

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)

*Assumes dentist charge is within the plan allowance