Document Number: D25.03.16 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: \$121.00 FEHB/PSHB payment: \$96.80

BCBS FEP Dental payment: \$72.60 (\$121.00 at 60%)
Payment by BCBS FEP Dental: \$24.20 (\$121-\$96.80)
Member's responsibility*: \$27.20 (\$121-\$96.80-\$24.20)

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^{*}Assumes dentist charge is within the plan allowance