Changes Coming to Medicare Advantage Plan Benefits in 2026

Medicare Advantage Dental Benefit Updates for 2026

Effective Jan. 1, 2026, several updates will take effect for Medicare Advantage plans that include dental benefits. Please review the key changes below to stay informed and support your patients accordingly.

Discontinued Plans
The following BlueMedicare plans will no longer be offered:

- BlueMedicare Premier Choice Employee Waiver Group Plans
- BlueMedicare Saver Choice
- BlueMedicare Premier Choice
- BlueMedicare Freedom Giveback

Benefit Adjustment

- BlueMedicare Classic Plus will see a change in its calendar-year maximum; it will decrease from $3,500 to $3,000

BlueMedicare Dental Services: Quick Reference Guide
For your convenience, we created a one-page quick reference guide that provides an overview of the dental services covered in BlueMedicare plans. Please note that the guide does not include all the services covered. For complete benefit details, please visit MyDentalCoverage.

Reminder: A member's medical plan type (e.g., HMO, PPO) does not determine their dental network. Members enrolled in these plans receive embedded dental benefits that are accessed through the Medicare Advantage Dental Network, whether they have an HMO or PPO plan. **All dental benefits embedded in MA plans are PPO benefits**. This means that even if a member calls and has an HMO plan, your participation in the Medicare Advantage Dental Network still applies to their dental benefits.

Our team is always available to help. If you have any questions or need support verifying member eligibility, please reach out to us at dentalproviderrelations@usablelife.com.

Arkansas Blue Cross and Blue Shield Federal Employee Program

Claim Forms
To ensure that Federal Employee Program (FEP) dental claims are processed correctly, please use the dental claim form that includes teeth numbers. Do not use the professional claim form.

If you have a billing type 2 NPI registered, please indicate that on the claim form. Please contact your dental network manager if you are unsure what your billing NPI is. If you don't include the correct billing type, your FEP dental claims may process with the wrong TIN or the dentist's SSN.

Prior Authorization Requirements
Members who have FEP Blue Focus plans require prior approval for oral/maxillofacial surgeries. These members have the following enrollment codes:
FEHB members — 131, 132 and 133
PSHB members — 35A, 35B and 35C

The benefit brochures describe covered services for oral and maxillofacial surgeries as follows:

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 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*

Anesthesia Billing

When filing anesthesia claims, please bill the number of units utilized, not the minutes.

D9222	Deep Sedation/General Anesthesia - First 15 Minutes
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment
D9248	Non-Intravenous Conscious Sedation

When to Contact your Network Development Representative

If you have any questions or claim inquiries that may require the assistance of your network development representative (NDR), please follow the steps below before contacting them:

- **Check Availity**: Claim status and remittance advice are available on Availity, as well as the option to email Customer Service.
- **BlueCard:** For eligibility, benefits, prior authorization or questions regarding claim denial, call the member's home plan. The customer service phone number is on the back of the member's ID card. For claim inquiries, contact Blue Card Claim Status at 1-800-880-0918.
- **Call customer service**: You can find the number on the back of a member's ID card. If an issue is unresolved after speaking with a customer service representative, ask to speak to a supervisor.

- **Request a tracking number:** Always ask for a call tracking number.
- **Contact your local NDR**: If you've completed all the steps listed above and still need assistance, email the NDR support staff and copy the NDR assigned to your area. Include all the following information:
    - The customer service or Availity call tracking number
    - The member's first and last name
    - The member's ID number
    - The member's date of birth
    - The date of service
    - The claim number
    - The NPI for the billing entity
    - A brief description of the issue

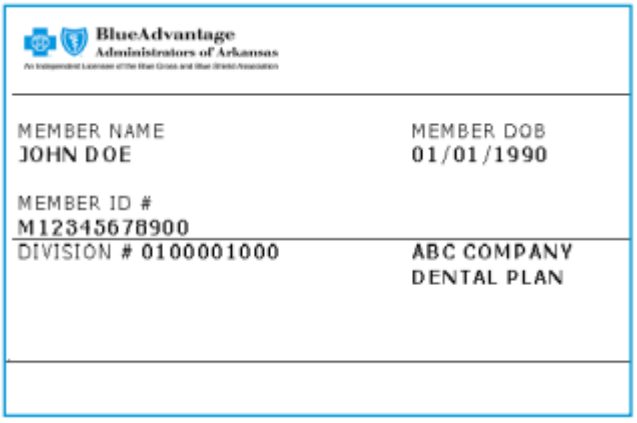
The NDR or a member of their support staff will respond as soon as possible, but only if your email inquiry includes all the information listed above.

2026 Dental Fee Schedules are now Available

The 2026 dental fee schedules are now available on our website. Please note that not all codes are covered benefits. We recommend visiting MyDentalCoverage to verify patient eligibility and benefits.

Filing Claims

When filing claims or looking up benefits online, please remember to drop the two-number suffix of the member's ID number. You can verify that number by referring to the members' ID card (see sample below).



Recredentialing submissions

Arkansas Blue Cross and Blue Shield complies with National Committee for Quality Assurance (NCQA) guidelines, which require recredentialing every 12-36 months. Submitting a timely and accurate response when you receive a recredentialing form via email helps prevent unnecessary delays, claim denials or network termination. Common mistakes when responding include:

1. Not completing every single line.
2. Not submitting all forms indicated in Section I. Instructions.
3. Marking Certified for Specialty Board Certification Status but not having a specialty board certification. Most general dentists should mark none. If you mark that you are certified, you must include your

certificate, which is not your state board of certification. An example would be the American Board of Endodontics.

4. Not providing a designated alternate prescriber in Section II, Non-DEA holders. You must include the name of the provider you are designating to prescribe.

If you have any questions, please reach out to your assigned dental network manager or email us at dentalproviderrelations@usablelife.com.

Why Responding to Records Requests Matters

We are committed to supporting your practice with tools and processes that help it thrive. That's why we've designed a streamlined claims process that avoids prepayment reviews in most cases.

What you need to know

- **No prepayment reviews**: We typically do not require prepayment reviews, allowing you to receive payment quickly and reliably
- **Utilization reviews are required**: As part of federal compliance, we conduct random utilization reviews to ensure care is clinically appropriate, billing is accurate and documentation supports the services provided
- **These reviews are not punitive**: They are standard, respectful and designed to minimize disruption to your practice

Why timely responses matter

Failure to respond to records requests can result in:

- Mandatory prepayment reviews for future claims
- Reporting to state or federal agencies
- Removal from our provider network

What you need to do

To maintain your standing in our network:

- Respond promptly to any records request
- Ensure all documentation you submit is complete and legible
- Contact us if you need help understanding what's required

Let's work together

We value your partnership and are here to support your compliance efforts. Together, we can maintain a trust-based system that benefits your practice and ensures our members receive the essential dental care they deserve.

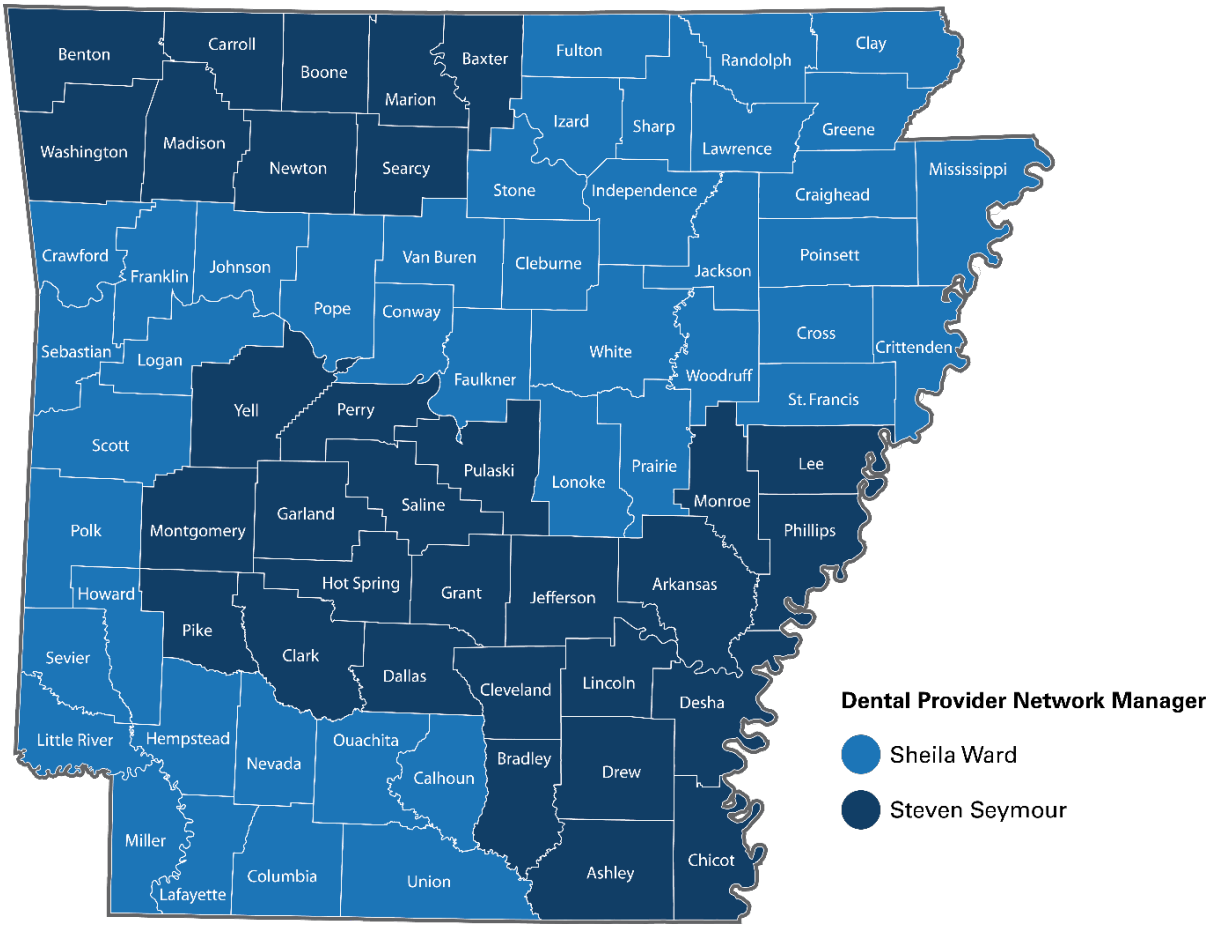
If you have questions or need clarification, please reach out to clinicalreviews@usablelife.com.

Our Dental Network Managers are Here to Help

Your dental network manager is available to help dental providers. Members may contact customer service by calling the phone number on the back of their member ID card. Please don't share your dental network manager's contact information with your patients. If customer service is unable to assist them, make sure to have a reference number available before contacting your dental network manager.

Contact Information

Sheila Ward sheila.ward@usablelife.com	**Steven J. Seymour** steven.seymour@usablelife.com
General email dentalproviderrelations@usablelife.com **Provider website** arkansasbluecross.com/providers/dental-providers	**USAble Life** Attn: Dental Provider Relations P.O. Box 1650 Little Rock, AR 72203 dentalproviderrelations@usablelife.com Fax: 501-208-8302



Medical and FEP Representatives

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

Network Development Representatives and support staff

Northwest Region + West Central Region

NDR: Dawn Roberts – (479) 527-2359
diroberts@arkbluecross.com

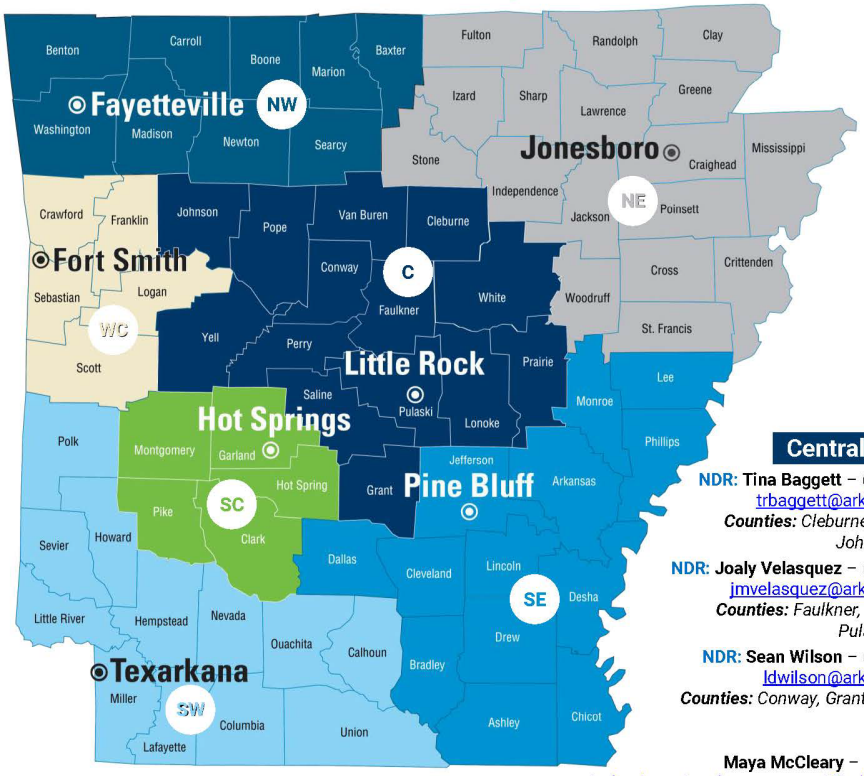
Support staff:
Kim Carpenter – (479) 527-2389
kacarpenter@arkbluecross.com

Sheila Tally – (479) 527-2320
sltally@arkbluecross.com

Northeast Region

NDR: Alison Morrison – (870) 974-5740
apmorrison@arkbluecross.com

Support staff:
Pam Moore – (870) 974-5754
providerrelationsNE@arkbluecross.com



Central Region

NDR: Tina Baggett – (501) 378-3036
trbaggett@arkbluecross.com
Counties: *Cleburne, Pope, Pulaski, Johnson and White*

NDR: Joaly Velasquez – (501) 378-3049
jmvelasquez@arkbluecross.com
Counties: *Faulkner, Lonoke, Prairie, Pulaski* and Saline*

NDR: Sean Wilson – (501) 393-0520
ldwilson@arkbluecross.com
Counties: *Conway, Grant, Perry, Pulaski* and Yell*

Support staff:
Maya McCleary – (501) 378-3035
centralregionnetworkmanagement@arkbluecross.com

Southwest Region + South Central Region

NDR: Renay Turner – (870) 779-9109
prturner@arkbluecross.com

Support staff: Diana Wolfe – (501) 620-2644
dlwolfe@arkbluecross.com

Southeast Region

Behavioral health rep for ***all*** regions

NDR: Jason Aud – (870)543-2945
jsaud@arkbluecross.com

Support staff: Bambi Wilson – (870) 543-2910
SEarkproviders@arkbluecross.com

Quick Reference Guide

Arkansas BlueCross BlueShield
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Quarterly Provider Audits

- Audits are conducted quarterly to ensure the accuracy of provider/practice data for the online provider directory and to help eliminate delays in claim processing.
- Providers will receive an email notification with instructions on how to verify their data is correct on the website.

NCQA Credentialing and Re-credentialing Standards

USAble Life follows NCQA Credentialing Standards for all new applicants and existing providers.

- Initial Credentialing for new applicants: Allow 60-90 days for processing.
- **Re-credentialing is done through Verifpoint and is required every 36 months to meet the required NCQA standards.**

Website	Provider Portal: Tools/Resources
Please visit our website at arkansasbluecross.com ■ Provider Resource Center - Provider Manual - CDT Code Manual - Medicare Advantage - Claims and Benefit Information - Provider Application - My Dental Coverage - Provider Details - Dental Bulletin - Fee Schedules	Eligibility, Benefits and Claim Status ■ Arkansas Blue Cross Blue Shield Plans (ABCBS) - My Dental Coverage/My Patient's Benefits: MyDentalCoverage.com - FEP Dental and the GRID (FEDVIP): bcbsfepdental.com - Federal Employee Plans: fepblue.org

Dental Xtra

Enhanced Dental Benefits program information

- **Dental Xtra** – A program that provides at-risk members with additional dental benefits at no additional cost.
  - **Qualifying conditions:** Diabetes, Stroke, Coronary Artery Disease, Sjogren's Syndrome, Oral Cancer, Head and Neck Cancers, Pregnancy, End Stage Renal Disease, Chronic Obstructive Pulmonary Disease, or Metabolic Syndrome
  - **Benefits:** Do not count toward annual max, No deductible, co-payment or coinsurance is required.
  - **Auto-Enrolled** – ABCBS plans with qualifying condition other than Pregnant are auto-enrolled.
  - **Self-Enroll** – arkansasbluecross.com/members/dental-xtra/enroll

To confirm if your patient is enrolled in the program, call Customer Service at 1-888-223-4999 or verify on My Dental Coverage.

Customer Service Phone Number

Claims Administrator (Includes Medicare Advantage)	**888-224-5213**
Federal Employee Program (FEP)	**800-482-6655**
FEP Dental	**855-504-2583**
Electronic Claims	**800-633-5430**
ECHO Health for Electronic Funds Transfer (EFT)	**800-886-5913**
GRID Member Plans	**Phone # on Member ID Card**
Availity	**800-282-4548**
Availity Support (Escalated Calls. Must have ticket #)	**855-822-2446**
EDI	**501-378-2336**

Claims

Direct claim questions and issues to the phone number on the back of the Member's ID card or listed on the EOB. If customer service is unable to provide assistance, email us at dentalproviderrelations@usablelife.com with the reference number, claim, EOB, provider's NPI and any additional information that would help us identify the problem and provide a solution.

Medical Dental

Medical Dental Oral Surgery, Accidents, TMJ, Transplant Patients, Heart Valve Surgery Patients, Other Medical Conditions that Require Dental Treatments, Federal (FEP): Contact your local medical rep.