

# FEP BlueDental®

[www.fepbluedental.com](http://www.fepbluedental.com)



## 2019

### A Nationwide Dental PPO Plan

**Who may enroll in this Plan:** All Federal employees, annuitants, and certain TRICARE beneficiaries 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

#### IMPORTANT:

- Changes for 2018: Page 3
- Summary of Benefits: Page 44
- Rates: Back Cover

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



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**United States  
Office of Personnel Management**

Healthcare and Insurance  
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## Introduction

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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 law 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. Section 715 of the National Defense Authorization Act for Fiscal Year 2017 (FY 2017 NDAA), Public Law 114-38, expanded FEDVIP eligibility to certain TRICARE-eligible individuals.

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.fepbluedental.com](http://www.fepbluedental.com)

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, 2019 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.fepbluedental.com](http://www.fepbluedental.com) 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.fepbluedental.com](http://www.fepbluedental.com) 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. Please be aware that the FEP BlueDental network may be different from the network of your health plan.

**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.fepbluedental.com](http://www.fepbluedental.com) 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).

### **Discrimination is Against the Law**

FEP BlueDental complies with all applicable Federal civil rights laws, to include both Title VII of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. Pursuant to Section 1557, FEP BlueDental does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

FEP BlueDental makes the following available:

- Free aids and services for people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (such as accessible electronic formats)
- Free language assistance to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the customer service number 1-855-504-BLUE (2583) or TTY 1-888-853-7570.

If you believe that we have not provided you these services or discriminated against you in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with FEP BlueDental by:

- Calling FEP BlueDental at 1-855-504-BLUE (2583) or TTY 1-888-853-7570.
- Sending a letter to FEP BlueDental, P.O. Box 551, Minneapolis, MN 55440-0551.

For information about how to file a civil rights complaint, go to [www.fepbluedental.com](http://www.fepbluedental.com).

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## Changes for 2019

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### Changes to our High Option and Standard Options:

- Newly eligible enrollees

FEDVIP has expanded eligibility to include certain TRICARE eligible individuals. The TRICARE Retiree Dental Program (TRDP) will no longer be available after December 31, 2018). Those who were previously eligible for the TRDP are now eligible to enroll in a FEDVIP dental plan. If enrolled in a TRICARE health plan, TRICARE eligible individuals may also enroll in a FEDVIP vision plan.

- Premium Decrease
- Member discount offerings such as gym membership, fitbit devices, drug programs, hearing aids (see page 35)

### Changes to our Standard Option Only

- Increase the cleanings (Procedure codes D1110 and D1120) to limit 3 during the calendar year (Standard Option only)

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## FEDVIP Program Highlights

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<b>A Choice of Plans and Options</b>	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. Some TRICARE beneficiaries may not be eligible to enroll in both. Visit <a href="http://www.opm.gov/dental">www.opm.gov/dental</a> or <a href="http://www.opm.gov/vision">www.opm.gov/vision</a> for more information.
<b>Enroll Through BENEFEDES</b>	You enroll online at <a href="http://www.BENEFEDES.com">www.BENEFEDES.com</a> . Please see Section 2, Enrollment, for more information.
<b>Dual Enrollment</b>	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.
<b>Coverage Effective Date</b>	If you sign up for a dental and/or vision plan during the 2018 Open Season, your coverage will begin on January 1, 2019. Premium deductions will start with the first full pay period beginning on/after January 1, 2019. You may use your benefits as soon as your enrollment is confirmed.
<b>Pre-Tax Salary Deduction for Employees</b>	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars. TRICARE enrollees automatically pay premiums through payroll deduction or automatic bank withdrawal (ABW) using post-tax dollars.
<b>Annual Enrollment Opportunity</b>	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 12, 2018 through midnight EST December 10, 2018. 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.
<b>Continued Group Coverage After Retirement</b>	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.
<b>Waiting Period</b>	The only waiting period for orthodontic services is under the Standard Option. 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 Standard Option, 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.

We will not cover in-progress orthodontic treatment in plans that have a waiting period.

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## Section 1 Eligibility

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**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.

**TRICARE-eligible individual** An individual who is eligible for FEDVIP dental coverage based on the individual's eligibility to previously be covered under the TRICARE Retiree Dental Program or an individual eligible for FEDVIP vision coverage based on the individual's enrollment in a specified TRICARE health plan

**Family Members** Except with respect to TRICARE-eligible individuals, 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 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 [www.opm.gov/healthcare-insurance/dental-vision/](http://www.opm.gov/healthcare-insurance/dental-vision/) or contact your employing agency or retirement system.

With respect to TRICARE-eligible individuals, family members include your spouse, unmarried widow, unmarried widower, unmarried child, an unmarried former spouse who meets the U.S Department of Defense's 20-20-20 or 20-20-15 eligibility requirements, and certain unmarried persons placed in your legal custody by a court. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.

**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. **Note:** Former spouses of TRICARE-eligible individuals may enroll in a FEDVIP vision plan.
- FEHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member
- Active duty uniformed service members. **Note:** If you are an active duty uniformed service member, your dental and vision coverage will be provided by TRICARE. Your family members will still be eligible to enroll in the TRICARE Dental Plan (TDP).

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## Section 2 Enrollment

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### Enroll Through BENEFEDS

**You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website ([www.BENEFEDS.com](http://www.BENEFEDS.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 2019.

**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 BENEFEDS.

### 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.

**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) cannot 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, annuitant, or TRICARE-eligible individual, you may enroll in a dental and/or vision plan during the November 12, through midnight EST December 10, 2018, Open Season. Coverage is effective January 1, 2019.

During future annual Open Seasons, you may enroll in a plan, or 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.
- a TRICARE-eligible individual

#### *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.

<b>Qualifying Life Event</b>	<b>From Not Enrolled to Enrolled</b>	<b>Increase Enrollment Type</b>	<b>Decrease Enrollment Type</b>	<b>Cancel</b>	<b>Change from One Plan to Another</b>
<b>Marriage</b>	Yes	Yes	No	No	Yes
<b>Acquiring an eligible family member (non-spouse)</b>	No	Yes	No	No	No
<b>Losing a covered family member</b>	No	No	Yes	No	No
<b>Losing other dental/vision coverage (eligible or covered person)</b>	Yes	Yes	No	No	No
<b>Moving out of regional plan's service area</b>	No	No	No	No	Yes
<b>Going on active military duty, non- pay status (enrollee or spouse)</b>	No	No	No	Yes	No
<b>Returning to pay status from active military duty (enrollee or spouse)</b>	Yes	No	No	No	No
<b>Returning to pay status from Leave without pay</b>	<b>Yes (if enrollment cancelled during LWOP)</b>	No	No	No	<b>Yes (if enrollment cancelled during LWOP)</b>
<b>Annuity/ compensation restored</b>	Yes	Yes	Yes	No	No
<b>Transferring to an eligible position*</b>	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 can not 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 can not 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 for active and retired Federal, U.S. Postal employees, and TRICARE-eligible individuals when you:

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.

Using your FSA pre-tax dollars for your dental needs is a great way to get more out of your benefit dollar. FEP BlueDental will submit your eligible FSAFEDS out-of-pocket expenses electronically via Paperless Reimbursement (PR). To enroll in PR, visit [www.FSAFEDS.com](http://www.FSAFEDS.com) and click on [My Account Summary](#), then Paperless Reimbursement. Please note that insurance premiums are not eligible expenses for either type of FSA.

If you have an HCFSa or LEX HCFSa FSAFEDS account and you haven't exhausted your funds by December 31st of the plan year, FSAFEDS can automatically carry over up to \$500 of unspent funds into another health care or limited expense account for the subsequent year. To be eligible for carryover, you must be employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31. You must also actively reenroll in a health care or limited expense account during the NEXT Open Season to be carryover eligible. Your reenrollment must be for at least the minimum of \$100. If you do not reenroll, or if you are not employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st, your funds will not be carried over.

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.

For a health care or limited expense account, each participant must contribute a minimum of \$100 to a maximum of \$2,650.

Current FSAFEDS participants must re-enroll to participate next year. See [www.fsafeds.com](http://www.fsafeds.com) or call 1-877-FSAFEDS (372-3337) or TTY: 1-866-353-8058. **Note: FSAFEDS is not open to retired employees, or to TRICARE eligible individuals.**

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).

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## Section 3 How You Obtain Care

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### 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. Each employee will receive 1 set of 2 FEP BlueDental ID cards. The ID cards will have the employee's name only on the ID cards. 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.fepbluedental.com](http://www.fepbluedental.com) 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.fepbluedental.com](http://www.fepbluedental.com), 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 FEP BlueDental plan and wish to use your in-network benefits. This will also serve to confirm that the dentist is an FEP BlueDental provider. **Note:** FEP BlueDental providers may work out of several locations, be sure to check that any location that is not listed on our online provider search tool is participating to ensure you receive in-network benefits.

Also, be sure to give the provider your FEHB information.

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.fepbluedental.com](http://www.fepbluedental.com). You may also contact customer service at 1-855-504-2583.

**Note: The FEP BlueDental provider network may be different from the FEP medical network. Be sure to locate an in-network provider on the web site provided above.**

### 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. If a member chooses to go out of network, payment will be made directly to the member.

### 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.

<b>Maximum Amount Allowed</b>	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.
<b>Precertification</b>	<p>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:</p> <p>FEP BlueDental P.O. Box 75 Minneapolis, MN 55440-0075</p>
<b>Alternate Benefit</b>	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.
<b>Dental Review</b>	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.
<b>FEHB First Payor</b>	<p>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.</p> <p>If you are covered under the FEP Medical Basic Option AND FEP BlueDental, you are not responsible for a \$30 co-pay. If your provider collects the co-pay upfront, they are required to reimburse the co-pay in full once the claim has processed under FEP BlueDental.</p> <p>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 the following examples.</p>

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 the following examples.

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 driving distance 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. Applying the Limited Access provision will not result in additional payment under the High Option orthodontic plan. 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

Limited Access does not apply to International Members.

Urban and suburban 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.

	<b>In-Network High Option</b>	<b>In-Network Standard Option</b>	<b>Out-of- Network High Option</b>	<b>Out-of- Network Standard Option</b>
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.

	<b>In-Network High Option</b>	<b>In-Network Standard Option</b>	<b>Out-of- Network High Option</b>	<b>Out-of- Network Standard Option</b>
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.

	<b>In-Network High Option</b>	<b>In-Network Standard Option</b>	<b>Out-of- Network High Option</b>	<b>Out-of- Network Standard Option</b>
Maximum Annual Benefits	Unlimited	\$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.

	<b>In-Network High Option</b>	<b>In-Network Standard Option</b>	<b>Out-of- Network High Option</b>	<b>Out-of- Network Standard Option</b>
Lifetime Orthodontic Maximum	up to \$3,500	up to \$2,000	up to \$3,500	up to \$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. If a member chooses to go out of network, payments will be made directly to the member.

**Calendar Year** The calendar year refers to the plan year, which is defined as January 1, 2019 to December 31, 2019.

**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.

**In-Progress Treatment** In-progress treatment for incoming TRDP enrollees will be covered for the 2019 plan year; regardless of any current plan exclusion for care initiated prior to the enrollee's effective date.

This requirement includes assumption of payments for covered orthodontia services up to the FEDVIP policy limits, and full payment where applicable up to the terms of FEDVIP policy for covered services completed (but not initiated) in the 2019 plan year such as crowns and implants.

This is not a requirement for carriers to provide in-progress coverage for orthodontia in a plan where an enrollee must meet a waiting period.

FEDVIP carriers will not cover in-progress treatment if you enroll in a FEDVIP plan that has a waiting period, or does not cover the service. Several FEDVIP dental plans have options that offer orthodontia coverage without a 12-month waiting period, and without age limits.

## 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.
- There is no High Option Annual Benefit Maximum for non-orthodontic in-network services, and \$3,000 for out-of-network services.
- 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.
- All services requiring more than one visit are payable once all visits are completed.
- The frequencies between your FEHB and FEP BlueDental policy are combined not separate. (ex. If 2 oral exams are covered under your FEHB policy, and 2 oral exams are covered under FEP BlueDental a total of 2 oral exams will be covered and coverage will coordinate between both policies)
- 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

#### Oral exams are limited to a combination of 2 per calendar-year

D0120 Periodic oral evaluation - Limit 2 during the calendar year for any combination of oral evaluations

D0140 Limited oral evaluation - problem focused - Limit 2 during the calendar year for any combination of oral evaluations

D0145 Oral evaluation/Counseling with primary caregiver for patients up to age 3 - Limit 2 during calendar year for any combination of oral evaluations

D0150 Comprehensive oral evaluation - Limit 2 during the calendar year

D0160 Detailed and extensive oral evaluation - Limit 2 during the calendar year for any combination of oral evaluations

D0180 Comprehensive periodontal evaluation - Limit 2 during the calendar year for any combination of oral evaluations

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

### Diagnostic and Treatment Services (cont.)

D0220 Intraoral - periapical first film

D0230 Intraoral - each additional periapical film

D0240 Intraoral - occlusal radiographic image

D0250 Extraoral - 2D projection radiographic image

D0251 Extraoral - posterior dental radiographic image

D0270 Bitewing - single film - Limit 2 per calendar year for patients up to age 22, 1 per calendar year for all others

D0272 Bitewings - two films - Limit 2 per calendar year for patients up to age 22, 1 per calendar year for all others.

D0273 Bitewings - three films - Limit 2 per calendar year for patients up to age 22, 1 per calendar year for all others.

D0274 Bitewings - four films - Limit 2 per calendar year for patients up to age 22, 1 per calendar year for all others.

D0277 Bitewings - Seven to eight radiographic images - Limit 2 per calendar year for patients up to age 22, 1 per calendar year for all others.

D0330 Panoramic radiographic image - Limit 1 every 60 months

D0425 Caries susceptibility tests

D0486 Accession of brush biopsy

### Preventive Services

D1110 Prophylaxis – Adult: High Option: Limit 2 during the calendar year; Standard Option: Limit 3 during the calendar year. Age 13 and under will be processed as D1120 - additional information on the following page.

D1120 Prophylaxis – Child: High Option: Limit 2 during the calendar year; Standard Option: Limit 3 during the calendar year. Age 14 and over will be processed as D1110 - additional information on the following page.

D1206 Topical Fluoride - Varnish - Limit 2 during the calendar year for patients up to age 22 in combination with D1208

D1208 Topical application of fluoride - Limit 2 during the calendar year for patients up to age 22 in combination with D1206

D1351 Sealant - per tooth - unrestored permanent molars for patient up to age 22- any combination of a sealant or a preventive resin restoration - Limit 1 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 - Limit 1 every 24 months for patients up to age 22

D1353 Sealant repair - per tooth for patient up to age 22 - any combination of a sealant or preventive resin restoration - Limit 1 every 24 months

D1510 Space maintainer - fixed - unilateral - Limited to patients up to age 22

D1516 Space maintainer – fixed – bilateral, maxillary- Limited to patients up to age 22

D1517 Space maintainer – fixed – bilateral, mandibular - Limited to patients up to age 22

D1520 Space maintainer - removable - unilateral - Limited to patients up to age 22

D1526 space maintainer – removable – bilateral, maxillary - Limited to patients up to age 22

D1527 space maintainer – removable – bilateral, mandibular - Limited to patients up to age 22

D1550 Re-cementation of space maintainer - Limited to patients up to age 22

D1575 Distal shoe space maintainer - Fixed – Unilateral - Limited to patients up to age 22

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - Full mouth, after oral exam - Limited 2 during calendar year – additional information on the following page

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### **Additional Procedures Covered as Basic Services**

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D9110 Palliative treatment of dental pain – minor procedure- Not covered the same day as final treatment

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

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D9311 Consultation with a medical health care professional

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D9440 Office visit after regularly scheduled hours

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**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.
- Prophylaxis and scaling in presence of generalized moderate or severe gingival inflammation:
  - High Option: Limit 2 during the calendar year for any combination of D1110, D1120, and D4346, age 13 and under will be processed as D1120 and age 14 and over will be processed as D1110.
  - Standard Option: Limit 3 during the calendar year for any combination of D1110, D1120, and D4346, age 13 and under will be processed as D1120 and age 14 and over will be processed as D1110.
- One comprehensive evaluation per provider's office; additional comprehensive evaluations will be processed as a periodic evaluation
- 14 or more films on the same date of service will be processed as a D0210 (complete set of radiographic images). Bitewing x-rays with the same date of service as a Panoramic radiographic image will be processed as a D0210.
- Certified translation or sign-language services per visit according to Federal Regulation

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### **Services Not Covered**

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**Refer to Section 7 for a list of general exclusions**

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## Class B Intermediate

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### 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.
- There is no High Option Annual Benefit Maximum for non-orthodontic in-network services, and \$3,000 for out-of-network services.
- 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 will 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.
- In-progress treatment for transitioning TRDP enrollees will be covered for the 2019 plan year. This is regardless of any current plan exclusions for care initiated prior to the enrollee's effective date.

### 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 - Limit 1 every 24 months per surface per tooth
D2150 Amalgam – two surfaces, primary or permanent - Limit 1 every 24 month per surface per tooth
D2160 Amalgam – three surfaces, primary or permanent - Limit 1 every 24 months per surface per tooth
D2161 Amalgam – four or more surfaces, primary or permanent - Limit 1 every 24 months per surface per tooth
D2330 Resin-based composite – one surface, anterior - Limit 1 every 24 months per surface per tooth
D2331 Resin-based composite – two surfaces, anterior - Limit 1 every 24 months per surface per tooth
D2332 Resin-based composite – three surfaces, anterior - Limit 1 every 24 months per surface per tooth
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior) - Limit 1 every 24 months per surface per tooth
D2390 Resin-based composite - resin crown anterior - Limit every 24 months per surface per tooth
D2391 Resin-based composite – one surface, posterior - Limit 1 every 24 months per surface per tooth
D2392 Resin-based composite – two surfaces, posterior - Limit 1 every 24 months per surface per tooth
D2393 Resin-based composite – three surfaces, posterior - Limit 1 every 24 months per surface per tooth
D2394 Resin-based composite – four or more surfaces, posterior - Limit 1 every 24 months per surface per tooth
D2910 Re-cement inlay - Limit 1 every 6 months after initial installation, if less than 6 months from installation, no patient liability
D2915 Re-cement cast or prefab post and core - Limit 1 every 6 months after initial installation, if less than 6 months from installation, no patient liability
D2920 Re-cement crown - Limit 1 every 6 months after initial installation, if less than 6 months from installation, no patient liability
D2921 Re-attachment of tooth fragment - Limit to 1 every 24 months, included with fillings
D2929 Prefabricated porcelain/ceramic crown – primary tooth – Limit 1 per tooth every 60 months for patients up to age 15 - <b>an alternate benefit will be provided</b>
D2930 Prefabricated stainless steel crown - primary tooth – Limit 1 per tooth every 60 months for patients up to age 15, including crowns, bridges, prosthetics
D2931 Prefabricated stainless steel crown – permanent tooth – Limit 1 per tooth every 60 months for patients up to age 15, including crowns, bridges, prosthetics
D2940 Protective Restoration
D2941 Interim therapeutic restoration - primary dentition
D2951 Pin retention – per tooth, in addition to restoration
D7288 Brush Biopsy - Limit 1 every 12 months

### Endodontic Services

D3110 Pulp cap - direct (excluding final restoration)
D3120 Pulp cap - indirect (excluding final restoration)
D3220 Therapeutic pulpotomy (excluding final restoration) - Primary teeth only, 1 per lifetime
D3221 Pulpal debridement, primary and permanent teeth
D3222 Partial pulpotomy for apexogenesis – permanent teeth with incomplete root development - 1 per lifetime
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) - 1 per lifetime
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) - 1 per lifetime

<b>Periodontal Services</b>
D4341 Periodontal scaling and root planning - four or more teeth per quadrant - Limit 1 every 24 months
D4342 Periodontal scaling and root planning - one to three teeth per quadrant - Limit 1 every 24 months
D4910 Periodontal maintenance - Limit 4 every 12 months combined with adult prophylaxis, and scaling in presence of generalized moderate or severe gingival inflammation, after the completion of active periodontal therapy
D7921 Collect - Apply Autologous Product - Limit 1 in 36 months
<b>Prosthodontic Services</b>
D5410 Adjust complete denture – maxillary - Limit 1 beginning 6 months after the initial installation
D5411 Adjust complete denture – mandibular - Limit 1 beginning 6 months after the initial installation
D5421 Adjust partial denture – maxillary - Limit 1 beginning 6 months after the initial installation
D5422 Adjust partial denture – mandibular - Limit 1 beginning 6 months after the initial installation
D5511 Repair broken complete denture base mandibular - Limit 1 beginning 6 months after the initial installation
D5512 Repair broken complete denture base, maxillary - Limit 1 beginning 6 months after the initial installation
D5520 Replace missing or broken teeth – complete denture (each tooth) - Limit 1 beginning 6 months after the initial installation
D5611 Repair resin denture base mandibular - Limit 1 beginning 6 months after the initial installation
D5612 Repair resin partial denture base, maxillary - Limit 1 beginning 6 months after the initial installation
D5621 Repair cast framework - Limit 1 beginning 6 months after the initial installation
D5622 repair cast partial framework, maxillary - Limit 1 beginning 6 months after the initial installation
D5630 Repair or replace broken retentive/clasping materials per tooth - Limit 1 beginning 6 months after the initial installation
D5640 Replace broken teeth – per tooth - Limit 1 beginning 6 months after the initial installation
D5650 Add tooth to existing partial denture - Limit 1 beginning 6 months after the initial installation
D5660 Add clasp to existing partial denture - Limit 1 beginning 6 months after the initial installation
D5670 Replace all teeth and acrylic on cast metal framework, maxillary – Limit 2 every 24 months beginning 6 months after the initial installation
D5671 Replace all teeth and acrylic on cast metal framework, mandibular – Limit 2 every 24 months beginning 6 months after the initial installation
D5710 Rebase complete maxillary denture – Limit 1 every 36 months beginning 6 months after the initial installation
D5711 Rebase complete mandibular denture – Limit 1 every 36 months beginning 6 months after the initial installation
D5720 Rebase maxillary partial denture – Limit 1 every 36 months beginning 6 months after the initial installation
D5721 Rebase mandibular partial denture - Limit 1 every 36 months beginning 6 months after the initial installation
D5730 Reline complete maxillary denture (chairside) – Limit 1 every 36 months beginning 6 months after the initial installation
D5731 Reline complete mandibular denture (chairside) - - Limit 1 every 36 months beginning 6 months after the initial installation
D5740 Reline maxillary partial denture (chairside) – Limit 1 every 36 months beginning 6 months after the initial installation
D5741 Reline mandibular partial denture (chairside) – Limit 1 every 36 months beginning 6 months after the initial installation
D5750 Reline complete maxillary denture (lab) – Limit 1 every 36 months beginning 6 months after the initial installation
D5751 Reline complete mandibular denture (lab) – Limit 1 every 36 months beginning 6 months after the initial installation
D5760 Reline maxillary partial denture (lab) – Limit 1 every 36 months beginning 6 months after the initial installation
D5761 Reline mandibular partial denture (lab) – Limit 1 every 36 months beginning 6 months after the initial installation
D5850 Tissue conditioning (maxillary)

*Prosthodontic Services - continued on next page*

<b>Prosthodontic Services (cont.)</b>
D5851 Tissue conditioning (mandibular)
D6096 Remove broken implant retaining screw – Limit 1 every 60 months
D6930 Re-cement fixed partial denture - Limit 1 beginning 6 months after the initial installation
D6980 Fixed partial denture repair, by report
D9120 Fixed partial denture sectioning - 1 per 60 Months
<b>Oral Surgery</b>
D7111 Extraction coronal remnants, primary 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
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 - Limit 1 every 60 months
D7971 Excision of pericoronal gingiva
D7972 Reduction of fibrous tuberosity – Limit 1 every 6 months
<b>Services Not Covered</b>
<b>Refer to Section 7 for a list of general exclusions</b>

## 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.
- There is no High Option Annual Benefit Maximum for non-orthodontic in-network services, and \$3,000 for out-of-network services.
- 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 will 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.
- In-progress treatment for transitioning TRDP enrollees will be covered for the 2019 plan year. This is regardless of any current plan exclusions for care initiated prior to the enrollee's effective date.

### 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

D2410 Gold Foil – one surface – Limit 1 every 24 months - **An alternate benefit will be provided**

D2420 Gold Foil – two surfaces – Limit 1 every 24 months - **An alternate benefit will be provided**

D2430 Gold Foil – three surfaces – Limit 1 every 24 months - **An alternate benefit will be provided**

D2510 Inlay - metallic - one surface - Limit 1 per tooth every 24 months - **An alternate benefit will be provided**

D2520 Inlay - metallic - two surfaces - Limit 1 per tooth every 24 months - **An alternate benefit will be provided**

D2530 Inlay - metallic - three surfaces - Limit 1 per tooth every 24 months - **An alternate benefit will be provided**

D2542 Onlay - metallic - two surfaces - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics

D2543 Onlay - metallic - three surfaces - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics

*Major Restorative Services - continued on next page*

## Major Restorative Services (cont.)

D2544 Onlay - metallic - four or more surfaces - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2610 Inlay-porcelain - one surface - Limit 1 every 24 months - <b>An alternate benefit will be provided</b>
D2620 Inlay-porcelain - two surfaces - Limit 1 every 24 months - <b>An alternate benefit will be provided</b>
D2630 Inlay-porcelain - three or more surfaces - Limit 1 every 24 months - <b>An alternate benefit will be provided</b>
D2642 Onlay-porcelain - two surfaces - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2643 Onlay-porcelain - three surfaces - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2644 Onlay porcelain - four or more surfaces - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2650 Inlay-composite - one surface, lab proc - Limit 1 every 24 months - <b>An alternate benefit will be provided</b>
D2651 Inlay-composite - two surfaces, lab proc - Limit 1 every 24 months - <b>An alternate benefit will be provided</b>
D2652 Inlay-composite - three surfaces, lab proc - Limit 1 every 24 months - <b>An alternate benefit will be provided</b>
D2662 Onlay-composite - two surfaces, lab proc - Limit 1 every 60 months, including crowns, bridges, prosthetics
D2663 Onlay-composite - three surfaces, lab proc - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2664 Onlay-composite - four or more surfaces, lab proc - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2710 Crown resin, lab proc - Limit 1 every 60 months, including crowns, bridges, prosthetics
D2712 Crown 3/4 resin, lab proc - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2720 Crown resin/high noble metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2721 Crown resin/pred base metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2722 Crown resin/noble metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2740 Crown - porcelain/ceramic - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2750 Crown - porcelain fused to high noble metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2751 Crown - porcelain fused to predominately base metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2752 Crown - porcelain fused to noble metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2780 Crown - 3/4 cast high noble metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2781 Crown - 3/4 cast predominately base metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2782 Crown - 3/4 cast noble metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2783 Crown - 3/4 porcelain/ceramic - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2790 Crown - full cast high noble metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2791 Crown - full cast predominately base metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2792 Crown - full cast noble metal - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2794 Crown - titanium - Limit 1 per tooth every 60 months, including crowns, bridges, prosthetics
D2932 Crown prefabricated resin – Limit 1 per tooth every 60 months for patients up to age 15, including crowns, bridges, prosthetics
D2933 Crown prefabricated stainless steel crown/resin window - Limit 1 per tooth every 60 months for patients up to age of 15 - <b>alternate benefit will be provided</b>
D2934 Prefabricated esthetic coated stainless steel crown, primary tooth – Limit 1 per tooth every 60 months for patients, including crowns, bridges, prosthetics
D2950 Core buildup, including any pins - Limit 1 build up procedure, per tooth every 60 months
D2952 Crown cast post/core - Limit 1 build up procedure, every 60 months
D2954 Prefabricated post and core, in addition to crown - Limit 1 build up procedure, per tooth every 60 months
D2955 Post removal, not in conjunction with endodontic
D2971 Additional procedures to construct new crown under existing partial denture framework - Limit 1 every 60 months
D2980 Crown repair, by report – Limit 1 every 12 months
D2981 Inlay Repair - Limit 1 every 12 months
D2982 Onlay Repair – Limit 1 every 12 months

*Major Restorative Services - continued on next page*

## Major Restorative Services (cont.)

D2983 Veneer Repair – Limit 1 every 12 months

D2990 Resin infiltration/smooth surface

## Endodontic Services

D3310 Anterior root canal (excluding final restoration)

D3320 Premolar 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 – premolar

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

D3410 Apicoectomy/periradicular surgery – anterior

D3421 Apicoectomy/periradicular surgery – premolar (first root)

D3425 Apicoectomy/periradicular surgery – molar (first root)

D3426 Apicoectomy/periradicular surgery (each additional root)

D3427 Periradicular- Surrounding a portion of the root of the tooth

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 - Limit 1 every 36 months

D4211 Gingivectomy or gingivoplasty – one to three teeth, per quadrant – Limit 1 every 36 months

D4212 Gingivectomy or gingivoplasty - with restorative procedures, per tooth – Limit 1 every 36 months

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

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

D4245 Apically positioned flap – permanent teeth only - Limit 1 every 36 months

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 – Limit 1 every 36 months

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

D4263 Bone replacement graft – First site in quad – permanent teeth only - Limit 1 every 36 months

D4264 Bone replacement graft – each additional site in quad – permanent teeth only - Limit 1 every 36 months

D4268 Surgical revision procedure, per tooth

D4270 Pedicle soft tissue graft procedure – Limit 1 every 36 months

D4273 Autogenous connective tissue graft procedures first tooth (including donor and recipient site surgery) – Limit 1 every 36 months

D4274 Distal/proximal wedge – permanent teeth only - Limit 1 every 36 months

*Periodontal Services - continued on next page*

### Periodontal Services (cont.)

D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft - Limit 1 every 36 months
D4276 Combined connective tissue and double pedicle graft, per tooth – Limit 1 every 36 months
D4277 Free soft tissue graft procedure, first tooth – Limit 1 every 36 months
D4278 Free soft tissue graft procedure - additional teeth – Limit 1 every 36 months
D4283 Autogenous connective tissue graft procedures, additional tooth (including donor and recipient site surgery) – Limit 1 every 36 months
D4285 Non-autogenous connective tissue graft procedures, additional tooth (including donor and recipient site surgery) – Limit 1 every 36 months
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis - Limit 1 per lifetime
D4381 Localized delivery of antimicrobial agents

### Prosthodontic Services

D5110 Complete denture – maxillary – Limit 1 every 60 months
D5120 Complete denture - mandibular – Limit 1 every 60 months
D5130 Immediate denture – maxillary – Limit 1 every 60 months
D5140 Immediate denture - mandibular – Limit 1 every 60 months
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) – Limit 1 every 60 months
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) – Limit 1 every 60 months
D5213 Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – Limit 1 every 60 months
D5214 Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – Limit 1 every 60 months
D5221 Immediate maxillary partial denture, resin based – Limit 1 every 60 months
D5222 Immediate mandibular partial denture, resin based – Limit 1 every 60 months
D5223 Immediate maxillary partial denture, cast metal based – Limit 1 every 60 months
D5224 Immediate mandibular partial denture, cast metal based – Limit 1 every 60 months
D5225 Maxillary partial denture – flexible base – Limit 1 every 60 months
D5226 Mandibular partial denture – flexible base – Limit 1 every 60 months
D5282 Removable unilateral partial denture - one piece cast metal (including clasps/teeth), maxillary - Limit 1 every 60 months
D5283 Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular - Limit 1 every 60 months
D5863 Overdenture – complete maxillary - Limit 1 every 60 months - <b>an alternate benefit will be provided</b>
D5864 Overdenture – partial maxillary - Limit 1 every 60 months - <b>an alternate benefit will be provided</b>
D5865 Overdenture – complete mandibular - Limit 1 every 60 months - <b>an alternate benefit will be provided</b>
D5866 Overdenture – partial mandibular - Limit 1 every 60 months - <b>an alternate benefit will be provided</b>
D6010 Endosteal Implant – surgical placement – Limit 1 per tooth every 60 months
D6012 Surgical Placement of Interim Implant Body – Limit 1 per tooth every 60 months
D6013 Mini Implant – Limit 1 per tooth every 60 months
D6040 Eposteal Implant – Limit 1 per tooth every 60 months
D6050 Transosteal Implant, including hardware – Limit 1 per tooth every 60 months
D6055 Connecting Bar – implant or abutment supported – Limit 1 every 60 months
D6056 Prefabricated Abutment - includes modification and placement – Limit 1 every 60 months
D6057 Custom fabricated abutment - includes modification and placement – Limit 1 every 60 months
D6058 Abutment supported porcelain ceramic crown – Limit 1 every 60 months
D6059 Abutment supported porcelain fused to metal crown - high noble metal - Limit 1 every 60 months
D6060 Abutment supported porcelain fused to metal crown - predominately base metal - Limit 1 every 60 months

*Prosthodontic Services - continued on next page*

### Prosthodontic Services (cont.)

D6061 Abutment supported porcelain fused to metal crown - noble metal - Limit 1 every 60 months
D6062 Abutment supported cast metal crown - high noble metal - Limit 1 every 60 months
D6063 Abutment supported cast metal crown - predominately base metal – Limit 1 every 60 months
D6064 Abutment supported cast noble metal crown - noble metal – Limit 1 every 60 months
D6065 Implant supported porcelain/ceramic crown – Limit 1 every 60 months
D6066 Implant supported porcelain fused to high metal crown - titanium, titanium alloy, high noble metal – Limit 1 every 60 months
D6067 Implant supported metal crown - titanium, titanium alloy, high noble metal – Limit 1 every 60 months
D6068 Abutment supported retainer for porcelain/ceramic FPD – Limit 1 every 60 months
D6069 Abutment supported retainer for porcelain fused to metal FPD - high noble metal – Limit 1 every 60 months
D6070 Abutment supported retainer for porcelain fused to metal FPD - predominately base metal – Limit 1 every 60 months
D6071 Abutment supported retainer for porcelain fused to metal FPD - noble metal – Limit 1 every 60 months
D6072 Abutment supported retainer for cast metal FPD - high noble metal – Limit 1 every 60 months
D6073 Abutment supported retainer for cast metal FPD - predominately base metal - Limit 1 every 60 months
D6074 Abutment supported retainer for cast metal FPD - noble metal - Limit 1 every 60 months
D6075 Implant supported retainer for ceramic FPD – Limit 1 every 60 months
D6076 Implant supported retainer for porcelain fused to metal FPD - titanium, titanium alloy, or high noble metal - Limit 1 every 60 months
D6077 Implant supported retainer for cast metal FPD - titanium, titanium alloy, or high noble metal – Limit 1 every 60 months
D6080 Implant Maintenance Procedures – Limit 1 every 60 months
D6090 Repair Implant Prosthesis – Limit 1 every 60 months
D6091 Replacement of Semi-Precision or Precision Attachment – Limit 1 every 60 months
D6092 Recement Implant/abutment supported crown - Limit 1 every 60 months
D6093 Recement Implant/abutment supported fixed partial denture – Limit 1 every 60 months
D6094 Abutment supported crown - titanium - Limit 1 every 60 months
D6095 Repair Implant Abutment – Limit 1 every 60 months
D6100 Implant Removal – Limit 1 every 60 months
D6101 Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure – Limit 1 per lifetime
D6102 Debridement and osseous contouring of a periimplant defect; include surface cleaning of exposed implant surfaces and flap entry and closure – Limit 1 per lifetime
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 - Limit 1 every 36 months
D6104 Bone graft at time of implant placement - Limit 1 every 36 months
D6110 Implant supported removable denture for edentulous arch - Maxillary - Limit 1 every 60 months
D6111 Implant supported removable denture for edentulous arch - Mandibular - Limit 1 every 60 months
D6112 Implant supported removable denture for edentulous arch - Maxillary - Limit 1 every 60 months
D6113 Implant supported removable denture for edentulous arch - Mandibular - Limit 1 every 60 months
D6114 Implant supported removable denture for edentulous arch - Maxillary - Limit 1 every 60 months
D6115 Implant supported removable denture for edentulous arch - Mandibular - Limit 1 every 60 months
D6116 Implant supported removable denture for edentulous arch - Maxillary - Limit 1 every 60 months
D6117 Implant supported removable denture for edentulous arch - Mandibular - Limit 1 every 60 months
D6190 Implant Index – Limit 1 every 60 months
D6194 Abutment supported retainer crown for fixed partial dentures - titanium - Limit 1 every 60 months
D6205 Pontic – indirect resin based composite – Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6210 Pontic - cast high noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics

*Prosthodontic Services - continued on next page*

### Prosthodontic Services (cont.)

D6211 Pontic - cast predominately base metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6212 Pontic - cast noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6214 Pontic - titanium - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6240 Pontic - porcelain fused to high noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6241 Pontic - porcelain fused to predominately base metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6242 Pontic - porcelain fused to noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6245 Pontic - porcelain/ceramic - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6250 Pontic - resin with high noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6251 Pontic - resin with predominantly base metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6252 Pontic - resin with noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6545 Retainer - cast metal for resin bonded fixed prosthesis - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6549 Retainer - Resin for resin bonded fixed prosthesis - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis - Limit 1 every 60 months, including all other crowns, bridges, prosthetics - <b>An alternate benefit will be provided</b>
D6600 Inlay - porcelain/ceramic -2 surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics - <b>An alternate benefit will be provided</b>
D6601 Inlay/onlay - porcelain/ceramic, three or more surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics - <b>An alternate benefit will be provided</b>
D6602 Inlay-cast high noble metal, 2 surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6603 Inlay-cast high noble metal, 3 + surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6604 Inlay - cast predominantly base metal, two surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6605 Inlay - cast predominantly base metal, three or more surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6606 Inlay - cast noble metal, 2 surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6607 Inlay - cast noble metal, 3 + surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6608 Retainer Onlay - Porcelain/Ceramic, 2 or more surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics - <b>An alternate benefit will be provided</b>
D6609 Retainer Onlay - Porcelain/Ceramic, 3 or more surfaces, including all other crowns, bridges, prosthetics - Limit 1 every 60 months - <b>An alternate benefit will be provided</b>
D6610 Onlay - cast high noble metal, 2 surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6611 Onlay - cast high noble metal, 3 + surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6612 Onlay - cast predominantly base metal, 2 + surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6613 Onlay - cast predominantly base metal, 3 + surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6614 Onlay - cast noble metal, 2 surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6615 Onlay - cast noble metal, 3 + surfaces - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6624 Inlay - cast titanium metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6634 Onlay - cast titanium metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6710 Crown - indirect resin based composite - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6720 Crown - Resin with high noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6721 Crown - resin with predominantly base metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6722 Crown - resin with noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6740 Crown - porcelain/ceramic - Limit 1 every 60 months, including all other crowns, bridges, prosthetics
D6750 Crown - porcelain fused to high noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics

### Prosthodontic Services (cont.)

D6751 Crown - porcelain fused to predominately base metal – Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D6752 Crown - porcelain fused to noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D6780 Crown - 3/4 cast high noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D6781 Crown - 3/4 cast predominately base metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D6782 Crown - 3/4 cast noble metal – Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D6783 Crown - 3/4 porcelain/ceramic – Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D6790 Crown - full cast high noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D6791 Crown - full cast predominately base metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D6792 Crown - full cast noble metal - Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D6794 Crown - Titanium - Limit 1 every 60 months, including all other crowns, bridges, prosthetics

D7340 Vestibuloplasty - Ridge extension (secondary epithelialization)

D7350 Vestibuloplasty - Ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

D9943 Adjustment of occlusal guard - Limit 1 every 6 months for patients 13 and older

**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.)**

D9944 Occlusal guard – hard appliance, full arch - Limit 1 every 12 months for patients 13 and older

D9945 Occlusal guard – soft appliance, full arch - Limit 1 every 12 months for patients 13 and older

### 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.
- There is no waiting period under the High Option.
- The waiting period for orthodontic services is 12 months under the Standard Option Only. 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.
- We pay 50% of the plan allowance up to the lifetime maximum. 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. If you are covered by High Option, the lifetime maximum is up to \$3,500. However, the maximum amount allowed (see page 10) depends on the participation status of the provider. If you are enrolled in Standard Option and have met the orthodontic waiting period of 12 months, the lifetime maximum for services rendered by an in-network provider is up to \$2,000 and for services rendered by an out-of-network provider the lifetime maximum is up to \$1,000. Your out-of-pocket expenses will be higher when using an out-of-network provider.
- 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.
- The Orthodontic treatment is based on the allowed amount and does not guarantee that the full lifetime maximum will be paid out on a single treatment. If the ortho treatment is already in progress at the time of eligibility, the orthodontic benefit will be prorated based on the number of month remaining in the treatment plan up to the lifetime maximum.
- Coverage for pre-treatment orthodontic exam & x-rays may be allowed if completed more than 3 months from initial appliance placement.
- Applying the Limited Access provision will not result in additional payment under the High Option orthodontic plan.
- Any dental service or treatment not listed as a covered service is not eligible for benefits.
- In-progress treatment for transitioning TRDP enrollees will be covered for the 2019 plan year. This is regardless of any current plan exclusions for care initiated prior to the enrollee's effective date.
- This requirement includes assumption of payments for covered orthodontia services up to the FEDVIP policy limits, and full payment where applicable up to the terms of FEDVIP policy for covered services completed (but not initiated) in the 2019 plan year such as crowns and implants.

### 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.

	<ul style="list-style-type: none"> <li>• <b>Out-of-Network:</b> 50% of the plan allowance up to the lifetime maximum and any difference between our allowance and the billed amount.</li> </ul> <p><b><u>Standard Option</u></b></p> <ul style="list-style-type: none"> <li>• <b>In-Network:</b> 50% of the plan allowance up to the lifetime maximum. You are responsible for all charges that exceed the lifetime maximum.</li> <li>• <b>Out-of-Network:</b> 50% of the plan allowance up to the lifetime maximum and any difference between our allowance and the billed amount.</li> </ul>	
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### Orthodontic Services

D7283 Placement of device to facilitate eruption of impacted tooth, covered 1 per lifetime
D8010 Limited orthodontic treatment of the primary dentition
D8020 Limited orthodontic treatment of the transitional dentition
D8030 Limited orthodontic treatment of the adolescent dentition
D8040 Limited orthodontic treatment of the adult 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 when enrolled in Standard Option
- 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.
- Over-the-counter or mail order Orthodontic treatments

## 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.
- There is no High Option Annual Benefit Maximum for non-orthodontic in-network services, and \$3,000 for out-of-network services.
- 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.
- 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

D9222 Deep sedation/general anesthesia – first 15 minutes

D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment

D9239 Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes

## Intravenous Sedation

D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment

<b>Medications</b>
D9610 Therapeutic drug injection, by report
D9612 Therapeutic parenteral drugs, two or more administrations, different medications
<b>Post-Surgical Services</b>
D9930 Treatment of complications (post-surgical) unusual circumstances, by report
<b>Miscellaneous Services</b>
D9941 Fabrication of athletic mouthguard
D9974 Internal bleaching - per tooth
<b>Services Not Covered</b>
<b>Refer to Section 7 for a list of general exclusions.</b>

### Blue365® Discounts

**Great news!** As a member of FEP BlueDental®, you have access to exclusive health and wellness discounts through the Blue365® Program. Blue Cross Blue Shield presents this program at no-cost to help you achieve your best health. Blue365Deals can be accessed at [www.blue365deals.com/fepbluedental.com](http://www.blue365deals.com/fepbluedental.com) and provides access to some of the industry's best discounts including:

- Low-Cost Gym Membership – Only \$29/month gym membership with access to over 10,000 locations through Fitness your Way
- Fitbit Wearable Devices - 18% off Fitbit's entire suite of smartwatches and activity trackers, plus free shipping
- Gym shoes and athletic apparel – 20% off Reebok and 30% off Skechers
- Discount Drug Program – Save an average of 24% off drugs not covered under regular RX programs
- Hearing Aids - Up to 60% off hearing aids plus free batteries from Beltone and TruHearing
- Dieting and Healthy Eating – Discounts on Jenny Craig, Nutrisystem and Sun Basket food delivery
- And other discounts on family travel, personal care, financial health, pet insurance and much more! [How to Sign Up](#)

1. Visit [www.blue365deals.com/fepbluedental.com](http://www.blue365deals.com/fepbluedental.com) and click on “Register”.
2. Enter your personal information (First Name, Last Name, Email, etc.).
3. For the Member ID Prefix, please use 299
4. Read and accept the terms, and click “Register” to start saving!
5. Visit [www.blue365deals.com/fepbluedental.com](http://www.blue365deals.com/fepbluedental.com) to register and start saving today.

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## Section 6 International Services and Supplies

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<b>International Claims Payment</b>	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.
<b>Finding an International Provider</b>	<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>
<b>Filing International Claims</b>	<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>
<b>International Rates</b>	There is one international region. Please see the rate table for the actual premium amount.

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## Section 7 General Exclusions – Things We Do Not Cover

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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, video, and internet 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 - age limit is 21;
- 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 when enrolled in Standard Option;
- 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, apicoectomies or non-covered/non-eligible implants;
- Interim therapeutic restoration - primary;
- Restoration foundation for an indirect restoration;
- Veneers;
- Blood glucose level test - in-office using a glucose meter;
- Add metal substructure to acrylic full denture (per arch);
- Temporomandibular joint dysfunction – non-invasive physical therapies;
- Infiltration of sustained release therapeutic drug – single or multiple sites;
- Occlusal guard – hard appliance, partial arch
- Duplicate/copy patient's records

- 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 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.
- Incomplete Endodontic Therapy, inoperable, unrestorable or fractured tooth is not a covered service.
- 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.

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## Section 8 Claims Filing and Disputed Claims Processes

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### **How to File a Claim for Covered Services**

To avoid delay in the payment of your dental claims, please have your dental provider submit your claims directly to your FEHB plan (Should you be enrolled), then to FEP BlueDental. Pretreatment estimates can be submitted directly to FEP BlueDental (exception: If accidental injury occurs, pretreatment estimates should be submitted to your FEHB plan).

If you need to send in a paper claim you may download a claim form from FEP BlueDental's website, [www.fepbluedental.com](http://www.fepbluedental.com).

Mail completed claim form to:

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

### **Deadline for Filing Your Claim**

You must submit your claim within 24 months from the date service was rendered.

**Disputed Claims Process**

Step	Description
1	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.
2	<p>You may mail your request for reconsideration to:</p> <p>FEP BlueDental Claims Appeals P.O. Box 551 Minneapolis, MN 55440-0551</p> <p>Or go to <a href="http://www.fepbluedental.com">www.fepbluedental.com</a> and select "contact us"</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	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.
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.

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## Section 9 Definitions of Terms We Use in This Brochure

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<b>Alternative Benefit</b>	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.
<b>Annual Benefit Maximum</b>	The maximum annual benefit that you can receive per person.
<b>Annuitants</b>	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.
<b>BENEFEDS</b>	The enrollment and premium administration system for FEDVIP.
<b>Benefits</b>	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
<b>Calendar Year</b>	From January 1, 2017 through December 31, 2017. Also referred to as the plan year.
<b>Class A Services</b>	Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants, and X-rays.
<b>Class B Services</b>	Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
<b>Class C Services</b>	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.
<b>Class D Services</b>	Orthodontic services.
<b>Date of Service</b>	The calendar date on which you visit the dentist's office and services are rendered.
<b>Enrollee</b>	The Federal employee, annuitant, or TRICARE-eligible individual enrolled in this plan.
<b>FEDVIP</b>	Federal Employees Dental and Vision Insurance Program.
<b>Generally Accepted Dental Protocols</b>	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.
<b>Maximum Allowed Amount</b>	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.
<b>Network Allowance</b>	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.
<b>Plan</b>	FEP BlueDental
<b>Sponsor</b>	Generally, a sponsor means the individual who is eligible for medical or dental benefits under 10 U.S.C. chapter 55 based on his or her direct affiliation with the uniformed services (including military members of the National Guard and Reserves).
<b>TEI certifying family member</b>	Under circumstances where a sponsor is not an enrollee, a TEI family member may accept responsibility to self-certify as an enrollee and enroll TEI family members

<b>TRICARE-eligible individual (TEI) family member</b>	TEI family members include a sponsor's spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in a sponsor's legal custody by a court. Children include legally adopted children, stepchildren, and pre- adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.
<b>Waiting Period</b>	The amount of time that you must be enrolled in this plan before you can receive orthodontic services.
<b>We/Us</b>	FEP BlueDental
<b>You</b>	Enrollee or eligible family member.
<b>In-Progress Treatment</b>	Dental services that initiated in 2018 that will be completed in 2019.

## 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](http://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 an unlimited annual maximum benefit amount for in-network services and \$3,000 for out-of-network services.		
Class D Services – orthodontic up to \$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%

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## Stop Health Care Fraud!

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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	\$37.53	\$75.08	\$112.60	\$19.87	\$39.74	\$59.63
2	\$42.06	\$84.05	\$126.08	\$21.78	\$43.57	\$65.35
3	\$45.78	\$91.54	\$137.32	\$24.77	\$49.51	\$74.21
4	\$49.60	\$99.10	\$148.68	\$26.74	\$53.43	\$80.10
5	\$55.49	\$110.91	\$166.40	\$29.55	\$59.11	\$88.66

### Biweekly 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	\$17.32	\$34.65	\$51.97	\$9.17	\$18.34	\$27.52
2	\$19.41	\$38.79	\$58.19	\$10.05	\$20.11	\$30.16
3	\$21.13	\$42.25	\$63.38	\$11.43	\$22.85	\$34.25
4	\$22.89	\$45.74	\$68.62	\$12.34	\$24.66	\$36.97
5	\$25.61	\$51.19	\$76.80	\$13.64	\$27.28	\$40.92