

## Blue Cross Blue Shield FEP Dental Section 4 Your Cost for Covered Services

### Coinsurance

Coinsurance is the percentage of our allowance that you must pay for your care. Coinsurance does not begin until you meet your deductible, if applicable.

#### **Class A**

In-Network High Option: 0%  
In-Network Standard Option: 0%  
Out-of-Network High Option: 10%  
Out-of-Network Standard Option: 40%

#### **Class B**

In-Network High Option: 30%  
In-Network Standard Option: 45%  
Out-of-Network High Option: 40%  
Out-of-Network Standard Option: 60%

#### **Class C**

In-Network High Option: 50%  
In-Network Standard Option: 65%  
Out-of-Network High Option: 60%  
Out-of-Network Standard Option: 80%

#### **Orthodontics**

In-Network High Option: 50%  
In-Network Standard Option: 50%  
Out-of-Network High Option: 50%  
Out-of-Network Standard Option: 50%