

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

Example 1: High Option coverage (In-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 In-Network Provider

1-surface filling: \$108.00

Maximum Allowable Amount: \$60.00

FEHB payment (estimated): \$16.00

BCBS FEP Dental benefits payable in the absence of FEHB coverage: \$42.00 (\$60.00 at 70%)

Payment by BCBS FEP Dental: \$42.00

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