Example 1: High Option coverage (In-Network dentist)
Class B dentist fee: $108.00
FEHB/PSHB payment: $16.00
BCBS FEP Dental plan allowance: $60.00
BCBS FEP Dental payment: $42.00 ($60.00 at 70%)
Member’s responsibility*: $2.00 ($60-$16-$42)