

Federal Employee Program Area I MAC for Basic & Standard Dental Plans

In the pursuit of health'

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AREA I: Alachua, Baker, Bay, Bradford, Calhoun, Citrus, Columbia, DeSoto, Dixie, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Marion, Okaloosa, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

			AREA I				
			AGE 1 - 12		AGE 13 & OVER		
PLAN	CDT	DESCRIPTION	MEMBER	FEP	MEMBER	FEP	MACI
Basic/Standard	D0120	Perodic oral evaluation - established patient	\$18	\$12	\$22	\$8	\$30
Basic/Standard	D0140	Limited oral evaluation - problem focused	\$35	\$14	\$40	\$9	\$49
Basic/Standard	D0150	Comprehensive oral evaluation - new or established patient	\$38	\$14	\$43	\$9	\$52
Standard Only	D0160	Detailed and extensive oral evaluation - problem focused, by report	\$88	\$14	\$93	\$9	\$102
Basic/Standard	D0210	Intraoral - complete series of radiographic images	\$49	\$36	\$63	\$22	\$85
Basic/Standard	D1110	Prophylaxis - adult	\$64	\$0	\$48	\$16	\$64
Basic/Standard	D1120	Prophylaxis - child	\$21	\$22	\$29	\$14	\$43
Basic/Standard	D1206	Topical application of fluoride varnish	\$13	\$13	\$18	\$8	\$26
Basic with	D1208	Topical application of fluoride	\$11	\$13	\$16	\$8	\$24
Limitations/		Note: This code (D1208) is covered for children only under the Basic					
Standard		Option plan. This code is covered for all ages under the Standard					
		Option plan.					
Basic Only	D1351	Sealant - per tooth	\$0	\$34	\$0	\$34	\$34
Standard Only	D2940	Protective restoration	\$35	\$24	\$44	\$15	\$59
Standard Only	D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$36	\$24	\$45	\$15	\$60

Benefit Features and Limitations

Basic Option Benefit Features:

- ✓ Benefits are available only when a participating dentist renders treatment
- √ Coverage is limited to specific preventive services (covered codes are listed on the FEP fee schedule)
- ✓ A fixed copayment of \$35 is applicable when an evaluation is billed (D0120, D0140 and D0150), and is payable by the member at the time of service
- ✓ Each covered procedure has a fixed MAC
- Sealants are covered
- Members may not be billed in excess of the \$35 copayment for covered services

Basic Option Limitations:

- Clinical Oral Evaluations (ADA codes: D0120, D0150): Benefit is limited to a combined total of two evaluations per person, per
- Radiographic Imaging:
 - Intraoral complete series, including bitewings (D210): Benefit limited to one complete series every three years.
- ✓ Prophylaxis/Fluoride (ADA codes D1110, D1120, D1206 and D1208): Benefits are limited to a combined total of two prophylaxes and two fluoride treatments per person, per calendar year
- ▼ Topical application of fluoride (D1208) covered for children only
- ✓ Sealants (ADA code D1351): Benefit is available for covered children up to age sixteen (16) at a limit of once per tooth for first and second molars only

Standard Option Benefit Features:

- There is a fixed MAC for each covered procedure
- ✓ There is a fixed copayment (a portion of MAC) for each covered procedure dependent upon the patient's age. Copayments are payable by the member at the time of service
- ✓ Sealants are NOT covered. You may bill Standard Option members your usual and customary charge for this procedure

Standard Option Limitations:

- ✓ Periodic Oral Evaluation (ADA Code: D0120): Benefit is limited to two evaluations per person, per calendar year
- ✓ Prophylaxis/Fluoride (ADA codes D1110, D1120, D1206 and D1208): Benefits are limited to a combined total of two prophylaxes and two fluoride treatments per person, per calendar year