

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

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**Deductible**

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A deductible is a fixed amount of expenses you must incur for certain covered services and supplies before we will pay for covered services. There is no family deductible limit. Covered charges credited to the deductible are also counted towards the Plan maximum and limitations.

**Class A**

In-Network High Option: \$0

In-Network Standard Option: \$0

Out-of-Network High Option: \$50

Out-of-Network Standard Option: \$75

**Class B**

In-Network High Option: \$0

In-Network Standard Option: \$0

Out-of-Network High Option: \$50

Out-of-Network Standard Option: \$75

**Class C**

In-Network High Option: \$0

In-Network Standard Option: \$0

Out-of-Network High Option: \$50

Out-of-Network Standard Option: \$75

**Orthodontics**

In-Network High Option: \$0

In-Network Standard Option: \$0

Out-of-Network High Option: \$0

Out-of-Network Standard Option: \$0