

**Blue Cross Blue Shield FEP Dental
Summary of Benefits**

Standard Option Benefits

Class A (Basic) Services – preventive and diagnostic

Class A, B, and C Services are subject to a \$1,500 annual maximum benefit for the in-network benefits and \$750 for the out-of-network benefits

You Pay

In-Network: 0%

Out-of-Network: 40%

Class B (Intermediate) Services – includes minor restorative services

Class A, B, and C Services are subject to a \$1,500 annual maximum benefit for the in-network benefits and \$750 for the out-of-network benefits

You Pay

In-Network: 45%

Out-of-Network: 60%

Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services

Class A, B, and C Services are subject to a \$1,500 annual maximum benefit for the in-network benefits and \$750 for the out-of-network benefits

You Pay

In-Network: 65%

Out-of-Network: 80%

Class D Services – orthodontic

\$2,500 Lifetime Maximum for in-network, or
\$1,250 Lifetime Maximum for out-of-network

You Pay

In-Network: 50%

Out-of-Network: 50%