

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

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**Annual Benefit Maximum**

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Once you reach this amount, you are responsible for all additional charges. The Annual Benefit Maximums within each option are combined between in and out-of-network services. The total Annual Benefit Maximum will never be greater than the In-Network Maximum Annual Benefit.

**Maximum Annual Benefits:**

In-Network High Option: Unlimited

In-Network Standard Option: \$1,500

Out-of-Network High Option: \$3,000

Out-of-Network Standard Option: \$750