

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
Class A (Basic) Services e.g., exams, cleanings, X-rays, sealants	100%	90%	100%	60%
	TWO CLEANINGS A YEAR COVERED		 THREE CLEANINGS A YEAR COVERED	
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 allowed amount	50% up to \$2,000 lifetime maximum per person	50% up to \$1,000 lifetime maximum per person
	NO WAITING PERIOD		12-MONTH WAITING PERIOD	
Annual Deductible for Class A, B and C Services Does not apply to Class D (Orthodontics)	No deductible	\$50 per person	No deductible	\$75 per person
Annual Maximum Benefits for Class A, B and C Services Does not apply to Class D (Orthodontics)	UNLIMITED MAXIMUM PER PERSON	\$3,000 per person	\$1,500 per person	\$750 per person
Blue365® Discounts	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 www.blue365deals.com/fepbluedental .			

To learn more, visit 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.

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
FL	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
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.

High Option						
Rating Area	Self Only		Self + One		Self & Family	
	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
1	\$17.32	\$37.53	\$34.65	\$75.08	\$51.97	\$112.60
2	\$19.41	\$42.06	\$38.79	\$84.05	\$58.19	\$126.08
3	\$21.13	\$45.78	\$42.25	\$91.54	\$63.38	\$137.32
4	\$22.89	\$49.60	\$45.74	\$99.10	\$68.62	\$148.68
5/INTL	\$25.61	\$55.49	\$51.19	\$110.91	\$76.80	\$166.40

Standard Option						
Rating Area	Self Only		Self + One		Self & Family	
	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
1	\$9.17	\$19.87	\$18.34	\$39.74	\$27.52	\$59.63
2	\$10.05	\$21.78	\$20.11	\$43.57	\$30.16	\$65.35
3	\$11.43	\$24.77	\$22.85	\$49.51	\$34.25	\$74.21
4	\$12.34	\$26.74	\$24.66	\$53.43	\$36.97	\$80.10
5/INTL	\$13.64	\$29.55	\$27.28	\$59.11	\$40.92	\$88.66

Open Season is November 12 through midnight December 10, 2018 Eastern time
 To enroll visit 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.

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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。