2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 5(g). Dental Benefits

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are medically necessary.
- If you are enrolled in a Federal Employees Dental/Vision Insurance Program (FEDVIP) Dental Plan, your PSHB Plan will be the primary payor for any covered services and your FEDVIP Plan will be secondary to your PSHB Plan. See Section 9, *Coordinating Benefits with Medicare and Other Coverage*, for additional information.
- Be sure to read Section 4, *Your Costs for Covered Services*, for valuable information about how cost-sharing works. Also, read Section 9 for information about how we pay if you have other coverage, or if you are age 65 or over.
- Note: We cover inpatient and outpatient hospital care, as well as anesthesia administered at the facility, to treat children up to age 22 with severe dental caries. We cover these services for other types of dental procedures only when a non-dental physical impairment exists that makes hospitalization necessary to safeguard the health of the patient (even if the dental procedure itself is not covered). See Section 5(c) for inpatient and outpatient hospital benefits.
- **Under Standard Option,**
    - The calendar year deductible of $500 per person ($1,000 per Self Plus One or Self and Family enrollment) applies only to the accidental injury benefit below.
- **Under Basic Option,**
    - There is **no calendar year deductible.**
    - **You must use Preferred providers in order to receive benefits, except in cases of dental care resulting from an accidental injury as described below.**
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