



**FEARLESS IS
SMILING AROUND
THE WORLD.**

Now there's FEP BlueDental
accepted overseas.

FEP BlueDental® INTERNATIONAL BENEFITS

Federal employees, annuitants and their covered dependents who travel or live outside the United States are entitled to FEP BlueDental International Benefits. We will pay benefits, subject to plan provisions, in an amount equal to the covered percentage for the charges incurred by you. See your FEP BlueDental Brochure for benefit details.

FINDING AN INTERNATIONAL PROVIDER

You may visit any dentist, however you will only receive In-Network benefit levels if you receive care from a dentist that participates in our international dental program. Our international dental program includes English-speaking dentists in approximately 100 countries worldwide.

TO LOCATE AN INTERNATIONAL PROVIDER

Call 353-94-9372257, adding the outbound calling code for the country you are calling from before the number. For instance, Switzerland is 00 plus 353-94-9372257. If calling from Ireland, press 0-94-9372257.

Or, go to www.fepblue.org and click on FEP BlueDental, then "Find a Dentist" for a list of participating international dentists.

HOW TO SUBMIT CLAIMS

You are responsible for paying the dentist and for submitting your claims to FEHB first, then to FEP BlueDental. We will reimburse you in U.S. dollars based on the OANDA currency conversion rate.

Claim forms are available at www.fepblue.org. Send your claim form and receipt to:

FEP BlueDental Claims
PO Box 75
Minneapolis, MN 55440-0075

CONTACT US

FEP BlueDental Customer Service Phone:
1-855-504-BLUE (2583) (In the U.S.)
1-651-994-BLUE (2583) (Outside the U.S. call collect)
8 a.m. – 8 p.m. ET Monday - Friday
TTY 1-888-853-7570
www.fepblue.org

ENROLL

Visit www.BENEFEDS.com or call 1-877-888-FEDS, TTY 1-877-889-5680. If calling from outside the U.S., call 1-305-420-3670.

YOUR BENEFITS

The chart below summarizes the portion of the expenses we cover. See your FEP BlueDental Brochure for more detail; do not rely on this chart alone.

BENEFITS	HIGH OPTION		STANDARD OPTION	
	WE PAY		WE PAY	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Class A (Basic) Services – i.e., exams, cleanings, X-rays, sealants	100%	90%	100%	60%
Class B (Intermediate) Services – i.e., oral surgery, fillings, denture adjustments, gum scaling, pulp caps	70%	60%	55%	40%
Class C (Major) Services – i.e., crowns, bridges, implants, root canals, dentures	50%	40%	35%	20%
Class D (Orthodontic) Services – · Adults & Children – 12-month waiting period	50% \$3,500 lifetime maximum per person		50% \$2,000 lifetime maximum per person	50% \$1,000 lifetime maximum per person

BENEFITS	HIGH OPTION		STANDARD OPTION	
	WE PAY		WE PAY	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible for Class A, B and C Services	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	\$15,000 per person	\$3,000 per person	\$1,500 per person	\$750 per person

YOUR PREMIUMS

If you live outside the U.S., please see the rate table below for the actual premium amount. If you live in the U.S., your rates include coverage when traveling outside the U.S.

TIERS	BI-WEEKLY		MONTHLY	
	HIGH	STANDARD	HIGH	STANDARD
Self	\$24.11	\$13.84	\$52.24	\$29.99
Self + one	\$48.22	\$27.69	\$104.48	\$60.00
Family	\$72.33	\$41.53	\$156.72	\$89.98