Example 2: High Option coverage (Out-of-Network dentist)
Class B dentist fee: $121.00
FEHB/PSHB payment: $96.80
BCBS FEP Dental payment: $72.60 ($121.00 at 60%)
Payment by BCBS FEP Dental: $24.20 ($121-$96.80)
Member's responsibility*: $27.20 ($121-$96.80-$24.20)

*Assumes dentist charge is within the plan allowance