

2018 FEP BLUEDENTAL®

A Reason to Smile



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

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

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

To enroll visit **BENEFEDS.com** or call **1-877-888-FEDS** (3337), TTY: 1-877-889-5680.

Learn more at 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), TTY: 1-888-853-7570; 8 a.m. to 8 p.m. Eastern time, Monday – Friday

DETERMINE YOUR 2018 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.

Rating Area	Standard Option - Self Only		Standard Option - Self Plus One		Standard Option - Self and Family	
	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
1	\$9.91	\$21.47	\$19.83	\$42.97	\$29.74	\$64.44
2	\$11.27	\$24.42	\$22.54	\$48.84	\$33.80	\$73.23
3	\$12.48	\$27.04	\$24.96	\$54.08	\$37.44	\$81.12
4	\$13.16	\$28.51	\$26.32	\$57.03	\$39.49	\$85.56
5 / INTL	\$14.56	\$31.55	\$29.11	\$63.07	\$43.67	\$94.62

Rating Area	High Option - Self Only		High Option - Self Plus One		High Option - Self and Family	
	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
1	\$18.40	\$39.87	\$36.79	\$79.71	\$55.19	\$119.58
2	\$20.92	\$45.33	\$41.84	\$90.65	\$62.76	\$135.98
3	\$23.20	\$50.27	\$46.39	\$100.51	\$69.59	\$150.78
4	\$24.50	\$53.08	\$49.00	\$106.17	\$73.50	\$159.25
5 / INTL	\$27.10	\$58.72	\$54.19	\$117.41	\$81.29	\$176.13

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。