

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

Example 2: 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 member with FEHB coverage – FEHB is always primary

Services are provided by an Out-of-Network Provider

1-surface filling: \$108.00*

FEHB payment (estimated): \$16.00

BCBS FEP Dental benefits payable in the absence of FEHB coverage: \$64.80 (\$108.00 at 60%)

Payment by BCBS FEP Dental: \$64.80

Member's responsibility: \$27.20 ($\$108 - \$16 - \$64.80 = \27.20)

*Assumes provider charge is within the Maximum Allowed Amount