

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)

*Assumes dentist charge is within the plan allowance