# Section 9 Definitions of Terms We Use in This Brochure

**Alternate Benefit**
If we determine a service less costly than the one performed by your dentist could have been performed by your dentist, we will pay benefits based upon the less costly services. See Section 3, How You Obtain Care.

**Annual Benefit Maximum**
The maximum annual benefit that a member can receive.

**Annuitants**
Federal retirees (who retired on an immediate annuity) and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.

**BENEFEDS**
The enrollment and premium administration system for FEDVIP.

**Benefits**
Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.

**Calendar Year**
From January 1, 2027 through December 31, 2027. Also referred to as the plan year.

**Class A Services**
Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants, and radiographic images.

**Class B Services**
Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling and root planing, extractions, and denture adjustments.

**Class C Services**
Major services, which include endodontic services such as root canals, periodontal services, such as gingivectomy, major restorative services such as crowns, oral surgery, bridges, and prosthodontic services such as complete dentures.

**Class D Services**
Orthodontic services.

**Coinsurance**
Coinsurance is the stated percentage of covered expenses you must pay.

**Copay/Copayment**
A copayment is a fixed amount of money you pay the dentist when you receive the service.

**Cosmetic Procedure**
A cosmetic procedure is any procedure or portion of a procedure performed primarily to improve physical appearance or is performed for psychological purposes.

**Covered Services**
Covered services shall include only those services specifically listed in Section 5 Dental Services and Supplies. A covered service must be incurred and completed while the person receiving the service is a covered person. Covered services are subject to plan provisions for exclusions and limitations and must meet broadly accepted national standards of practice.

**Date of Service**
The calendar date on which you visit the dentist's office and services are rendered.

**Enrollee**
The Federal employee, annuitant, or TRICARE-eligible individual enrolled in this plan.

**FEDVIP**
Federal Employees Dental and Vision Insurance Program.

**Generally Accepted Dental Protocols**
Generally accepted dental protocol means that a dental service or treatment is performed in accordance with broadly accepted national standards of practice, as determined from multiple sources, including but not limited to, relevant clinical dental research from various research organizations, including dental schools, current recognized dental school standard of care curriculums and organized dental groups, including the American Dental Association, which is necessary to treat decay, disease or injury of teeth, or essential for the care of teeth and supporting tissues of the teeth.

**In-Progress Treatment**
Dental services initiated in 2026 that will be completed in 2027.

**Incur/Incurred**
A covered service is deemed incurred on the date care, treatment or service is received.

**Network Allowance**
Network allowance means the allowance per procedure that BCBS FEP Dental has negotiated with the dentist, and they have agreed to accept as payment in full.

**Plan**
BCBS FEP Dental

**Plan Allowance**
The amount we use to determine our payment for services. If services are provided by an in-network dentist, the allowance is based on the negotiated fee they accept as payment in full. If services are provided by an out-of-network dentist, the plan allowance is based on the out-of-network plan allowance.

**Sponsor**
Generally, a sponsor means the individual who is eligible for medical or dental benefits under 10 U.S.C. chapter 55 based on their direct affiliation with the uniformed services (including military members of the National Guard and Reserves).

**TEI certifying family member**
Under circumstances where a sponsor is not an enrollee, a TEI family member may accept responsibility to self-certify as an enrollee and enroll TEI family members.

**TRICARE-eligible individual (TEI) family member**
TEI family members include a sponsor's spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in a sponsor's legal custody by a court. Children include legally adopted children, stepchildren, and pre- adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.

**Waiting Period**
The amount of time that you must be enrolled in this plan before you can receive services. Note: There are no waiting periods for BCBS FEP Dental.

**We/Us**
BCBS FEP Dental

**You**
Enrollee or eligible family member.