

# BLUE CROSS & BLUE SHIELD OF RHODE ISLAND (BCBSRI)

## FEDERAL EMPLOYEE PLAN

### Frequently Asked Questions

#### What is FEP?

The Federal Employee Plan (FEP) is a health benefit plan offered to all federal employees. Blue Cross & Blue Shield of Rhode Island (BCBSRI) administers this plan to FEP employees in Rhode Island through the FEP contract with the Blue Cross and Blue Shield Association.

#### What health benefit plans are offered?

FEP offers a Basic Option and a Standard Option. The dental benefits included in these plans are part of the overall health benefit package. FEP members are required to choose one of the two plan options. Many FEP members take advantage of separate dental supplemental policies available through other dental insurers. As a result, FEP members often have secondary dental coverage, but the dental benefits through the BCBSRI FEP plan are always primary.

#### Do I have to enroll in the FEP Preferred Network?

No, participation in the FEP Preferred Network is optional if you are a Blue Cross Dental participating dentist. Participation in the FEP Preferred Network is not optional for medical providers. For these professionals, FEP Participation is part of the BCBSRI Participating Provider Agreement.

#### Can I see FEP members if I'm not an FEP Preferred Network provider?

FEP Basic Option members must see a Preferred FEP Network provider to receive coverage for services. FEP Standard Option members can see any dentist.

#### How can I tell which plan the FEP member has?

All FEP members have an ID number that begins with an "R." Located directly under the FEP member ID is the Enrollment Code.

104 = Standard Option, Self Only

111 = Basic Option, Self Only

105 = Standard Option, Self and Family

112 = Basic Option, Self and Family

#### What are the advantages of becoming a participating dentist in the FEP Preferred network?

BCBSRI administers the FEP to more than 22,000 Rhode Island members, and you'd be able to provide dental services to all FEP members, not just those with the Standard Option.

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### How am I reimbursed for FEP services?

Basic Option members must see a Preferred FEP dentist. Covered services are limited to diagnostic and some preventive care. Members are responsible for a \$25 co-payment for evaluations. FEP will reimburse Preferred FEP providers up to their cost for all other covered services\*. A copy of the services covered under the Basic Option is attached. Dental services not listed are the responsibility of the member up to the dentist's full submitted fee.

*\*A complete list of the Basic Option covered services is attached.*

### Basic Option Highlights:

- Members must see a Preferred FEP Network provider.
- Services are limited to diagnostic and preventive only.
- Members are responsible for a \$25 co-payment at the time the service is rendered for all evaluations. The plan covers two evaluations per calendar year.

Standard Option members can see any dentist. Members of the Standard Option receive coverage for preventive, minor restorative and some oral surgery services. There is no co-payment for evaluations. Reimbursement is based on the FEP Standard Option Fee Schedule\*. This is a schedule of allowances set by FEP. Preferred FEP providers can bill members up to the FEP Maximum Allowable Charge (MAC)\* for all covered services. The FEP MAC is slightly higher than the BCBSRI allowance. Dental services not included on the fee schedule are the responsibility of the member up to the dentist's full submitted fee.

*\*The most recent FEP Standard Option Fee Schedule and the FEP Maximum Allowable Charge is attached.*

### Standard Option Highlights:

- Members can see any dentist.
- Members have coverage for more dental services.
- Members do not have a co-payment for evaluations.

Any service not covered by the Basic and Standard Option plans are the member's responsibility up to your full submitted fee. A copy of the respective plans is attached.

### Who can I contact with questions?

If you have any questions regarding the Federal Employee Program, your participation with the FEP, member eligibility, benefits, or claim status, please call 401-831-0153, or toll-free at 1-800-377-4418. Representatives are available Monday through Friday, 8:15 AM to 4:30 PM.