

Out-of-Network Reimbursement Levels

Indianapolis Market

The Dental Care Plus Group (DCPG) offers three out-of-network reimbursement levels, each with varying levels of impact. **So what are the implications of choosing one out-of-network reimbursement level over another?**

The table below compares the possible out-of-pocket exposure for DCPG's reimbursement levels based on five dental billing codes in the Indianapolis market. Although the sample provider charges and costs will differ market-to-market, the pattern of increasing out-of-pocket costs for lower out-of-network reimbursement levels is consistent everywhere.

Based on Indianapolis ZIP Code 46326

Code	Code Description	Sample Charge	Cost Estimator Median Charge Range for 46326	Advantage 900 Balance Billing Exposure	Defined 800 Balance Billing Exposure	Match Balance Billing Exposure
D0120	Periodic Oral Exam	\$50.00	\$45 - \$52	\$1.41	\$7.24	\$15.68
D1110	Prophylaxis - Adult (Cleaning)	\$87.00	\$81 - \$91	\$3.07	\$13.14	\$28.76
D0274	Bitewing X-Rays Four Films	\$62.00	\$57 - \$68	\$1.63	\$8.87	\$18.32
D2330	Composite One Surface	\$152.00	\$144 - \$174	\$10.41	\$27.40	\$58.00
D2750	Crown Porcelain Fused to High Noble Metal	\$1,150.00	\$1,000 - \$1,200	\$31.45	\$165.68	\$430.00

(1) Does not include copayments or deductibles that an employer's plan may include. (2) Sample charges and balance billing exposure are based on DCPG Go2Dental cost estimator for median charges in the specified ZIP code. (3) The codes used as examples are frequently occurring codes. (4) Actual out-of-pocket exposure will vary from code to code and from dentist to dentist, depending upon the dentist's full billed charges.

For more information or to request a quote, contact your DCPG sales representative at (800) 367-9466 or visit www.DentalCarePlus.com.