FEHB/PSHB First Payor

It is important to know that, per FEDVIP requirements, the FEHB/PSHB plan will always be the first payor when you are also covered under BCBS FEP Dental. Therefore, always provide your dental office with both your FEHB/PSHB and BCBS FEP Dental ID cards at each appointment. Your dental office should submit your claim(s) to the FEHB/PSHB carrier first.

When you visit a provider who participates with both your FEHB/PSHB plan and your FEDVIP plan, the FEHB/PSHB plan will pay benefits first.

In these cases, the BCBS FEP Dental plan allowance will be the negotiated allowable charge between the plan and the dentist. You are responsible for the difference between the total FEHB/PSHB and BCBS FEP Dental payment and the plan allowance.

We are responsible for facilitating the process if the primary FEHB/PSHB payor is FEP medical.

If you are covered under the Blue Cross Blue Shield Service Benefit Plan Basic Option and BCBS FEP Dental, you are not responsible for the $35 co-pay (up to 2 evaluations per year). If your dentist collects the co-pay upfront, they are required to reimburse the co-pay in full once the claim has processed under BCBS FEP Dental.

Please see the following examples that assume all deductibles have been met and annual maximums have not been reached.