

# Estimated Savings with Network Dentist

Traditional 100-80-50 Plan | Phoenix ZIP Code

Service	Cost without insurance	Network dentist cost	Plan pays based on network cost	Member pays
Two preventive visits (Type 1: 100%)	\$426	\$220	\$220 (100%)	\$0
Filling (Type 2: 80%)	\$188	\$82	\$26 (80% of \$32) \$82 - \$50 ded = \$32	\$56 (already paid \$50 ded)
Crown (Type 3: 50%)	\$1,162	\$636	\$318 (50%)	\$318
<b>TOTAL</b>	<b>\$1,776</b>	<b>\$938</b>	<b>\$564</b>	<b>\$374</b>

These estimated costs are for illustration purposes only. Review actual plan benefits before buying insurance.

**Type 1: Preventive** | Two Per Plan Year | No deductible | Exam (code D0120) | X-ray (D0272) | Cleaning (D1110)  
**Type 2: Basic** - Filling (D2330) | **Type 3: Major** - Crown (D2792) | \$50 annual deductible for first Type 2 or 3 procedure