

Federal Dental Blue®

2027

Standard and Basic Option Plan Benefits Summaries

BlueCross BlueShield
Federal Employee Program®

Effective January 1, 2027

Federal DentalBlue Standard Option 2027

BENEFIT	COVERAGE
Deductible	There is no deductible.
Maximum	$1,750 per member each calendar year.
Diagnostic and Preventive	**Payable at 100% of the PPO Fee Schedule with no deductible.** • Dental exams, twice per calendar year* • Dental X-ray exams: Full mouth X-rays, one set during any 36 months in a row;* Bitewing X-rays, up to twice per benefit period;* and Other dental X-rays, used to diagnose a specific condition • Routine cleaning, twice per calendar year* • Tooth sealants on teeth numbers 3, 14, 19 and 30, limited to one application per tooth every 48 months. Benefits are limited to a maximum payment of $20.00 per tooth. Limited to the first permanent molars of children through age 13. • Topical Fluoride treatment twice per calendar year for members through age 12 (no adult fluoride treatments). • Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18. • Sedative fillings • Pulp vitality tests • Emergency treatment for pain* * These services are covered under your Standard Option medical benefits. Refer to your 2026 Service Benefit Plan brochure for specific dental limitations.
Basic Restorative Services	**Payable at 80% of the PPO Fee Schedule with no deductible.** • Fillings made of silver amalgam and synthetic tooth color materials • Pin retention • Simple tooth extractions • Surgical tooth extractions of erupted teeth • General anesthesia when necessary and when rendered in connection with covered dental surgery
Endodontics, Periodontics and Major Restorative Prosthodontics and Related Services	**Payable at 50% of the PPO Fee Schedule with no deductible.** • Treatment of the root tip of the tooth including its removal, once per 36 months • Direct pulp capping, once per 36 months • Pulpotomy, once per tooth per lifetime • Root canal therapy, once per tooth per lifetime • Full or partial dentures, including adjustments and relining 6 months after initial placement and repair, once per tooth per year • Fixed or removable bridges, recementing of bridge twice per tooth per lifetime, and repair-once per tooth per year after cemented in place for 6 months • Inlays, onlays or crowns (including recementing); recementing covered once per tooth per year • Stainless steel crowns for deciduous teeth or 1st permanent molars for members under age 16 • Periodontic maintenance after active treatment, 4 times per calendar year • Free soft tissue graft, including donor site, once per 36 months • Gingival flap procedure, once per 36 months • Osseous surgery, once per 36 months • Scaling and root planing, once per quadrant per 24 months Note: No benefits are available for expenses involving the replacement of teeth that were missing prior to the effective date of the contract. This exclusion will not apply after a member is enrolled in the contract for 24 consecutive months.

This is not a contract. Benefits are subject to the terms, limitations and conditions of the contract.
For complete details on Federal DentalBlue Standard Option benefits, definitions, limitations and exclusions, please read the Federal DentalBlue Standard Option Certificate of Benefits.

Benefits for covered services received from an out-of-network dentist are provided at the same level as would have been provided with a Preferred network dentist up to the maximum amount of your coverage. If an out-of-network dentist charges more than the Maximum Allowable Charge (MAC), you are responsible for the balance.

2027 Federal DentalBlue Standard Option Rates for the Alabama Plan Area

Self Only $37.90 (Monthly)	**Self + One** $71.20 (Monthly)	**Self and Family** $79.60 (Monthly)

Federal DentalBlue Basic Option 2027

BENEFIT	COVERAGE
Deductible	There is no deductible.
Maximum	$1,750 per member each calendar year.
Enhanced Diagnostic and Preventive	**Payable at 100% of the PPO Fee Schedule with no deductible.** • Dental exams, twice per calendar year* • Dental X-ray exams: Full mouth X-rays, one set during any 36 months in a row;* Bitewing X-rays, up to twice per benefit period;* and Other dental X-rays, used to diagnose a specific condition • Routine cleaning, twice per calendar year* • Tooth sealants on teeth numbers 3, 14, 19 and 30, limited to one application per tooth every 48 months. Benefits are limited to a maximum payment of $20.00 per tooth. Limited to the first permanent molars of children through age 13.* • Topical Fluoride treatment twice per calendar year for members through age 12 (no adult fluoride treatments)* • Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18. • Sedative fillings • Pulp vitality tests • Emergency treatment for pain * These services are covered under your Basic Option medical benefits with dental exams subject to a $30 copay when you use a Preferred network dentist. Refer to your 2026 Service Benefit Plan brochure for specific dental limitations.
Basic Restorative Services	**Payable at 80% of the PPO Fee Schedule with no deductible.** • Fillings made of silver amalgam and synthetic tooth color materials • Pin retention • Simple tooth extractions • Surgical tooth extractions of erupted teeth • General anesthesia when necessary and when rendered in connection with covered dental surgery
Endodontics, Periodontics and Major Restorative Prosthodontics and Related Services	**Payable at 50% of the PPO Fee Schedule with no deductible.** • Treatment of the root tip of the tooth including its removal, once per 36 months • Direct pulp capping, once per 36 months • Pulpotomy, once per tooth per lifetime • Root canal therapy, once per tooth per lifetime • Full or partial dentures, including adjustments and relining 6 months after initial placement and repair, once per tooth per year • Fixed or removable bridges, recementing of bridge twice per tooth per lifetime, and repair-once per tooth per year after cemented in place for 6 months • Inlays, onlays or crowns (including recementing); recementing covered once per tooth per year • Stainless steel crowns for deciduous teeth or 1st permanent molars for members under age 16 • Periodontic maintenance after active treatment, 4 times per calender year • Free soft tissue graft, including donor site, once per 36 months • Gingival flap procedure, once per 36 months • Osseous surgery, once per 36 months • Scaling and root planing, once per quadrant per 24 months Note: No benefits are available for expenses involving the replacement of teeth that were missing prior to the effective date of the contract. This exclusion will not apply after a member is enrolled in the contract for 24 consecutive months.

This is not a contract. Benefits are subject to the terms, limitations and conditions of the contract.
For complete details on Federal DentalBlue Basic Option benefits, definitions, limitations and exclusions, please read the Federal DentalBlue Basic Option Certificate of Benefits.

Benefits for covered services received from an out-of-network dentist are provided at the same level as would have been provided with a Preferred network dentist up to the maximum amount of your coverage. If an out-of-network dentist charges more than the Maximum Allowable Charge (MAC), you are responsible for the balance.

2027 Federal DentalBlue Basic Option Rates for the Alabama Plan Area

Self Only $24.50 (Monthly)	**Self + One** $45.40 (Monthly)	**Self and Family** $52.70 (Monthly)

Federal DentalBlue Standard and Basic Option Information

As long as you remain eligible for enrollment in Federal DentalBlue, your enrollment period is for the entire calendar year. The Federal DentalBlue benefits are based on year-long premiums. For Federal employees hired in the middle of a calendar year, the enrollment period and total premium liability are determined based on the effective date of enrollment. **If you cancel your Federal DentalBlue coverage to enroll in a dental plan other than the national FEP BlueDental plan, you will not be able to re-enroll in Federal DentalBlue during the next three Open Seasons**.

If you have FEHB or PSHB Standard or Basic Option "Self Only" coverage, you must elect Alabama Federal DentalBlue "Self Only" coverage. If you have FEHB or PSHB Standard or Basic Option "Self + One" coverage, you must elect Alabama Federal DentalBlue "Self + One" coverage. If you have FEHB or PSHB Standard or Basic Option "Self and Family" coverage, you must elect Alabama Federal DentalBlue "Self and Family" coverage.

This benefit is neither offered nor guaranteed under contract with the FEHB or PSHB Program. This benefit is available to all enrollees and family members who reside in the service area for the Alabama Plan and are members of the Blue Cross and Blue Shield Service Benefit Plan's Standard or Basic Option.

Partial List of Exclusions and Limitations:

- Benefits are provided for up to $1,750 per person each year (in addition to your regular Standard Option or Basic Option benefits).
- Root canal therapy is limited to once per tooth per lifetime.
- Benefits are not provided for gingival curettage.
- Pulpotomy is limited to once per tooth per lifetime.
- Sealants are limited to the first permanent molars for children through age 13 with a $20 maximum payment per tooth.
- There is a 24-month waiting period before benefits are available for services related to missing teeth such as full dentures, partial dentures and fixed bridges.
- Diagnosis, correction and treatment of TMJ are not covered.
- Orthodontics are not covered.
- Services or procedures rendered or commencing before your dental coverage effective date are not covered.

This is not a complete description of the Federal DentalBlue Standard or Basic Option plans. Please refer to your Federal DentalBlue Certificate of Benefits for a complete explanation of benefits, definitions, exclusions and limitations.

BlueCross BlueShield
Federal Employee Program

FEHB: 1-800-492-8872
PSHB: 1-833-775-7869

FEP20001-2609