



2020 BLUE CROSS AND BLUE SHIELD DENTAL COVERAGE

Great dental coverage for
retired uniformed service
members and their families.



**BlueCross
BlueShield**

FEP BlueDental



fepbluedental.com • 1-855-504-BLUE (2583)



90% of the body's diseases first show signs and symptoms in your mouth?
Taking care of your dental health is important to your overall health.

As a name trusted by federal employees for nearly 60 years, Blue Cross and Blue Shield cares about you and your family's overall health. That's why we offer a supplemental dental plan, FEP BlueDental®, to give you peace of mind about your family's dental health.

WITH FEP BLUEDENTAL, YOU GET:

- Free preventive care when you visit in-network dentists
- NO calendar year deductible for dental services
- NO waiting periods for services under High Option
- An unlimited annual benefit under High Option
- Worldwide dental coverage



See a summary of 2020 FEP BlueDental benefits below:

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%
	THREE 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

Who is eligible

- Retired uniformed service members and their families
- Retired Reserve members and their families

Learn more about eligibility at [BENEFEDS.com](https://www.benefeds.com)

You save when you use in-network providers

- FEP BlueDental has nearly 300,000 provider points of access nationwide
- Your benefits also work overseas
- Find a provider at fepbluedental.com or by calling **1-855-504-2583**.



SAVINGS THAT WILL MAKE YOU SMILE

Having FEP BlueDental can save you a lot of money in out-of-pocket costs.

Person *without* FEP BlueDental

Two Dental Exams	\$120
Three Cleanings	\$290
One Set of X-rays	\$170
Two Fillings	\$325
One Root Canal (molar)	\$1,570
One Crown (porcelain)	\$1,540
TOTAL	\$4,015



Person with FEP BlueDental High Option*

\$0	Two Dental Exams
\$0	Three Cleanings
\$0	One Set of X-rays
\$45	Two Fillings
\$415	One Root Canal (molar)
\$420	One Crown (porcelain)
\$880	TOTAL

*Assumes you visit in-network providers.

In addition to benefit savings, you can also save with our **Blue365 Discount Program**. With Blue365, you can get savings on things that go beyond dental coverage. These include discounts on hearing aids, tennis shoes, gym memberships, meal-kit delivery services, mortgages and so much more.

Learn more at blue365deals.com/fepbluedental.



Learn more about FEP BlueDental

Online: fepbluedental.com
Phone: **1-855-504-2583**
(8 a.m. to 8 p.m. EST, M-F)



Enroll in coverage

Online: BENEFEDS.com
Phone: **1-877-888-3337**
(8 a.m. to 9 p.m. EST, M-F
During Open Season)

Open Season is November 11 through midnight December 9, 2019, Eastern time.

First, 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			

Then find your premium. Match your rating area to your enrollment type.

High Option			
Rating Area	Self Only	Self + One	Self & Family
	MONTHLY	MONTHLY	MONTHLY
1	\$37.51	\$75.03	\$112.54
2	\$42.03	\$84.00	\$126.01
3	\$45.76	\$91.50	\$137.26
4	\$49.57	\$99.06	\$148.61
5/INTL	\$55.47	\$110.87	\$166.34

Standard Option			
Rating Area	Self Only	Self + One	Self & Family
	MONTHLY	MONTHLY	MONTHLY
1	\$19.85	\$39.69	\$59.56
2	\$21.75	\$43.53	\$65.28
3	\$24.74	\$49.47	\$74.14
4	\$26.72	\$53.39	\$80.04
5/INTL	\$29.53	\$59.06	\$88.60

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

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FEP BlueDental 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。

BLUDENUS2020