

Cover page

Blue Cross Blue Shield FEP Dental[®]

www.bcbsfedental.com

1-855-504-BLUE (2583)



2024

A Nationwide Dental PPO Plan

IMPORTANT

- Rates: Back Cover [[Rates](#)]
- Summary of Benefits: Page 46 [[Summary of Benefits](#), [High Option Benefits](#), [Standard Option Benefits](#)]

Who may enroll in this Plan: All Federal employees, annuitants, and certain TRICARE beneficiaries in the United States and overseas who are eligible to enroll in the Federal Employees Dental and Vision Insurance Program.

Enrollment Options for this Plan:

- High Option – Self Only
- High Option – Self Plus One
- High Option – Self and Family
- Standard Option – Self Only
- Standard Option – Self Plus One
- Standard Option – Self and Family

This Plan has five enrollment regions, including international; please see the end of this brochure to determine your region and corresponding rates.



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