Document Number: D25.04.6 Chapter: Blue Cross Blue Shield FEP Dental - 2024

## **Out-of-Network Services**

## Blue Cross Blue Shield FEP Dental Section 4 Your Cost for Covered Services

## **Out-of-Network Services**

If the dentist you use is not part of our network, benefits will be considered at the out-of- network level. All services provided by an out-of-network dentist will be paid at out-of-network levels, except for limited access benefits. We pay for services rendered by an out-of-network dentist based on an out-of-network plan allowance. You will be responsible for your co-insurance percentage plus the billed amount over plan allowance.

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