

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

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- **Do not rely on this chart alone.** This page summarizes your portion of the expenses we cover; please review the individual sections of this brochure, for more detail.
- If you want to enroll or change your enrollment in this plan, please visit [www.BENEFEDS.com](http://www.BENEFEDS.com) or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.
- Out-of-Network services under Classes A, B and C are subject to a \$50 deductible per person under High Option and a deductible of \$75 for Standard Option per person per calendar year.
- For children age 13 and under, you pay \$0 for In-Network Class B and Class C covered services as defined by the plan subject to plan maximums.