

# 2018 FEP BLUEDENTAL®

More Smiles Abroad



## 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. See the FEP BlueDental brochure for benefit details.

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.

### Find a Provider

Keep your in-network benefits by receiving care from any dentist in our international dental program. English-speaking dentists are available in approximately 100 countries worldwide.

### Submit Your Claims

Based on your plan, we will pay an equal percentage of benefits for your incurred charges.

1. Pay your dentist.
2. Download claims forms online at [www.fepbluedental.com](http://www.fepbluedental.com).
3. Mail your claim form and receipt to:  
**FEP BlueDental Claims**  
**PO Box 75**  
**Minneapolis, MN 55440-0075**
4. Receive your reimbursement in U.S. dollars based on the OANDA currency conversion rate.



#### Online

Visit [www.fepbluedental.com](http://www.fepbluedental.com) and click "Find a Dentist." Scroll to the bottom of the page and select "International Directory" to see a list of overseas dentists.



#### By phone

Calling from outside the U.S.? Dial the outbound country code + **353 94 9372257**.

**Open Season is November 13 through midnight December 11, 2017 Eastern time**

To enroll visit [BENEFEDS.com](http://BENEFEDS.com) or call **1-877-888-FEDS** (3337), TTY: 1-877-889-5680.  
If calling from outside of the U.S., call **1-305-420-3670**.

When you enroll in FEP BlueDental you're eligible for great in-network benefits, such as:



#### UNLIMITED

benefit max. (under high option)



#### WHITE FILLINGS

covered

#### NO COPAY

for preventative care

#### NO DEDUCTIBLE

for most in-network services

## 2018 Summary of Benefits

Benefits	Standard Option		High Option	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Class A (Basic) Services</b> e.g., exams, cleanings, x-rays, sealants	100%	60%	100%	90%
<b>Class B (Intermediate) Services</b> e.g., oral surgery, fillings, gum scaling	55%	40%	70%	60%
<b>Class C (Major) Services</b> e.g., crowns, bridges, implants, root canals, dentures	35%	20%	50%	40%
<b>Class D (Orthodontic) Services</b> Adults & Children	<b>50% up to \$2,000</b> lifetime maximum per person	<b>50% up to \$1,000</b> lifetime maximum per person	<b>50% up to \$3,500</b> lifetime maximum per person	<b>50% up to</b> allowed amount
	12-month waiting period		NO WAITING PERIOD	
<b>Annual Deductible for Class A, B and C Services</b> Does not apply to Class D (Orthodontics)	No deductible	<b>\$75</b> per person	No deductible	<b>\$50</b> per person
<b>Annual Maximum Benefits for Class A, B and C Services</b> Does not apply to Class D (Orthodontics)	<b>\$1,500</b> per person	<b>\$750</b> per person	<b>UNLIMITED MAXIMUM PER PERSON</b>	<b>\$3,000</b> per person

IMPORTANT: See the 2018 FEP BlueDental brochure for more details; do not rely on this chart alone.

**2018 Premiums:** Live outside the U.S.? Find your bi-weekly or monthly premium below.

Tiers	BI-WEEKLY		MONTHLY	
	Standard	High	Standard	High
<b>Self Only</b>	\$14.56	\$27.10	\$31.55	\$58.72
<b>Self Plus One</b>	\$29.11	\$54.19	\$63.07	\$117.41
<b>Self and Family</b>	\$43.67	\$81.29	\$94.62	\$176.13

## LEARN MORE AT [WWW.FEPBLUEDENTAL.COM](http://WWW.FEPBLUEDENTAL.COM)



FIND A DENTIST



ORAL HEALTH TIPS



BENEFIT INFORMATION



CLAIMS INFORMATION



MEMBER FAQ

### Questions? Contact FEP BlueDental Customer Service:

Phone: **1-855-504-BLUE** (2583) (In the U.S.), TTY: 1-888-853-7570

8 a.m. to 8 p.m. Eastern time, Monday – Friday

**1-651-994-BLUE** (2583) (Outside the U.S. call collect)

Note: This is a summary of the many features and benefits of FEP BlueDental. For a complete description, please refer to your benefit brochure.

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。

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