

## Standard Option Benefits

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### Blue Cross Blue Shield FEP Dental Summary of Benefits

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**Class A (Basic) Services** – preventive and diagnostic

Class A, B, and C Services are subject to a \$1,500 annual maximum benefit for the in-network benefits and \$750 for the out-of-network benefits

**You Pay**

In-Network: 0%

Out-of-Network: 40%

**Class B (Intermediate) Services** – includes minor restorative services

Class A, B, and C Services are subject to a \$1,500 annual maximum benefit for the in-network benefits and \$750 for the out-of-network benefits

**You Pay**

In-Network: 45%

Out-of-Network: 60%

**Class C (Major) Services** – includes major restorative, endodontic, and prosthodontic services

Class A, B, and C Services are subject to a \$1,500 annual maximum benefit for the in-network benefits and \$750 for the out-of-network benefits

**You Pay**

In-Network: 65%

Out-of-Network: 80%

**Class D Services** – orthodontic

\$2,500 Lifetime Maximum for in-network, or  
\$1,250 Lifetime Maximum for out-of-network

**You Pay**

In-Network: 50%

Out-of-Network: 50%