

## Example 2: High Option coverage (Out-of-Network provider)

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### Blue Cross Blue Shield FEP Dental Section 3 How You Obtain Care

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**Example 2:** High Option coverage (Out-of-Network dentist).

Class B dentist fee: \$108.00

FEHB/PSHB payment: \$16.00

BCBS FEP Dental payment: \$64.80 (\$108.00 at 60%)

Member's responsibility\*: \$27.20 (\$108-\$16-\$64.80)

\*Assumes dentist charge is within the plan allowance