

## Example 1: High Option coverage (In-Network provider)

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

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**Example 1:** High Option coverage (In-Network dentist)

Class B dentist fee: \$121.00

FEHB/PSHB payment: \$60.50

BCBS FEP Dental plan allowance: \$73.00

BCBS FEP Dental payment: \$51.10 (\$73.00 at 70%)

Payment by BCBS FEP Dental: \$12.50

Member's responsibility\*: \$0.00 (\$73-\$60.50-\$12.50)