

# SECURECARE DENTAL

## COPAY SCHEDULE 130 - 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](http://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
<b>Type I - Diagnostic/Evaluation Services</b>				<b>Type I - Preventive Services</b>			
Periodic Oral Evaluation	D0120	\$12	\$22	Prophylaxis Cleaning - Adult	D1110	\$12	\$19
Limited Oral Evaluation - Problem Focused	D0140	\$12	\$44	Prophylaxis Cleaning - Child	D1120	\$12	\$19
Oral Evaluation - under 3 years old	D0145	\$12	\$57	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$31
Comprehensive Oral Evaluation	D0150	\$12	\$43	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$24
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$12	\$122	Sealant - Per Tooth	D1351	\$20	\$30
Re-evaluation - Limited - Problem Focused	D0170	\$12	\$20	Preventive Resin Restoration (Including Sealant)	D1352	\$16	\$44
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$18	\$38
Comprehensive Periodontal Evaluation	D0180	\$12	\$51	Space Maintainer - Fixed - Unilateral	D1510	\$100	\$210
Intraoral - Complete Series of Images	D0210	\$7	\$53	Space Maintainer - Fixed - Bilateral	D1515	\$105	\$227
Intraoral - Periapical - 1st Image	D0220	\$7	\$17	Space Maintainer - Removable - Unilateral	D1520	\$70	\$194
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$14	Space Maintainer - Removable - Bilateral	D1525	\$70	\$256
Intraoral - Occlusal Image	D0240	\$7	\$23	Re-cement or Re-bond Space Maintainer	D1550	\$21	\$51
Extraoral - 2D Image	D0250	\$7	\$21	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$98	\$202
Extraoral - Posterior Image	D0251	\$14	\$21	<b>Type II - Restorative Dentistry</b>			
Bitewing - 1 Image	D0270	\$7	\$14	Amalgam - 1 Surface - Primary or Permanent	D2140	\$49	\$115
Bitewing - 2 Images	D0272	\$7	\$21	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$50	\$137
Bitewing - 3 Images	D0273	\$7	\$24	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$49	\$159
Bitewing - 4 Images	D0274	\$7	\$28	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$55	\$184
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$31	Resin Composite - 1 Surface - Anterior	D2330	\$55	\$106
Panoramic Image	D0330	\$20	\$58	Resin Composite - 2 Surfaces - Anterior	D2331	\$58	\$116
Pulp Vitality Tests	D0460	\$0	\$0				
Diagnostic Casts	D0470	\$20	\$88				

**COPAY SCHEDULE 130 - 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	\$68	\$145	Crown - Titanium	D2794	\$360	\$493
Resin Composite - 4+ Surfaces - Anterior	D2335	\$83	\$184	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$16	\$24
Resin Composite Crown - Anterior	D2390	\$60	\$145	Re-cement/Re-bond Crown	D2920	\$30	\$45
Resin Composite - 1 Surface - Posterior	D2391	\$59	\$112	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$147	\$246
Resin Composite - 2 Surfaces - Posterior	D2392	\$74	\$148	Prefabricated Stainless Steel Crown - Primary	D2930	\$61	\$135
Resin Composite - 3 Surfaces - Posterior	D2393	\$81	\$179	Prefabricated Stainless Steel Crown - Permanent	D2931	\$59	\$136
Resin Composite - 4+ Surfaces - Posterior	D2394	\$81	\$209	Prefabricated Resin Crown	D2932	\$80	\$177
<b>Type III - Onlays, Crowns and Bridges</b>				Protective Restoration	D2940	\$7	\$11
Inlay - Metallic - 1 Surface	D2510	\$183	\$361	Core Build Up - Including any Pins when required	D2950	\$70	\$119
Inlay - Metallic - 2 Surfaces	D2520	\$202	\$385	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$14	\$21
Inlay - Metallic - 3+ Surfaces	D2530	\$294	\$468	Cast Post and Core - in Addition to Crown	D2952	\$82	\$177
Onlay - Metallic - 2 Surfaces	D2542	\$287	\$512	Cast Post and Core - Each Additional - same tooth	D2953	\$85	\$87
Onlay - Metallic - 3 Surfaces	D2543	\$301	\$440	Prefabricated Post and Core - in Addition to Crown	D2954	\$82	\$152
Onlay - Metallic - 4+ Surfaces	D2544	\$301	\$302	Post Removal	D2955	\$0	\$0
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$203	\$467	Each Additional Prefabricated Post - same tooth	D2957	\$36	\$54
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$294	\$486	Labial Veneer (resin laminate) - Chairside	D2960	\$183	\$430
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$275	\$435	Labial Veneer (resin laminate) - Laboratory	D2961	\$316	\$486
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$225	\$436	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$275	\$422
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$230	\$402	Crown Repair	D2980	\$56	\$84
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$330	\$342	Inlay Repair	D2981	\$56	\$84
Inlay - Resin Composite - 1 Surface	D2650	\$106	\$208	Onlay Repair	D2982	\$56	\$84
Inlay - Resin Composite - 2 Surfaces	D2651	\$147	\$264	Veneer Repair	D2983	\$56	\$84
Inlay - Resin Composite - 3+ Surfaces	D2652	\$196	\$284	<b>Type III - Endodontics</b>			
Onlay - Resin Composite - 2 Surfaces	D2662	\$189	\$222	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$18	\$54
Onlay - Resin Composite - 3 Surfaces	D2663	\$246	\$319	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$14	\$38
Onlay - Resin Composite - 4+ Surfaces	D2664	\$281	\$346	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$45	\$94
Crown - Resin Based Composite - Indirect	D2710	\$133	\$200	Pulpal Debridement - Primary/Permanent	D3221	\$43	\$125
Crown - ¾ Resin Based Composite - Indirect	D2712	\$139	\$244	Partial Pulpotomy for Apexogenesis	D3222	\$47	\$106
Crown - Resin with High Noble Metal	D2720	\$371	\$483	Pulpal Therapy Anterior - Primary	D3230	\$56	\$112
Crown - Resin with Base Metal	D2721	\$357	\$486	Pulpal Therapy Posterior - Primary	D3240	\$49	\$122
Crown - Resin with Noble Metal	D2722	\$364	\$499	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$180	\$318
Crown - Porcelain/Ceramic	D2740	\$340	\$421	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$250	\$428
Crown - Porcelain with High Noble Metal	D2750	\$390	\$465	Root Canal - Molar (Excluding Final Restoration)	D3330	\$395	\$674
Crown - Porcelain with Predominantly Base Metal	D2751	\$300	\$376	Treatment of Root Canal Obstruction - non surgical	D3331	\$126	\$152
Crown - Porcelain With Noble Metal	D2752	\$320	\$399	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$167	\$370
Crown - ¾ Cast High Noble Metal	D2780	\$373	\$507	Internal Root Repair of Perforation Defects	D3333	\$161	\$196
Crown - ¾ Cast Predominantly Base Metal	D2781	\$336	\$407	Retreatment of Previous RCT - Anterior	D3346	\$294	\$708
Crown - ¾ Cast Noble Metal	D2782	\$343	\$406	Retreatment of Previous RCT - Premolar	D3347	\$399	\$831
Crown - ¾ Porcelain/Ceramic	D2783	\$336	\$485	Retreatment of Previous RCT - Molar	D3348	\$306	\$903
Crown - Full Cast High Noble Metal	D2790	\$360	\$493	Apexification/Recalcification - Initial Visit	D3351	\$43	\$256
Crown - Full Cast Predominantly Base Metal	D2791	\$330	\$453	Apexification/Recalcification - Interim Visit	D3352	\$43	\$89
Crown - Full Cast Noble Metal	D2792	\$345	\$486	Apexification/Recalcification - Final Visit	D3353	\$43	\$396

**COPAY SCHEDULE 130 - 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	\$203	\$556	Upper Partial Denture - Resin Base	D5211	\$357	\$837
Apicoectomy - Premolar - 1st Root	D3421	\$188	\$537	Lower Partial Denture - Resin Base	D5212	\$357	\$1,002
Apicoectomy - Molar - 1st Root	D3425	\$221	\$610	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$425	\$947
Apicoectomy - Each Additional Root	D3426	\$43	\$85	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$425	\$947
Retrograde Filling - Per Root	D3430	\$43	\$149	Upper Immediate Partial Denture - Resin Base	D5221	\$500	\$750
Root Amputation - Per Root	D3450	\$93	\$280	Lower Immediate Partial Denture - Resin Base	D5222	\$500	\$750
Hemisection (Including any Root Removal)	D3920	\$93	\$262	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$666	\$999
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$666	\$999
<b>Type III - Periodontics</b>				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$237	\$514
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$203	\$699	Adjust Complete Denture - Upper	D5410	\$21	\$32
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$56	\$278	Adjust Complete Denture - Lower	D5411	\$21	\$32
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$35	\$278	Adjust Partial Denture - Upper	D5421	\$21	\$32
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$259	\$718	Adjust Partial Denture - Lower	D5422	\$21	\$32
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$167	\$376	Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$125
Crown Lengthening - Hard Tissue	D4249	\$280	\$750	Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$125
Osseous Surgery - 4+ teeth/quad	D4260	\$369	\$1,226	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$43	\$65
Osseous Surgery - 1-3 teeth/quad	D4261	\$199	\$505	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117
Pedicle Soft Tissue Graft Procedure	D4270	\$91	\$908	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$350	\$1,001	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$114
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$253	\$380	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$114
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$350	\$522	Repair or Replace Broken Clasp - per tooth	D5630	\$49	\$110
Combined Connective Tissue/Double Pedicle Graft	D4276	\$469	\$704	Replace Broken Teeth - Per Tooth	D5640	\$49	\$65
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$196	\$891	Add Tooth to Existing Partial Denture	D5650	\$49	\$96
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$196	\$891	Add Clasp to Existing Partial Denture - per tooth	D5660	\$49	\$104
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$312	\$468	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$176	\$253
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$231	\$347	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$176	\$253
Provisional Intracoronal Splint	D4320	\$99	\$304	Rebase Complete Upper Denture	D5710	\$91	\$185
Provisional Extracoronal Splint	D4321	\$97	\$272	Rebase Complete Lower Denture	D5711	\$91	\$163
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$90	\$161	Rebase Upper Partial Denture	D5720	\$91	\$196
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$44	\$86	Rebase Lower Partial Denture	D5721	\$91	\$196
Scaling - Full Mouth - After Oral Evaluation	D4346	\$46	\$116	Reline Complete Upper Denture (Chairside)	D5730	\$91	\$117
Full Mouth Debridement	D4355	\$50	\$117	Reline Complete Lower Denture (Chairside)	D5731	\$91	\$125
Periodontal Maintenance Procedures	D4910	\$55	\$102	Reline Upper Partial Denture (Chairside)	D5740	\$91	\$92
<b>Type III - Removable Prosthetics</b>				Reline Lower Partial Denture (Chairside)	D5741	\$91	\$92
Complete Denture - Upper	D5110	\$380	\$758	Reline Complete Upper Denture (Laboratory)	D5750	\$91	\$122
Complete Denture - Lower	D5120	\$380	\$758	Reline Complete Lower Denture (Laboratory)	D5751	\$91	\$122
Immediate Denture - Upper	D5130	\$385	\$892	Reline Upper Partial Denture (Laboratory)	D5760	\$91	\$129
Immediate Denture - Lower	D5140	\$385	\$892	Reline Lower Partial Denture (Laboratory)	D5761	\$91	\$129
				Tissue Conditioning - Upper	D5850	\$22	\$33
				Tissue Conditioning - Lower	D5851	\$21	\$32
				<b>Type III - Implants</b>			

**COPAY SCHEDULE 130 - 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	\$863	\$1,736	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$301	\$465
Surgical Placement of Mini Implant	D6013	\$863	\$1,736	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$371	\$493
Prefabricated Abutment - includes modification & placement	D6056	\$233	\$331	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$280	\$490
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$554	\$969	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$350	\$468
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$546	\$956	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$294	\$451
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$482	\$923	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$377	\$440
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$515	\$930	Retainer Inlay - Titanium	D6624	\$258	\$412
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$519	\$923	Retainer Onlay - Titanium	D6634	\$273	\$429
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$412	\$826	Retainer Crown - Resin With High Noble Metal	D6720	\$350	\$564
Crown - Abutment Supp. Cast Noble Metal	D6064	\$442	\$857	Retainer Crown - Resin With Base Metal	D6721	\$329	\$564
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$534	\$960	Retainer Crown - Resin With Noble Metal	D6722	\$336	\$558
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$521	\$935	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$375	\$543
Crown - Implant Supp. Metal	D6067	\$486	\$917	Retainer Crown - Porcelain With High Noble Metal	D6750	\$350	\$495
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$31	\$81	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$299	\$442
Crown - Abutment Supp. Titanium	D6094	\$482	\$733	Retainer Crown - Porcelain With Noble Metal	D6752	\$350	\$497
Repair Implant Abutment - By Report	D6095	\$162	\$309	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$397	\$534
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$336	\$504
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$329	\$409
<b>Type III - Pontics and Retainers</b>				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$336	\$485
Pontic - Cast High Noble Metal	D6210	\$357	\$451	Retainer Crown - Full Cast High Noble Metal	D6790	\$350	\$511
Pontic - Cast Predominantly Base Metal	D6211	\$336	\$487	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$343	\$566
Pontic - Cast Noble Metal	D6212	\$350	\$474	Retainer Crown - Full Cast Noble Metal	D6792	\$364	\$559
Pontic - Titanium	D6214	\$357	\$451	Retainer Crown - Titanium	D6794	\$360	\$493
Pontic - Porcelain Fused to High Noble Metal	D6240	\$360	\$449	Re-cement or Re-bond Fixed Partial Denture	D6930	\$14	\$24
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$340	\$415	Stress Breaker	D6940	\$45	\$62
Pontic - Porcelain Fused to Noble Metal	D6242	\$350	\$451	Fixed Partial Denture Repair - by Report	D6980	\$91	\$137
Pontic - Porcelain/Ceramic	D6245	\$410	\$440				
Pontic - Resin with High Noble Metal	D6250	\$339	\$610	<b>Type II - Oral Surgery</b>			
Pontic - Resin with Predominantly Base Metal	D6251	\$309	\$566	Extraction - Coronal Remnants - Primary Tooth	D7111	\$30	\$70
Pontic - Resin with Noble Metal	D6252	\$360	\$561	Extraction - Erupted Tooth or Exposed Root	D7140	\$40	\$78
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$224	\$336	Extraction - Erupted Tooth	D7210	\$78	\$153
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$210	\$315	Removal of Impacted Tooth - Soft Tissue	D7220	\$85	\$192
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$220	\$330	Removal of Impacted Tooth - Partially Bony	D7230	\$100	\$245
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$307	\$426	Removal of Impacted Tooth - Completely Bony	D7240	\$145	\$322
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$323	\$413	Removal of Residual Tooth Roots	D7250	\$51	\$144
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$307	\$418	Coronectomy - Intentional Partial Tooth Removal	D7251	\$94	\$371
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$357	\$470	Oroantral Fistula Closure	D7260	\$115	\$1,211
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$280	\$421	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$210	\$324
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$323	\$458	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$316	\$416	Tooth Transplantation	D7272	\$210	\$748
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$350	\$462	Exposure of an Unerupted Tooth	D7280	\$161	\$293
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$350	\$380	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$56	\$659
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$364	\$410	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$56	\$285

**COPAY SCHEDULE 130 - 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	\$84	\$219	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$43	\$65
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$40	\$292	II - Treatment of Complications (Post Surgical)	D9930	\$14	\$21
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$126	\$312	III - Occlusal Guard (for Bruxism)	D9940	\$78	\$135
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$56	\$463	III - Occlusal Adjustment - Limited	D9951	\$45	\$102
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$167	\$1,613	III - Occlusal Adjustment - Complete	D9952	\$106	\$539
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$253	\$5,124	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$266	\$572				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$301	\$911				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$287	\$593				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$336	\$952				
Removal of Lateral Exostosis - Per Site	D7471	\$88	\$658				
Removal of Torus Palatinus	D7472	\$224	\$784				
Removal of Torus Mandibularus	D7473	\$224	\$738				
Reduction of Osseous Tuberosity	D7485	\$224	\$653				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$52	\$192				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$113	\$895				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$52	\$336				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$113	\$320				
Sequestrectomy for Osteomyelitis	D7550	\$52	\$291				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$545	\$3,343				
Suture of Recent Small Wounds up to 5cm	D7910	\$52	\$312				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$97	\$303				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$93	\$395				
Excision of Pericoronal Gingiva	D7971	\$73	\$120				
Surgical Reduction of Fibrous Tuberosity	D7972	\$280	\$447				
Non-Surgical Sialolithotomy	D7979	\$305	\$925				
Surgical Sialolithotomy	D7980	\$246	\$836				
Closure of Salivary Fistula	D7983	\$725	\$2,185				
<b>Type - Miscellaneous Services</b>							
I - Palliative (Emergency) Treatment of Pain	D9110	\$16	\$48				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$56	\$165				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$50	\$75				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$16	\$24				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$47	\$141				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$42	\$63				
III - Non-Intravenous Conscious Sedation*	D9248	\$59	\$62				
I - Consultation	D9310	\$0	\$122				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				