

**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%