


2017

FEP BLUEDENTAL®

Making each moment shine.

- ✓ Routine Preventive Services Covered 100% In-Network
- ✓ No Calendar Year Deductible In-Network
- ✓ No Waiting Period for Orthodontia Under our High Option
- ✓ Over 270,000 Access Points Nationwide (Includes Providers and Locations)

Benefits	High Option		Standard Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Class A (Basic) Services – e.g., exams, cleanings, X-rays, sealants	100%	90%	100%	60%
Class B (Intermediate) Services – e.g., oral surgery, fillings, gum scaling	70%	60%	55%	40%
Class C (Major) Services – e.g., crowns, bridges, implants, root canals, dentures	50%	40%	35%	20%
Class D (Orthodontic) Services – Adults & Children	 50% Up to \$3,500 lifetime maximum per person		50% Up to \$2,000 lifetime maximum per person	50% Up to \$1,000 lifetime maximum per person
			12-month waiting period	
Deductible for Class A, B and C Services Does not apply to Class D (orthodontics)	No Deductible	\$50 per calendar year per person	No Deductible	\$75 per calendar year per person
Annual Maximum Benefits for Class A, B and C Services Does not apply to Class D (orthodontics)	\$15,000 per person	\$3,000 per person	\$1,500 per person	\$750 per person

IMPORTANT: See your FEP BlueDental Brochure for more details; do not rely on this chart alone.

Contact Us Today:

FEP BlueDental Customer Service / Phone: **1-855-504-BLUE (2583)**, 8 a.m. – 8 p.m. EST Monday – Friday
TTY 1-888-853-7570 or visit www.fepblue.org (click on Benefit Plans then FEP BlueDental) to access:

- Find a Dentist
- Oral Health Tips
- Benefit Information
- Member FAQ
- Claims Information

To Enroll:

Visit www.BENEFEDS.com or call 1-877-888-FEDS (3337), **TTY 1-877-889-5680**.

Open Season is November 14 through midnight EST December 12, 2016.

2017 Bi-Weekly and Monthly Rates For FEP BlueDental

1. How to use this chart: Locate your state then the first 3 digits of your ZIP code to determine your Rating Area.

State	First 3 digits of your ZIP code	Rating Area	State	First 3 digits of your ZIP code	Rating Area	State	First 3 digits of your ZIP code	Rating Area
AK	entire state	5	MA	010-011, 013-027, 055	5	OR	970-973	3
AL	entire state	1	MA	rest of state	3	OR	rest of state	2
AR	entire state	1	MD	200, 202-212, 214, 217, 219	3	PA	173-174, 189-196	3
AZ	850-853	2	MD	rest of state	2	PA	183	5
AZ	rest of state	3	ME	038	5	PA	rest of state	1
CA	900-908, 910-918, 922-931	4	ME	rest of state	3	PR	entire area	1
CA	919-921, 939-941, 942	5	MI	480-485	3	RI	entire state	5
	943-952, 954, 956-958		MI	rest of state	2	SC	entire state	1
CA	rest of state	3	MN	550-555, 563	4	SD	entire state	1
CO	entire state	3	MN	rest of state	2	TN	entire state	1
CT	entire state	5	MO	entire state	1	TX	entire state	1
DC	entire state	3	MS	entire state	1	UT	entire state	1
DE	entire state	3	MT	entire state	1	VA	200-205, 220-227	3
FL	330-334	3	NC	275-277, 283	2	VA	231-232, 238	2
	rest of state	1	NC	rest of state	1	VA	rest of state	1
GA	300-303, 305, 311, 399	2	ND	entire state	4	VI	entire area	5
GA	rest of state	1	NE	entire state	1	VT	entire state	4
GU	entire area	5	NH	030-033, 038	5	WA	980-985	5
HI	entire state	5	NH	rest of state	4	WA	986	3
IA	entire state	2	NJ	070, 072-075, 077-079, 085-089	5	WA	rest of state	4
ID	entire state	3	NJ	080-084	3	WI	540	4
IL	600-608	3	NJ	rest of state	4	WI	rest of state	3
IL	rest of state	1	NM	entire state	1	WV	254	3
IN	463-464	3	NV	entire state	1	WV	rest of state	1
IN	rest of state	1	NY	005, 100-119, 124-126, 063	5	WY	834	3
	entire state	1	NY	rest of state	3	WY	rest of state	1
KY	entire state	1	OH	entire state	1	INTL	International	5
LA	entire state	1	OK	entire state	1			

2. The Rating Area is the same for both High and Standard Options. Match your Rating Area to your enrollment type (i.e., High Option Self Only) to determine your premium.

Rating Area	High Option Self Only		High Option Self Plus One		High Option Self and Family		Standard Option Self Only		Standard Option Self Plus One		Standard Option Self and Family	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
1	\$18.26	\$39.56	\$36.53	\$79.15	\$54.79	\$118.71	\$9.96	\$21.58	\$19.93	\$43.18	\$29.89	\$64.76
2	\$20.77	\$45.00	\$41.54	\$90.00	\$62.31	\$135.01	\$11.32	\$24.53	\$22.64	\$49.05	\$33.95	\$73.56
3	\$23.02	\$49.88	\$46.03	\$99.73	\$69.05	\$149.61	\$12.53	\$27.15	\$25.06	\$54.30	\$37.59	\$81.45
4	\$24.31	\$52.67	\$48.62	\$105.34	\$72.93	\$158.02	\$13.21	\$28.62	\$26.42	\$57.24	\$39.64	\$85.89
5 / INTL	\$26.88	\$58.24	\$53.75	\$116.46	\$80.63	\$174.70	\$14.61	\$31.66	\$29.21	\$63.29	\$43.82	\$94.94