

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%