**Example 1:** High Option coverage (In-Network dentist)
Class B dentist fee: $121.00
FEHB/PSHB payment: $60.50
BCBS FEP Dental plan allowance: $73.00
BCBS FEP Dental payment: $51.10 ($73.00 at 70%)
Payment by BCBS FEP Dental: $12.50
Member’s responsibility*: $0.00 ($73-$60.50-$12.50)