Alternate Benefit

In some cases, there may be multiple treatment options that address a dental condition. BCBS FEP Dental professionals may base benefit coverage on the least costly service that meets broadly accepted national standards of dental practice. This helps keep dental premiums affordable and ensures that coverage remains available for commonly used treatments.

You or your dentist have the option to choose a higher-cost treatment or service, but the amount that BCBS FEP Dental covers may be limited to the amount of the less costly covered option. This is called an alternate benefit.

This benefit determination is completed by a dental professional during the BCBS FEP Dental review process. If an alternate benefit is applied, you will have an out-of-pocket charge for any difference between the alternate benefit and the actual charge for the service, including any applicable coinsurance. Additionally, any other services you receive that are related to the higher cost treatment will not be covered.

For example, a composite filling may be the alternate benefit for a crown. Both treatments meet broadly accepted national standards of dental practice so you could elect to move forward with the less costly treatment of a composite filling, where your out-of-pocket cost would be lower. Or you could elect to get a crown and there may be a higher cost because your BCBS FEP Dental plan would cover based on the cost of a composite filling. Another example of an alternate benefit is a partial denture may be the lower-cost alternate benefit for implant services.

To help avoid unexpected costs, we encourage you to request a pre-treatment estimate of benefits before treatment begins.