



FEP BlueDental

fepbluedental.com

## BRUSH UP ON YOUR DENTAL CARE

Regular dental care is vital to a healthy lifestyle. Many problems can develop in the mouth without warning and may require more extensive and expensive treatment if found too late.

With FEP BlueDental, you can keep your dental health in check with great in-network benefits:



UNLIMITED ANNUAL BENEFIT (UNDER HIGH OPTION)



FULLY COVERED WHITE FILLINGS



NO WAITING PERIOD FOR ORTHODONTICS (UNDER HIGH OPTION)




NO COPAY FOR PREVENTIVE CARE



NO DEDUCTIBLE FOR MOST IN-NETWORK SERVICES

## 2019 SUMMARY OF BENEFITS

FEP BlueDental features a variety of benefits available through our additional enrollment options.

Benefits	High Option		Standard Option	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Class A (Basic) Services</b> e.g., exams, cleanings, X-rays, sealants	100%	90%	100%	60%
	<b>TWO CLEANINGS A YEAR COVERED</b>		 <b>THREE CLEANINGS A YEAR COVERED</b>	
<b>Class B (Intermediate) Services</b> e.g., oral surgery, fillings, gum scaling	70%	60%	55%	40%
<b>Class C (Major) Services</b> e.g., crowns, bridges, implants, root canals, dentures	50%	40%	35%	20%
<b>Class D (Orthodontic) Services</b> Adults & Children	<b>50% up to \$3,500</b> lifetime maximum per person	<b>50% up to</b> allowed amount	<b>50% up to \$2,000</b> lifetime maximum per person	<b>50% up to \$1,000</b> lifetime maximum per person
	<b>NO WAITING PERIOD</b>		<b>12-MONTH WAITING PERIOD</b>	
<b>Annual Deductible for Class A, B and C Services</b> Does not apply to Class D (Orthodontics)	No deductible	<b>\$50</b> per person	No deductible	<b>\$75</b> per person
<b>Annual Maximum Benefits for Class A, B and C Services</b> Does not apply to Class D (Orthodontics)	<b>UNLIMITED MAXIMUM PER PERSON</b>	<b>\$3,000</b> per person	<b>\$1,500</b> per person	<b>\$750</b> per person
<b>Blue365® Discounts</b>	Receive access to discounts and savings that make it easier and more affordable to make healthy choices. The deals include health club membership discounts, diet plans, mortgage discounts and more. Learn more at <a href="http://www.blue365deals.com/fepbluedental">www.blue365deals.com/fepbluedental</a> .			

To learn more, visit [fepbluedental.com](http://fepbluedental.com) or call **1-855-504-BLUE** (2583), TTY: 1-888-853-7570; 8 a.m. to 8 p.m. Eastern time, Monday – Friday.

IMPORTANT: See the 2019 FEP BlueDental brochure for more details, including eligibility plan limitations for maximum dependent child age.

ANNUITANT

## DETERMINE YOUR 2019 PREMIUM

**Step one: Find your rating area.** Locate your state and the first 3 digits of your ZIP code (if necessary).

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, 939-952, 954, 956-958	5	MI	480-485	3	RI	Entire state	5
			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 area	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
	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
KS	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			

**Step two: Find your premium.** Match your rating area to your enrollment type.

Rating Area	Self Only		Self + One		Self & Family	
	High Option Monthly Premium	Standard Option Monthly Premium	High Option Monthly Premium	Standard Option Monthly Premium	High Option Monthly Premium	Standard Option Monthly Premium
1	\$37.53	\$19.87	\$75.08	\$39.74	\$112.60	\$59.63
2	\$42.06	\$21.78	\$84.05	\$43.57	\$126.08	\$65.35
3	\$45.78	\$24.77	\$91.54	\$49.51	\$137.32	\$74.21
4	\$49.60	\$26.74	\$99.10	\$53.43	\$148.68	\$80.10
5/INTL	\$55.49	\$29.55	\$110.91	\$59.11	\$166.40	\$88.66

**Open Season is November 12 through midnight December 10, 2018 Eastern time**  
To enroll visit [BENEFEDS.com](http://BENEFEDS.com) or call **1-877-888-FEDS (3337)**, TTY: 1-877-889-5680.

*Note: This is a summary of the many features and benefits of FEP BlueDental. For a complete description, please refer to your benefit brochure.*

*The Blue Cross® and Blue Shield® words and symbols and FEP BlueDental® are all trademarks owned by Blue Cross Blue Shield Association.*

*The FEP BlueDental Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

*Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.*

請撥打您ID卡上的客服號碼以尋求中文協助。

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