

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

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**Lifetime Benefit Maximum**

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The Lifetime Maximum is applicable to Orthodontia benefits only. There are no other lifetime maximums under this Plan.

**Lifetime Orthodontic Maximum**

In-Network High Option: up to \$3,500

In-Network Standard Option: up to \$2,500

Out-of-Network High Option: up to \$3,500

Out-of-Network Standard Option: up to \$1,250