

**2020 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals**

Note: The calendar year deductible applies to almost all benefits in this Section. We say "(No deductible)" when it does not apply.

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### Benefit Description

#### Oral and Maxillofacial Surgery

Oral surgical procedures when **prior approved** are limited to:

- Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of mouth when pathological examination is necessary
- Surgery needed to correct accidental injuries (see *Definitions*, page [131](#)) to jaws, cheeks, lips, tongue, roof and floor of mouth
- Excision of exostoses of jaws and hard palate
- Incision and drainage of abscesses and cellulitis
- Incision and surgical treatment of accessory sinuses, salivary glands, or ducts
- Reduction of dislocations and excision of temporomandibular joints
- Removal of impacted teeth

#### Notes:

- See page [20](#) for information regarding prior approval.
- **Prior approval is required for oral/maxillofacial surgery**, except when related to an accidental injury and provided within 72 hours of the accident. For more information regarding the **prior approval** see page [19](#).
- Call us at the customer service telephone number on the back of your ID card to verify that your provider is Preferred for the type of care (e.g., oral surgery) you are scheduled to receive.

#### You Pay

Preferred: 30% of the Plan allowance

Non-preferred (Participating/Non-participating): You pay all charges

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**Benefit Description**

*Not covered:*

- *Oral implants and transplants except for those required to treat accidental injuries as specifically described above and in Section 5(g)*
- *Surgical procedures that involve the teeth or their supporting structures (such as the periodontal membrane, gingiva, and alveolar bone), except for those required to treat accidental injuries as specifically described above and in Section 5(g)*
- *Surgical procedures involving dental implants or preparation of the mouth for the fitting or the continued use of dentures, except for those required to treat accidental injuries as specifically described above and in Section 5(g)*
- *Orthodontic care before, during, or after surgery, except for orthodontia associated with surgery to correct accidental injuries as specifically described above and in Section 5(g)*

**You Pay**

*All charges*

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Oral  
maxillofacial  
surgery  
prior  
approval  
approved  
tumor  
cysts  
jaws  
cheeks  
lips  
tongue  
roof  
floor  
mouth  
pathological  
excision  
extoses  
jaw  
palate  
incision  
drainage

abscesses  
cellulitis  
sinuses  
salivary  
ducts  
glands  
dislocation  
temporomandibular  
joints  
TMJ  
impacted  
teeth  
face  
implants  
transplants  
periodontal  
gingiva  
alveolar  
bone  
accidental  
orthodontic