

Blue Cross Blue Shield FEP Dental Summary of Benefits

High Option Benefits

Class A (Basic) Services – preventive and diagnostic

Class A, B, and C Services are subject to an unlimited annual maximum benefit amount for in-network services and \$3,000 for out-of-network services.

You Pay

In-Network: 0%

Out-of-Network: 10%

Class B (Intermediate) Services – includes minor restorative services

Class A, B, and C Services are subject to an unlimited annual maximum benefit amount for in-network services and \$3,000 for out-of-network services.

You Pay

In-Network: 30%

Out-of-Network: 40%

Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services

Class A, B, and C Services are subject to an unlimited annual maximum benefit amount for in-network services and \$3,000 for out-of-network services.

You Pay

In-Network: 50%

Out-of-Network: 60%

Class D (Orthodontic) Services – Class D Orthodontic Services are subject to a Lifetime Maximum Benefit up to \$3,500 Lifetime Maximum

You Pay

In-Network: 50%

Out-of-Network: 50%