Example 2: High Option coverage (Out-of-Network dentist).
Class B dentist fee: $108.00
FEHB/PSHB payment: $16.00
BCBS FEP Dental payment: $64.80 ($108.00 at 60%)
Member's responsibility*: $27.20 ($108-$16-$64.80)

*Assumes dentist charge is within the plan allowance