

**FEDERAL EMPLOYEE PROGRAM (FEP) STANDARD OPTION  
PREFERRED DENTAL NETWORK  
Fee Schedule and Maximum Allowable Charge**

Service Description	Maximum Allowable Charge (MAC)	FEP Fee Schedule			
		Up to Age 13		Age 13 and over	
		Plan pays up to:	You pay up to:	Plan pays up to:	You pay up to:
<b><i>Clinical Oral Evaluations</i></b>					
Periodic oral evaluation*	\$34	\$12	\$22	\$8	\$26
Limited oral evaluation	49	14	35	9	40
Comprehensive oral evaluation	61	14	47	9	52
Detailed and extensive evaluation	105	14	91	9	96
<b><i>Radiographs</i></b>					
Intraoral - complete series	108	36	72	22	86
Intraoral - periapical, first film	20	7	13	5	15
Intraoral - periapical, additional	13	4	9	3	10
Intraoral - occlusal film	29	12	17	7	22
Extraoral - first film	36	16	20	10	26
Extraoral - each additional	31	6	25	4	27
Bitewing - single film	23	9	14	6	17
Bitewings - two films	34	14	20	9	25
Bitewings - four films	48	19	29	12	36
Bitewings - vertical, seven to eight films	58	12	46	7	51
Posterior-anterior/lateral skull & facial	104	45	59	28	76
Panoramic film	100	36	64	23	77
<b><i>Tests and Laboratory Exams</i></b>					
Pulp vitality tests	41	11	30	7	34
<b><i>Palliative Treatment</i></b>					
Palliative (emergency) pain treatment	70	24	46	15	55
Sedative filling	80	24	56	15	65
<b><i>Preventive</i></b>					
Prophylaxis - adult*	76	--	--	16	60
Prophylaxis - child*	53	22	31	14	39
Topical fluoride w/oprophylaxis, child	30	13	17	8	22
Topical fluoride w/o prophylaxis, adult	31	--	--	8	23
<b><i>Space Maintenance (passive appliances)</i></b>					
Fixed unilateral	269	94	175	59	210
Fixed bilateral	421	139	282	87	334
Removable unilateral	342	94	248	59	283
Removable bilateral	458	139	319	87	371
Recementation	58	22	36	14	44

\*Limited to two per person per calendar year.

**FEDERAL EMPLOYEE PROGRAM (FEP) STANDARD OPTION  
PREFERRED DENTAL NETWORK  
Fee Schedule and Maximum Allowable Charge**

Service Description	Maximum Allowable Charge (MAC)	FEP Fee Schedule			
		Up to Age 13		Age 13 and over	
		Plan pays up to:	You pay up to:	Plan pays up to:	You pay up to:
<b><i>Amalgam Restorations (including polishing)</i></b>					
One surface, primary or permanent	90	25	65	16	74
Two surfaces, primary or permanent	119	37	82	23	96
Three surfaces, primary or permanent	142	50	92	31	111
Four surfaces, primary or permanent	174	56	118	35	139
<b><i>Filled or Unfilled Resin Restorations</i></b>					
One surface, anterior	113	25	88	16	97
Two surfaces, anterior	144	37	107	23	121
Three surfaces, anterior	177	50	127	31	146
Four+ surfaces or incisal angle	204	56	148	35	169
One surface, posterior	126	25	101	16	110
Two surfaces, posterior	174	37	137	23	151
Three surfaces, posterior	217	50	167	31	186
Four+ surfaces, posterior	241	50	191	31	210
<b><i>Inlay Restorations</i></b>					
Metallic, one surface	641	25	616	16	625
Metallic, two surfaces	727	37	690	23	704
Metallic, three surfaces	838	50	788	31	807
Porcelain ceramic, one surface	755	25	730	16	739
Porcelain ceramic, two surfaces	796	37	759	23	773
Porcelain ceramic, three surfaces	854	50	804	31	823
Composite/resin, one surface	504	25	479	16	488
Composite/resin, two surfaces	624	37	587	23	601
Composite/resin, three surfaces	722	50	672	31	691
<b><i>Other Restorative Services</i></b>					
Pin retention - per tooth	43	13	30	8	35
<b><i>Extractions - Includes Local Anesthesia and Routine Postoperative Care</i></b>					
Erupted tooth or exposed root	100	30	70	19	81
<b><i>Surgical Extractions - Includes Local Anesthesia and Routine Postoperative Care</i></b>					
Erupted tooth	109	43	66	27	82
Residual tooth roots (cutting procedure)	199	71	128	45	154
<b><i>Anesthesia</i></b>					
General anesthesia, covered extractions	310	43	267	27	283

**FEP Fee Schedule Amount** - The amount Standard Option pays toward a covered dental service.

**MAC (Maximum Allowable Charge)** - The maximum amount Preferred network dentists will charge you for a covered dental service. This MAC may be updated periodically and is subject to change. Preferred network dentists in your Plan's service area have agreed to this MAC schedule. If you are residing in one area and use the services of a Preferred network dentist in another area, please call the local Blue Cross and Blue Shield Plan serving that area for a copy of the appropriate MAC schedule. Call 1 (800) 282-2473 for more information about Preferred network dentists and the MAC.

When you use a Preferred dentist, you pay the difference between the FEP fee schedule amount and the MAC (Maximum Allowable Charge).