

FEP Service Benefit Plan

Standard Option (33D, 33E, or 33F)

Effective January 1, 2027 Maximum Allowable Charge (MAC)

Dental Code	*Limited to two per person per calendar year The Standard Option dental benefits for topical application of fluoride or fluoride varnish are two services per person per calendar year. The annual limit applies to any combination of the two services.	Up to Age 13	Age 13 & Over	MAC Amount applies to General Dentistry & specialist unless noted **General
Clinical Oral Evaluations				
D0120*	Periodic oral examination	\$12.00	\$8.00	\$33.00
D0140	Limited oral evaluation	\$14.00	\$9.00	\$44.00
D0150	Comprehensive oral evaluation	\$14.00	\$9.00	\$47.00
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	\$74.00 \$59.00**
D2940	Protective restoration	\$24.00	\$15.00	\$66.00 \$53.00**
Preventive *Limited to two per person per calendar year				
D1110	Prophylaxis – Adult *		\$16.00	\$58.00
D1120	Prophylaxis – Child *	\$22.00	\$14.00	\$42.00
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.



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