



Regions by ZIP Code

Monthly rates are determined by ZIP Code where you reside

Region	Three Digit ZIP Code
Region 1	750-753 760-763 770, 772-775 786-787
Region 2	754-759 764-769 776-785 788-799



2 Easy Ways to Enroll

Mail your application:

Fill out an application and mail it to the address below. Do not send payment with your application. You will be billed after your application is processed.

Federal DentalBlue
Blue Cross and Blue Shield of Texas
P.O. Box 23150
Belleville, IL 62223

Sign up on the Internet:

www.YourFederalDental.com

The Web site is available 24 hours a day, 7 days a week. Log on and access detailed plan information; complete online or download an application. Plus, find a network dentist and so much more.

Call Toll Free for Customer Service:
1-866-431-1598

Our Customer Advocates are available Monday through Friday 8 a.m. to 6 p.m. (CT) to assist with your dental benefits.



BlueCross BlueShield of Texas

www.YourFederalDental.com

Dental Coverage Made Easy

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BlueCross BlueShield of Texas

A Dental Plan

From a Name You Can Trust

At Blue Cross and Blue Shield of Texas, you will receive more than a dental plan. You will receive coverage from a company that stands for reliability and trust.

With the new Federal DentalBlue Plan, you can obtain coverage with ease. Federal Employees who enroll in Standard Option medical coverage are eligible to enroll in the Federal DentalBlue Standard Option. Federal Employees who enroll in Basic Option medical coverage are eligible to enroll in the Federal DentalBlue Basic Option.

One Company Dedicated Customer Service Easy Web Access

We will process your dental benefits alongside your current medical benefits, so you will only need to work with one company for these medical and dental benefit programs.

For Federal Employees with Standard Option Medical

Federal DentalBlue Standard Option Dental (Form # DB-54-TX HCSC)		
Benefits ¹	Network Dentist	Non-Network Dentist ²
Deductible Individual/Family <small>Deductible applies to Type III Services Only</small>	\$75/\$225	\$75/\$225
Annual Maximum	\$1,250	\$1,250
Type I Services • Cleanings • Examinations • X-Rays • Sealants • Space maintainers	100% of Maximum Allowance	100% of Maximum Allowance
Type II Services • Fillings • Simple extractions	80% of Maximum Allowance	80% of Maximum Allowance
Type III Services • Crowns* • Bridges* • Dentures* • Endodontics • Oral Surgery • Periodontics	50% of Maximum Allowance	50% of Maximum Allowance
* A 12-month waiting period for new enrollees will apply to Major Restorative and Prosthodontic Services.		
Type IV Services • Orthodontics	Up to \$1,000 savings	Not Available
Orthodontia services will be billed at a 20% discount, with up to \$1,000 in lifetime savings off network providers' usual charge. This non-insured discount benefit is available only through network providers.		

Monthly Rates - Standard Option			
Regional Descriptions determined by ZIP Code where you reside	Employee	Employee + 1	Family
Region 1	\$30.70	\$52.25	\$86.05
Region 2	\$29.10	\$49.45	\$81.40

For Federal Employees with Basic Option Medical

Federal DentalBlue Basic Option Dental (Form # DB-55-TX HCSC)		
Benefits ¹	Network Dentist	Non-Network Dentist ²
Deductible Individual/Family <small>Deductible applies to Type III Services Only</small>	\$75/\$225	\$75/\$225
Annual Maximum	\$1,250	\$1,250
Type I Services • Cleanings • Examinations • X-Rays • Sealants • Space maintainers	Not Available <small>(Preventive & Diagnostic are covered under your Basic Option medical plan.)</small>	Not Available
Type II Services • Fillings • Simple extractions	80% of Maximum Allowance	80% of Maximum Allowance
Type III Services • Crowns* • Bridges* • Dentures* • Endodontics • Oral Surgery • Periodontics	50% of Maximum Allowance	50% of Maximum Allowance
* A 12-month waiting period for new enrollees will apply to Major Restorative and Prosthodontic Services.		
Type IV Services • Orthodontics	Up to \$1,000 savings	Not Available
Orthodontia services will be billed at a 20% discount, with up to \$1,000 in lifetime savings off network providers' usual charge. This non-insured discount benefit is available only through network providers.		

Monthly Rates - Basic Option			
Regional Descriptions determined by ZIP Code where you reside	Employee	Employee + 1	Family
Region 1	\$20.95	\$35.55	\$58.55
Region 2	\$20.10	\$34.15	\$56.20

¹ Your dental care benefits are highlighted above. To fully understand all the terms, conditions, limitations and exclusions which apply to your benefits, please read the entire Policy.

² For services received from a non-network dentist, the claimant will be responsible for any difference between the dentist's charges and the maximum allowable charge. The maximum allowable charge is based on our network negotiated fees. Further information regarding the maximum allowable charge and network status of dentists is available by calling the toll free telephone number on the back of your dental identification card.



**BlueCross BlueShield
of Texas**