

FEDERAL EMPLOYEE HEALTH BENEFITS PROGRAM (FEHBP)

The Federal Office of Personnel Management (OPM) contracts with health care plans throughout the United States to provide dental care coverage for Federal Employees and their families. Use of the Blue Cross and Blue Shield Dental Provider networks gives eligible Federal Employees and Annuitants access to **Preferred** (PPO) and **Non-Preferred** (non-PPO) Providers everywhere in the world. For consistent worldwide coverage, all charges are processed according to the benefits, rules, guidelines and regulations of the Federal Government. **These Federal guidelines do supercede state laws.** Federal members select their benefit options during Open Enrollment for each new calendar year. All eligibility and enrollment is handled through OPM in Washington, DC. For those members that select a Blue Cross and Blue Shield Association Plan, there are two options of coverage available:

Standard Option

The Standard Option Dental Plan provides coverage for services rendered by Blue Cross and Blue Shield **Preferred** Provider networks as well as a reduced benefit for services by **Non-Preferred** Providers. Members using Preferred Providers receive the highest benefit level. (Refer to the summary chart for benefit highlights.)

Basic Option

The Basic Option Dental Plan provides coverage for services provided by **Preferred** Providers only. Services provided by Non-Preferred Providers are not a benefit.

Preferred Provider – Regence

Preferred dentists for FEP have signed the Participating Provider Agreement for Regence, and have agreed to accept the Regence PAR dental allowable schedule amount as payment in full for covered services. OPM has established a fee schedule for covered dental services outlining reimbursement rates for all covered benefits. Preferred dental providers may “balance bill” the patient for the difference between the FEP fee schedule amounts and the Regence PAR allowance.

Federal Employee Program Identification Cards

All FEP identification numbers start with the letter “**R**” followed by eight numeric digits. This number **does not** correspond to the member’s Social Security Number.

Please note: on Provider Payment Vouchers, the “R” will be replaced by an “8” followed by eight numeric digits.

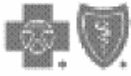

The Enrollment Code indicates which option the member is enrolled in:

- 104 – Standard Option, Self Only
- 105 – Standard Option, Self and Family
- 111 – Basic Option, Self Only
- 112 – Basic Option, Self and Family

This is the new FEP card:

Standard Option

Front

	BlueCross BlueShield Federal Employee Program	Government-Wide Service Benefit Plan	
Member Name IM Sample		http://www.fepblue.org	
Member ID R30047600			
Enrollment Code	104		
Effective Date	01/01/2006		
RX Bin No.	610415		
RX Group No.	65006500		

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<http://www.fepblue.org>

Customer Service:	1-800-522-5566
Recertification:	1-800-255-2042
Mental Health/ Substance Abuse:	1-800-626-3643
Retail Pharmacy Information:	1-800-626-3643
Mail Service Pharmacy Information:	1-800-626-3643
Blue Health Connection Information:	1-800-626-3643

Empire BlueCross BlueShield
 11 W. 42nd Street
 New York, NY 10036
 An Independent Licensee of the
 Blue Cross and Blue Shield Association.

Basic Option

Front

	BlueCross BlueShield Federal Employee Program	Government-Wide Service Benefit Plan	
Member Name IM Sample		http://www.fepblue.org	
Member ID R95664486			
Enrollment Code	112		
Effective Date	01/01/2006		
RX Bin No.	610415		
RX Group No.	65006500		

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<http://www.fepblue.org>

Customer Service:	1-800-522-5566
Recertification:	1-800-255-2042
Mental Health/ Substance Abuse:	1-877-554-9504
Retail Pharmacy Information:	1-800-626-5060
Blue Health Connection Information:	1-888-258-3432
Assistance Overseas (local collect):	1-804-673-1678

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 11 W. 42nd Street
 New York, NY 10036
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Summary of FEP Dental Benefits

Standard Option

- Standard Option provides benefits only for preventive/diagnostic and limited basic services.
- Members using a **Preferred** Provider (Regence PAR network) receive the highest benefit, but may use any provider.
- There is no Copayment on the Standard Option.
- The member is responsible for the difference between the FEP Dental Fee Schedule Amount and the Regence PAR Maximum Allowable Charge (MAC) when receiving treatment from a Preferred Provider. The member is responsible for the difference between the FEP dental fee schedule amount and the actual charges billed when receiving treatment from a Non-Participating Provider.
- The Calendar Year Deductible applies only to the accidental injury benefit.

Covered Dental Services (Preventive and Limited Basic Care Only)

- Oral evaluations limited to two per person per calendar year
- Dental x-rays as required, except that complete mouth x-rays are limited to one in a three-year period, unless special need is shown for more frequent complete mouth x-rays;
- Prophylaxis limited to two per person per calendar year
- Topical application of fluoride limited to two per person per calendar year
- Pulp vitality tests
- Palliative (emergency) treatment of dental pain
- Sedative filling
- Space maintainer or recementation of space maintainer
- Amalgam restorations
- Filled or unfilled resin restorations
- Inlay restorations: metallic, porcelain/ceramic, and composite/resin
- Pin retention – per tooth, in addition to restoration
- Extractions including surgical excision
- General anesthesia in connection with covered extractions

Not covered: Any service not specifically listed above.

Basic Option

- Basic Option provides benefits only for the services listed below.
- Members must use a **Preferred** Provider (Regence PAR) in order to receive a benefit.
- Member is responsible for a \$20 Copayment.
- Members are responsible for all charges when using a Non-Preferred Provider.

Covered Dental Services (Preventive Care Only)

- Oral Evaluations limited to 2 per person per calendar year
- Dental x-rays: Bitewings limited to 4 films per person per calendar year; Intraoral (complete series including bitewings) limited to 1 complete series every three years;
- Prophylaxis limited to two per person per calendar year
- Topical application of fluoride (Child Only) limited to two per person per calendar year; not a benefit for adults
- Sealant – per tooth, first and second molars only (once per tooth for children up to age 16 only)

Not covered: Any service not specifically listed above.

Understanding the FEP Fee Schedule of Dental Allowances

Following is an example of the Dental Benefits fee schedule. This list is not complete, but serves only to describe the payment methodology.

Code	Description	FEP Fee Schedule Up to Age 13	FEP Fee Schedule Age 13 & Over	Regence MAC (Fee Schedule)
Clinical Oral Evaluations				
D0120	Periodic oral examination	12.00	8.00	19.19
D0140	Limited oral examination – problem focused	14.00	9.00	30.91
D0150	Comprehensive oral examination – new or established patient	14.00	9.00	33.87
D0160	Detailed & extensive oral exam – problem focused, by report	14.00	9.00	88.51

Standard Option

The Regence PAR Allowance is the Maximum Allowed Charge (MAC), or the maximum you may bill for a procedure as a Preferred Provider. The FEP Fee Schedule is the amount you will be reimbursed for the procedure. The member is responsible to pay the difference between the PAR amount and the fee schedule amount. (e.g., the maximum allowable for D0120 is \$19.19; the FEP reimbursable amount for an adult patient is \$8.00; the member is responsible to pay \$11.19; any amount you charge over the MAC – \$19.19 – is provider write-off.)

Basic Option

Reimbursement for services provided to Basic Option members is paid according to the same fee schedule. However, payment is made at 100% of the Regence PAR MAC after the member's copayment.

How to Submit Claims

For Federal Employee contract holders and their covered dependents, dental charges should be submitted on an American Dental Association (ADA) standard claim form to:

**Regence BlueCross BlueShield of Oregon
Federal Employee Program
PO Box 31105
Salt Lake City, UT 84130**

You may also submit claims electronically as outlined in the “Filing Claims” section. You must submit claims with the member’s FEP identification number – the “R” number. Electronic submitters: Remember to substitute an "8" in place of the "R" so your claims will go directly to the Federal Employee Program claims processing unit. Customer Service Representatives and Claims Processors outside of the Federal department do not have access to enrollment information for FEP members. Therefore, if you submit claims using a Social Security Number instead of the “R” number, the claim will be denied as “member cannot be identified.”

Claims Questions or Corrections

The FEP Customer Service Department is happy to assist you with your questions. If you have any questions about benefits, or how a claim was processed, please call 1 (800) 962-2731.

Disputed Claims

If you disagree with a claim determination made by Regence, you may request a reconsideration of our decision. (Reconsiderations do not extend to a review of maximum allowable charges.) All reconsideration requests must be submitted to Regence with ninety (90) days of receiving payment or notification of Regence's claim determination. The request must be in writing, must identify the determination with which you disagree, and must state the basis for the request. Please also include any supporting documentation to be reviewed such as x-rays or narratives. Regence will respond within thirty (30) days of receiving the request.

In the event you continue to disagree with the reconsideration decision that results in a Provider write-off, you may request a Second Level review. This request must be in writing and include any additional information pertinent to the claim being disputed. The Payment Policy and Pricing Committee, or the Dental Consultant will review Second Level appeals. Once a decision is reached, written notification will be mailed to you detailing the basis of the decision and explaining that this determination is final.

If the initial reconsideration decision results in a member liability, the member may request reconsideration. Any decision resulting from this reconsideration may be appealed **by the member** to OPM for further review.

Written Correspondence should be submitted to:

**Regence BlueCross BlueShield of Oregon
Federal Employee Program
PO Box 31105
Salt Lake City, UT 84130**