

DENTAL BENEFITS SUMMARY FEP 2026

Types of FEP Coverage		
FEP Blue Basic Can only visit preferred providers.	FEP Blue Standard Can visit preferred and non - preferred providers	FEP Blue Focus This policy does not have any routine dental benefits

FEP Blue Basic	
Type of service	Member Responsibility
Oral Evaluation (D0120/D0140/D0150) *D0120/D0150 Limit of 2 evaluations per calendar year, per person Diagnostic Imaging (D0210) Intraoral complete series, including bitewings* limited to 1 complete series every 3 years Preventive (D1110/D1120/D1206/D1208/D1351/D1352) *Prophylaxis (cleaning) D1110/D1120 •Adult (up to 2 per person per calendar year) •Child, age 13 and over (up to 2 per person per calendar year) * Fluoride D1206/D1208 Limit of 2 applications per calendar year, per dependent under 26 years old * Sealant or Preventive resin restoration-D1351/D1352 limit of 1 sealant per molar for first and second molars only up to age 16	\$35 copay for oral evaluation If the TSS fee is lower than the copayment, then the member will be responsible for the contracted fee. Preventive Services The member has no copayment for these services. They must be billed to the local plan.

FEP Blue Standard	
Type of Service	Member Responsibility
Oral Evaluation (D0120/D0140/D0150/D0160) *D0120 Limit of 2 evaluations per calendar year, per person Diagnostic Imaging (D0210) Intraoral complete series, including bitewings. Preventive(D1110/D1120/D1206/D1208) * Prophylaxis (Cleaning) D1110/D1120 • Adult (up to 2 per person per calendar year) • Child, age 13 and over (up to 2 per person per calendar year) * Fluoride D1206/D1208 limited to a COMBINED total of 2 applications per person per calendar year Palliative Treatment (D2940, D9110) D2940 Protective Restoration D9110 Palliative (emergency) treatment of dental pain	The member's responsibility will be the difference between the contracted TSS fee and the BCBS contribution. We pay our fee schedule amount, up to billed charges, per service. Providers should call us before billing members

Notes:

- Dental procedures that are not contemplated in the regular benefits could be covered:
 - only when reported in relation to an accidental injury or restoring the mouth to a pre-cancerous state. There are some dental services that are covered under both the accidental injury benefit and the routine dental benefit.
- Some oral surgeries might be covered under medical benefits.
- To validate benefits you must call the BCBS Federal Employee Program (FEP) Call Center:
 - FEHB 787-774-6082, or 1-888-774-6082 (Toll free)
 - PSHB 787-474-5220, or 1-833-201-9257 (Toll free)
 - Monday- Friday 8:00am -5:00pm AST.