

## 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: \$108.00

FEHB payment: \$16.00

BCBS FEP Dental plan allowance: \$60.00

BCBS FEP Dental payment: \$42.00 (\$60.00 at 70%)

Member's responsibility\*: \$2.00 (\$60-\$16-\$42)