

Blue Cross Blue Shield FEP Dental Summary of Benefits

Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes your portion of the expenses we cover; please review the individual sections of this brochure for more detail.
- If you want to enroll or change your enrollment in this plan, please visit www.BENEFEDS.gov or call 1-877-888-FEDS (3337), TTY: 711, International: 1-571-730-5942.
- Out-of-network services under Class A, B and C are subject to a \$50 deductible per person under High Option and a deductible of \$75 for Standard Option per person per calendar year.
- For children age 13 and under, you pay \$0 for in-network Class B and Class C covered services as defined by the plan, subject to plan maximums.