Section 5 Dental Services and Supplies
Class A Basic

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 determined to be 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.
- The frequencies between your FEHB/PSHB and BCBS FEP Dental policy are combined, not separate. (ex. If 2 oral evaluations are covered under your FEHB/PSHB policy, and 2 oral evaluations are covered under BCBS FEP Dental a total of 2 oral evaluations will be covered and coverage will coordinate between policies)
- The following is an all-inclusive list of covered services.

You Pay:

High Option

- **In-Network:** Preventive and Diagnostic services - $0 for covered services as defined by the plan, subject to plan maximums.
- **Out-of-Network:** Preventive and Diagnostic services – $50 deductible and then you pay 10% of the plan allowance, subject to plan maximums. You are responsible for any difference between our allowance and the billed amount.

Standard Option

- **In-Network:** Preventive and Diagnostic services - $0 for covered services as defined by the plan, subject to plan maximums.
- **Out-of-Network:** $75 deductible and then you pay 40% of the plan allowance, subject to plan maximums. You are responsible for any difference between our allowance and the billed amount.