		EPO						
Sample Cost Scenarios For Services In Zip 95814		2015 EPO Allowable Rate	2015 Reimbursement	Your New 2015 Charge	2014 Reimbursement	Your Old 2014 Charge		
			80%-New		55%-Old			
Prevent Procedure	Description							
D0120	PERIODIC ORAL EXAM	\$27.00	\$21.60	\$5.40	\$14.85	\$12.15		
D0150	COMPREHENSIVE ORAL EXAMINATION	\$38.00	\$30.40	\$7.60	\$20.90	\$17.10		
D0210	INTRAORAL FMS AND BITEWINGS	\$72.00	\$57.60	\$14.40	\$39.60	\$32.40		
D0274	BITEWINGS - FOUR FILMS	\$30.00	\$24.00	\$6.00	\$16.50	\$13.50		
D0330	PANORAMIC - SINGLE FILM	\$44.00	\$35.20	\$8.80	\$24.20	\$19.80		
D1110	PROPHYLAXIS ADULTS	\$65.00	\$52.00	\$13.00	\$35.75	\$29.25		
Basic Procedure			60% - New		55% - Old			
D2140	AMALGAM ONE SURFACE PERMANENT	\$68.00	\$40.80	\$27.20	\$37.40	\$30.60		
D2150	AMALGAM TWO SURFACE PERMANENT	\$90.00	\$54.00	\$36.00	\$49.50	\$40.50		
D2392	RESIN TWO SURF, POST-PRIM/PERM	\$135.00	\$81.00	\$54.00	\$74.25	\$60.75		
Major Procedure			55% -Same		55% - Same			
D2750	CROWN PORCELAIN TO HIGH NOBLE	\$748.00	\$411.40	\$336.60	\$411.40	\$336.60		
D3330	ROOT CANAL - MOLAR	\$868.00	\$477.40	\$390.60	\$477.40	\$390.60		
D4260	OSSEOUS SURG,4 OR MORE TEETH	\$803.00	\$441.65	\$361.35	\$441.65	\$361.35		
D4341	SCAL RT PLAN, 4 OR MORE TEETH	\$141.00	\$77.55	\$63.45	\$77.55	\$63.45		
D7140	EXTRACTION TOOTH OR EXPOSED RT	\$79.00	\$43.45	\$35.55	\$43.45	\$35.55		
D7240	REMOVAL OF IMPACTED TOOTH-COMP	\$411.00	\$226.05	\$184.95	\$226.05	\$184.95		

		PPO					
		2015 PPO Allowable		Your New 2015		Your Old 2014	
Sample Cost Scenarios For Services In Zip 95814		Rate	2015 Reimbursement	Charge	2014 Reimbursement	Charge	
			80% -New		55% - Old		
Prevent Procedure	Description						
D0120	PERIODIC ORAL EXAM	\$31.00	\$24.80	\$6.20	\$17.05	\$13.95	
D0150	COMPREHENSIVE ORAL EXAMINATION	\$50.00	\$40.00	\$10.00	\$27.50	\$22.50	
D0210	INTRAORAL FMS AND BITEWINGS	\$89.00	\$71.20	\$17.80	\$48.95	\$40.05	
D0274	BITEWINGS - FOUR FILMS	\$39.00	\$31.20	\$7.80	\$21.45	\$17.55	
D0330	PANORAMIC - SINGLE FILM	\$54.00	\$43.20	\$10.80	\$29.70	\$24.30	
D1110	PROPHYLAXIS ADULTS	\$79.00	\$63.20	\$15.80	\$43.45	\$35.55	
Basic Procedure			60% - New		55% - Old		
D2140	AMALGAM ONE SURFACE PERMANENT	\$85.00	\$51.00	\$34.00	\$46.75	\$38.25	
D2150	AMALGAM TWO SURFACE PERMANENT	\$113.00	\$67.80	\$45.20	\$62.15	\$50.85	
D2392	RESIN TWO SURF, POST-PRIM/PERM	\$167.00	\$100.20	\$66.80	\$91.85	\$75.15	
Major Procedure			55% -Same		55% - Same		
D2750	CROWN PORCELAIN TO HIGH NOBLE	\$899.00	\$494.45	\$404.55	\$494.45	\$404.55	
D3330	ROOT CANAL - MOLAR	\$1,021.00	\$561.55	\$459.45	\$561.55	\$459.45	
D4260	OSSEOUS SURG,4 OR MORE TEETH	\$974.00	\$535.70	\$438.30	\$535.70	\$438.30	
D4341	SCAL RT PLAN, 4 OR MORE TEETH	\$173.00	\$95.15	\$77.85	\$95.15	\$77.85	
D7140	EXTRACTION TOOTH OR EXPOSED RT	\$97.00	\$53.35	\$43.65	\$53.35	\$43.65	
D7240	REMOVAL OF IMPACTED TOOTH-COMP	\$509.00	\$279.95	\$229.05	\$279.95	\$229.05	

		Out of Network				Ī		
Sample Cost Scenarios For Services In Zip 95814		Allowable at 80% UCR for Zip 95814	2015 Reimbursement	Your Charge + Any Balance Over Allowable	2014 Reimbursement	Your Charge + Any Balance Over Allowable	Higher Costs Are Incurred When Using Non-Network Providers	
			New 60% Of 80th Percentile		Old 55% of PPO rate		Extra Cost Over EPO Dentist	Extra Cost Over PPO Dentist
Prevent Procedure	Description						Not Including Balance Billing	
D0120	PERIODIC ORAL EXAM	\$60.00	\$36.00	\$24.00	\$17.05	\$42.95	\$18.60	\$17.80
D0150	COMPREHENSIVE ORAL EXAMINATION	\$98.00	\$58.80	\$39.20	\$27.50	\$70.50	\$31.60	\$29.20
D0210	INTRAORAL FMS AND BITEWINGS	\$150.00	\$90.00	\$60.00	\$48.95	\$101.05	\$45.60	\$42.20
D0274	BITEWINGS - FOUR FILMS	\$74.00	\$44.40	\$29.60	\$21.45	\$52.55	\$23.60	\$21.80
D0330	PANORAMIC - SINGLE FILM	\$128.00	\$76.80	\$51.20	\$29.70	\$98.30	\$42.40	\$40.40
D1110	PROPHYLAXIS ADULTS	\$104.00	\$62.40	\$41.60	\$43.45	\$60.55	\$28.60	\$25.80
Basic Procedure			New 60% Of 80th Percentile		Old 55% of PPO Rate			
D2140	AMALGAM ONE SURFACE PERMANENT	\$170.00	\$102.00	\$68.00	\$46.75	\$123.25	\$40.80	\$34.00
D2150	AMALGAM TWO SURFACE PERMANENT	\$195.00	\$117.00	\$78.00	\$62.15	\$132.85	\$42.00	\$32.80
D2392	RESIN TWO SURF, POST-PRIM/PERM	\$260.00	\$156.00	\$104.00	\$91.85	\$168.15	\$50.00	\$37.20
Major Procedure			New 50% of 80th Percentile		Old 55% of PPO Rate			
D2750	CROWN PORCELAIN TO HIGH NOBLE	\$1,150.00	\$575.00	\$575.00	\$494.45	\$655.55	\$238.40	\$170.45
D3330	ROOT CANAL - MOLAR	\$1,285.00	\$642.50	\$642.50	\$561.55	\$723.45	\$251.90	\$183.05
D4260	OSSEOUS SURG,4 OR MORE TEETH	\$1,806.00	\$642.50	\$1,163.50	\$561.55	\$1,244.45	\$802.15	\$725.20
D4341	SCAL RT PLAN, 4 OR MORE TEETH	\$281.00	\$140.50	\$140.50	\$95.15	\$185.85	\$77.05	\$62.65
D7140	EXTRACTION TOOTH OR EXPOSED RT	\$187.00	\$93.50	\$93.50	\$53.35	\$133.65	\$57.95	\$49.85
D7240	REMOVAL OF IMPACTED TOOTH-COMP	\$515.00	\$257.50	\$257.50	\$279.95	\$235.05	\$72.55	\$28.45