General Services

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet broadly accepted national standards of practice.
- The calendar year deductible is $0, if you use an in-network dentist.
- If you elect to use an out-of-network dentist, Standard Option has a $75 deductible per person; High Option has a $50 deductible per person. Neither option contains a family deductible; each enrolled covered person must satisfy their own deductible.
- There is no High Option Annual Benefit Maximum for non-orthodontic in-network services, and $3,000 for out-of-network services.
- The Standard Option Annual Benefit Maximum for non-orthodontic services is $1,500 for in-network services and $750 for out-of-network services. In no instance will BCBS FEP Dental allow more than $1,500 in combined benefits under Standard Option in any plan year.
- All services requiring more than one visit are payable once all visits are completed.
- The following is an all-inclusive list of covered services.

You Pay:

High Option - Anesthesia Services and Medications

- **In-Network:** No deductible; you pay 50% of the plan allowance for covered services as defined by the plan, subject to plan maximums.
- **Out-of-Network:** $50 deductible; you pay 60% of the plan allowance for covered services as defined by the plan, subject to plan maximums and any difference between our allowance and the billed amount.

High Option - Post Surgical, and Miscellaneous Services

- **In-Network:** No deductible; you pay 30% of the plan allowance for covered services as defined by the plan, subject to plan maximums.

- **Out-of-Network:** $50 deductible; you pay 40% of the plan allowance for covered services as defined by the plan, subject to plan maximums and any difference between our allowance and the billed amount.

Standard Option - Anesthesia Services and Medications

- **In-Network:** No deductible; you pay 65% of the plan allowance for covered services as defined by the plan, subject to plan maximums.

- **Out-of-Network:** $75 deductible; you pay 80% of the plan allowance for covered services as defined by the plan, subject to plan maximums and any difference between our allowance and the billed amount.

Standard Option - Post Surgical, and Miscellaneous Services

- **In-Network:** No deductible; you pay 45% of the plan allowance for covered services as defined by the plan, subject to plan maximums.

- **Out-of-Network:** $75 deductible; you pay 60% of the plan allowance for covered services as defined by the plan, subject to plan maximums and any difference between our allowance and the billed amount.