

## Out-of-Network Reimbursement Levels

### Toledo 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 Toledo 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 Toledo ZIP Code 43608

| Code  | Code Description                                | Sample Charge | Cost Estimator<br>Median Charge<br>Range for 43608 | Advantage<br>900 Balance Billing<br>Exposure | Defined<br>800 Balance Billing<br>Exposure | Match<br>Balance Billing<br>Exposure |
|-------|---|---------------|--|--|--|--------------------------------------|
| D0120 | Periodic Oral Exam                              | \$43.00       | \$40 - \$49  | \$0.75                                       | \$5.82                                     | \$8.68                               |
| D1110 | Prophylaxis - Adult<br>(Cleaning)               | \$75.00       | \$72 - \$85  | \$2.01                                       | \$10.77                                    | \$16.76                              |
| D0274 | Bitewing X-Rays<br>Four Films                   | \$54.00       | \$53 - \$63  | \$1.50                                       | \$7.80                                     | \$10.32                              |
| D2330 | Composite<br>One Surface                        | \$135.00      | \$130 - \$161                                      | \$11.88                                      | \$26.65                                    | \$41.00                              |
| D2750 | Crown<br>Porcelain Fused to High<br>Noble Metal | \$1,011.00    | \$989 - \$1,100                                    | \$38.35                                      | \$155.07                                   | \$291.00                             |

(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](http://www.DentalCarePlus.com).**