

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

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**High Option Benefits**

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**Class A (Basic) Services** – preventive and diagnostic

Class A, B, and C Services are subject to an unlimited annual maximum benefit amount for in-network services and \$3,000 for out-of-network services.

**You Pay**

In-Network: 0%

Out-of-Network: 10%

**Class B (Intermediate) Services** – includes minor restorative services

Class A, B, and C Services are subject to an unlimited annual maximum benefit amount for in-network services and \$3,000 for out-of-network services.

**You Pay**

In-Network: 30%

Out-of-Network: 40%

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

Class A, B, and C Services are subject to an unlimited annual maximum benefit amount for in-network services and \$3,000 for out-of-network services.

**You Pay**

In-Network: 50%

Out-of-Network: 60%

**Class D Services** – orthodontic

up to \$3,500 Lifetime Maximum

**You Pay**

In-Network: 50%

Out-of-Network: 50%