

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

Example 3: High Option coverage (In-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 In-Network Provider

2-surface filling: \$121.00

Maximum Allowable Amount: \$73.00

FEHB payment (estimated): \$60.50

BCBS FEP Dental benefits payable in the absence of FEHB coverage: \$51.10 (\$73.00 at 70%)

Payment by BCBS FEP Dental: \$12.50

Member's responsibility*: \$0.00 ($\$73 - \$60.50 - \$12.50 = \0.00)

*Assumes provider does not have a contractual relationship regarding fees with the primary carrier