

SECURECARE DENTAL

SCHEDULE OF OUT OF NETWORK BENEFIT PAYMENTS

GENERAL INFORMATION

This Schedule applies only to services and supplies furnished by Non-Preferred Providers. The patient will be responsible for all charges in excess of the Benefit Payment for services performed by a Non-Preferred Provider.

Services not listed are not covered. Services listed in the Limitations and Exclusion section of the Certificate of Coverage, as well as, services determined to be unnecessary by the member's general dentist or specialist are not covered.

| COVERED SERVICES | ADA CODE | BENEFIT PAYMENT | COVERED SERVICES | ADA CODE | BENEFIT PAYMENT |
|--|----------|-----------------|---|----------|-----------------|
| Type I - Diagnostic/Evaluation Services | | | Re-cement or Re-bond Space Maintainer | D1550 | \$0 |
| Periodic Oral Evaluation | D0120 | \$10 | Distal Shoe Space Maintainer - Fixed - Unilateral | D1575 | \$49 |
| Limited Oral Evaluation - Problem Focused | D0140 | \$12 | Type II - Restorative Dentistry | | |
| Oral Evaluation - under 3 years old | D0145 | \$0 | Amalgam - 1 Surface - Primary or Permanent | D2140 | \$0 |
| Comprehensive Oral Evaluation | D0150 | \$16 | Amalgam - 2 Surfaces - Primary or Permanent | D2150 | \$5 |
| Detailed and Extensive Oral Eval - Problem Focused | D0160 | \$21 | Amalgam - 3 Surfaces - Primary or Permanent | D2160 | \$12 |
| Re-evaluation - Limited - Problem Focused | D0170 | \$10 | Amalgam - 4+ Surfaces - Primary or Permanent | D2161 | \$27 |
| Re-evaluation Post-Operative Office Visit | D0171 | \$0 | Resin Composite - 1 Surface - Anterior | D2330 | \$1 |
| Comprehensive Periodontal Evaluation | D0180 | \$4 | Resin Composite - 2 Surfaces - Anterior | D2331 | \$18 |
| Intraoral - Complete Series of Images | D0210 | \$45 | Resin Composite - 3 Surfaces - Anterior | D2332 | \$21 |
| Intraoral - Periapical - 1st Image | D0220 | \$1 | Resin Composite - 4+ Surfaces - Anterior | D2335 | \$13 |
| Intraoral - Periapical - Each Additional Image | D0230 | \$0 | Resin Composite Crown - Anterior | D2390 | \$74 |
| Intraoral - Occlusal Image | D0240 | \$5 | Resin Composite - 1 Surface - Posterior | D2391 | \$10 |
| Extraoral - 2D Image | D0250 | \$15 | Resin Composite - 2 Surfaces - Posterior | D2392 | \$13 |
| Extraoral - Posterior Image | D0251 | \$18 | Resin Composite - 3 Surfaces - Posterior | D2393 | \$33 |
| Bitewing - 1 Image | D0270 | \$1 | Resin Composite - 4+ Surfaces - Posterior | D2394 | \$42 |
| Bitewing - 2 Images | D0272 | \$9 | Type III - Onlays, Crowns and Bridges | | |
| Bitewing - 3 Images | D0273 | \$17 | Inlay - Metallic - 1 Surface | D2510 | \$0 |
| Bitewing - 4 Images | D0274 | \$15 | Inlay - Metallic - 2 Surfaces | D2520 | \$57 |
| Vertical Bitewings - 7 to 8 Images | D0277 | \$31 | Inlay - Metallic - 3+ Surfaces | D2530 | \$13 |
| Panoramic Image | D0330 | \$18 | Onlay - Metallic - 2 Surfaces | D2542 | \$35 |
| Pulp Vitality Tests | D0460 | \$0 | Onlay - Metallic - 3 Surfaces | D2543 | \$108 |
| Diagnostic Casts | D0470 | \$23 | Onlay - Metallic - 4+ Surfaces | D2544 | \$116 |
| Type I - Preventive Services | | | Inlay - Porcelain/Ceramic - 1 Surface | D2610 | \$0 |
| Prophylaxis Cleaning - Adult | D1110 | \$35 | Inlay - Porcelain/Ceramic - 2 Surfaces | D2620 | \$0 |
| Prophylaxis Cleaning - Child | D1120 | \$20 | Inlay - Porcelain/Ceramic - 3+ Surfaces | D2630 | \$65 |
| Fluoride - Topical Application of Fluoride Varnish | D1206 | \$7 | Onlay - Porcelain/Ceramic - 2 Surfaces | D2642 | \$52 |
| Fluoride - Topical Application Fluoride excl Varnish | D1208 | \$5 | Onlay - Porcelain/Ceramic - 3 Surfaces | D2643 | \$129 |
| Sealant - Per Tooth | D1351 | \$2 | Onlay - Porcelain/Ceramic - 4+ Surfaces | D2644 | \$213 |
| Preventive Resin Restoration (Including Sealant) | D1352 | \$8 | Inlay - Resin Composite - 1 Surface | D2650 | \$26 |
| Sealant Repair - Per Tooth | D1353 | \$8 | Inlay - Resin Composite - 2 Surfaces | D2651 | \$42 |
| Space Maintainer - Fixed - Unilateral | D1510 | \$26 | Inlay - Resin Composite - 3+ Surfaces | D2652 | \$40 |
| Space Maintainer - Fixed - Bilateral | D1515 | \$82 | Onlay - Resin Composite - 2 Surfaces | D2662 | \$37 |
| Space Maintainer - Removable - Unilateral | D1520 | \$78 | Onlay - Resin Composite - 3 Surfaces | D2663 | \$14 |
| Space Maintainer - Removable - Bilateral | D1525 | \$129 | | | |

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|--|----------|-----------------|--|----------|-----------------|
| Onlay - Resin Composite - 4+ Surfaces | D2664 | \$212 | Therapeutic Pulpotomy (Excluding Final Restoration) | D3220 | \$15 |
| Crown - Resin Based Composite - Indirect | D2710 | \$35 | Pulpal Debridement - Primary/Permanent | D3221 | \$6 |
| Crown - ¾ Resin Based Composite - Indirect | D2712 | \$98 | Partial Pulpotomy for Apexogenesis | D3222 | \$34 |
| Crown - Resin with High Noble Metal | D2720 | \$81 | Pulpal Therapy Anterior - Primary | D3230 | \$12 |
| Crown - Resin with Base Metal | D2721 | \$37 | Pulpal Therapy Posterior - Primary | D3240 | \$12 |
| Crown - Resin with Noble Metal | D2722 | \$40 | Root Canal - Anterior (Excluding Final Restoration) | D3310 | \$135 |
| Crown - Porcelain/Ceramic | D2740 | \$200 | Root Canal - Premolar (Excluding Final Restoration) | D3320 | \$175 |
| Crown - Porcelain with High Noble Metal | D2750 | \$150 | Root Canal - Molar (Excluding Final Restoration) | D3330 | \$130 |
| Crown - Porcelain with Predominantly Base Metal | D2751 | \$170 | Treatment of Root Canal Obstruction - non surgical | D3331 | \$15 |
| Crown - Porcelain With Noble Metal | D2752 | \$175 | Incomplete Endodontic Therapy - Inoperable/Fractured | D3332 | \$12 |
| Crown - ¾ Cast High Noble Metal | D2780 | \$86 | Internal Root Repair of Perforation Defects | D3333 | \$0 |
| Crown - ¾ Cast Predominantly Base Metal | D2781 | \$94 | Retreatment of Previous RCT - Anterior | D3346 | \$0 |
| Crown - ¾ Cast Noble Metal | D2782 | \$115 | Retreatment of Previous RCT - Premolar | D3347 | \$0 |
| Crown - ¾ Porcelain/Ceramic | D2783 | \$83 | Retreatment of Previous RCT - Molar | D3348 | \$0 |
| Crown - Full Cast High Noble Metal | D2790 | \$70 | Apexification/Recalcification - Initial Visit | D3351 | \$32 |
| Crown - Full Cast Predominantly Base Metal | D2791 | \$11 | Apexification/Recalcification - Interim Visit | D3352 | \$32 |
| Crown - Full Cast Noble Metal | D2792 | \$44 | Apexification/Recalcification - Final Visit | D3353 | \$32 |
| Crown - Titanium | D2794 | \$70 | Apicoectomy - Anterior | D3410 | \$17 |
| Re-cement/Re-bond Inlay/Onlay/Partial Restoration | D2910 | \$17 | Apicoectomy - Premolar - 1st Root | D3421 | \$86 |
| Re-cement/Re-bond Crown | D2920 | \$1 | Apicoectomy - Molar - 1st Root | D3425 | \$29 |
| Prefabricated Porcelain/Ceramic Crown - Primary | D2929 | \$103 | Apicoectomy - Each Additional Root | D3426 | \$140 |
| Prefabricated Stainless Steel Crown - Primary | D2930 | \$0 | Retrograde Filling - Per Root | D3430 | \$25 |
| Prefabricated Stainless Steel Crown - Permanent | D2931 | \$25 | Root Amputation - Per Root | D3450 | \$69 |
| Prefabricated Resin Crown | D2932 | \$0 | Hemisection (Including any Root Removal) | D3920 | \$13 |
| Protective Restoration | D2940 | \$16 | Canal Preparation/Post Fitting | D3950 | \$0 |
| Core Build Up - Including any Pins when required | D2950 | \$0 | | | |
| Pin Retention - Per Tooth - in Addition to Restoration | D2951 | \$3 | Type III - Periodontics | | |
| Cast Post and Core - in Addition to Crown | D2952 | \$38 | Gingivectomy/Gingivoplasty - 4+ teeth/quad | D4210 | \$0 |
| Cast Post and Core - Each Additional - same tooth | D2953 | \$0 | Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad | D4211 | \$3 |
| Prefabricated Post and Core - in Addition to Crown | D2954 | \$18 | Gingivectomy/Gingivoplasty for restorative procedure | D4212 | \$16 |
| Post Removal | D2955 | \$0 | Gingival Flap-Incl. Root Planing - 4+ teeth/quad | D4240 | \$56 |
| Each Additional Prefabricated Post - same tooth | D2957 | \$37 | Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad | D4241 | \$23 |
| Labial Veneer (resin laminate) - Chairside | D2960 | \$0 | Crown Lengthening - Hard Tissue | D4249 | \$108 |
| Labial Veneer (resin laminate) - Laboratory | D2961 | \$0 | Osseous Surgery - 4+ teeth/quad | D4260 | \$11 |
| Labial Veneer (porcelain laminate) - Laboratory | D2962 | \$127 | Osseous Surgery - 1-3 teeth/quad | D4261 | \$111 |
| Crown Repair | D2980 | \$43 | Pedicle Soft Tissue Graft Procedure | D4270 | \$38 |
| Inlay Repair | D2981 | \$43 | Autogenous Connective Tissue Graft - 1st Tooth (excl implants) | D4273 | \$162 |
| Onlay Repair | D2982 | \$43 | Mesial/Distal Wedge Procedure - Single Tooth | D4274 | \$48 |
| Veneer Repair | D2983 | \$43 | Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants) | D4275 | \$50 |
| | | | Combined Connective Tissue/Double Pedicle Graft | D4276 | \$101 |
| Type III - Endodontics | | | Free Soft Tissue Graft Procedure - 1st Tooth (excl implants) | D4277 | \$111 |
| Pulp Cap - Direct (Excluding Final Restoration) | D3110 | \$0 | Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants) | D4278 | \$111 |
| Pulp Cap - Indirect (Excluding Final Restoration) | D3120 | \$3 | | | |

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| Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4283 | \$178 | Rebase Complete Upper Denture | D5710 | \$121 |
| Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4285 | \$165 | Rebase Complete Lower Denture | D5711 | \$121 |
| Provisional Intracoronal Splint | D4320 | \$28 | Rebase Upper Partial Denture | D5720 | \$86 |
| Provisional Extracoronal Splint | D4321 | \$18 | Rebase Lower Partial Denture | D5721 | \$86 |
| Perio. Scaling & Root Planing - 4+ teeth/quad | D4341 | \$20 | Reline Complete Upper Denture (Chairside) | D5730 | \$0 |
| Perio. Scaling & Root Planing - 1 to 3 teeth/quad | D4342 | \$12 | Reline Complete Lower Denture (Chairside) | D5731 | \$0 |
| Scaling - Full Mouth - After Oral Evaluation | D4346 | \$20 | Reline Upper Partial Denture (Chairside) | D5740 | \$0 |
| Full Mouth Debridement | D4355 | \$5 | Reline Lower Partial Denture (Chairside) | D5741 | \$0 |
| Periodontal Maintenance Procedures | D4910 | \$5 | Reline Complete Upper Denture (Laboratory) | D5750 | \$69 |
| | | | Reline Complete Lower Denture (Laboratory) | D5751 | \$69 |
| | | | Reline Upper Partial Denture (Laboratory) | D5760 | \$58 |
| | | | Reline Lower Partial Denture (Laboratory) | D5761 | \$58 |
| | | | Tissue Conditioning - Upper | D5850 | \$35 |
| | | | Tissue Conditioning - Lower | D5851 | \$36 |
| Type III - Removable Prosthetics | | | Type III - Implants | | |
| Complete Denture - Upper | D5110 | \$290 | Surgical Placement of Implant Body - Endosteal | D6010 | \$476 |
| Complete Denture - Lower | D5120 | \$290 | Surgical Placement of Mini Implant | D6013 | \$476 |
| Immediate Denture - Upper | D5130 | \$264 | Prefabricated Abutment - includes modification & placement | D6056 | \$127 |
| Immediate Denture - Lower | D5140 | \$264 | Crown - Abutment Supp. Porcelain/Ceramic | D6058 | \$301 |
| Upper Partial Denture - Resin Base | D5211 | \$0 | Crown - Abutment Supp. Porcelain Fused to High Noble Metal | D6059 | \$297 |
| Lower Partial Denture - Resin Base | D5212 | \$0 | Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal | D6060 | \$262 |
| Upper Partial - Cast Metal Frame - Resin Base | D5213 | \$225 | Crown - Abutment Supp. Porcelain Fused to Noble Metal | D6061 | \$279 |
| Lower Partial - Cast Metal Frame - Resin Base | D5214 | \$225 | Crown - Abutment Supp. Cast High Noble Metal | D6062 | \$281 |
| Upper Immediate Partial Denture - Resin Base | D5221 | \$260 | Crown - Abutment Supp. Cast Predominantly Base Metal | D6063 | \$223 |
| Lower Immediate Partial Denture - Resin Base | D5222 | \$260 | Crown - Abutment Supp. Cast Noble Metal | D6064 | \$240 |
| Upper Immediate Partial Denture - Cast Metal with Resin | D5223 | \$351 | Crown - Implant Supp. Porcelain/Ceramic Crown | D6065 | \$290 |
| Lower Immediate Partial Denture - Cast Metal with Resin | D5224 | \$351 | Crown - Implant Supp. Porcelain Fused to Metal | D6066 | \$282 |
| Removable Unilateral Partial - 1 Piece Cast Metal | D5281 | \$68 | Crown - Implant Supp. Metal | D6067 | \$264 |
| Adjust Complete Denture - Upper | D5410 | \$1 | Re-cement or Re-bond Implant/Abutment Supported Crown | D6092 | \$17 |
| Adjust Complete Denture - Lower | D5411 | \$1 | Crown - Abutment Supp. Titanium | D6094 | \$261 |
| Adjust Partial Denture - Upper | D5421 | \$7 | Repair Implant Abutment - By Report | D6095 | \$0 |
| Adjust Partial Denture - Lower | D5422 | \$7 | Remove Broken Implant Retaining Screw | D6096 | \$10 |
| Repair Broken Complete Denture Base - Mandibular | D5511 | \$0 | | | |
| Repair Broken Complete Denture Base - Maxillary | D5512 | \$0 | Type III - Pontics and Retainers | | |
| Replace Missing or Broken Teeth - Complete Denture - Per Tooth | D5520 | \$10 | Pontic - Cast High Noble Metal | D6210 | \$97 |
| Repair Resin Partial Denture Base - Mandibular | D5611 | \$11 | Pontic - Cast Predominantly Base Metal | D6211 | \$24 |
| Repair Resin Partial Denture Base - Maxillary | D5612 | \$11 | Pontic - Cast Noble Metal | D6212 | \$60 |
| Repair Cast Partial Framework - Mandibular | D5621 | \$14 | Pontic - Titanium | D6214 | \$308 |
| Repair Cast Partial Framework - Maxillary | D5622 | \$14 | Pontic - Porcelain Fused to High Noble Metal | D6240 | \$145 |
| Repair or Replace Broken Clasp - per tooth | D5630 | \$17 | Pontic - Porcelain Fused to Predominantly Base Metal | D6241 | \$117 |
| Replace Broken Teeth - Per Tooth | D5640 | \$0 | Pontic - Porcelain Fused to Noble Metal | D6242 | \$129 |
| Add Tooth to Existing Partial Denture | D5650 | \$9 | Pontic - Porcelain/Ceramic | D6245 | \$115 |
| Add Clasp to Existing Partial Denture - per tooth | D5660 | \$32 | | | |
| Replace Teeth/Acrylic on Cast Metal Framework (Upper) | D5670 | \$46 | | | |
| Replace Teeth/Acrylic on Cast Metal Framework (Lower) | D5671 | \$46 | | | |

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|--|----------|-----------------|--|----------|-----------------|
| Pontic - Resin with High Noble Metal | D6250 | \$184 | Type II - Oral Surgery | | |
| Pontic - Resin with Predominantly Base Metal | D6251 | \$167 | Extraction - Coronal Remnants - Primary Tooth | D7111 | \$5 |
| Pontic - Resin with Noble Metal | D6252 | \$196 | Extraction - Erupted Tooth or Exposed Root | D7140 | \$24 |
| Retainer - Cast Metal or Resin Bonded Fixed Prosthesis | D6545 | \$21 | Extraction - Erupted Tooth | D7210 | \$24 |
| Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis | D6548 | \$21 | Removal of Impacted Tooth - Soft Tissue | D7220 | \$8 |
| Retainer - Resin for Resin Bonded Fixed Prosthesis | D6549 | \$62 | Removal of Impacted Tooth - Partially Bony | D7230 | \$32 |
| Retainer Inlay - Porcelain/Ceramic - 2 Surfaces | D6600 | \$4 | Removal of Impacted Tooth - Completely Bony | D7240 | \$1 |
| Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces | D6601 | \$43 | Removal of Residual Tooth Roots | D7250 | \$27 |
| Retainer Inlay - Cast High Noble Metal - 2 Surfaces | D6602 | \$50 | Coronectomy - Intentional Partial Tooth Removal | D7251 | \$49 |
| Retainer Inlay - Cast High Noble Metal - 3+ Surfaces | D6603 | \$59 | Oroantral Fistula Closure | D7260 | \$59 |
| Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces | D6604 | \$39 | Tooth Reimplantation and/or Stabilization of Accidentally | D7270 | \$33 |
| Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces | D6605 | \$36 | Evulsed or Displaced Teeth/Alveolus | | |
| Retainer Inlay - Cast Noble Metal - 2 Surfaces | D6606 | \$30 | Tooth Transplantation | D7272 | \$0 |
| Retainer Inlay - Cast Noble Metal - 3+ Surfaces | D6607 | \$49 | Exposure of an Unerupted Tooth | D7280 | \$15 |
| Retainer Onlay - Porcelain/Ceramic - 2 Surfaces | D6608 | \$91 | Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth) | D7285 | \$15 |
| Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces | D6609 | \$88 | Incisional Biopsy of Oral Tissue - Soft (All Others) | D7286 | \$15 |
| Retainer Onlay - Cast High Noble Metal - 2 Surfaces | D6610 | \$56 | Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad | D7310 | \$0 |
| Retainer Onlay - Cast High Noble Metal - 3+ Surfaces | D6611 | \$84 | Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad | D7311 | \$21 |
| Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces | D6612 | \$32 | Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad | D7320 | \$0 |
| Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces | D6613 | \$74 | Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad | D7321 | \$29 |
| Retainer Onlay - Cast Noble Metal - 2 Surfaces | D6614 | \$52 | Vestibuloplasty-Ridge Ext (2nd Epithelialization) | D7340 | \$47 |
| Retainer Onlay - Cast Noble Metal - 3+ Surfaces | D6615 | \$78 | Vestibuloplasty-Ridge Ext (Grafts - Hypertissue) | D7350 | \$100 |
| Retainer Inlay - Titanium | D6624 | \$236 | Removal of Odontogenic Cyst/Tumor <=1.25cm | D7450 | \$80 |
| Retainer Onlay - Titanium | D6634 | \$251 | Removal of Odontogenic Cyst/Tumor > 1.25cm | D7451 | \$120 |
| Retainer Crown - Resin With High Noble Metal | D6720 | \$65 | Removal of Nonodontogenic Cyst/Tumor<=1.25cm | D7460 | \$59 |
| Retainer Crown - Resin With Base Metal | D6721 | \$28 | Removal of Nonodontogenic Cyst/Tumor> 1.25cm | D7461 | \$105 |
| Retainer Crown - Resin With Noble Metal | D6722 | \$46 | Removal of Lateral Exostosis - Per Site | D7471 | \$30 |
| Retainer Crown - Porcelain/Ceramic Substrate | D6740 | \$165 | Removal of Torus Palatinus | D7472 | \$28 |
| Retainer Crown - Porcelain With High Noble Metal | D6750 | \$176 | Removal of Torus Mandibularus | D7473 | \$28 |
| Retainer Crown - Porcelain With Predominantly Base Metal | D6751 | \$171 | Reduction of Osseous Tuberosity | D7485 | \$28 |
| Retainer Crown - Porcelain With Noble Metal | D6752 | \$145 | Incision/Drain of Abscess Intraoral Soft Tissue | D7510 | \$6 |
| Retainer Crown - ¾ Cast High Noble Metal | D6780 | \$61 | Incision/Drain of Abscess Extraoral Soft Tissue | D7520 | \$54 |
| Retainer Crown - ¾ Cast Predominantly Base Metal | D6781 | \$94 | Removal of Foreign Body - Skin or Subc. Areolar Tissue | D7530 | \$6 |
| Retainer Crown - ¾ Cast Noble Metal | D6782 | \$129 | Removal of Reaction Producing Foreign Bodies - | D7540 | \$54 |
| Retainer Crown - ¾ Porcelain/Ceramic | D6783 | \$289 | Musculoskeletal System | | |
| Retainer Crown - Full Cast High Noble Metal | D6790 | \$104 | Sequestrectomy for Osteomyelitis | D7550 | \$79 |
| Retainer Crown - Full Cast Predominantly Base Metal | D6791 | \$17 | Maxillary Sinusotomy for Removal of Tooth Fragment or | D7560 | \$282 |
| Retainer Crown - Full Cast Noble Metal | D6792 | \$46 | Foreign Body | | |
| Retainer Crown - Titanium | D6794 | \$234 | Suture of Recent Small Wounds up to 5cm | D7910 | \$0 |
| Re-cement or Re-bond Fixed Partial Denture | D6930 | \$19 | Frenulectomy (Frenectomy or Frenotomy) | D7960 | \$55 |
| Stress Breaker | D6940 | \$96 | Excision of Hyperplastic Tissue - Per Arch | D7970 | \$11 |
| Fixed Partial Denture Repair - by Report | D6980 | \$66 | Excision of Pericoronal Gingiva | D7971 | \$20 |
| | | | Surgical Reduction of Fibrous Tuberosity | D7972 | \$59 |
| | | | Non-Surgical Sialolithotomy | D7979 | \$178 |

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| Surgical Sialolithotomy | D7980 | \$237 | | | |
| Closure of Salivary Fistula | D7983 | \$375 | | | |
| Type - Miscellaneous Services | | | | | |
| I - Palliative (Emergency) Treatment of Pain | D9110 | \$17 | | | |
| I - Evaluation for Deep Sedation/General Anesthesia | D9219 | \$0 | | | |
| III - Deep Sedation/General Anesthesia - First 15 Min* | D9222 | \$0 | | | |
| III - Deep Sedation/General Anesthesia - Each Additional 15 Min* | D9223 | \$0 | | | |
| III - Analgesia - Anxiolysis - Inhal Nitrous Oxide* | D9230 | \$12 | | | |
| III - Intravenous Moderate Sedation/Analgesia - First 15 Min* | D9239 | \$0 | | | |
| III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min* | D9243 | \$22 | | | |
| III - Non-Intravenous Conscious Sedation* | D9248 | \$0 | | | |
| I - Consultation | D9310 | \$43 | | | |
| I - Office Visit for Observ During Regular Scheduled Hours | D9430 | \$0 | | | |
| II - Therapeutic Drug Injection (Antibiotics) | D9610 | \$11 | | | |
| II - Treatment of Complications (Post Surgical) | D9930 | \$36 | | | |
| III - Occlusal Guard (for Bruxism) | D9940 | \$121 | | | |
| III - Occlusal Adjustment - Limited | D9951 | \$0 | | | |
| III - Occlusal Adjustment - Complete | D9952 | \$29 | | | |

* Covered only when performed in conjunction with covered oral surgery.