

**Blue Cross and Blue Shield**

**FEP Postal Service Benefit Plan  
Basic Option (33A, 33B or 33C)**

**Effective January 1, 2025 Maximum Allowable Charge (MAC)**

Under Basic Option, we provide benefits for the services listed below.

**The member pays a \$35.00 copayment per evaluation. For all other covered dental services, FEP pays 100% of the Maximum Allowable Charge (MAC). The member pays a \$35.00 copayment per visit when services are accident related.**

This is a complete list of dental services covered under Basic Option. Under Basic Option, a preferred provider must perform the service. If you are a participating dentist for Arkansas Blue Cross and Blue Shield, you are considered a preferred provider for these Basic Option services.

<b>Service and ADA code</b>	<b>Code Description</b>	<b>MAC</b>
	<b>NOTE: Benefits are limited to a combined total of 2 evaluations per person per calendar year for 0120 and 0150.</b>	
D0120*	Periodic oral evaluation	\$ 33.00
D0140	Limited oral evaluation	\$ 42.00
D0150*	Comprehensive oral evaluation	\$ 45.00
<b>Radiograph Codes</b>		
D0210	Intraoral complete series including bitewings (limited to 1 complete series every 3 years)	\$ 102.00
<b>Preventive</b>		
	<b>NOTE: Benefits are limited to a combined total of 2 visits per person per calendar year.</b>	
D1110	Prophylaxis – Adult (up to 2 per calendar year)	\$ 58.00
D1120	Prophylaxis – Child (up to 2 per calendar year)	\$ 40.00
D1206	Topical application of fluoride varnish (prophylaxis not included) – dependents up to age 26 only	\$ 26.00
D1208	Topical application of fluoride (prophylaxis not included) Child up to age 26	\$ 25.00
D1351	Sealant – per tooth, first and second molars only (once per tooth for children up to age 16 only)	\$ 33.00
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient -Permanent Tooth - children ages 0-15	\$ 34.00
	<b>Not Covered: Any services not specifically listed above.</b>	