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New York State Department of Civil Service

Financial Proposal - Redacted

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Dental Plan Services RFP - FINAL

Section 6: Financial Proposal

Section 6 of the RFP sets forth the requirements for the Offeror's Financial Proposal submission and the cost structure required by the Department for Offerors to use in developing their submission. The Offeror's Financial Proposal must respond to all the following mandatory sections as set forth below, in the formats as specified.

The sole compensation for the Contractor under the Contract will be payments based on the provisions set forth in this Section of the RFP. During the term of the Contract, amounts paid for which it is subsequently determined that the Contractor was not entitled, if any, must be refunded to the Department. Submission of an invoice and payment thereof shall not preclude the Department from recovery or offset of payment in any case where Project Services as delivered are found to deviate from the terms and conditions of the Contract.

Evaluation of Financial Proposals will be performed in accordance with Section 7.3 of the RFP.

By submitting a proposal the Offeror consents and grants permission to the Department to provide or share their Financial Proposal or portions thereof with any Department contracted third-party for the sole purpose of assisting the Department in the evaluation and analysis of the Offerors Financial Proposal.

Confirmed.

As the offeror, Anthem HealthChoice Assurance, Inc., dba Anthem Blue Cross (Anthem) confirms the below items related to our Financial Proposal:

The Financial Proposal must consist of a completed Discount Analysis Workbook (Attachment 35) and an Administrative Fee Form (Attachment 10).

The Offeror must submit a completed Discount Analysis Workbook (Attachment 35). The Discount Analysis Workbook requires Offerors to provide the average submitted charges and average allowed amounts for a list of dental procedure codes by a list of three-digit zip codes. More detailed instructions are provided in Attachment 35. The Department is seeking the broadest network access possible for its enrollees.

Therefore, Attachment 35 should reflect discounts for the Offerors' broadest networks.

The Offerors' discounts will be applied against a projection of network provider charges over the contract term. Network provider charges will be projected by utilizing historical claims data trended forward for each of the five years of the resulting Contract. The projections for In-network provider charges will be based on Offerors responses to the Utilized Provider Files (Attachment 30).

The Department will project out-of-network costs on Offerors responses to the Utilized Provider Files (Attachment 30). For non-network providers the projections will be calculated by multiplying projected non-network utilization by a pre-determined average allowed amount based on the Out-of-Network Reimbursement Schedule (Attachment 34).

6.1 Dental Plan Claims

Throughout the term of the Contract, the Offeror will be paid on a monthly basis for Dental Plan claims, including Participating Provider and Non-Network claims.

Confirmed.

Participating Provider claims will be reimbursed based on the Offeror's negotiated reimbursement rates with providers. The Non-Network claims are to be processed, for reimbursement to Enrollees and payment by the Department, based on the rates set forth in the Out-of-Network Reimbursement Schedule (Attachment 34).

Confirmed.

This Agreement is not subject to Article XI-A of NYS Finance Law. The Contractor agrees that Program Services provided under the Agreement shall continue in full force and effect for a minimum of at least thirty (30) calendar days beyond the payment due date. If after the thirty-fifth (35) calendar day, after receipt of an accurate invoice and claims data file, the Contractor has not yet received payment from the State for said invoice, the Contractor may proceed under the Dispute Resolution provision in Appendix B and the Agreement shall remain in full force and effect until such final decision is made, unless the Parties can come to a mutual agreement, in which case, the Agreement shall also remain in full force and effect.

Confirmed.

6.2 Administrative Fees

1. The Offeror must submit a completed Administrative Fee Form (Attachment 10) which must include the Offeror's proposed per Enrollee per month fee for Administrative Fees charged to the Dental Plan. An Offeror's quoted Administrative Fee must include all direct and indirect costs, overhead, travel expenses, fees, and profit.

Confirmed. Please refer to Section 3 for the completed *Administrative Fee form (Attachment 10)*.

2. The Offeror will be bound by its quoted Administrative Fee, as proposed in the Offeror's Financial Proposal for the entire term of the Contract, unless amended in writing.

Confirmed.

[REDACTED]

3. Each month, the Offeror shall calculate the total Administrative Fee payable to the Offeror by multiplying the per Enrollee per month fee by the average number Enrollees in force for the assessed month as reported by the Offeror. The average number Enrollees for the assessed month reported by the Offeror shall be based on the enrollment files and enrollment updates the Department transmits to the Offeror as set forth in Section 3.7 of this RFP.

Confirmed.

4. The Department reserves the right to adjust the Administrative Fee charged by the Offeror based on a reconciliation of the Enrollee counts reported from the Department's NYBEAS by the Enrollee counts utilized by the Offeror to calculate the monthly Administrative Fee. The reconciliation will be performed by the Department on an annual basis using the average Enrollee count for the respective Dental Plan Services Program Year. However, the Department may perform additional reconciliations throughout a given year if the average monthly Enrollee counts utilized by the Offeror differ significantly from the Department's Enrollee counts, as reflected in NYBEAS. In addition, the Administrative Fee due shall be adjusted on an annual basis based on penalties due to the Department or payments due from the Offeror in accordance with the Performance Guarantees form (Attachment 6).

Confirmed.

6.3 Assessments

Assessments are defined as surcharges or taxes charged by federal, state, and local government entities based on claims or membership. The State will be responsible for all such Assessments.

Confirmed.

ATTACHMENT 35



State of NY Discount Analysis Request

Instructions:

- The workbook contains 3 tabs that must be completed for **Calendar Year 2022 data (1/1/22 through 12/31/22)**:
 - The Average Allowed tab is asking for the Average Allowed charges with the Offeror's proposed network
 - The Average Secondary Allowed tab is asking for the Average Allowed charges of your lesser discounted network (if you offer tiered networks)
 - * Please be sure to indicate if you are collecting a portion of the retained savings
 - The Average Submitted Charges tab is asking for the Average Submitted charges with the Offeror's proposed network
- The Average Charges by procedure codes **MUST** include both General Dentists **AND SPECIALISTS**
- The workbook provides a list of 41 dental procedure codes (column B) and all enrolled 3-digit Zip Codes that creates a matrix for you to enter in the requested information below

Please enter the **Average Allowed Charges** for General Dentists and Specialists combined for each procedure code in each 3 Digit Zip Code listed

Please confirm your results are based on Average Allowed Charges.

Yes

* If you don't have credible data for a cell please leave it blank:

What is the percentage of your estimated network discount?

Confirm all results are inclusive of both General Dentists AND Specialists.

Yes

This data may contain confidential and proprietary information and for internal use only. Any dissemination, distribution, disclosure, or copying of this information is unauthorized and strictly prohibited.

3 Digit Zip Code Area			010	011	012	013	015	016
Total Subscriber Count			4	2	31	1	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Average Allowed

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3 Digit Zip Code Area			017	018	019	021	023	024
Total Subscriber Count			1	2	2	6	2	5
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
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3 Digit Zip Code Area			025	026	052	053	054	056
Total Subscriber Count			4	2	16	1	9	1
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
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3 Digit Zip Code Area			057	060	061	062	063	064
Total Subscriber Count			9	9	2	2	1	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
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3 Digit Zip Code Area			065	066	067	068	069	070
Total Subscriber Count			16	27	43	92	33	394
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
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3 Digit Zip Code Area			071	072	073	074	075	076
Total Subscriber Count			59	26	115	97	6	256
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
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3 Digit Zip Code Area			077	078	079	080	081	082
Total Subscriber Count			95	11	27	24	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
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3 Digit Zip Code Area			083	085	086	087	088	089
Total Subscriber Count			1	37	10	14	149	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
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3 Digit Zip Code Area			100	101	102	103	104	105
Total Subscriber Count			2,062	116	16	1,027	1,887	1,420
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
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3 Digit Zip Code Area			106	107	108	109	110	111
Total Subscriber Count			148	460	147	2,678	633	354
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
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3 Digit Zip Code Area			112	113	114	115	116	117
Total Subscriber Count			3,710	1,400	1,484	1,381	162	5,909
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
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3 Digit Zip Code Area			118	119	120	121	122	123
Total Subscriber Count			141	695	8,969	8,589	6,124	4,232
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
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3 Digit Zip Code Area			124	125	126	127	128	129
Total Subscriber Count			1,482	3,880	779	1,124	2,527	3,419
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
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3 Digit Zip Code Area			120	130	131	132	133	134
Total Subscriber Count			1	3,663	1,337	1,243	1,352	2,347
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
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3 Digit Zip Code Area			135	136	137	138	139	140
Total Subscriber Count			640	2,991	1,142	1,089	832	4,862
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
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3 Digit Zip Code Area			141	142	143	144	145	146
Total Subscriber Count			1,694	4,338	120	1,663	1,481	1,067
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
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unauthorized and strictly prohibited.**

3 Digit Zip Code Area			147	148	149	Other
Total Subscriber Count			554	3,670	471	1,194
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation				
	00140	Limited Oral Evaluation - Problem Focused				
	00150	Comprehensive Oral Evaluation - New or Established Patient				
	00210	Intraoral - Complete Series				
	00220	Intraoral - Periapical First Film				
	00230	Intraoral - Periapical Each Additional Film				
	00272	Bitewings - Two Films				
	00274	Bitewings - Four Films				
	00330	Panoramic Film				
	01110	Prophylaxis - Adult				
	01120	Prophylaxis - Child				
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child				
	01351	Sealant - Per Tooth				
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure				

Average Allowed

3 Digit Zip Code Area			010	011	012	013	015	016
Total Subscriber Count			4	2	31	1	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent						
	02150	Amalgam - Two Surfaces, Primary or Permanent						
	02160	Amalgam - Three Surfaces, Primary or Permanent						
	02161	Amalgam - Four or More Surfaces, Primary or Permanent						
	02330	Resin-Based Composite - One Surface, Anterior						
	02331	Resin-Based Composite - Two Surfaces, Anterior						
	02332	Resin-Based Composite - Three Surfaces, Anterior						
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior						
	02391	Resin-Based Composite - One Surface, Posterior						
	02392	Resin-Based Composite - Two Surfaces, Posterior						
	03310	Anterior (excluding final restoration)						
	03320	Bicuspid (excluding final restoration)						
	03330	Molar (excluding final restoration)						
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per						
	04910	Periodontal Maintenance						
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)						
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of						
	07230	Removal of Impacted Tooth - Partially Bony						
	07240	Removal of Impacted Tooth - Completely Bony						
	09223	Deep Sedation/General Anesthesia - First 15 Minutes						

Average Allowed

3 Digit Zip Code Area			017	018	019	021	023	024
Total Subscriber Count			1	2	2	6	2	5
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent						
	02150	Amalgam - Two Surfaces, Primary or Permanent						
	02160	Amalgam - Three Surfaces, Primary or Permanent						
	02161	Amalgam - Four or More Surfaces, Primary or Permanent						
	02330	Resin-Based Composite - One Surface, Anterior						
	02331	Resin-Based Composite - Two Surfaces, Anterior						
	02332	Resin-Based Composite - Three Surfaces, Anterior						
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior						
	02391	Resin-Based Composite - One Surface, Posterior						
	02392	Resin-Based Composite - Two Surfaces, Posterior						
	03310	Anterior (excluding final restoration)						
	03320	Bicuspid (excluding final restoration)						
	03330	Molar (excluding final restoration)						
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per						
	04910	Periodontal Maintenance						
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)						
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of						
	07230	Removal of Impacted Tooth - Partially Bony						
	07240	Removal of Impacted Tooth - Completely Bony						
	09223	Deep Sedation/General Anesthesia - First 15 Minutes						

Average Allowed

3 Digit Zip Code Area			025	026	052	053	054	056
Total Subscriber Count			4	2	16	1	9	1
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent						
	02150	Amalgam - Two Surfaces, Primary or Permanent						
	02160	Amalgam - Three Surfaces, Primary or Permanent						
	02161	Amalgam - Four or More Surfaces, Primary or Permanent						
	02330	Resin-Based Composite - One Surface, Anterior						
	02331	Resin-Based Composite - Two Surfaces, Anterior						
	02332	Resin-Based Composite - Three Surfaces, Anterior						
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior						
	02391	Resin-Based Composite - One Surface, Posterior						
	02392	Resin-Based Composite - Two Surfaces, Posterior						
	03310	Anterior (excluding final restoration)						
	03320	Bicuspid (excluding final restoration)						
	03330	Molar (excluding final restoration)						
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per						
	04910	Periodontal Maintenance						
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)						
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of						
	07230	Removal of Impacted Tooth - Partially Bony						
	07240	Removal of Impacted Tooth - Completely Bony						
	09223	Deep Sedation/General Anesthesia - First 15 Minutes						

Average Allowed

3 Digit Zip Code Area			057	060	061	062	063	064
Total Subscriber Count			9	9	2	2	1	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent						
	02150	Amalgam - Two Surfaces, Primary or Permanent						
	02160	Amalgam - Three Surfaces, Primary or Permanent						
	02161	Amalgam - Four or More Surfaces, Primary or Permanent						
	02330	Resin-Based Composite - One Surface, Anterior						
	02331	Resin-Based Composite - Two Surfaces, Anterior						
	02332	Resin-Based Composite - Three Surfaces, Anterior						
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior						
	02391	Resin-Based Composite - One Surface, Posterior						
	02392	Resin-Based Composite - Two Surfaces, Posterior						
	03310	Anterior (excluding final restoration)						
	03320	Bicuspid (excluding final restoration)						
	03330	Molar (excluding final restoration)						
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per						
	04910	Periodontal Maintenance						
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)						
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of						
	07230	Removal of Impacted Tooth - Partially Bony						
	07240	Removal of Impacted Tooth - Completely Bony						
	09223	Deep Sedation/General Anesthesia - First 15 Minutes						

Average Allowed

3 Digit Zip Code Area			065	066	067	068	069	070
Total Subscriber Count			16	27	43	92	33	394
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent						████
	02150	Amalgam - Two Surfaces, Primary or Permanent						████
	02160	Amalgam - Three Surfaces, Primary or Permanent						████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent						████
	02330	Resin-Based Composite - One Surface, Anterior						████
	02331	Resin-Based Composite - Two Surfaces, Anterior						████
	02332	Resin-Based Composite - Three Surfaces, Anterior						████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior						████
	02391	Resin-Based Composite - One Surface, Posterior						████
	02392	Resin-Based Composite - Two Surfaces, Posterior						████
	03310	Anterior (excluding final restoration)						████
	03320	Bicuspid (excluding final restoration)						████
	03330	Molar (excluding final restoration)						████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per						████
	04910	Periodontal Maintenance						████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)						████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of						████
	07230	Removal of Impacted Tooth - Partially Bony						████
	07240	Removal of Impacted Tooth - Completely Bony						████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes						████

Average Allowed

3 Digit Zip Code Area			071	072	073	074	075	076
Total Subscriber Count			59	26	115	97	6	256
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Allowed

3 Digit Zip Code Area			077	078	079	080	081	082
Total Subscriber Count			95	11	27	24	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████			
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████			
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████			
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████			
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████			
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████			
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████			
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████			
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████			
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████			
	03310	Anterior (excluding final restoration)	████	████	████			
	03320	Bicuspid (excluding final restoration)	████	████	████			
	03330	Molar (excluding final restoration)	████	████	████			
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████			
	04910	Periodontal Maintenance	████	████	████			
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████			
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of	████	████	████			
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████			
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████			
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████			

Average Allowed

3 Digit Zip Code Area			083	085	086	087	088	089
Total Subscriber Count			1	37	10	14	149	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent						
	02150	Amalgam - Two Surfaces, Primary or Permanent						
	02160	Amalgam - Three Surfaces, Primary or Permanent						
	02161	Amalgam - Four or More Surfaces, Primary or Permanent						
	02330	Resin-Based Composite - One Surface, Anterior						
	02331	Resin-Based Composite - Two Surfaces, Anterior						
	02332	Resin-Based Composite - Three Surfaces, Anterior						
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior						
	02391	Resin-Based Composite - One Surface, Posterior						
	02392	Resin-Based Composite - Two Surfaces, Posterior						
	03310	Anterior (excluding final restoration)						
	03320	Bicuspid (excluding final restoration)						
	03330	Molar (excluding final restoration)						
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per						
	04910	Periodontal Maintenance						
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)						
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of						
	07230	Removal of Impacted Tooth - Partially Bony						
	07240	Removal of Impacted Tooth - Completely Bony						
	09223	Deep Sedation/General Anesthesia - First 15 Minutes						

Average Allowed

3 Digit Zip Code Area			100	101	102	103	104	105
Total Subscriber Count			2,062	116	16	1,027	1,887	1,420
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Allowed

3 Digit Zip Code Area			106	107	108	109	110	111
Total Subscriber Count			148	460	147	2,678	633	354
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Allowed

3 Digit Zip Code Area			112	113	114	115	116	117
Total Subscriber Count			3,710	1,400	1,484	1,381	162	5,909
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Allowed

3 Digit Zip Code Area			118	119	120	121	122	123
Total Subscriber Count			141	695	8,969	8,589	6,124	4,232
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Allowed

3 Digit Zip Code Area			124	125	126	127	128	129
Total Subscriber Count			1,482	3,880	779	1,124	2,527	3,419
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Allowed

3 Digit Zip Code Area			120	130	131	132	133	134
Total Subscriber Count			1	3,663	1,337	1,243	1,352	2,347
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent					████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent					████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent					████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent					████	████
	02330	Resin-Based Composite - One Surface, Anterior					████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior					████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior					████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior					████	████
	02391	Resin-Based Composite - One Surface, Posterior					████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior					████	████
	03310	Anterior (excluding final restoration)					████	████
	03320	Bicuspid (excluding final restoration)					████	████
	03330	Molar (excluding final restoration)					████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per					████	████
	04910	Periodontal Maintenance					████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)					████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of					████	████
	07230	Removal of Impacted Tooth - Partially Bony					████	████
	07240	Removal of Impacted Tooth - Completely Bony					████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes					████	████

Average Allowed

3 Digit Zip Code Area			135	136	137	138	139	140
Total Subscriber Count			640	2,991	1,142	1,089	832	4,862
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent			████	████		
	02150	Amalgam - Two Surfaces, Primary or Permanent			████	████		
	02160	Amalgam - Three Surfaces, Primary or Permanent			████	████		
	02161	Amalgam - Four or More Surfaces, Primary or Permanent			████	████		
	02330	Resin-Based Composite - One Surface, Anterior			████	████		
	02331	Resin-Based Composite - Two Surfaces, Anterior			████	████		
	02332	Resin-Based Composite - Three Surfaces, Anterior			████	████		
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior			████	████		
	02391	Resin-Based Composite - One Surface, Posterior			████	████		
	02392	Resin-Based Composite - Two Surfaces, Posterior			████	████		
	03310	Anterior (excluding final restoration)			████	████		
	03320	Bicuspid (excluding final restoration)			████	████		
	03330	Molar (excluding final restoration)			████	████		
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per			████	████		
	04910	Periodontal Maintenance			████	████		
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)			████	████		
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of			████	████		
	07230	Removal of Impacted Tooth - Partially Bony			████	████		
	07240	Removal of Impacted Tooth - Completely Bony			████	████		
	09223	Deep Sedation/General Anesthesia - First 15 Minutes			████	████		

Average Allowed

3 Digit Zip Code Area			141	142	143	144	145	146
Total Subscriber Count			1,694	4,338	120	1,663	1,481	1,067
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent						
	02150	Amalgam - Two Surfaces, Primary or Permanent						
	02160	Amalgam - Three Surfaces, Primary or Permanent						
	02161	Amalgam - Four or More Surfaces, Primary or Permanent						
	02330	Resin-Based Composite - One Surface, Anterior						
	02331	Resin-Based Composite - Two Surfaces, Anterior						
	02332	Resin-Based Composite - Three Surfaces, Anterior						
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior						
	02391	Resin-Based Composite - One Surface, Posterior						
	02392	Resin-Based Composite - Two Surfaces, Posterior						
	03310	Anterior (excluding final restoration)						
	03320	Bicuspid (excluding final restoration)						
	03330	Molar (excluding final restoration)						
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per						
	04910	Periodontal Maintenance						
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)						
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of						
	07230	Removal of Impacted Tooth - Partially Bony						
	07240	Removal of Impacted Tooth - Completely Bony						
	09223	Deep Sedation/General Anesthesia - First 15 Minutes						

Average Allowed

3 Digit Zip Code Area			147	148	149	Other
Total Subscriber Count			554	3,670	471	1,194
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent				████
	02150	Amalgam - Two Surfaces, Primary or Permanent				████
	02160	Amalgam - Three Surfaces, Primary or Permanent				████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent				████
	02330	Resin-Based Composite - One Surface, Anterior				████
	02331	Resin-Based Composite - Two Surfaces, Anterior				████
	02332	Resin-Based Composite - Three Surfaces, Anterior				████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior				████
	02391	Resin-Based Composite - One Surface, Posterior				████
	02392	Resin-Based Composite - Two Surfaces, Posterior				████
	03310	Anterior (excluding final restoration)				████
	03320	Bicuspid (excluding final restoration)				████
	03330	Molar (excluding final restoration)				████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per				████
	04910	Periodontal Maintenance				████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)				████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of				████
	07230	Removal of Impacted Tooth - Partially Bony				████
	07240	Removal of Impacted Tooth - Completely Bony				████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes				████

Average Allowed

3 Digit Zip Code Area			010	011	012	013	015	016
Total Subscriber Count			4	2	31	1	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			017	018	019	021	023	024
Total Subscriber Count			1	2	2	6	2	5
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			025	026	052	053	054	056
Total Subscriber Count			4	2	16	1	9	1
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			057	060	061	062	063	064
Total Subscriber Count			9	9	2	2	1	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			065	066	067	068	069	070
Total Subscriber Count			16	27	43	92	33	394
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			071	072	073	074	075	076
Total Subscriber Count			59	26	115	97	6	256
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			077	078	079	080	081	082
Total Subscriber Count			95	11	27	24	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			083	085	086	087	088	089
Total Subscriber Count			1	37	10	14	149	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			100	101	102	103	104	105
Total Subscriber Count			2,062	116	16	1,027	1,887	1,420
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			106	107	108	109	110	111
Total Subscriber Count			148	460	147	2,678	633	354
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			112	113	114	115	116	117
Total Subscriber Count			3,710	1,400	1,484	1,381	162	5,909
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			118	119	120	121	122	123
Total Subscriber Count			141	695	8,969	8,589	6,124	4,232
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			124	125	126	127	128	129
Total Subscriber Count			1,482	3,880	779	1,124	2,527	3,419
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			120	130	131	132	133	134
Total Subscriber Count			1	3,663	1,337	1,243	1,352	2,347
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			135	136	137	138	139	140
Total Subscriber Count			640	2,991	1,142	1,089	832	4,862
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			141	142	143	144	145	146
Total Subscriber Count			1,694	4,338	120	1,663	1,481	1,067
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			147	148	149	Other
Total Subscriber Count			554	3,670	471	1,194
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal				
	02752	Crown - Porcelain Fused to Noble Metal				
	02790	Crown - Full Cast High Noble Metal				
	02792	Crown - Full Cast Noble Metal				
	02920	Recement Crown				
	02950	Core Buildup, Including Any Pins				
	02954	Prefabricated Post and Core in Addition to Crown				

Please enter the **Average Secondary or Leased Allowed Charges** for General and Specialist combined for each procedure code in each 3 Digit Zip Code listed

Please confirm your results are based on Average Allowed Charges. Yes

* If you don't have credible data for a cell please leave it blank

What is the percentage of your estimated network discount?

Confirm all results are inclusive of both General Dentists AND Specialists. Yes

This data may contain confidential and proprietary information and for internal use only. Any dissemination, distribution, disclosure, or copying of this information is unauthorized and strictly prohibited.

3 Digit Zip Code Area			010	011	012	013	015	016
Total Subscriber Count			4	2	31	1	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

Please confirm your results are based on Average Allowed Charges.

* If you don't have credible data for a cell please leave it blank

What is the percentage of your estimated network discount?

Confirm all results are inclusive of both General Dentists AND Specialists.

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strictly prohibited.

3 Digit Zip Code Area			017	018	019	021	023	024
Total Subscriber Count			1	2	2	6	2	5
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

Please confirm your results are based on Average Allowed Charges.

* If you don't have credible data for a cell please leave it blank

What is the percentage of your estimated network discount?

Confirm all results are inclusive of both General Dentists AND Specialists.

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3 Digit Zip Code Area			025	026	052	053	054	056
Total Subscriber Count			4	2	16	1	9	1
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

Please confirm your results are based on Average Allowed Charges.

* If you don't have credible data for a cell please leave it blank

What is the percentage of your estimated network discount?

Confirm all results are inclusive of both General Dentists AND Specialists.

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strictly prohibited.

3 Digit Zip Code Area			057	060	061	062	063	064
Total Subscriber Count			9	9	2	2	1	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

Please confirm your results are based on Average Allowed Charges.

* If you don't have credible data for a cell please leave it blank

What is the percentage of your estimated network discount?

Confirm all results are inclusive of both General Dentists AND Specialists.

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strictly prohibited.

3 Digit Zip Code Area			065	066	067	068	069	070
Total Subscriber Count			16	27	43	92	33	394
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

Please confirm your results are based on Average Allowed Charges.

* If you don't have credible data for a cell please leave it blank

What is the percentage of your estimated network discount?

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3 Digit Zip Code Area			071	072	073	074	075	076
Total Subscriber Count			59	26	115	97	6	256
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

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3 Digit Zip Code Area			077	078	079	080	081	082
Total Subscriber Count			95	11	27	24	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

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3 Digit Zip Code Area			083	085	086	087	088	089
Total Subscriber Count			1	37	10	14	149	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

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3 Digit Zip Code Area			100	101	102	103	104	105
Total Subscriber Count			2,062	116	16	1,027	1,887	1,420
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

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3 Digit Zip Code Area			106	107	108	109	110	111
Total Subscriber Count			148	460	147	2,678	633	354
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

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3 Digit Zip Code Area			112	113	114	115	116	117
Total Subscriber Count			3,710	1,400	1,484	1,381	162	5,909
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

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3 Digit Zip Code Area			118	119	120	121	122	123
Total Subscriber Count			141	695	8,969	8,589	6,124	4,232
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

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3 Digit Zip Code Area			124	125	126	127	128	129
Total Subscriber Count			1,482	3,880	779	1,124	2,527	3,419
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

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3 Digit Zip Code Area			12O	130	131	132	133	134
Total Subscriber Count			1	3,663	1,337	1,243	1,352	2,347
Class	Code	Description of Service		Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation	N/A					
	00140	Limited Oral Evaluation - Problem Focused	N/A					
	00150	Comprehensive Oral Evaluation - New or Established Patient	N/A					
	00210	Intraoral - Complete Series	N/A					
	00220	Intraoral - Periapical First Film	N/A					
	00230	Intraoral - Periapical Each Additional Film	N/A					
	00272	Bitewings - Two Films	N/A					
	00274	Bitewings - Four Films	N/A					
	00330	Panoramic Film	N/A					
	01110	Prophylaxis - Adult	N/A					
	01120	Prophylaxis - Child	N/A					
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child	N/A					
	01351	Sealant - Per Tooth	N/A					
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure	N/A					

Please enter the **Average Secondary or Leased Allowed Charges** for General

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3 Digit Zip Code Area			135	136	137	138	139	140
Total Subscriber Count			640	2,991	1,142	1,089	832	4,862
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

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3 Digit Zip Code Area			141	142	143	144	145	146
Total Subscriber Count			1,694	4,338	120	1,663	1,481	1,067
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation						
	00140	Limited Oral Evaluation - Problem Focused						
	00150	Comprehensive Oral Evaluation - New or Established Patient						
	00210	Intraoral - Complete Series						
	00220	Intraoral - Periapical First Film						
	00230	Intraoral - Periapical Each Additional Film						
	00272	Bitewings - Two Films						
	00274	Bitewings - Four Films						
	00330	Panoramic Film						
	01110	Prophylaxis - Adult						
	01120	Prophylaxis - Child						
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child						
	01351	Sealant - Per Tooth						
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure						

Please enter the **Average Secondary or Leased Allowed Charges** for General

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3 Digit Zip Code Area			147	148	149	Other
Total Subscriber Count			554	3,670	471	1,194
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class I	00120	Periodic Oral Evaluation				
	00140	Limited Oral Evaluation - Problem Focused				
	00150	Comprehensive Oral Evaluation - New or Established Patient				
	00210	Intraoral - Complete Series				
	00220	Intraoral - Periapical First Film				
	00230	Intraoral - Periapical Each Additional Film				
	00272	Bitewings - Two Films				
	00274	Bitewings - Four Films				
	00330	Panoramic Film				
	01110	Prophylaxis - Adult				
	01120	Prophylaxis - Child				
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child				
	01351	Sealant - Per Tooth				
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure				

3 Digit Zip Code Area			010	011	012	013	015	016
Total Subscriber Count			4	2	31	1	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			017	018	019	021	023	024
Total Subscriber Count			1	2	2	6	2	5
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			025	026	052	053	054	056
Total Subscriber Count			4	2	16	1	9	1
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			057	060	061	062	063	064
Total Subscriber Count			9	9	2	2	1	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			065	066	067	068	069	070
Total Subscriber Count			16	27	43	92	33	394
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			071	072	073	074	075	076
Total Subscriber Count			59	26	115	97	6	256
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			077	078	079	080	081	082
Total Subscriber Count			95	11	27	24	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			083	085	086	087	088	089
Total Subscriber Count			1	37	10	14	149	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			100	101	102	103	104	105
Total Subscriber Count			2,062	116	16	1,027	1,887	1,420
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			106	107	108	109	110	111
Total Subscriber Count			148	460	147	2,678	633	354
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			112	113	114	115	116	117
Total Subscriber Count			3,710	1,400	1,484	1,381	162	5,909
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			118	119	120	121	122	123
Total Subscriber Count			141	695	8,969	8,589	6,124	4,232
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			124	125	126	127	128	129
Total Subscriber Count			1,482	3,880	779	1,124	2,527	3,419
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			120	130	131	132	133	134
Total Subscriber Count			1	3,663	1,337	1,243	1,352	2,347
Class	Code	Description of Service		Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	N/A	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	N/A	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	N/A	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	N/A	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	N/A	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	N/A	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	N/A	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	N/A	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	N/A	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	N/A	████	████	████	████	████
	03310	Anterior (excluding final restoration)	N/A	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	N/A	████	████	████	████	████
	03330	Molar (excluding final restoration)	N/A	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	N/A	████	████	████	████	████
	04910	Periodontal Maintenance	N/A	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	N/A	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	N/A	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	N/A	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	N/A	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	N/A	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			135	136	137	138	139	140
Total Subscriber Count			640	2,991	1,142	1,089	832	4,862
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			141	142	143	144	145	146
Total Subscriber Count			1,694	4,338	120	1,663	1,481	1,067
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			147	148	149	Other
Total Subscriber Count			554	3,670	471	1,194
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████

Average Secondary Allowed

3 Digit Zip Code Area			010	011	012	013	015	016
Total Subscriber Count			4	2	31	1	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			017	018	019	021	023	024
Total Subscriber Count			1	2	2	6	2	5
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal	██████	██████	██████	██████	██████	██████
	02752	Crown - Porcelain Fused to Noble Metal	██████	██████	██████	██████	██████	██████
	02790	Crown - Full Cast High Noble Metal	██████	██████	██████	██████	██████	██████
	02792	Crown - Full Cast Noble Metal	██████	██████	██████	██████	██████	██████
	02920	Recement Crown	██████	██████	██████	██████	██████	██████
	02950	Core Buildup, Including Any Pins	██████	██████	██████	██████	██████	██████
	02954	Prefabricated Post and Core in Addition to Crown	██████	██████	██████	██████	██████	██████

3 Digit Zip Code Area			025	026	052	053	054	056
Total Subscriber Count			4	2	16	1	9	1
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			057	060	061	062	063	064
Total Subscriber Count			9	9	2	2	1	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			065	066	067	068	069	070
Total Subscriber Count			16	27	43	92	33	394
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal	████	████	████	████	████	████
	02752	Crown - Porcelain Fused to Noble Metal	████	████	████	████	████	████
	02790	Crown - Full Cast High Noble Metal	████	████	████	████	████	████
	02792	Crown - Full Cast Noble Metal	████	████	████	████	████	████
	02920	Recement Crown	████	████	████	████	████	████
	02950	Core Buildup, Including Any Pins	████	████	████	████	████	████
	02954	Prefabricated Post and Core in Addition to Crown	████	████	████	████	████	████

3 Digit Zip Code Area			071	072	073	074	075	076
Total Subscriber Count			59	26	115	97	6	256
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal	████	████	████	████	████	████
	02752	Crown - Porcelain Fused to Noble Metal	████	████	████	████	████	████
	02790	Crown - Full Cast High Noble Metal	████	████	████	████	████	████
	02792	Crown - Full Cast Noble Metal	████	████	████	████	████	████
	02920	Recement Crown	████	████	████	████	████	████
	02950	Core Buildup, Including Any Pins	████	████	████	████	████	████
	02954	Prefabricated Post and Core in Addition to Crown	████	████	████	████	████	████

3 Digit Zip Code Area			077	078	079	080	081	082
Total Subscriber Count			95	11	27	24	1	2
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal	████	████	████	████	████	████
	02752	Crown - Porcelain Fused to Noble Metal	████	████	████	████	████	████
	02790	Crown - Full Cast High Noble Metal	████	████	████	████	████	████
	02792	Crown - Full Cast Noble Metal	████	████	████	████	████	████
	02920	Recement Crown	████	████	████	████	████	████
	02950	Core Buildup, Including Any Pins	████	████	████	████	████	████
	02954	Prefabricated Post and Core in Addition to Crown	████	████	████	████	████	████

3 Digit Zip Code Area			083	085	086	087	088	089
Total Subscriber Count			1	37	10	14	149	17
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal	████	████	████	████	████	████
	02752	Crown - Porcelain Fused to Noble Metal	████	████	████	████	████	████
	02790	Crown - Full Cast High Noble Metal	████	████	████	████	████	████
	02792	Crown - Full Cast Noble Metal	████	████	████	████	████	████
	02920	Recement Crown	████	████	████	████	████	████
	02950	Core Buildup, Including Any Pins	████	████	████	████	████	████
	02954	Prefabricated Post and Core in Addition to Crown	████	████	████	████	████	████

3 Digit Zip Code Area			100	101	102	103	104	105
Total Subscriber Count			2,062	116	16	1,027	1,887	1,420
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			106	107	108	109	110	111
Total Subscriber Count			148	460	147	2,678	633	354
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal	████	████	████	████	████	████
	02752	Crown - Porcelain Fused to Noble Metal	████	████	████	████	████	████
	02790	Crown - Full Cast High Noble Metal	████	████	████	████	████	████
	02792	Crown - Full Cast Noble Metal	████	████	████	████	████	████
	02920	Recement Crown	████	████	████	████	████	████
	02950	Core Buildup, Including Any Pins	████	████	████	████	████	████
	02954	Prefabricated Post and Core in Addition to Crown	████	████	████	████	████	████

3 Digit Zip Code Area			112	113	114	115	116	117
Total Subscriber Count			3,710	1,400	1,484	1,381	162	5,909
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			118	119	120	121	122	123
Total Subscriber Count			141	695	8,969	8,589	6,124	4,232
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			124	125	126	127	128	129
Total Subscriber Count			1,482	3,880	779	1,124	2,527	3,419
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			120	130	131	132	133	134
Total Subscriber Count			1	3,663	1,337	1,243	1,352	2,347
Class	Code	Description of Service		Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal	N/A	████	████	████	████	████
	02752	Crown - Porcelain Fused to Noble Metal	N/A	████	████	████	████	████
	02790	Crown - Full Cast High Noble Metal	N/A	████	████	████	████	████
	02792	Crown - Full Cast Noble Metal	N/A	████	████	████	████	████
	02920	Recement Crown	N/A	████	████	████	████	████
	02950	Core Buildup, Including Any Pins	N/A	████	████	████	████	████
	02954	Prefabricated Post and Core in Addition to Crown	N/A	████	████	████	████	████

3 Digit Zip Code Area			135	136	137	138	139	140
Total Subscriber Count			640	2,991	1,142	1,089	832	4,862
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal	██████	██████	██████	██████	██████	██████
	02752	Crown - Porcelain Fused to Noble Metal	██████	██████	██████	██████	██████	██████
	02790	Crown - Full Cast High Noble Metal	██████	██████	██████	██████	██████	██████
	02792	Crown - Full Cast Noble Metal	██████	██████	██████	██████	██████	██████
	02920	Recement Crown	██████	██████	██████	██████	██████	██████
	02950	Core Buildup, Including Any Pins	██████	██████	██████	██████	██████	██████
	02954	Prefabricated Post and Core in Addition to Crown	██████	██████	██████	██████	██████	██████

3 Digit Zip Code Area			141	142	143	144	145	146
Total Subscriber Count			1,694	4,338	120	1,663	1,481	1,067
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal						
	02752	Crown - Porcelain Fused to Noble Metal						
	02790	Crown - Full Cast High Noble Metal						
	02792	Crown - Full Cast Noble Metal						
	02920	Recement Crown						
	02950	Core Buildup, Including Any Pins						
	02954	Prefabricated Post and Core in Addition to Crown						

3 Digit Zip Code Area			147	148	149	Other
Total Subscriber Count			554	3,670	471	1,194
Class	Code	Description of Service	Average Allowed	Average Allowed	Average Allowed	Average Allowed
Class III	02750	Crown - Porcelain Fused to High Noble Metal	██████	██████	██████	██████
	02752	Crown - Porcelain Fused to Noble Metal	██████	██████	██████	██████
	02790	Crown - Full Cast High Noble Metal	██████	██████	██████	██████
	02792	Crown - Full Cast Noble Metal	██████	██████	██████	██████
	02920	Recement Crown	██████	██████	██████	██████
	02950	Core Buildup, Including Any Pins	██████	██████	██████	██████
	02954	Prefabricated Post and Core in Addition to Crown	██████	██████	██████	██████

Please enter the **Average Submitted Charges** for General Dentists and Specialists combined for each procedure code in each 3 Digit Zip Code listed

* If you don't have credible data for a cell please leave it blank

This data may contain confidential and proprietary information and for internal use only. Any dissemination, distribution, disclosure, or copying of this information is unauthorized and strictly prohibited.

3 Digit Zip Code Area			010	011	012	013	015	016	017
Total Subscriber Count			4	2	31	1	1	2	1
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

*** If you don't have credible data for a cell please leave it blank**
This data may contain confidential and proprietary information and for internal strictly prohibited.

3 Digit Zip Code Area			018	019	021	023	024	025	026
Total Subscriber Count			2	2	6	2	5	4	2
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

*** If you don't have credible data for a cell please leave it blank**
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3 Digit Zip Code Area			052	053	054	056	057	060	061
Total Subscriber Count			16	1	9	1	9	9	2
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			062	063	064	065	066	067	068
Total Subscriber Count			2	1	17	16	27	43	92
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			069	070	071	072	073	074	075
Total Subscriber Count			33	394	59	26	115	97	6
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			076	077	078	079	080	081	082
Total Subscriber Count			256	95	11	27	24	1	2
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			083	085	086	087	088	089	100
Total Subscriber Count			1	37	10	14	149	17	2,062
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			101	102	103	104	105	106	107
Total Subscriber Count			116	16	1,027	1,887	1,420	148	460
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			108	109	110	111	112	113	114
Total Subscriber Count			147	2,678	633	354	3,710	1,400	1,484
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			115	116	117	118	119	120	121
Total Subscriber Count			1,381	162	5,909	141	695	8,969	8,589
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			122	123	124	125	126	127	128
Total Subscriber Count			6,124	4,232	1,482	3,880	779	1,124	2,527
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			129	120	130	131	132	133	134
Total Subscriber Count			3,419	1	3,663	1,337	1,243	1,352	2,347
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation		N/A					
	00140	Limited Oral Evaluation - Problem Focused		N/A					
	00150	Comprehensive Oral Evaluation - New or Established Patient		N/A					
	00210	Intraoral - Complete Series		N/A					
	00220	Intraoral - Periapical First Film		N/A					
	00230	Intraoral - Periapical Each Additional Film		N/A					
	00272	Bitewings - Two Films		N/A					
	00274	Bitewings - Four Films		N/A					
	00330	Panoramic Film		N/A					
	01110	Prophylaxis - Adult		N/A					
	01120	Prophylaxis - Child		N/A					
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child		N/A					
	01351	Sealant - Per Tooth		N/A					
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure		N/A					

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			135	136	137	138	139	140	141
Total Subscriber Count			640	2,991	1,142	1,089	832	4,862	1,694
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			142	143	144	145	146	147	148
Total Subscriber Count			4,338	120	1,663	1,481	1,067	554	3,670
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation							
	00140	Limited Oral Evaluation - Problem Focused							
	00150	Comprehensive Oral Evaluation - New or Established Patient							
	00210	Intraoral - Complete Series							
	00220	Intraoral - Periapical First Film							
	00230	Intraoral - Periapical Each Additional Film							
	00272	Bitewings - Two Films							
	00274	Bitewings - Four Films							
	00330	Panoramic Film							
	01110	Prophylaxis - Adult							
	01120	Prophylaxis - Child							
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child							
	01351	Sealant - Per Tooth							
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure							

Please enter the **Average Submitted Charges** for General Dentists at

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3 Digit Zip Code Area			149	Other
Total Subscriber Count			471	1,194
Class	Code	Description of Service	Average Submitted	Average Submitted
Class I	00120	Periodic Oral Evaluation		
	00140	Limited Oral Evaluation - Problem Focused		
	00150	Comprehensive Oral Evaluation - New or Established Patient		
	00210	Intraoral - Complete Series		
	00220	Intraoral - Periapical First Film		
	00230	Intraoral - Periapical Each Additional Film		
	00272	Bitewings - Two Films		
	00274	Bitewings - Four Films		
	00330	Panoramic Film		
	01110	Prophylaxis - Adult		
	01120	Prophylaxis - Child		
	01208	Topical Application of Fluoride (prophylaxis excluded) - Adult or child		
	01351	Sealant - Per Tooth		
	09110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure		

3 Digit Zip Code Area			010	011	012	013	015	016	017
Total Subscriber Count			4	2	31	1	1	2	1
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth	████	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and	████	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████	████

Average Submitted Charges

3 Digit Zip Code Area			018	019	021	023	024	025	026
Total Subscriber Count			2	2	6	2	5	4	2
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent							
	02150	Amalgam - Two Surfaces, Primary or Permanent							
	02160	Amalgam - Three Surfaces, Primary or Permanent							
	02161	Amalgam - Four or More Surfaces, Primary or Permanent							
	02330	Resin-Based Composite - One Surface, Anterior							
	02331	Resin-Based Composite - Two Surfaces, Anterior							
	02332	Resin-Based Composite - Three Surfaces, Anterior							
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior							
	02391	Resin-Based Composite - One Surface, Posterior							
	02392	Resin-Based Composite - Two Surfaces, Posterior							
	03310	Anterior (excluding final restoration)							
	03320	Bicuspid (excluding final restoration)							
	03330	Molar (excluding final restoration)							
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth							
	04910	Periodontal Maintenance							
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)							
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and							
	07230	Removal of Impacted Tooth - Partially Bony							
	07240	Removal of Impacted Tooth - Completely Bony							
	09223	Deep Sedation/General Anesthesia - First 15 Minutes							

Average Submitted Charges

3 Digit Zip Code Area			052	053	054	056	057	060	061
Total Subscriber Count			16	1	9	1	9	9	2
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent							
	02150	Amalgam - Two Surfaces, Primary or Permanent							
	02160	Amalgam - Three Surfaces, Primary or Permanent							
	02161	Amalgam - Four or More Surfaces, Primary or Permanent							
	02330	Resin-Based Composite - One Surface, Anterior							
	02331	Resin-Based Composite - Two Surfaces, Anterior							
	02332	Resin-Based Composite - Three Surfaces, Anterior							
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior							
	02391	Resin-Based Composite - One Surface, Posterior							
	02392	Resin-Based Composite - Two Surfaces, Posterior							
	03310	Anterior (excluding final restoration)							
	03320	Bicuspid (excluding final restoration)							
	03330	Molar (excluding final restoration)							
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth							
	04910	Periodontal Maintenance							
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)							
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and							
	07230	Removal of Impacted Tooth - Partially Bony							
	07240	Removal of Impacted Tooth - Completely Bony							
	09223	Deep Sedation/General Anesthesia - First 15 Minutes							

Average Submitted Charges

3 Digit Zip Code Area			062	063	064	065	066	067	068
Total Subscriber Count			2	1	17	16	27	43	92
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent							
	02150	Amalgam - Two Surfaces, Primary or Permanent							
	02160	Amalgam - Three Surfaces, Primary or Permanent							
	02161	Amalgam - Four or More Surfaces, Primary or Permanent							
	02330	Resin-Based Composite - One Surface, Anterior							
	02331	Resin-Based Composite - Two Surfaces, Anterior							
	02332	Resin-Based Composite - Three Surfaces, Anterior							
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior							
	02391	Resin-Based Composite - One Surface, Posterior							
	02392	Resin-Based Composite - Two Surfaces, Posterior							
	03310	Anterior (excluding final restoration)							
	03320	Bicuspid (excluding final restoration)							
	03330	Molar (excluding final restoration)							
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth							
	04910	Periodontal Maintenance							
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)							
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and							
	07230	Removal of Impacted Tooth - Partially Bony							
	07240	Removal of Impacted Tooth - Completely Bony							
	09223	Deep Sedation/General Anesthesia - First 15 Minutes							

Average Submitted Charges

3 Digit Zip Code Area			069	070	071	072	073	074	075
Total Subscriber Count			33	394	59	26	115	97	6
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent							
	02150	Amalgam - Two Surfaces, Primary or Permanent							
	02160	Amalgam - Three Surfaces, Primary or Permanent							
	02161	Amalgam - Four or More Surfaces, Primary or Permanent							
	02330	Resin-Based Composite - One Surface, Anterior							
	02331	Resin-Based Composite - Two Surfaces, Anterior							
	02332	Resin-Based Composite - Three Surfaces, Anterior							
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior							
	02391	Resin-Based Composite - One Surface, Posterior							
	02392	Resin-Based Composite - Two Surfaces, Posterior							
	03310	Anterior (excluding final restoration)							
	03320	Bicuspid (excluding final restoration)							
	03330	Molar (excluding final restoration)							
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth							
	04910	Periodontal Maintenance							
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)							
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and							
	07230	Removal of Impacted Tooth - Partially Bony							
	07240	Removal of Impacted Tooth - Completely Bony							
	09223	Deep Sedation/General Anesthesia - First 15 Minutes							

Average Submitted Charges

3 Digit Zip Code Area			076	077	078	079	080	081	082
Total Subscriber Count			256	95	11	27	24	1	2
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent							
	02150	Amalgam - Two Surfaces, Primary or Permanent							
	02160	Amalgam - Three Surfaces, Primary or Permanent							
	02161	Amalgam - Four or More Surfaces, Primary or Permanent							
	02330	Resin-Based Composite - One Surface, Anterior							
	02331	Resin-Based Composite - Two Surfaces, Anterior							
	02332	Resin-Based Composite - Three Surfaces, Anterior							
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior							
	02391	Resin-Based Composite - One Surface, Posterior							
	02392	Resin-Based Composite - Two Surfaces, Posterior							
	03310	Anterior (excluding final restoration)							
	03320	Bicuspid (excluding final restoration)							
	03330	Molar (excluding final restoration)							
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth							
	04910	Periodontal Maintenance							
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)							
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and							
	07230	Removal of Impacted Tooth - Partially Bony							
	07240	Removal of Impacted Tooth - Completely Bony							
	09223	Deep Sedation/General Anesthesia - First 15 Minutes							

Average Submitted Charges

3 Digit Zip Code Area			083	085	086	087	088	089	100
Total Subscriber Count			1	37	10	14	149	17	2,062
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent							
	02150	Amalgam - Two Surfaces, Primary or Permanent							
	02160	Amalgam - Three Surfaces, Primary or Permanent							
	02161	Amalgam - Four or More Surfaces, Primary or Permanent							
	02330	Resin-Based Composite - One Surface, Anterior							
	02331	Resin-Based Composite - Two Surfaces, Anterior							
	02332	Resin-Based Composite - Three Surfaces, Anterior							
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior							
	02391	Resin-Based Composite - One Surface, Posterior							
	02392	Resin-Based Composite - Two Surfaces, Posterior							
	03310	Anterior (excluding final restoration)							
	03320	Bicuspid (excluding final restoration)							
	03330	Molar (excluding final restoration)							
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth							
	04910	Periodontal Maintenance							
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)							
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and							
	07230	Removal of Impacted Tooth - Partially Bony							
	07240	Removal of Impacted Tooth - Completely Bony							
	09223	Deep Sedation/General Anesthesia - First 15 Minutes							

Average Submitted Charges

3 Digit Zip Code Area			101	102	103	104	105	106	107
Total Subscriber Count			116	16	1,027	1,887	1,420	148	460
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent	██████	██████	██████	██████	██████	██████	██████
	02150	Amalgam - Two Surfaces, Primary or Permanent	██████	██████	██████	██████	██████	██████	██████
	02160	Amalgam - Three Surfaces, Primary or Permanent	██████	██████	██████	██████	██████	██████	██████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	██████	██████	██████	██████	██████	██████	██████
	02330	Resin-Based Composite - One Surface, Anterior	██████	██████	██████	██████	██████	██████	██████
	02331	Resin-Based Composite - Two Surfaces, Anterior	██████	██████	██████	██████	██████	██████	██████
	02332	Resin-Based Composite - Three Surfaces, Anterior	██████	██████	██████	██████	██████	██████	██████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	██████	██████	██████	██████	██████	██████	██████
	02391	Resin-Based Composite - One Surface, Posterior	██████	██████	██████	██████	██████	██████	██████
	02392	Resin-Based Composite - Two Surfaces, Posterior	██████	██████	██████	██████	██████	██████	██████
	03310	Anterior (excluding final restoration)	██████	██████	██████	██████	██████	██████	██████
	03320	Bicuspid (excluding final restoration)	██████	██████	██████	██████	██████	██████	██████
	03330	Molar (excluding final restoration)	██████	██████	██████	██████	██████	██████	██████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth	██████	██████	██████	██████	██████	██████	██████
	04910	Periodontal Maintenance	██████	██████	██████	██████	██████	██████	██████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	██████	██████	██████	██████	██████	██████	██████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and	██████	██████	██████	██████	██████	██████	██████
	07230	Removal of Impacted Tooth - Partially Bony	██████	██████	██████	██████	██████	██████	██████
	07240	Removal of Impacted Tooth - Completely Bony	██████	██████	██████	██████	██████	██████	██████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	██████	██████	██████	██████	██████	██████	██████

Average Submitted Charges

3 Digit Zip Code Area			108	109	110	111	112	113	114
Total Subscriber Count			147	2,678	633	354	3,710	1,400	1,484
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent							
	02150	Amalgam - Two Surfaces, Primary or Permanent							
	02160	Amalgam - Three Surfaces, Primary or Permanent							
	02161	Amalgam - Four or More Surfaces, Primary or Permanent							
	02330	Resin-Based Composite - One Surface, Anterior							
	02331	Resin-Based Composite - Two Surfaces, Anterior							
	02332	Resin-Based Composite - Three Surfaces, Anterior							
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior							
	02391	Resin-Based Composite - One Surface, Posterior							
	02392	Resin-Based Composite - Two Surfaces, Posterior							
	03310	Anterior (excluding final restoration)							
	03320	Bicuspid (excluding final restoration)							
	03330	Molar (excluding final restoration)							
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth							
	04910	Periodontal Maintenance							
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)							
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and							
	07230	Removal of Impacted Tooth - Partially Bony							
	07240	Removal of Impacted Tooth - Completely Bony							
	09223	Deep Sedation/General Anesthesia - First 15 Minutes							

Average Submitted Charges

3 Digit Zip Code Area			115	116	117	118	119	120	121
Total Subscriber Count			1,381	162	5,909	141	695	8,969	8,589
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent	████	████	████	████	████	████	████
	02150	Amalgam - Two Surfaces, Primary or Permanent	████	████	████	████	████	████	████
	02160	Amalgam - Three Surfaces, Primary or Permanent	████	████	████	████	████	████	████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	████	████	████	████	████	████	████
	02330	Resin-Based Composite - One Surface, Anterior	████	████	████	████	████	████	████
	02331	Resin-Based Composite - Two Surfaces, Anterior	████	████	████	████	████	████	████
	02332	Resin-Based Composite - Three Surfaces, Anterior	████	████	████	████	████	████	████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	████	████	████	████	████	████	████
	02391	Resin-Based Composite - One Surface, Posterior	████	████	████	████	████	████	████
	02392	Resin-Based Composite - Two Surfaces, Posterior	████	████	████	████	████	████	████
	03310	Anterior (excluding final restoration)	████	████	████	████	████	████	████
	03320	Bicuspid (excluding final restoration)	████	████	████	████	████	████	████
	03330	Molar (excluding final restoration)	████	████	████	████	████	████	████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth	████	████	████	████	████	████	████
	04910	Periodontal Maintenance	████	████	████	████	████	████	████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	████	████	████	████	████	████	████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and	████	████	████	████	████	████	████
	07230	Removal of Impacted Tooth - Partially Bony	████	████	████	████	████	████	████
	07240	Removal of Impacted Tooth - Completely Bony	████	████	████	████	████	████	████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	████	████	████	████	████	████	████

Average Submitted Charges

3 Digit Zip Code Area			122	123	124	125	126	127	128
Total Subscriber Count			6,124	4,232	1,482	3,880	779	1,124	2,527
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent							
	02150	Amalgam - Two Surfaces, Primary or Permanent							
	02160	Amalgam - Three Surfaces, Primary or Permanent							
	02161	Amalgam - Four or More Surfaces, Primary or Permanent							
	02330	Resin-Based Composite - One Surface, Anterior							
	02331	Resin-Based Composite - Two Surfaces, Anterior							
	02332	Resin-Based Composite - Three Surfaces, Anterior							
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior							
	02391	Resin-Based Composite - One Surface, Posterior							
	02392	Resin-Based Composite - Two Surfaces, Posterior							
	03310	Anterior (excluding final restoration)							
	03320	Bicuspid (excluding final restoration)							
	03330	Molar (excluding final restoration)							
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth							
	04910	Periodontal Maintenance							
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)							
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and							
	07230	Removal of Impacted Tooth - Partially Bony							
	07240	Removal of Impacted Tooth - Completely Bony							
	09223	Deep Sedation/General Anesthesia - First 15 Minutes							

Average Submitted Charges

3 Digit Zip Code Area			129	120	130	131	132	133	134
Total Subscriber Count			3,419	1	3,663	1,337	1,243	1,352	2,347
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent	██████	N/A	██████	██████	██████	██████	██████
	02150	Amalgam - Two Surfaces, Primary or Permanent	██████	N/A	██████	██████	██████	██████	██████
	02160	Amalgam - Three Surfaces, Primary or Permanent	██████	N/A	██████	██████	██████	██████	██████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	██████	N/A	██████	██████	██████	██████	██████
	02330	Resin-Based Composite - One Surface, Anterior	██████	N/A	██████	██████	██████	██████	██████
	02331	Resin-Based Composite - Two Surfaces, Anterior	██████	N/A	██████	██████	██████	██████	██████
	02332	Resin-Based Composite - Three Surfaces, Anterior	██████	N/A	██████	██████	██████	██████	██████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	██████	N/A	██████	██████	██████	██████	██████
	02391	Resin-Based Composite - One Surface, Posterior	██████	N/A	██████	██████	██████	██████	██████
	02392	Resin-Based Composite - Two Surfaces, Posterior	██████	N/A	██████	██████	██████	██████	██████
	03310	Anterior (excluding final restoration)	██████	N/A	██████	██████	██████	██████	██████
	03320	Bicuspid (excluding final restoration)	██████	N/A	██████	██████	██████	██████	██████
	03330	Molar (excluding final restoration)	██████	N/A	██████	██████	██████	██████	██████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth	██████	N/A	██████	██████	██████	██████	██████
	04910	Periodontal Maintenance	██████	N/A	██████	██████	██████	██████	██████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	██████	N/A	██████	██████	██████	██████	██████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and	██████	N/A	██████	██████	██████	██████	██████
	07230	Removal of Impacted Tooth - Partially Bony	██████	N/A	██████	██████	██████	██████	██████
	07240	Removal of Impacted Tooth - Completely Bony	██████	N/A	██████	██████	██████	██████	██████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	██████	N/A	██████	██████	██████	██████	██████

Average Submitted Charges

3 Digit Zip Code Area			135	136	137	138	139	140	141
Total Subscriber Count			640	2,991	1,142	1,089	832	4,862	1,694
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent							
	02150	Amalgam - Two Surfaces, Primary or Permanent							
	02160	Amalgam - Three Surfaces, Primary or Permanent							
	02161	Amalgam - Four or More Surfaces, Primary or Permanent							
	02330	Resin-Based Composite - One Surface, Anterior							
	02331	Resin-Based Composite - Two Surfaces, Anterior							
	02332	Resin-Based Composite - Three Surfaces, Anterior							
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior							
	02391	Resin-Based Composite - One Surface, Posterior							
	02392	Resin-Based Composite - Two Surfaces, Posterior							
	03310	Anterior (excluding final restoration)							
	03320	Bicuspid (excluding final restoration)							
	03330	Molar (excluding final restoration)							
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth							
	04910	Periodontal Maintenance							
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)							
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and							
	07230	Removal of Impacted Tooth - Partially Bony							
	07240	Removal of Impacted Tooth - Completely Bony							
	09223	Deep Sedation/General Anesthesia - First 15 Minutes							

Average Submitted Charges

3 Digit Zip Code Area			142	143	144	145	146	147	148
Total Subscriber Count			4,338	120	1,663	1,481	1,067	554	3,670
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent	██████	██████	██████	██████	██████	██████	██████
	02150	Amalgam - Two Surfaces, Primary or Permanent	██████	██████	██████	██████	██████	██████	██████
	02160	Amalgam - Three Surfaces, Primary or Permanent	██████	██████	██████	██████	██████	██████	██████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	██████	██████	██████	██████	██████	██████	██████
	02330	Resin-Based Composite - One Surface, Anterior	██████	██████	██████	██████	██████	██████	██████
	02331	Resin-Based Composite - Two Surfaces, Anterior	██████	██████	██████	██████	██████	██████	██████
	02332	Resin-Based Composite - Three Surfaces, Anterior	██████	██████	██████	██████	██████	██████	██████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	██████	██████	██████	██████	██████	██████	██████
	02391	Resin-Based Composite - One Surface, Posterior	██████	██████	██████	██████	██████	██████	██████
	02392	Resin-Based Composite - Two Surfaces, Posterior	██████	██████	██████	██████	██████	██████	██████
	03310	Anterior (excluding final restoration)	██████	██████	██████	██████	██████	██████	██████
	03320	Bicuspid (excluding final restoration)	██████	██████	██████	██████	██████	██████	██████
	03330	Molar (excluding final restoration)	██████	██████	██████	██████	██████	██████	██████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth	██████	██████	██████	██████	██████	██████	██████
	04910	Periodontal Maintenance	██████	██████	██████	██████	██████	██████	██████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	██████	██████	██████	██████	██████	██████	██████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and	██████	██████	██████	██████	██████	██████	██████
	07230	Removal of Impacted Tooth - Partially Bony	██████	██████	██████	██████	██████	██████	██████
	07240	Removal of Impacted Tooth - Completely Bony	██████	██████	██████	██████	██████	██████	██████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	██████	██████	██████	██████	██████	██████	██████

Average Submitted Charges

3 Digit Zip Code Area			149	Other
Total Subscriber Count			471	1,194
Class	Code	Description of Service	Average Submitted	Average Submitted
Class II	02140	Amalgam - One Surface, Primary or Permanent	██████	██████
	02150	Amalgam - Two Surfaces, Primary or Permanent	██████	██████
	02160	Amalgam - Three Surfaces, Primary or Permanent	██████	██████
	02161	Amalgam - Four or More Surfaces, Primary or Permanent	██████	██████
	02330	Resin-Based Composite - One Surface, Anterior	██████	██████
	02331	Resin-Based Composite - Two Surfaces, Anterior	██████	██████
	02332	Resin-Based Composite - Three Surfaces, Anterior	██████	██████
	02335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle, Anterior	██████	██████
	02391	Resin-Based Composite - One Surface, Posterior	██████	██████
	02392	Resin-Based Composite - Two Surfaces, Posterior	██████	██████
	03310	Anterior (excluding final restoration)	██████	██████
	03320	Bicuspid (excluding final restoration)	██████	██████
	03330	Molar (excluding final restoration)	██████	██████
	04341	Periodontal Scaling & Root Planing - Four or More Contiguous Teeth or Bounded Teeth	██████	██████
	04910	Periodontal Maintenance	██████	██████
	07140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	██████	██████
	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and	██████	██████
	07230	Removal of Impacted Tooth - Partially Bony	██████	██████
	07240	Removal of Impacted Tooth - Completely Bony	██████	██████
	09223	Deep Sedation/General Anesthesia - First 15 Minutes	██████	██████

Average Submitted Charges

3 Digit Zip Code Area			010	011	012	013	015	016	017
Total Subscriber Count			4	2	31	1	1	2	1
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			018	019	021	023	024	025	026
Total Subscriber Count			2	2	6	2	5	4	2
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			052	053	054	056	057	060	061
Total Subscriber Count			16	1	9	1	9	9	2
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			062	063	064	065	066	067	068
Total Subscriber Count			2	1	17	16	27	43	92
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			069	070	071	072	073	074	075
Total Subscriber Count			33	394	59	26	115	97	6
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			076	077	078	079	080	081	082
Total Subscriber Count			256	95	11	27	24	1	2
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			083	085	086	087	088	089	100
Total Subscriber Count			1	37	10	14	149	17	2,062
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			101	102	103	104	105	106	107
Total Subscriber Count			116	16	1,027	1,887	1,420	148	460
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			108	109	110	111	112	113	114
Total Subscriber Count			147	2,678	633	354	3,710	1,400	1,484
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			115	116	117	118	119	120	121
Total Subscriber Count			1,381	162	5,909	141	695	8,969	8,589
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			122	123	124	125	126	127	128
Total Subscriber Count			6,124	4,232	1,482	3,880	779	1,124	2,527
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			129	120	130	131	132	133	134
Total Subscriber Count			3,419	1	3,663	1,337	1,243	1,352	2,347
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal		N/A					
	02752	Crown - Porcelain Fused to Noble Metal		N/A					
	02790	Crown - Full Cast High Noble Metal		N/A					
	02792	Crown - Full Cast Noble Metal		N/A					
	02920	Recement Crown		N/A					
	02950	Core Buildup, Including Any Pins		N/A					
	02954	Prefabricated Post and Core in Addition to Crown		N/A					

3 Digit Zip Code Area			135	136	137	138	139	140	141
Total Subscriber Count			640	2,991	1,142	1,089	832	4,862	1,694
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			142	143	144	145	146	147	148
Total Subscriber Count			4,338	120	1,663	1,481	1,067	554	3,670
Class	Code	Description of Service	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal							
	02752	Crown - Porcelain Fused to Noble Metal							
	02790	Crown - Full Cast High Noble Metal							
	02792	Crown - Full Cast Noble Metal							
	02920	Recement Crown							
	02950	Core Buildup, Including Any Pins							
	02954	Prefabricated Post and Core in Addition to Crown							

3 Digit Zip Code Area			149	Other
Total Subscriber Count			471	1,194
Class	Code	Description of Service	Average Submitted	Average Submitted
Class III	02750	Crown - Porcelain Fused to High Noble Metal		
	02752	Crown - Porcelain Fused to Noble Metal		
	02790	Crown - Full Cast High Noble Metal		
	02792	Crown - Full Cast Noble Metal		
	02920	Recement Crown		
	02950	Core Buildup, Including Any Pins		
	02954	Prefabricated Post and Core in Addition to Crown		

ATTACHMENT 10



**Department of
Civil Service**

**Administrative Fee Form
RFP Entitled:
“Dental Plan Services”**

	Fee Quote	Basis
Monthly Administrative Fee Quote (1)	<u>██████████</u>	<u>Per Enrollee Per Month</u>

(1) The Offeror's quoted fee will be for the duration of the contract as set forth in 6.2 of the RFP.