

Family of Four Exhibit



	Avg. Dentist's Charges – National Average	DPPO Plan	
		In-Network	Out-of-Network
PROCEDURE COSTS			
Mr. Smith			
Exam & X-Ray	\$98.00	\$3.36	\$7.50
Two Routine Cleanings	172.00	0.00	0.00
One (One Surface) Amalgam Fillings	113.00	15.20	33.90
Scaling & Root Planing	214.00	71.96	128.40
Root Canal	1,043.00	350.71	625.80
Subtotal	\$1,640.00	\$441.23	\$795.60
Mrs. Smith			
Exam & X-Ray	\$98.00	\$3.36	\$7.50
Two Routine Cleanings	172.00	0.00	0.00
Simple Extractions (Performed by General Dentist)	143.00	19.23	42.90
Crown – Porcelain to Noble Metal	966.00	324.82	579.60
Subtotal	\$1,379.00	\$347.41	\$630.00
Betty Smith			
Exam & X-Ray	\$98.00	\$3.36	\$7.50
Two Routine Cleanings	128.00	0.00	0.00
One (Two Surface) Posterior Composite Filling	199.00	26.77	59.70
Subtotal	\$425.00	\$30.13	\$67.20
Eddie Smith			
Exam & X-Ray	\$98.00	\$3.36	\$7.50
Amalgam Filling (Two Surface)	142.00	19.10	42.60
One (Three Surface) Anterior Composite Filling	211.00	28.38	63.30
Orthodontic Treatment – Child (Performed by Orthodontist – includes treatment plan and records; orthodontic therapy; 24 months)	6,422.00	2,818.77	4,922.00
Subtotal	\$6,873.00	\$2,869.61	\$5,035.40
Total Family Charges	\$10,317.00	\$3,688.38	\$7,669.30
Total Family Deductible		\$150.00	\$150.00
Patient Payments above Calendar Year Maximum		\$0.00	\$991.10
Total Family Costs	\$10,317.00	\$3,838.38	\$7,669.30

