pay for the service that represents the final treatment as determined by this plan.
- All out-of-network services listed in Section 5 are subject to the maximum allowable amount as defined by FEP BlueDental. The member is responsible for all remaining charges that exceed the allowable maximum.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim for Covered Services

To avoid delay in the payment of your claims please have your dentist submit your claims directly to your FEHB plan and to FEP BlueDental. Please note that you are not required to submit pretreatment estimates to your FEHB carrier. They may be submitted directly to FEP BlueDental.

If you need to send in a paper claim you may download a claim form from FEP BlueDental's website, www.fepblue.org.

Mail completed claim form to:

FEP BlueDental Claims
P.O. Box 75
Minneapolis, MN 55440-0075

Deadline for Filing Your Claim

Claims must be submitted by December 31st of the year following the year in which it was incurred.

Disputed Claims Process

Step	Description
1	<p>Ask us in writing to reconsider our initial decision. You must include any pertinent information omitted from the initial claim filing and send your additional proof to us within 60 days from the date of receipt of our decision.</p>
2	<p>You may mail or email your request for reconsideration to:</p> <p>FEP BlueDental Claims Appeals P.O. Box 551 Minneapolis, MN 55440-0551 Email : CustomerService@fepbluedental.com</p> <p>We will review your request and provide you with a written or electronic explanation of benefit determination within 30 days of the receipt of your request.</p>
3	<p>If you disagree with the decision regarding your request for reconsideration, you may request a second review of the denial. You must submit your request to us in writing to the address shown above along with any additional information you or your dentist can provide to substantiate your claim so that we can reconsider our decision. Failure to do so will disqualify the appeal of your claim.</p>
4	<p>If you do not agree with our final decision, under certain circumstances you may request an independent third party, mutually agreed upon by FEP BlueDental and OPM, review the decision. To qualify for this independent third party review, the reason for denial must be based on our determination that the rationale for the procedure did not meet our dental necessity criteria or our administration of the plans Alternate Benefit provision, for example, a bridge being given an alternate benefit of a partial denture.</p> <p>The decision of the independent third party is binding and is the final review of your claim.</p>

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **FEDVIP legislation does not provide a role for OPM to review disputed claims.**

Members may appeal any claims decision by submitting a written notice via U.S. Mail or email.

Section 9 Definitions of Terms We Use in This Brochure

Alternative Benefit	If we determine a service less costly than the one performed by your dentist could have been performed by your dentist, we will pay benefits based upon the less costly services. See Section 3, How You Get Care.
Annual Benefit Maximum	The maximum annual benefit that you can receive per person.
Annuitants	Federal retirees (who retired on an immediate annuity) and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Calendar Year	From January 1, 2015 through December 31, 2015. Also referred to as the plan year.
Class A Services	Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants, and X-rays.
Class B Services	Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
Class C Services	Major services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges, and prosthodontic services such as complete dentures.
Class D Services	Orthodontic services.
Date of Service	The calendar date on which you visit the dentist's office and services are rendered.
Enrollee	The Federal employee or annuitant enrolled in this plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Generally Accepted Dental Protocols	Dental Necessity means that a dental service or treatment is performed in accordance with generally accepted dental standards, as determined from multiple sources including but not limited to relevant clinical dental research from various research organizations including dental schools, current recognized dental school standard of care curriculums and organized dental groups including the American Dental Association, which is necessary to treat decay, disease or injury of teeth, or essential for the care of teeth and supporting tissues of the teeth.
Maximum Allowed Amount	The amount we use to determine our payment for services. If services are provided by an in-network dentist the maximum allowable amount is based on the discounted fee he or she accepts as payment in full for the procedure or procedures. If services are provided by an out-of-network dentist the maximum allowed amount is based on FEP BlueDental's determination of charges for the procedure or procedures.
Network Allowance	Network Allowance means the allowance per procedure that FEP BlueDental has negotiated with the provider and they have agreed to accept as payment in full for his/her services.
Plan	FEP BlueDental
Waiting Period	The amount of time that you must be enrolled in this plan before you can receive orthodontic services.

We/Us

FEP BlueDental

You

Enrollee or eligible family member.

Notes

Summary of Benefits

• **Do not rely on this chart alone.** This page summarizes your portion of the expenses we cover; please review the individual sections of this brochure, for more detail.

• If you want to enroll or change your enrollment in this plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

• Out-of-Network services under Classes A, B and C are subject to a \$50 deductible per person under High Option and a deductible of \$75 for Standard Option per person per calendar year.

High Option Benefits	You Pay	
	In-Network	Out-of-Network
Class A (Basic) Services – preventive and diagnostic	0%	10%
Class B (Intermediate) Services – includes minor restorative services	30%	40%
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	50%	60%
Class A, B, and C Services are subject to a \$15,000 annual maximum benefit for in-network services and \$3,000 for out-of-network services.		
Class D Services – orthodontic \$3,500 Lifetime Maximum	50%	50%

Standard Option Benefits	You Pay	
	In-Network	Out-of-Network
Class A (Basic) Services – preventive and diagnostic	0%	40%
Class B (Intermediate) Services – includes minor restorative services	45%	60%
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	65%	80%
Class A, B, and C Services are subject to a \$1,500 annual maximum benefit for the in-network benefits and \$750 for the out-of-network benefits		
Class D Services – orthodontic \$2,000 Lifetime Maximum for in-network, or \$1,000 Lifetime Maximum for out-of-network	50%	50%

Stop Health Care Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, FEP BlueDental, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
 - Call the provider and ask for an explanation. There may be an error.
 - If the provider does not resolve the matter, call us at 1-855-504-2583 and explain the situation, you will be required to state your complaint in writing to us.
- Do not maintain as a family member on your policy:
 - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
 - Your child over age 22 (unless he/she is disabled and incapable of self- support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure prior to submitting your enrollment or obtaining benefits.

Fraud or intentional misrepresentation of material fact is prohibited under the plan. You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan, or enroll in the plan when you are no longer eligible.

Rate Information

How to find your rate

- In the first chart below, look up your state or zip code to determine our rating area.
- In the second chart on the following page, match your Rating Area to our enrollment type and plan option.

State		Rating Area	State		Rating Area	State		Rating Area
AK	Entire state	5	MD	200, 202-212, 214, 217, 219	3	OR	Rest of state	2
AL	Entire state	1	MD	Rest of state	2	PA	173-174, 189-196	3
AR	Entire state	1	ME	038	5	PA	183	5
AZ	850-853	2	ME	Rest of state	3	PA	Rest of state	1
AZ	Rest of state	3	MI	480-485	3	PR	Entire area	1
CA	900-908, 910-918, 922-931	4	MI	Rest of state	2	RI	Entire state	5
CA	919-921, 939-952, 954, 956-958	5	MN	550-555, 563	4	SC	Entire state	1
CA	Rest of state	3	MN	Rest of state	2	SD	Entire state	1
CO	Entire state	3	MO	Entire state	1	TN	Entire state	1
CT	Entire state	5	MS	Entire state	1	TX	Entire state	1
DC	Entire state	3	MT	Entire state	1	UT	Entire state	1
DE	Entire state	3	NC	275-277, 283	2	VA	200-205, 220-227	3
FL	330-334	3	NC	Rest of state	1	VA	231-232, 238	2
FL	Rest of state	1	ND	Entire state	4	VA	Rest of state	1
GA	300-303, 305, 311, 399	2	NE	Entire state	1	VT	Entire state	4
GA	Rest of state	1	NH	030-033, 038	5	WA	980-985	5
HI	Entire state	5	NH	Rest of state	4	WA	986	3
IA	Entire state	2	NJ	070, 072-075, 077-079, 085-089	5	WA	Rest of state	4
ID	Entire state	3	NJ	080-084	3	WI	540	4
IL	600-608	3	NJ	Rest of state	4	WI	Rest of state	3
IL	Rest of state	1	NM	Entire state	1	WV	254	3
IN	463-464	3	NV	Entire state	1	WV	Rest of state	1
IN	Rest of state	1	NY	005, 100-119, 124-126, 063	5	WY	834	3
KS	Entire state	1	NY	Rest of state	3	WY	Rest of state	1
KY	Entire state	1	OH	Entire state	1	VI	Entire area	5
LA	Entire state	1	OK	Entire state	1	GU	Entire area	5
MA	010-011, 013-027, 055	5	OR	970-973	3	INTER	International	5
MA	Rest of state	3						

Monthly Rates

Rating Areas	High option Self Only	High option Self Plus One	High option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
1	\$35.47	\$70.94	\$106.41	\$20.41	\$40.84	\$61.25
2	\$40.37	\$80.71	\$121.07	\$23.23	\$46.43	\$69.66
3	\$44.72	\$89.44	\$134.16	\$25.72	\$51.44	\$77.16
4	\$47.23	\$94.49	\$141.72	\$27.13	\$54.25	\$81.38
5	\$52.24	\$104.48	\$156.72	\$29.99	\$60.00	\$89.98

Bi-weekly Rates

Rating Area	High option Self Only	High option Self Plus One	High option Self and Family	Standard option Self Only	Standard option Self Plus One	Standard option Self and Family
1	\$16.37	\$32.74	\$49.11	\$9.42	\$18.85	\$28.27
2	\$18.63	\$37.25	\$55.88	\$10.72	\$21.43	\$32.15
3	\$20.64	\$41.28	\$61.92	\$11.87	\$23.74	\$35.61
4	\$21.80	\$43.61	\$65.41	\$12.52	\$25.04	\$37.56
5	\$24.11	\$48.22	\$72.33	\$13.84	\$27.69	\$41.53