Document Number: D25.03.13 Chapter: Blue Cross Blue Shield FEP Dental - 2024

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

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

**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)

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<sup>\*</sup>Assumes dentist charge is within the plan allowance