

SECURECARE DENTAL

COPAY SCHEDULE AZ300 - SCHEDULE OF COPAYMENTS

GENERAL INFORMATION

Lab fees are included in “**Network General Dentist Copay**” unless indicated by specific code. Services not listed are not covered. Services listed in the Limitations and Exclusions section of the Certificate of Coverage, as well as, services determined to be unnecessary by the member’s general dentists or specialist are not covered.

You can search for a General or Specialist dentist on our website at www.securecaredental.com. Click the Look For a Dentist link and follow the instructions. Please note the contracted dentist needs to be seen at the address listed to receive In Network Benefits.

For **SECURECARE DENTAL** customer service call (602)241-0914 or toll free (888)429-0914.

GENERAL DENTIST

Copays in the column entitled “**Network General Dentist Copay**” apply to services performed by **SECURECARE DENTAL** contracted general dentists. Along with any applicable Office Visit Copay and/or Deductible listed on your Schedule of Dental Benefits, the “**Network General Dentist Copay**” is all that you will pay when you visit a contracted general dentist.

Visiting a non-contracted dentist is not recommended. The plan is designed for use with a contracted dentist in order to limit your out-of-pocket cost beyond the listed copayment.

SPECIALIST DENTIST

SECURECARE DENTAL has contracted specialists of oral surgery, endodontics, periodontics, pediatric dentists and prosthodontics. Referrals and Prior Authorization are not required to see a specialist. You may call directly and make an appointment. Please note Pediatric Dentists are Specialists and “**Network Specialist Copays**” apply when seeking treatment from a Pediatric Dentist.

Along with any applicable Office Visit Copay and/or Deductible shown on your Schedule of Dental Benefits, as a **SECURECARE DENTAL** member, all you will pay when you visit a network specialist, is the copay listed in the “**Network Specialist Copay**” column.

Visiting a non-contracted specialist is not recommended. The plan is designed for use with a contracted specialist in order to limit your out-of-pocket cost beyond the listed copayment.

ORTHODONTICS

For a description of the Orthodontic Services available to you, see your Certificate of Coverage.

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
Type I - Diagnostic/Evaluation Services				Type I - Preventive Services			
Periodic Oral Evaluation	D0120	\$13	\$32	Prophylaxis Cleaning - Adult	D1110	\$13	\$33
Limited Oral Evaluation - Problem Focused	D0140	\$13	\$57	Prophylaxis Cleaning - Child	D1120	\$13	\$35
Oral Evaluation - under 3 years old	D0145	\$13	\$63	Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48
Comprehensive Oral Evaluation	D0150	\$13	\$51	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$21
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$13	\$130	Sealant - Per Tooth	D1351	\$22	\$42
Re-evaluation - Limited - Problem Focused	D0170	\$13	\$42	Preventive Resin Restoration (Including Sealant)	D1352	\$22	\$54
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$20	\$54
Comprehensive Periodontal Evaluation	D0180	\$13	\$66	Space Maintainer; Fixed Unilateral	D1510	\$111	\$250
Intraoral - Complete Series of Images	D0210	\$8	\$65	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$311
Intraoral - Periapical - 1st Image	D0220	\$8	\$21	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$311
Intraoral - Periapical - Each Additional Image	D0230	\$8	\$22	Space Maintainer; Removable Unilateral	D1520	\$86	\$226
Intraoral - Occlusal Image	D0240	\$8	\$35	Upper Space Maintainer; Removable Bilateral	D1526	\$86	\$328
Extraoral - 2D Image	D0250	\$8	\$32	Lower Space Maintainer; Removable Bilateral	D1527	\$86	\$328
Extraoral - Posterior Image	D0251	\$16	\$41	Re-cement or Re-bond Space Maintainer	D1550	\$28	\$36
Bitewing - 1 Image	D0270	\$8	\$20	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$109	\$143
Bitewing - 2 Images	D0272	\$8	\$30				
Bitewing - 3 Images	D0273	\$8	\$35	Type II - Restorative Dentistry			
Bitewing - 4 Images	D0274	\$8	\$38	Amalgam - 1 Surface - Primary or Permanent	D2140	\$54	\$133
Vertical Bitewings - 7 to 8 Images	D0277	\$8	\$51	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$56	\$163
Panoramic Image	D0330	\$22	\$78	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$54	\$191
Pulp Vitality Tests	D0460	\$0	\$56	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$61	\$219
Diagnostic Casts	D0470	\$22	\$97				

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Resin Composite - 1 Surface - Anterior	D2330	\$61	\$142	Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$669
Resin Composite - 2 Surfaces - Anterior	D2331	\$64	\$153	Crown - Full Cast Noble Metal	D2792	\$393	\$678
Resin Composite - 3 Surfaces - Anterior	D2332	\$75	\$186	Crown - Titanium	D2794	\$400	\$755
Resin Composite - 4+ Surfaces - Anterior	D2335	\$92	\$234	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$32
Resin Composite Crown - Anterior	D2390	\$67	\$194	Re-cement/Re-bond Crown	D2920	\$33	\$44
Resin Composite - 1 Surface - Posterior	D2391	\$65	\$143	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$163	\$255
Resin Composite - 2 Surfaces - Posterior	D2392	\$82	\$186	Prefabricated Stainless Steel Crown - Primary	D2930	\$100	\$218
Resin Composite - 3 Surfaces - Posterior	D2393	\$90	\$223	Prefabricated Stainless Steel Crown - Permanent	D2931	\$65	\$192
Resin Composite - 4+ Surfaces - Posterior	D2394	\$90	\$264	Prefabricated Resin Crown	D2932	\$89	\$272
				Protective Restoration	D2940	\$8	\$39
Type III - Onlays, Crowns and Bridges				Core Build Up - Including any Pins when required	D2950	\$103	\$197
Inlay - Metallic - 1 Surface	D2510	\$223	\$567	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$21
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$647	Cast Post and Core - in Addition to Crown	D2952	\$91	\$252
Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$745	Cast Post and Core - Each Additional - same tooth	D2953	\$94	\$123
Onlay - Metallic - 2 Surfaces	D2542	\$352	\$790	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$235
Onlay - Metallic - 3 Surfaces	D2543	\$370	\$725	Post Removal	D2955	\$0	\$237
Onlay - Metallic - 4+ Surfaces	D2544	\$370	\$580	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$46
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$250	\$716	Labial Veneer (resin laminate) - Chairside	D2960	\$223	\$602
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$360	\$758	Labial Veneer (resin laminate) - Laboratory	D2961	\$386	\$693
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$702	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$638
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$726	Crown Repair	D2980	\$69	\$139
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$709	Inlay Repair	D2981	\$69	\$138
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$680	Onlay Repair	D2982	\$69	\$138
Inlay - Resin Composite - 1 Surface	D2650	\$130	\$356	Veneer Repair	D2983	\$69	\$138
Inlay - Resin Composite - 2 Surfaces	D2651	\$181	\$445				
Inlay - Resin Composite - 3+ Surfaces	D2652	\$240	\$480	Type III - Endodontics			
Onlay - Resin Composite - 2 Surfaces	D2662	\$232	\$391	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$65
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$527	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$48
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$575	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$50	\$143
Crown - Resin Based Composite - Indirect	D2710	\$163	\$190	Pulpal Debridement - Primary/Permanent	D3221	\$48	\$182
Crown - ¾ Resin Based Composite - Indirect	D2712	\$154	\$302	Partial Pulpotomy for Apexogenesis	D3222	\$52	\$151
Crown - Resin with High Noble Metal	D2720	\$455	\$732	Pulpal Therapy Anterior - Primary	D3230	\$62	\$147
Crown - Resin with Base Metal	D2721	\$438	\$724	Pulpal Therapy Posterior - Primary	D3240	\$54	\$161
Crown - Resin with Noble Metal	D2722	\$446	\$742	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$200	\$433
Crown - Porcelain/Ceramic	D2740	\$377	\$678	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$278	\$576
Crown - Porcelain with High Noble Metal	D2750	\$433	\$706	Root Canal - Molar (Excluding Final Restoration)	D3330	\$438	\$836
Crown - Porcelain with Predominantly Base Metal	D2751	\$333	\$596	Treatment of Root Canal Obstruction - non surgical	D3331	\$154	\$239
Crown - Porcelain With Noble Metal	D2752	\$355	\$624	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$476
Crown - ¾ Cast High Noble Metal	D2780	\$425	\$723	Internal Root Repair of Perforation Defects	D3333	\$198	\$224
Crown - ¾ Cast Predominantly Base Metal	D2781	\$400	\$653	Retreatment of Previous RCT - Anterior	D3346	\$370	\$790
Crown - ¾ Cast Noble Metal	D2782	\$415	\$691	Retreatment of Previous RCT - Premolar	D3347	\$380	\$843
Crown - ¾ Porcelain/Ceramic	D2783	\$373	\$696	Retreatment of Previous RCT - Molar	D3348	\$390	\$1,077
Crown - Full Cast High Noble Metal	D2790	\$400	\$701	Apexification/Recalcification - Initial Visit	D3351	\$48	\$279

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Apexification/Recalcification - Interim Visit	D3352	\$48	\$129	Immediate Denture - Upper	D5130	\$427	\$1,291
Apexification/Recalcification - Final Visit	D3353	\$48	\$392	Immediate Denture - Lower	D5140	\$427	\$1,291
Apicoectomy - Anterior	D3410	\$245	\$645	Upper Partial Denture - Resin Base	D5211	\$396	\$1,118
Apicoectomy - Premolar - 1st Root	D3421	\$255	\$735	Lower Partial Denture - Resin Base	D5212	\$396	\$1,338
Apicoectomy - Molar - 1st Root	D3425	\$400	\$990	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$472	\$1,358
Apicoectomy - Each Additional Root	D3426	\$48	\$151	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$472	\$1,358
Retrograde Filling - Per Root	D3430	\$48	\$172	Upper Immediate Partial Denture - Resin Base	D5221	\$555	\$1,183
Root Amputation - Per Root	D3450	\$117	\$420	Lower Immediate Partial Denture - Resin Base	D5222	\$555	\$1,423
Hemisection (Including any Root Removal)	D3920	\$110	\$361	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$739	\$1,533
Canal Preparation/Post Fitting	D3950	\$0	\$175	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$739	\$1,533
Type III - Periodontics				Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$263	\$746
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$255	\$711	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$263	\$746
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$70	\$283	Adjust Complete Denture - Upper	D5410	\$27	\$60
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$212	Adjust Complete Denture - Lower	D5411	\$27	\$60
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$317	\$822	Adjust Partial Denture - Upper	D5421	\$27	\$21
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$205	\$517	Adjust Partial Denture - Lower	D5422	\$27	\$21
Crown Lengthening - Hard Tissue	D4249	\$344	\$882	Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$125
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,486	Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$125
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$656	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$104
Pedicle Soft Tissue Graft Procedure	D4270	\$101	\$1,060	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$400	\$1,184	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$281	\$685	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$114
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$389	\$923	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$114
Combined Connective Tissue/Double Pedicle Graft	D4276	\$521	\$1,345	Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$170
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$240	\$1,059	Replace Broken Teeth - Per Tooth	D5640	\$61	\$121
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$240	\$280	Add Tooth to Existing Partial Denture	D5650	\$61	\$151
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$400	\$982	Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$167
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$389	\$772	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$195	\$388
Provisional Intracoronal Splint	D4320	\$124	\$368	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$195	\$388
Provisional Extracoronal Splint	D4321	\$122	\$343	Rebase Complete Upper Denture	D5710	\$101	\$315
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$100	\$198	Rebase Complete Lower Denture	D5711	\$101	\$285
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$49	\$114	Rebase Upper Partial Denture	D5720	\$101	\$321
Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$45	Rebase Lower Partial Denture	D5721	\$101	\$321
Full Mouth Debridement	D4355	\$56	\$150	Reline Complete Upper Denture (Chairside)	D5730	\$150	\$240
Periodontal Maintenance Procedures	D4910	\$61	\$116	Reline Complete Lower Denture (Chairside)	D5731	\$150	\$240
Type III - Removable Prosthetics				Reline Upper Partial Denture (Chairside)	D5740	\$150	\$212
Complete Denture - Upper	D5110	\$422	\$1,118	Reline Lower Partial Denture (Chairside)	D5741	\$150	\$212
Complete Denture - Lower	D5120	\$422	\$1,118	Reline Complete Upper Denture (Laboratory)	D5750	\$150	\$304
				Reline Complete Lower Denture (Laboratory)	D5751	\$150	\$304
				Reline Upper Partial Denture (Laboratory)	D5760	\$150	\$310
				Reline Lower Partial Denture (Laboratory)	D5761	\$150	\$310
				Tissue Conditioning - Upper	D5850	\$24	\$47

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Tissue Conditioning - Lower	D5851	\$23	\$46	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$603
Type III - Implants				Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$509
Surgical Placement of Implant Body - Endosteal	D6010	\$958	\$2,166	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$547
Surgical Placement of Mini Implant	D6013	\$958	\$2,156	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$604
Prefabricated Abutment - includes modification & placement	D6056	\$259	\$448	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$647
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$615	\$1,217	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$628
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$606	\$1,200	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$613
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$535	\$1,150	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$585
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$572	\$1,167	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$585
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$576	\$1,158	Retainer Inlay - Titanium	D6624	\$286	\$528
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$457	\$1,028	Retainer Onlay - Titanium	D6634	\$303	\$551
Crown - Abutment Supp. Cast Noble Metal	D6064	\$491	\$1,073	Retainer Crown - Resin With High Noble Metal	D6720	\$389	\$687
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$593	\$1,204	Retainer Crown - Resin With Base Metal	D6721	\$365	\$684
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$578	\$1,173	Retainer Crown - Resin With Noble Metal	D6722	\$373	\$679
Crown - Implant Supp. Metal	D6067	\$539	\$1,148	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$416	\$696
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$34	\$99	Retainer Crown - Porcelain With High Noble Metal	D6750	\$389	\$642
Crown - Abutment Supp. Titanium	D6094	\$535	\$919	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$332	\$578
Repair Implant Abutment - By Report	D6095	\$180	\$180	Retainer Crown - Porcelain With Noble Metal	D6752	\$389	\$640
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$500	\$711
Type III - Pontics and Retainers				Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$425	\$670
Pontic - Cast High Noble Metal	D6210	\$396	\$689	Retainer Crown - ¾ Cast Noble Metal	D6782	\$440	\$603
Pontic - Cast Predominantly Base Metal	D6211	\$373	\$719	Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$440	\$728
Pontic - Cast Noble Metal	D6212	\$389	\$711	Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$696
Pontic - Titanium	D6214	\$396	\$665	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$754
Pontic - Porcelain Fused to High Noble Metal	D6240	\$400	\$685	Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$751
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$377	\$634	Retainer Crown - Titanium	D6794	\$400	\$701
Pontic - Porcelain Fused to Noble Metal	D6242	\$389	\$684	Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$83
Pontic - Porcelain/Ceramic	D6245	\$455	\$680	Stress Breaker	D6940	\$58	\$144
Pontic - Resin with High Noble Metal	D6250	\$420	\$817	Fixed Partial Denture Repair - by Report	D6980	\$114	\$97
Pontic - Resin with Predominantly Base Metal	D6251	\$355	\$728	Type II - Oral Surgery			
Pontic - Resin with Noble Metal	D6252	\$400	\$778	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$275	\$168	Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$258	\$204	Extraction - Erupted Tooth	D7210	\$94	\$200
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$270	\$225	Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$253
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$377	\$555	Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$329
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$394	\$541	Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$426
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$377	\$549	Removal of Residual Tooth Roots	D7250	\$81	\$208
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$616	Coronectomy - Intentional Partial Tooth Removal	D7251	\$104	\$437
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$547	Oroantral Fistula Closure	D7260	\$128	\$1,543
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$394	\$594	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$233	\$601
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$386	\$543	Tooth Transplantation	D7272	\$233	\$523

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Exposure of an Unerrupted Tooth	D7280	\$179	\$415	III - Non-Intravenous Conscious Sedation*	D9248	\$74	\$102
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$70	\$905	I - Consultation	D9310	\$0	\$113
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$70	\$368	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$105	\$355	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$44	\$283	II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$156	\$600	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$100	\$399
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$62	\$459	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$399
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$210	\$2,475	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$399
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$310	\$7,237	III - Occlusal Adjustment - Limited	D9951	\$55	\$135
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$295	\$980	III - Occlusal Adjustment - Complete	D9952	\$132	\$716
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$334	\$1,336	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$358	\$1,055				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$420	\$1,411				
Removal of Lateral Exostosis - Per Site	D7471	\$110	\$1,338				
Removal of Torus Palantinus	D7472	\$278	\$1,607				
Removal of Torus Mandibularus	D7473	\$278	\$1,515				
Reduction of Osseous Tuberosity	D7485	\$278	\$1,349				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$65	\$343				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$140	\$1,829				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$65	\$677				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$125	\$681				
Sequestrectomy for Osteomyelitis	D7550	\$65	\$389				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$605	\$3,410				
Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$604				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$122	\$409				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$117	\$682				
Excision of Pericoronal Gingiva	D7971	\$81	\$248				
Surgical Reduction of Fibrous Tuberosity	D7972	\$350	\$982				
Non-Surgical Sialolithotomy	D7979	\$305	\$925				
Surgical Sialolithotomy	D7980	\$305	\$925				
Closure of Salivary Fistula	D7983	\$805	\$2,209				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$86				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$87				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$56	\$165				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$56	\$165				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$47	\$141				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$47	\$141				