

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

Example 4: High Option coverage (Out-of-Network provider). This example assumes all deductibles have been met and annual maximums have not been reached.

BCBS FEP Dental coverage is secondary to non-FEHB coverage

Services are provided by an Out-of-Network Provider

2-surface filling: \$121.00

FEHB payment (estimated): \$96.80

BCBS FEP Dental benefits payable in the absence of FEHB coverage: \$72.60 (\$121.00 at 60%)

Payment by BCBS FEP Dental: \$24.20

Member's responsibility*: \$0.00 ($\$121 - \$96.80 - \$24.20 = \0.00)

*Assumes provider charge is within the Maximum Allowed Amount