

SECURECARE DENTAL

COPAY SCHEDULE 100 - 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	\$0	\$0	Prophylaxis Cleaning - Adult	D1110	\$0	\$0
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$0	Prophylaxis Cleaning - Child	D1120	\$0	\$0
Oral Evaluation - under 3 years old	D0145	\$0	\$0	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0
Comprehensive Oral Evaluation	D0150	\$0	\$0	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$0	Sealant - Per Tooth	D1351	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0	Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$0	\$0	Space Maintainer - Fixed - Unilateral	D1510	\$0	\$0
Intraoral - Complete Series of Images	D0210	\$0	\$0	Space Maintainer - Fixed - Bilateral	D1515	\$0	\$0
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Space Maintainer - Removable - Unilateral	D1520	\$0	\$0
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Space Maintainer - Removable - Bilateral	D1525	\$0	\$0
Intraoral - Occlusal Image	D0240	\$0	\$0	Re-cement or Re-bond Space Maintainer	D1550	\$0	\$0
Extraoral - 2D Image	D0250	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$0	\$0
Extraoral - Posterior Image	D0251	\$0	\$0	Type II - Restorative Dentistry			
Bitewing - 1 Image	D0270	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$49	\$141
Bitewing - 2 Images	D0272	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$61	\$181
Bitewing - 3 Images	D0273	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$69	\$221
Bitewing - 4 Images	D0274	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$89	\$270
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$61	\$143
Panoramic Image	D0330	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$85	\$173
Pulp Vitality Tests	D0460	\$0	\$0				
Diagnostic Casts	D0470	\$0	\$0				

COPAY SCHEDULE 100 - SCHEDULE OF COPAYMENTS

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
Resin Composite - 3 Surfaces - Anterior	D2332	\$98	\$212	Crown - Titanium	D2794	\$594	\$976
Resin Composite - 4+ Surfaces - Anterior	D2335	\$106	\$251	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$90	\$90
Resin Composite Crown - Anterior	D2390	\$145	\$278	Re-cement/Re-bond Crown	D2920	\$93	\$93
Resin Composite - 1 Surface - Posterior	D2391	\$79	\$160	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$250	\$280
Resin Composite - 2 Surfaces - Posterior	D2392	\$98	\$203	Prefabricated Stainless Steel Crown - Primary	D2930	\$123	\$239
Resin Composite - 3 Surfaces - Posterior	D2393	\$116	\$253	Prefabricated Stainless Steel Crown - Permanent	D2931	\$146	\$270
Resin Composite - 4+ Surfaces - Posterior	D2394	\$134	\$317	Prefabricated Resin Crown	D2932	\$141	\$288
				Protective Restoration	D2940	\$78	\$91
Type III - Onlays, Crowns and Bridges				Core Build Up - Including any Pins when required	D2950	\$139	\$228
Inlay - Metallic - 1 Surface	D2510	\$349	\$720	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$72	\$72
Inlay - Metallic - 2 Surfaces	D2520	\$415	\$817	Cast Post and Core - in Addition to Crown	D2952	\$202	\$360
Inlay - Metallic - 3+ Surfaces	D2530	\$515	\$942	Cast Post and Core - Each Additional - same tooth	D2953	\$147	\$180
Onlay - Metallic - 2 Surfaces	D2542	\$451	\$924	Prefabricated Post and Core - in Addition to Crown	D2954	\$168	\$288
Onlay - Metallic - 3 Surfaces	D2543	\$568	\$966	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$734	\$1,005	Each Additional Prefabricated Post - same tooth	D2957	\$135	\$144
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$356	\$848	Labial Veneer (resin laminate) - Chairside	D2960	\$328	\$695
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$463	\$895	Labial Veneer (resin laminate) - Laboratory	D2961	\$482	\$789
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$537	\$953	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$562	\$857
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$467	\$926	Crown Repair	D2980	\$99	\$164
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$559	\$999	Inlay Repair	D2981	\$99	\$164
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$763	\$1,059	Onlay Repair	D2982	\$99	\$164
Inlay - Resin Composite - 1 Surface	D2650	\$306	\$557	Veneer Repair	D2983	\$99	\$164
Inlay - Resin Composite - 2 Surfaces	D2651	\$369	\$664				
Inlay - Resin Composite - 3+ Surfaces	D2652	\$422	\$697	Type III - Endodontics			
Onlay - Resin Composite - 2 Surfaces	D2662	\$410	\$605	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$16	\$76
Onlay - Resin Composite - 3 Surfaces	D2663	\$448	\$712	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$19	\$60
Onlay - Resin Composite - 4+ Surfaces	D2664	\$486	\$763	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$75	\$155
Crown - Resin Based Composite - Indirect	D2710	\$346	\$396	Pulpal Debridement - Primary/Permanent	D3221	\$54	\$170
Crown - ¾ Resin Based Composite - Indirect	D2712	\$237	\$396	Partial Pulpotomy for Apexogenesis	D3222	\$81	\$190
Crown - Resin with High Noble Metal	D2720	\$663	\$976	Pulpal Therapy Anterior - Primary	D3230	\$75	\$156
Crown - Resin with Base Metal	D2721	\$598	\$915	Pulpal Therapy Posterior - Primary	D3240	\$68	\$192
Crown - Resin with Noble Metal	D2722	\$608	\$935	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$385	\$588
Crown - Porcelain/Ceramic	D2740	\$715	\$1,002	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$460	\$714
Crown - Porcelain with High Noble Metal	D2750	\$710	\$989	Root Canal - Molar (Excluding Final Restoration)	D3330	\$545	\$885
Crown - Porcelain with Predominantly Base Metal	D2751	\$655	\$921	Treatment of Root Canal Obstruction - non surgical	D3331	\$157	\$240
Crown - Porcelain With Noble Metal	D2752	\$670	\$943	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$199	\$456
Crown - ¾ Cast High Noble Metal	D2780	\$619	\$949	Internal Root Repair of Perforation Defects	D3333	\$126	\$210
Crown - ¾ Cast Predominantly Base Metal	D2781	\$638	\$893	Retreatment of Previous RCT - Anterior	D3346	\$290	\$815
Crown - ¾ Cast Noble Metal	D2782	\$669	\$922	Retreatment of Previous RCT - Premolar	D3347	\$398	\$959
Crown - ¾ Porcelain/Ceramic	D2783	\$625	\$975	Retreatment of Previous RCT - Molar	D3348	\$400	\$1,187
Crown - Full Cast High Noble Metal	D2790	\$625	\$954	Apexification/Recalcification - Initial Visit	D3351	\$84	\$346
Crown - Full Cast Predominantly Base Metal	D2791	\$595	\$904	Apexification/Recalcification - Interim Visit	D3352	\$84	\$155
Crown - Full Cast Noble Metal	D2792	\$590	\$921	Apexification/Recalcification - Final Visit	D3353	\$84	\$478

COPAY SCHEDULE 100 - SCHEDULE OF COPAYMENTS

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
Apicoectomy - Anterior	D3410	\$245	\$687	Upper Partial Denture - Resin Base	D5211	\$535	\$1,238
Apicoectomy - Premolar - 1st Root	D3421	\$305	\$764	Lower Partial Denture - Resin Base	D5212	\$535	\$1,438
Apicoectomy - Molar - 1st Root	D3425	\$350	\$866	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$807	\$1,620
Apicoectomy - Each Additional Root	D3426	\$204	\$293	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$807	\$1,620
Retrograde Filling - Per Root	D3430	\$75	\$215	Upper Immediate Partial Denture - Resin Base	D5221	\$771	\$894
Root Amputation - Per Root	D3450	\$180	\$448	Lower Immediate Partial Denture - Resin Base	D5222	\$771	\$894
Hemisection (Including any Root Removal)	D3920	\$118	\$340	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,028	\$1,193
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,028	\$1,193
Type III - Periodontics				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$498	\$945
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$190	\$719	Adjust Complete Denture - Upper	D5410	\$77	\$80
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$66	\$320	Adjust Complete Denture - Lower	D5411	\$77	\$80
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$51	\$138	Adjust Partial Denture - Upper	D5421	\$84	\$84
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$351	\$911	Adjust Partial Denture - Lower	D5422	\$84	\$84
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$212	\$527	Repair Broken Complete Denture Base - Mandibular	D5511	\$114	\$177
Crown Lengthening - Hard Tissue	D4249	\$449	\$999	Repair Broken Complete Denture Base - Maxillary	D5512	\$114	\$177
Osseous Surgery - 4+ teeth/quad	D4260	\$460	\$1,518	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$112	\$134
Osseous Surgery - 1-3 teeth/quad	D4261	\$380	\$815	Repair Resin Partial Denture Base - Mandibular	D5611	\$125	\$191
Pedicle Soft Tissue Graft Procedure	D4270	\$143	\$1,079	Repair Resin Partial Denture Base - Maxillary	D5612	\$125	\$191
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$525	\$1,319	Repair Cast Partial Framework - Mandibular	D5621	\$153	\$206
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$335	\$748	Repair Cast Partial Framework - Maxillary	D5622	\$153	\$206
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$445	\$991	Repair or Replace Broken Clasp - per tooth	D5630	\$126	\$227
Combined Connective Tissue/Double Pedicle Graft	D4276	\$635	\$1,478	Replace Broken Teeth - Per Tooth	D5640	\$105	\$147
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$307	\$830	Add Tooth to Existing Partial Denture	D5650	\$118	\$201
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$307	\$830	Add Clasp to Existing Partial Denture - per tooth	D5660	\$143	\$241
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$527	\$858	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$406	\$589
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$390	\$634	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$406	\$589
Provisional Intracoronal Splint	D4320	\$141	\$384	Rebase Complete Upper Denture	D5710	\$395	\$595
Provisional Extracoronal Splint	D4321	\$128	\$349	Rebase Complete Lower Denture	D5711	\$395	\$569
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$116	\$209	Rebase Upper Partial Denture	D5720	\$356	\$562
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$62	\$170	Rebase Lower Partial Denture	D5721	\$356	\$562
Scaling - Full Mouth - After Oral Evaluation	D4346	\$67	\$96	Reline Complete Upper Denture (Chairside)	D5730	\$250	\$336
Full Mouth Debridement	D4355	\$58	\$188	Reline Complete Lower Denture (Chairside)	D5731	\$242	\$336
Periodontal Maintenance Procedures	D4910	\$65	\$114	Reline Upper Partial Denture (Chairside)	D5740	\$252	\$308
Type III - Removable Prosthetics				Reline Lower Partial Denture (Chairside)	D5741	\$252	\$308
Complete Denture - Upper	D5110	\$825	\$1,466	Reline Complete Upper Denture (Laboratory)	D5750	\$337	\$448
Complete Denture - Lower	D5120	\$825	\$1,466	Reline Complete Lower Denture (Laboratory)	D5751	\$337	\$448
Immediate Denture - Upper	D5130	\$805	\$1,599	Reline Upper Partial Denture (Laboratory)	D5760	\$324	\$442
Immediate Denture - Lower	D5140	\$805	\$1,599	Reline Lower Partial Denture (Laboratory)	D5761	\$324	\$442
				Tissue Conditioning - Upper	D5850	\$117	\$140
				Tissue Conditioning - Lower	D5851	\$117	\$140
				Type III - Implants			

COPAY SCHEDULE 100 - SCHEDULE OF COPAYMENTS

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
Surgical Placement of Implant Body - Endosteal	D6010	\$1,339	\$2,450	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$663	\$827
Surgical Placement of Mini Implant	D6013	\$1,339	\$2,450	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$557	\$904
Prefabricated Abutment - includes modification & placement	D6056	\$360	\$508	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$666	\$822
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$855	\$1,410	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$507	\$860
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$843	\$1,391	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$631	\$805
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$744	\$1,315	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$544	\$837
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$794	\$1,342	Retainer Inlay - Titanium	D6624	\$666	\$766
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$800	\$1,337	Retainer Onlay - Titanium	D6634	\$524	\$805
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$635	\$1,164	Retainer Crown - Resin With High Noble Metal	D6720	\$621	\$958
Crown - Abutment Supp. Cast Noble Metal	D6064	\$682	\$1,217	Retainer Crown - Resin With Base Metal	D6721	\$557	\$909
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$824	\$1,387	Retainer Crown - Resin With Noble Metal	D6722	\$584	\$925
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$803	\$1,351	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$710	\$1,007
Crown - Implant Supp. Metal	D6067	\$750	\$1,311	Retainer Crown - Porcelain With High Noble Metal	D6750	\$710	\$981
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$48	\$108	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$655	\$915
Crown - Abutment Supp. Titanium	D6094	\$743	\$1,104	Retainer Crown - Porcelain With Noble Metal	D6752	\$670	\$937
Repair Implant Abutment - By Report	D6095	\$250	\$304	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$669	\$925
Remove Broken Implant Retaining Screw	D6096	\$45	\$45	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$638	\$925
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$669	\$860
Type III - Pontics and Retainers				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$625	\$953
Pontic - Cast High Noble Metal	D6210	\$665	\$996	Retainer Crown - Full Cast High Noble Metal	D6790	\$665	\$947
Pontic - Cast Predominantly Base Metal	D6211	\$560	\$933	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$560	\$898
Pontic - Cast Noble Metal	D6212	\$616	\$971	Retainer Crown - Full Cast Noble Metal	D6792	\$616	\$931
Pontic - Titanium	D6214	\$665	\$1,002	Retainer Crown - Titanium	D6794	\$594	\$931
Pontic - Porcelain Fused to High Noble Metal	D6240	\$660	\$984	Re-cement or Re-bond Fixed Partial Denture	D6930	\$90	\$134
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$617	\$908	Stress Breaker	D6940	\$210	\$304
Pontic - Porcelain Fused to Noble Metal	D6242	\$629	\$959	Fixed Partial Denture Repair - by Report	D6980	\$157	\$157
Pontic - Porcelain/Ceramic	D6245	\$743	\$1,015				
Pontic - Resin with High Noble Metal	D6250	\$523	\$971	Type II - Oral Surgery			
Pontic - Resin with Predominantly Base Metal	D6251	\$476	\$896	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$107
Pontic - Resin with Noble Metal	D6252	\$556	\$925	Extraction - Erupted Tooth or Exposed Root	D7140	\$72	\$142
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$431	\$431	Extraction - Erupted Tooth	D7210	\$106	\$219
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$417	\$417	Removal of Impacted Tooth - Soft Tissue	D7220	\$119	\$269
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$282	\$282	Removal of Impacted Tooth - Partially Bony	D7230	\$156	\$358
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$506	\$717	Removal of Impacted Tooth - Completely Bony	D7240	\$177	\$420
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$566	\$752	Removal of Residual Tooth Roots	D7250	\$98	\$238
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$557	\$766	Coronectomy - Intentional Partial Tooth Removal	D7251	\$143	\$467
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$622	\$843	Oroantral Fistula Closure	D7260	\$174	\$1,394
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$514	\$751	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$270	\$436
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$559	\$796	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$544	\$739	Tooth Transplantation	D7272	\$340	\$581
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$603	\$820	Exposure of an Unerupted Tooth	D7280	\$196	\$406
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$494	\$780	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$80	\$813
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$650	\$814	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$80	\$348

COPAY SCHEDULE 100 - SCHEDULE OF COPAYMENTS

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$76	\$679	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$60	\$60
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$61	\$594	II - Treatment of Complications (Post Surgical)	D9930	\$56	\$56
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$118	\$1,103	III - Occlusal Guard (for Bruxism)	D9940	\$209	\$503
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$85	\$934	III - Occlusal Adjustment - Limited	D9951	\$47	\$148
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$239	\$4,668	III - Occlusal Adjustment - Complete	D9952	\$151	\$694
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$393	\$13,579	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$365	\$2,037				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$444	\$2,784				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$365	\$2,037				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$465	\$2,784				
Removal of Lateral Exostosis - Per Site	D7471	\$125	\$2,522				
Removal of Torus Palatinus	D7472	\$266	\$2,998				
Removal of Torus Mandibularus	D7473	\$266	\$2,828				
Reduction of Osseous Tuberosity	D7485	\$266	\$2,522				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$61	\$730				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$176	\$3,476				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$61	\$1,253				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$176	\$1,388				
Sequestrectomy for Osteomyelitis	D7550	\$131	\$866				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$827	\$6,874				
Suture of Recent Small Wounds up to 5cm	D7910	\$47	\$1,113				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$152	\$934				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$110	\$1,358				
Excision of Pericoronal Gingiva	D7971	\$98	\$509				
Surgical Reduction of Fibrous Tuberosity	D7972	\$357	\$1,901				
Non-Surgical Sialolithotomy	D7979	\$540	\$1,160				
Surgical Sialolithotomy	D7980	\$483	\$2,139				
Closure of Salivary Fistula	D7983	\$1,100	\$4,854				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$50	\$123				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$90	\$199				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$81	\$138				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$48	\$72				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$74	\$168				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$67	\$114				
III - Non-Intravenous Conscious Sedation*	D9248	\$52	\$138				
I - Consultation	D9310	\$48	\$150				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				