

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

Annual Benefit Maximum

Once you reach this amount, you are responsible for all additional charges. The Annual Benefit Maximums within each plan option are combined between in- and out-of-network services. The total Annual Benefit Maximum will never be greater than the in-network Annual Benefit Maximum.

Annual Benefit Maximum:

In-Network High Option: Unlimited

In-Network Standard Option: \$1,500

Out-of-Network High Option: \$3,000

Out-of-Network Standard Option: \$750