



**BlueCross.
BlueShield.**

FEP DentalSM



*Dental Office
Implementation Guide*

1/1/2021

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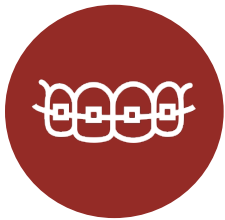
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ANNOUNCEMENT



FEP BlueDental is now **Blue Cross Blue Shield FEP Dental**.

The Blue Cross Blue Shield Association (BCBSA) has partnered with the GRID Dental Corporation (GDC) to administer BCBS FEP Dental. BCBS FEP Dental members will be able to utilize the GRID+ network as an in-network provider source. By participating in your local Blue Cross and Blue Shield plan you will now have access to BCBS FEP Dental members. The member's card will be identified with BCBS FEP Dental at the top of the ID card, along with the claims submission address and customer service number on the back to verify benefits.



New Benefits for 2021

- **NO waiting period under Standard Option**
- **Increased orthodontic lifetime maximum In-Network to \$2,500 under Standard Option**
- **Increased orthodontic lifetime maximum Out-of-Network to \$1,250 under Standard Option**

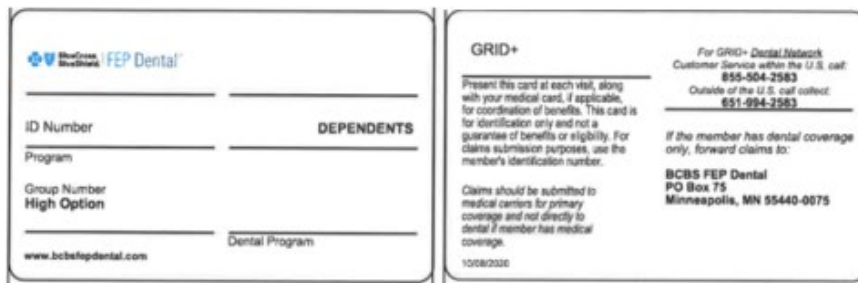
IDENTIFICATION CARDS

Each employee will receive one set of two BCBS FEP Dental ID cards. The ID cards will have the employee's name only on the ID cards. The word 'Dependents' will appear on the ID card if the employee is covering a spouse and/or dependent.

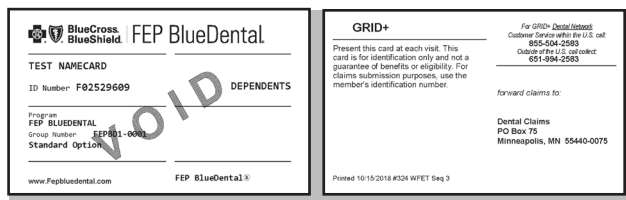
- The ID card is for identification ONLY. The ID card is not a guarantee of eligibility or benefits. BCBS FEP Dental recommends that you verify coverage for the date of service. This may be done by calling the BCBS FEP Dental Customer Service Department at 855-504-BLUE or 855-504-2583
- Participating providers can also obtain eligibility or benefit information by using the provider portal on the website **www.bcbsfepdental.com**. In addition, members now have the ability to view and download their ID card on the secure member portal.

Below is a generic sample of a BCBS FEP Dental ID Card.

When a member provides your office with their BCBS FEP Dental ID Card, you may need to ask for their medical ID card if they are covered under the Federal Employee Health Benefit Program (FEHBP). Their medical ID card is important because by law, the FEHBP member's medical plan is the primary carrier and should be billed first if there is dental coverage through their medical plan. Uniformed Services members are not under this requirement and should be billed directly to our office. Please see additional details below under coordination of benefits.



**Please note: Existing members may have an ID card with the previous name FEP BlueDental. New ID cards are not being issued to all existing members.*



CLAIM SUBMISSION TIPS

Accurate claims submission results in faster payment. To ensure timely claims payment, you may use the following checklist as a tool. Please check the information you are providing for completeness and accuracy.

- State-issued treating Dentist License Number and Tax Identification Number (TIN)
- Patient's birth date
- Patient's relationship to the member
- Member's birth date
- Member's social security number (SSN) or identification number
- Member/patient's signature
- Current ADA procedure code(s)
- Fee for treatment
- Treatment date(s)
- Tooth number, surface and/or quadrant if applicable
- Treating dentist's signature
- Up-to-date and complete practice address details



Pre-treatment Estimates

BCBS FEP Dental recommends a pre-treatment estimate be submitted prior to treatment for alternate services (such as posterior composites) extensive oral surgery, periodontics, endodontics, major restorative, prosthodontic, and orthodontic services. We will provide an explanation of benefits to both you and the member that will indicate if procedures are covered and an estimate of what we will pay for those specific services. The estimated Maximum Allowable Amount is based on the member's current eligibility and contract benefits in effect at the time of the completed services.

Submission of other claims or changes in eligibility or the contract may alter the final payment. A pre-treatment estimate is not a guarantee of benefits. Pre-treatment estimates can be sent directly to BCBS FEP Dental and do not need to be sent to the primary medical carrier first.



Post-treatment Review and Radiograph Submission

A pre-treatment review program will not be used by BCBS FEP Dental; instead, we have implemented a post-treatment program that monitors individual dentist utilization patterns.

BCBS FEP Dental has developed the ability to modernize the process of professional review. This process has greatly improved service to our network dentists and members because pre-treatment estimates and claims will be processed faster and radiographs will not be required prior to rendering services. You may find this new process makes it easy to do business with BCBS FEP Dental.

Post-payment review is simple and straightforward: individual dentist utilization is analyzed periodically and compared over time to determine if changes in utilization have occurred. You may be asked to periodically provide treatment information post-payment as part of the post-payment review process.

Alternate Benefits

If more than one service or procedure can be used to treat the member's dental condition, BCBS FEP Dental may decide to only authorize alternate treatment for a less costly covered service or procedure if the service selected is an appropriate method of treatment. This may apply but is not limited to include: a filling may be the alternate benefit of a crown or onlay, a partial denture may be an alternate benefit for implants. Should the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond the allowance for the alternate service, even for an in-network provider. For additional information on covered dental services, please refer to the Benefit Brochure, which can be found on the website www.bcbsfepdental.com.

Submit for Cosmetic Service Only if Necessary

Cosmetic dental services are not covered by the plan. If you provide cosmetic services to a member, you do not need to submit a claim to BCBS FEP Dental. All claims for cosmetic services requiring a denial of payment from BCBS FEP Dental must be submitted directly to:

BCBS FEP Dental Claims
P.O. Box 75
Minneapolis, MN 55440-0075

Do not send cosmetic claims to the medical carrier.

COORDINATION OF BENEFITS (COB)



The member's FEHB medical coverage is always Primary, while BCBS FEP Dental is Secondary. Submit all claims to the Primary medical plan first. Refer to the back of the member's medical ID card for submission. Pre-treatment estimates of benefits can be submitted directly to BCBS FEP Dental. Upon completion of the dental care, submit the claim to the Primary medical plan. The exception to this is when the medical carrier does not have dental embedded benefits; if that is the case, the claim can be submitted directly to BCBS FEP Dental with a primary payment amount of \$0.

FEP BCBS Service Benefit Plan Medical Member

Submit claims to the local Blue Cross Blue Shield Plan. To avoid duplicate claim submissions, do not submit dated claims to both FEP Blue Medical and BCBS FEP Dental. Primary payment will be sent to you and then FEP Medical will forward the claim, along with the Primary payment amount, to BCBS FEP Dental. The Primary benefit will be coordinated on the claim received from medical carrier and upon completion of Coordination of Benefits; BCBS FEP Dental will send the Secondary payment to you. It's important to note that when a member is covered by an FEP BCBS medical plan with dental benefits and a separate BCBS FEP Dental plan, those two policies will coordinate to pay benefits on dental claims. We recommend that the dentist not charge the patient for any copay or coinsurance associated with the medical plan benefits at the time of their dental office visit because, in most cases, these amounts will be addressed by the dental plan.

FEP BlueFocus

BCBS FEP Dental will be paid as the Primary dental benefit for those who are enrolled in FEP BlueFocus. FEP BlueFocus medical option does not have any dental embedded. All dental claims will be submitted directly to BCBS FEP Dental. FEP Blue Focus is printed on the FEHB medical ID card.

Other FEHBP (Federal Employee Health Benefit Program) Medical Member

Submit claims to the other medical carrier. Primary payment will be sent to you. You then submit claims and Primary remittance to BCBS FEP Dental for Secondary COB payment. Please hold Secondary claim submission until you have received Primary payment and remittance from the other medical plan.

Requirements for Federal Member IDs

The following instructions only apply if Primary submission is to Service Benefit Plan (FEP) Medical. Federal Member identification numbers (ID) for FEP Medical begin with an “R” followed by eight digits (e.g. R12345678). If you do not use the correct ID format for FEP Medical, claims may be rejected. Follow all claim form instructions for the proper placement of the member ID.

Retired Uniformed Service Members

Most retired uniformed service members will not have FEHB medical. BCBS FEP Dental will be paid as the Primary dental benefit for those retired uniformed service members. All dental claims will be submitted directly to BCBS FEP Dental.

Retired Uniform Service Members may have FEHB if they fall under the below categories:

- The policyholder may have an active FEP Medical as someone who has re-entered into the workforce with active employment through the government. (Example: Someone who served 20 years with military and is now working for the post office)
- The subscriber could have a spouse who has an active FEHB with embedded dental (be a dependent on the plan)
- If the policyholder has coverage under a spouse who has an active non-federal dental plan – the FEDVIP plan would be first and then spouses plan.
- If the policyholder themselves has a non-federal dental plan – the one in existence longest would be prime.
- If the policyholder is covered under a spouse’s active military TRICARE Dental Plan (TDP) this FEDVIP comes first, then the spouses plan.

The image shows a sample BCBS FEP Dental claim form. The form is divided into two main sections. The left section contains the following fields: ID Number, Program, Group Number (Uniformed Services High Option), and Dental Program. The right section contains contact information for customer service within and outside the U.S., and a note about forwarding claims for members with dental coverage.

Reconsiderations – Claim Dispute

If you and your BCBS FEP Dental patient disagree with the initial decision of how dental services were processed, please encourage your BCBS FEP Dental patient to refer to their BCBS FEP Dental Brochure on how to submit a reconsideration. Reconsiderations or claim disputes should be sent to:

BCBS FEP Dental Claims Appeals
P.O. Box 551
Minneapolis, MN 55440-0551



BENEFIT SUMMARY

BCBS FEP Dental Members have two options while choosing benefits during open enrollment, High Option or the Standard Option. A general breakdown can be seen below. To verify benefits please contact (855) 504-BLUE or 855-504-2583 or visit www.bcbsfedental.com

Benefits	High Option		Standard Option	
	IN-NETWORK Member Responsibility	OUT-OF NETWORK Member Responsibility	IN-NETWORK Member Responsibility	OUT-OF-NETWORK Member Responsibility
Class A (Basic) Services e.g., exams, cleanings, X-rays, sealants ¹	0%	10%	0%	40%
	THREE CLEANINGS A YEAR COVERED		THREE CLEANINGS A YEAR COVERED	
Class B (Intermediate) Services e.g., oral surgery, fillings, gum scaling	30%	40%	45%	60%
Class C (Major) Services e.g., crowns, bridges, implants, root canals, dentures	50%	60%	65%	80%
Annual Deductible for Class A, B and C Services	No deductible	\$50 per person	No deductible	\$75 per person
Annual Maximum Benefits for Class A, B and C Services	UNLIMITED MAXIMUM PER PERSON	\$3,000 per person	\$1,500 per person	\$750 per person
Class D (Orthodontic) Services Adults & Children	50% up to \$3,500 lifetime maximum	50% up to allowed amount	50% up to \$2,500 lifetime maximum	50% up to \$1,250 lifetime maximum
	NO WAITING PERIOD		NO WAITING PERIOD	

¹ Only third cleanings are covered – NOT a third exam.

CONTACT INFORMATION

Our goal is to make it as easy as possible for you to do business with us. Please feel free to contact us with any questions.

Contact Information

- Customer Service (in the U.S.) 855-504-BLUE or 855-504-2583, TTY: 711
(Hours: 8 a.m. to 8 p.m. EST, M-F)
- Customer Service (International) Call Collect 651-994-BLUE or 651-994-2583
- Submit claims to:

BCBS FEP Dental Claims
P.O. Box 75
Minneapolis, MN 55440-0075

www.bcbsfedental.com



PROVIDER PORTAL ACCESS

Our goal is to make it as easy as possible for you to do business with us.

The Provider portal lets you access a wealth of patient information, such as eligibility, plan, claims, and coverage details.



Providers are required to:

1. Go to BCBS FEP Dental website and click the 'Login Provider' link on the universal navigation bar on bcbsfepdental.com home page.
2. Providers will step through the BCBS FEP Dental registration screens and when registration is complete, a confirmation letter will be sent in the mail.