

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

---

**In-Network Services**

---

You pay the coinsurance percentage of our network allowance for covered services. You are not responsible for charges above that allowance. To avoid any misunderstanding of the amount that you will owe, ask your dentist about his or her participation status in the BCBS FEP Dental network prior to receiving dental care.

Only providers listed with their corresponding locations are in network. Not all dentists at a location may be in network and the same provider at a different location may not be in network. It is your responsibility to ensure that the listed provider is active and in network at the time and location at which you receive services.