

BLUE CROSS BLUE SHIELD FEP DENTAL 2024 COVERAGE AT A GLANCE



BCBS FEP Dental is a Federal Employees Dental and Vision Insurance Program (FEDVIP) plan available to federal employees, retired federal employees, retired uniformed service members and their families. With our comprehensive dental coverage, we can help you and your family smile with confidence. **That's the Benefit of Blue.®**

With BCBS FEP Dental, you get:



Fully-covered, in-network preventive care, including up to **three** dental cleanings a year



No deductible for in-network services



Benefits start right away—there's no waiting period for in-network coverage



An unlimited annual benefit with High Option when seeing in-network dentists—there's no limit to the amount we cover for the year



Worldwide coverage with all overseas services at the in-network level



Access to health and wellness discounts with Blue365®



BlueCross
BlueShield

FEP Dental®



bcbsfedental.com

2024 Benefit Information

Here are new benefits for both High Option and Standard Option:

NEW

- We will cover two routine oral exams and one additional exam if a problem happens between checkups. We previously covered just two oral exams.
- We will cover nitrous oxide (laughing gas) for children 5 and under as well as other individuals with a medical condition who may require it.



Save by using in-network dentists

BCBS FEP Dental has a large, nationwide network with nearly half a million in-network dentists and their locations. See if your dentist is in our network at bcbsfedental.com, using the **BCBS FEP Dental mobile app** or by calling **1-855-504-BLUE (2583)**.

What you pay for common services

Benefit	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	You pay nothing .	You pay 10% .	You pay nothing .	You pay 40% .
Class B (Intermediate) Services e.g., oral surgery, fillings, gum scaling	You pay 30% .	You pay 40% .	You pay 45% .	You pay 60% .
Class C (Major) Services e.g., crowns, bridges, implants, root canals, dentures	You pay 50% .	You pay 60% .	You pay 65% .	You pay 80% .
Class D (Orthodontic) Services Adults & Children	You pay 50% up to \$3,500 lifetime maximum per person.	You pay 50% up to \$3,500 lifetime maximum per person.	You pay 50% up to \$2,500 lifetime maximum per person.	You pay 50% up to \$1,250 lifetime maximum per person.
Annual Deductible for Class A, B and C Services Does not apply to Class D (Orthodontics)	You pay no deductible .	You pay \$50 per person.	You pay no deductible .	You pay \$75 per person.
Annual Maximum Benefits for Class A, B and C Services Does not apply to Class D (Orthodontics)	No benefit limit .	We pay up to \$3,000 per person.	We pay up to \$1,500 per person.	We pay up to \$750 per person.

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For both High Option and Standard Option, Classes B and C are covered at **100%** for children age 13 and under when visiting an in-network dentist.



Compare our products online

Use the **AskBlueSM BCBS FEP Dental Plan Finder**, our product selection tool, at askblue.bcbsfedental.com. The tool will ask you a series of questions to help you decide on the right dental plan for you and your family.

2024 BCBS FEP Dental premiums

Rating Area	High Option: Bi-weekly Premiums			Standard Option: Bi-weekly Premiums		
	Self Only	Self + One	Self & Family	Self Only	Self + One	Self & Family
1	\$18.39	\$36.77	\$55.16	\$9.87	\$19.75	\$29.62
2	\$20.60	\$41.20	\$61.80	\$10.82	\$21.63	\$32.45
3	\$22.43	\$44.85	\$67.28	\$12.30	\$24.60	\$36.90
4	\$24.29	\$48.58	\$72.87	\$13.28	\$26.56	\$39.85
5	\$27.19	\$54.37	\$81.56	\$14.67	\$29.33	\$44.00

Rating Area	High Option: Monthly Premiums			Standard Option: Monthly Premiums		
	Self Only	Self + One	Self & Family	Self Only	Self + One	Self & Family
1	\$39.85	\$79.67	\$119.51	\$21.39	\$42.79	\$64.18
2	\$44.63	\$89.27	\$133.90	\$23.44	\$46.87	\$70.31
3	\$48.60	\$97.18	\$145.77	\$26.65	\$53.30	\$79.95
4	\$52.63	\$105.26	\$157.89	\$28.77	\$57.55	\$86.34
5	\$58.91	\$117.80	\$176.71	\$31.79	\$63.55	\$95.33



Find your Premium

Scan this QR code with your smartphone’s camera or visit bcbsfepdental.com/premiumfinder and enter your ZIP Code to view premiums based on your rating area.

Helpful tools and resources

On our website, bcbsfepdental.com, you can access tools and resources that help you get the most out of your coverage, including:

- **Find a Dentist Tool**
- **The latest coverage and benefit information**
- **The BCBS FEP Dental member portal with live chat feature**
- **Dental wellness articles**

And don’t forget to download our **BCBS FEP Dental mobile app** on the App Store® or Google Play™ today. You can view a mobile version of your member ID card, check out your benefits, view and submit claims, get oral health tips and more.





Save with member-only deals and discounts

Blue365® is a discount program only offered to Blue Cross Blue Shield members. Get discounts on electric toothbrushes and teeth whitening products, plus gym memberships, hearing aids, travel, healthy eating and more. Visit blue365deals.com/fep to learn more.

Get the most out of your dental benefits

See how much you can save annually with BCBS FEP Dental

	What you pay with High Option*	What you pay with Standard Option*	Average cost without BCBS FEP Dental
Two routine oral exams	\$0	\$0	\$120
One problem-focused oral exam	\$0	\$0	\$90
Three cleanings	\$0	\$0	\$305
One set of X-rays	\$0	\$0	\$170
Two fillings ¹	\$65	\$97	\$350
One root canal (molar)	\$450	\$580	\$1,570
One crown (porcelain)	\$435	\$565	\$1,540
What you pay out-of-pocket	\$950 	\$1,242 	\$4,145



Looking for more information about BCBS FEP Dental?

View and download our expanded Dental Summary Book at bcbsfedental.com/benefitssummary.

Learn more about BCBS FEP Dental at:

bcbsfedental.com

1-855-504-BLUE (2583) (TTY: 711)

(8 a.m. to 8 p.m. ET, M-F)

Ready to enroll? Go to:

BENEFEDS.com

1-877-888-FEDS (3337)

(TTY: 1-877-889-5680)

Open Season is November 13 through midnight ET on December 11, 2023.

  @bcbsfedental



Proudly supporting our
**Uniformed Service Retirees
and their Families**
with quality dental coverage

¹Anterior tooth colored, one surface each.

*Assumes you visit in-network providers.

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This is a summary of the many features and benefits of BCBS FEP Dental®. For a complete description, please view the benefit brochure.

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