Document Number: D24.03.15 Chapter: Blue Cross Blue Shield FEP Dental - 2024

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

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

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

Class B dentist fee: \$121.00 FEHB 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)

Revision #: v1.0 Page 1 of 1 Date Published: 1/1/2024