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2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(g). Dental Benefits
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Basic Option Dental Benefits

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

Basic Option Dental Benefits

Clinical oral evaluations

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

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

Covered Service: Comprehensive oral evaluation*
We Pay
Preferred: All charges in excess of your $35 copayment

Participating/Non-participating: Nothing
You Pay
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

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

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Basic Option Dental Benefits

Diagnostic imaging

Covered Service: Intraoral – complete series including bitewings (*limited to 1 complete series every 3 years*)
We Pay
Preferred: All charges in excess of your $35 copayment
Participating/Non-participating: Nothing
You Pay
Preferred: $35 copayment per evaluation
Participating/Non-participating: You pay all charges

Basic Option Dental Benefits

Preventive

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

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

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

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

Basic Option Dental Benefits

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

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