Blue Cross and Blue Shield FEP Service Benefit Plan Standard Option (104, 105, or 106)

Effective January 1, 2025 Maximum Allowable Charges (MAC)

| Dental Code | *Limited to two per person per calendar year **Effective for services incurred on or after January 1, 2017, the Standard Option dental benefits for topical application of fluoride or fluoride varnish are two services per person per calendar year. The annual limit applied to any combination of the two services. Clinical Oral Evaluations | Up to Age 13 | | Age 13 & Over | | MAC Amount applies to General Dentistry & specialist unless noted **General | |
|-------------|---|--------------|-------|---------------|-------|---|-------------------|
| | | | | | | | |
| D0120* | Periodic oral examination | \$ | 12.00 | \$ | 8.00 | \$ | 33.00 |
| D0140 | Limited oral evaluation | \$ | 14.00 | \$ | 9.00 | \$ | 42.00 |
| D0150 | Comprehensive oral evaluation | \$ | 14.00 | \$ | 9.00 | \$ | 45.00 |
| D0160 | Detailed and extensive oral evaluation | \$ | 14.00 | \$ | 9.00 | \$ \$ | 76.00 61.00** |
| | Radiographs | | | | | | |
| D0210 | Intraoral complete | \$ | 36.00 | \$ | 22.00 | \$ | 102.00 |
| | Palliative treatment | | | | | | |
| D9110 | Palliative (emergency) treatment of dental Pain Minor Procedures | \$ | 24.00 | \$ | 15.00 | \$ \$ | 70.00 56.00 ** |
| D2940 | Protective restoration | \$ | 24.00 | \$ | 15.00 | \$ \$ | 66.00 53.00 ** |
| Preventive | *Limited to two per person per calendar γear | | | | | | |
| D1110 | Prophylaxis – Adult * | | | \$ | 16.00 | \$ | 58.00 |
| D1120 | Prophylaxis – Child * | \$ | 22.00 | \$ | 14.00 | \$ | 40.00 |
| D1206 | Topical application of fluoride(prophylaxis not included) Child and Adult | \$ | 13.00 | | 8.00 | \$ | 26.00 |
| D1208 | Topical application of fluoride(prophylaxis not included) Child and Adult | \$ | 13.00 | \$ | 8.00 | \$ | 25.00 |

MAC (Maximum Allowable Charge) – the maximum amount Preferred network dentists will charge the member for a covered dental service. This MAC may be updated periodically and is subject of change. For those providers who sign a participating agreement with Arkansas Blue Cross and Blue Shield agree to accept the Arkansas Blue Cross and Blue Shield Dental Fee schedule. (Note: this is the FEP Maximum Allowable charges.)

When members use a preferred network dentist, the member pays the difference between the FEP fee schedule and the MAC charge.