

FEP Service Benefit Plan

Basic Option (33A, 33B or 33C)

Effective January 1, 2027 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.

Service and ADA code	Code Description	MAC
NOTE: Benefits are limited to a combined total of 2 evaluations per person per calendar year for 0120 and 0150.		
D0120*	Periodic oral evaluation	\$33.00
D0140	Limited oral evaluation	\$44.00
D0150*	Comprehensive oral evaluation	\$47.00
Radiograph Codes		
D0210	Intraoral complete series including bitewings (limited to 1 complete series every 3 years)	\$102.00
Preventive	NOTE: Benefits are limited to a combined total of 2 visits per person per calendar year.	
D1110	Prophylaxis – Adult (up to 2 per calendar year)	\$58.00
D1120	Prophylaxis – Child (up to 2 per calendar year)	\$42.00
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)	\$35.00

Not Covered: Any services not specifically listed above.



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BlueCross BlueShield

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