

SECURECARE DENTAL

COPAY SCHEDULE 131 - 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	\$12	\$15	Prophylaxis Cleaning - Adult	D1110	\$12	\$21
Limited Oral Evaluation - Problem Focused	D0140	\$12	\$37	Prophylaxis Cleaning - Child	D1120	\$12	\$18
Oral Evaluation - under 3 years old	D0145	\$12	\$50	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$27
Comprehensive Oral Evaluation	D0150	\$12	\$33	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$14
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$12	\$113	Sealant - Per Tooth	D1351	\$20	\$23
Re-evaluation - Limited - Problem Focused	D0170	\$12	\$14	Preventive Resin Restoration (Including Sealant)	D1352	\$19	\$44
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$16	\$29
Comprehensive Periodontal Evaluation	D0180	\$12	\$45	Space Maintainer - Fixed - Unilateral	D1510	\$100	\$183
Intraoral - Complete Series of Images	D0210	\$7	\$41	Space Maintainer - Fixed - Bilateral	D1515	\$105	\$223
Intraoral - Periapical - 1st Image	D0220	\$7	\$13	Space Maintainer - Removable - Unilateral	D1520	\$70	\$152
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$13	Space Maintainer - Removable - Bilateral	D1525	\$70	\$202
Intraoral - Occlusal Image	D0240	\$7	\$17	Re-cement or Re-bond Space Maintainer	D1550	\$21	\$46
Extraoral - 2D Image	D0250	\$7	\$15	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$126	\$215
Extraoral - Posterior Image	D0251	\$20	\$27				
Bitewing - 1 Image	D0270	\$7	\$14	Type II - Restorative Dentistry			
Bitewing - 2 Images	D0272	\$7	\$14	Amalgam - 1 Surface - Primary or Permanent	D2140	\$49	\$95
Bitewing - 3 Images	D0273	\$7	\$18	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$50	\$116
Bitewing - 4 Images	D0274	\$7	\$19	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$49	\$131
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$23	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$55	\$154
Panoramic Image	D0330	\$20	\$41	Resin Composite - 1 Surface - Anterior	D2330	\$55	\$91
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$58	\$111
Diagnostic Casts	D0470	\$20	\$53				

COPAY SCHEDULE 131 - 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	\$136	Crown - Titanium	D2794	\$360	\$540
Resin Composite - 4+ Surfaces - Anterior	D2335	\$83	\$151	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$16	\$24
Resin Composite Crown - Anterior	D2390	\$60	\$105	Re-cement/Re-bond Crown	D2920	\$30	\$45
Resin Composite - 1 Surface - Posterior	D2391	\$59	\$109	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$183	\$238
Resin Composite - 2 Surfaces - Posterior	D2392	\$74	\$150	Prefabricated Stainless Steel Crown - Primary	D2930	\$61	\$69
Resin Composite - 3 Surfaces - Posterior	D2393	\$81	\$162	Prefabricated Stainless Steel Crown - Permanent	D2931	\$59	\$97
Resin Composite - 4+ Surfaces - Posterior	D2394	\$81	\$182	Prefabricated Resin Crown	D2932	\$80	\$140
				Protective Restoration	D2940	\$7	\$11
Type III - Onlays, Crowns and Bridges				Core Build Up - Including any Pins when required	D2950	\$70	\$105
Inlay - Metallic - 1 Surface	D2510	\$183	\$297	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$14	\$21
Inlay - Metallic - 2 Surfaces	D2520	\$202	\$253	Cast Post and Core - in Addition to Crown	D2952	\$82	\$141
Inlay - Metallic - 3+ Surfaces	D2530	\$294	\$335	Cast Post and Core - Each Additional - same tooth	D2953	\$85	\$128
Onlay - Metallic - 2 Surfaces	D2542	\$287	\$404	Prefabricated Post and Core - in Addition to Crown	D2954	\$82	\$111
Onlay - Metallic - 3 Surfaces	D2543	\$301	\$331	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$301	\$452	Each Additional Prefabricated Post - same tooth	D2957	\$36	\$54
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$203	\$398	Labial Veneer (resin laminate) - Chairside	D2960	\$183	\$357
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$294	\$386	Labial Veneer (resin laminate) - Laboratory	D2961	\$316	\$362
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$275	\$286	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$275	\$296
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$225	\$311	Crown Repair	D2980	\$56	\$226
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$230	\$244	Inlay Repair	D2981	\$56	\$226
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$330	\$495	Onlay Repair	D2982	\$56	\$226
Inlay - Resin Composite - 1 Surface	D2650	\$106	\$157	Veneer Repair	D2983	\$56	\$226
Inlay - Resin Composite - 2 Surfaces	D2651	\$147	\$194				
Inlay - Resin Composite - 3+ Surfaces	D2652	\$196	\$199	Type III - Endodontics			
Onlay - Resin Composite - 2 Surfaces	D2662	\$189	\$284	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$18	\$51
Onlay - Resin Composite - 3 Surfaces	D2663	\$246	\$369	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$14	\$35
Onlay - Resin Composite - 4+ Surfaces	D2664	\$281	\$335	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$45	\$96
Crown - Resin Based Composite - Indirect	D2710	\$133	\$200	Pulpal Debridement - Primary/Permanent	D3221	\$43	\$112
Crown - ¾ Resin Based Composite - Indirect	D2712	\$175	\$248	Partial Pulpotomy for Apexogenesis	D3222	\$61	\$104
Crown - Resin with High Noble Metal	D2720	\$371	\$557	Pulpal Therapy Anterior - Primary	D3230	\$56	\$94
Crown - Resin with Base Metal	D2721	\$357	\$536	Pulpal Therapy Posterior - Primary	D3240	\$49	\$106
Crown - Resin with Noble Metal	D2722	\$364	\$546	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$180	\$263
Crown - Porcelain/Ceramic	D2740	\$340	\$510	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$250	\$398
Crown - Porcelain with High Noble Metal	D2750	\$390	\$585	Root Canal - Molar (Excluding Final Restoration)	D3330	\$395	\$578
Crown - Porcelain with Predominantly Base Metal	D2751	\$300	\$450	Treatment of Root Canal Obstruction - non surgical	D3331	\$126	\$189
Crown - Porcelain With Noble Metal	D2752	\$320	\$480	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$167	\$318
Crown - ¾ Cast High Noble Metal	D2780	\$373	\$383	Internal Root Repair of Perforation Defects	D3333	\$161	\$164
Crown - ¾ Cast Predominantly Base Metal	D2781	\$336	\$504	Retreatment of Previous RCT - Anterior	D3346	\$294	\$639
Crown - ¾ Cast Noble Metal	D2782	\$343	\$515	Retreatment of Previous RCT - Premolar	D3347	\$399	\$734
Crown - ¾ Porcelain/Ceramic	D2783	\$336	\$336	Retreatment of Previous RCT - Molar	D3348	\$306	\$643
Crown - Full Cast High Noble Metal	D2790	\$360	\$410	Apexification/Recalcification - Initial Visit	D3351	\$43	\$236
Crown - Full Cast Predominantly Base Metal	D2791	\$330	\$412	Apexification/Recalcification - Interim Visit	D3352	\$43	\$66
Crown - Full Cast Noble Metal	D2792	\$394	\$386	Apexification/Recalcification - Final Visit	D3353	\$43	\$380

COPAY SCHEDULE 131 - 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	\$498	Upper Partial Denture - Resin Base	D5211	\$357	\$695
Apicoectomy - Premolar - 1st Root	D3421	\$188	\$462	Lower Partial Denture - Resin Base	D5212	\$357	\$839
Apicoectomy - Molar - 1st Root	D3425	\$221	\$484	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$425	\$640
Apicoectomy - Each Additional Root	D3426	\$43	\$65	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$425	\$640
Retrograde Filling - Per Root	D3430	\$43	\$132	Upper Immediate Partial Denture - Resin Base	D5221	\$575	\$764
Root Amputation - Per Root	D3450	\$93	\$235	Lower Immediate Partial Denture - Resin Base	D5222	\$575	\$764
Hemisection (Including any Root Removal)	D3920	\$93	\$234	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$773	\$1,027
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$773	\$1,027
Type III - Periodontics				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$237	\$321
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$203	\$524	Adjust Complete Denture - Upper	D5410	\$21	\$32
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$56	\$209	Adjust Complete Denture - Lower	D5411	\$21	\$32
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$40	\$209	Adjust Partial Denture - Upper	D5421	\$21	\$32
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$259	\$474	Adjust Partial Denture - Lower	D5422	\$21	\$32
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$167	\$243	Repair Broken Complete Denture Base - Mandibular	D5511	\$60	\$98
Crown Lengthening - Hard Tissue	D4249	\$280	\$587	Repair Broken Complete Denture Base - Maxillary	D5512	\$60	\$98
Osseous Surgery - 4+ teeth/quad	D4260	\$369	\$804	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$43	\$65
Osseous Surgery - 1-3 teeth/quad	D4261	\$199	\$374	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90
Pedicle Soft Tissue Graft Procedure	D4270	\$91	\$696	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$350	\$758	Repair Cast Partial Framework - Mandibular	D5621	\$57	\$77
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$253	\$380	Repair Cast Partial Framework - Maxillary	D5622	\$57	\$77
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$350	\$525	Repair or Replace Broken Clasp - per tooth	D5630	\$49	\$66
Combined Connective Tissue/Double Pedicle Graft	D4276	\$469	\$704	Replace Broken Teeth - Per Tooth	D5640	\$49	\$74
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$196	\$625	Add Tooth to Existing Partial Denture	D5650	\$49	\$57
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$196	\$625	Add Clasp to Existing Partial Denture - per tooth	D5660	\$49	\$52
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$398	\$832	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$176	\$264
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$284	\$594	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$176	\$264
Provisional Intracoronal Splint	D4320	\$99	\$246	Rebase Complete Upper Denture	D5710	\$91	\$137
Provisional Extracoronal Splint	D4321	\$97	\$222	Rebase Complete Lower Denture	D5711	\$91	\$137
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$90	\$138	Rebase Upper Partial Denture	D5720	\$91	\$137
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$44	\$65	Rebase Lower Partial Denture	D5721	\$91	\$137
Scaling - Full Mouth - After Oral Evaluation	D4346	\$50	\$108	Reline Complete Upper Denture (Chairside)	D5730	\$91	\$137
Full Mouth Debridement	D4355	\$50	\$109	Reline Complete Lower Denture (Chairside)	D5731	\$91	\$137
Periodontal Maintenance Procedures	D4910	\$55	\$85	Reline Upper Partial Denture (Chairside)	D5740	\$91	\$137
Type III - Removable Prosthetics				Reline Lower Partial Denture (Chairside)	D5741	\$91	\$137
Complete Denture - Upper	D5110	\$380	\$495	Reline Complete Upper Denture (Laboratory)	D5750	\$91	\$137
Complete Denture - Lower	D5120	\$380	\$495	Reline Complete Lower Denture (Laboratory)	D5751	\$91	\$137
Immediate Denture - Upper	D5130	\$385	\$565	Reline Upper Partial Denture (Laboratory)	D5760	\$91	\$137
Immediate Denture - Lower	D5140	\$385	\$565	Reline Lower Partial Denture (Laboratory)	D5761	\$91	\$137
				Tissue Conditioning - Upper	D5850	\$22	\$33
				Tissue Conditioning - Lower	D5851	\$22	\$32
				Type III - Implants			

COPAY SCHEDULE 131 - 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	\$1,042	\$1,483	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$301	\$311
Surgical Placement of Mini Implant	D6013	\$1,042	\$1,483	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$371	\$557
Prefabricated Abutment - includes modification & placement	D6056	\$281	\$422	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$280	\$350
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$673	\$821	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$350	\$525
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$656	\$813	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$294	\$301
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$579	\$787	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$377	\$566
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$619	\$791	Retainer Inlay - Titanium	D6624	\$313	\$428
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$623	\$785	Retainer Onlay - Titanium	D6634	\$332	\$447
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$494	\$705	Retainer Crown - Resin With High Noble Metal	D6720	\$350	\$384
Crown - Abutment Supp. Cast Noble Metal	D6064	\$531	\$731	Retainer Crown - Resin With Base Metal	D6721	\$329	\$407
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$641	\$817	Retainer Crown - Resin With Noble Metal	D6722	\$336	\$390
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$625	\$795	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$375	\$394
Crown - Implant Supp. Metal	D6067	\$584	\$783	Retainer Crown - Porcelain With High Noble Metal	D6750	\$350	\$361
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$38	\$70	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$299	\$301
Crown - Abutment Supp. Titanium	D6094	\$579	\$619	Retainer Crown - Porcelain With Noble Metal	D6752	\$350	\$350
Repair Implant Abutment - By Report	D6095	\$195	\$259	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$397	\$596
Remove Broken Implant Retaining Screw	D6096	\$40	\$40	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$336	\$504
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$329	\$494
Type III - Pontics and Retainers				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$336	\$336
Pontic - Cast High Noble Metal	D6210	\$357	\$536	Retainer Crown - Full Cast High Noble Metal	D6790	\$350	\$525
Pontic - Cast Predominantly Base Metal	D6211	\$336	\$504	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$343	\$407
Pontic - Cast Noble Metal	D6212	\$350	\$525	Retainer Crown - Full Cast Noble Metal	D6792	\$364	\$384
Pontic - Titanium	D6214	\$357	\$436	Retainer Crown - Titanium	D6794	\$360	\$540
Pontic - Porcelain Fused to High Noble Metal	D6240	\$360	\$540	Re-cement or Re-bond Fixed Partial Denture	D6930	\$14	\$21
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$340	\$510	Stress Breaker	D6940	\$45	\$68
Pontic - Porcelain Fused to Noble Metal	D6242	\$350	\$525	Fixed Partial Denture Repair - by Report	D6980	\$91	\$137
Pontic - Porcelain/Ceramic	D6245	\$410	\$615				
Pontic - Resin with High Noble Metal	D6250	\$407	\$624	Type II - Oral Surgery			
Pontic - Resin with Predominantly Base Metal	D6251	\$371	\$577	Extraction - Coronal Remnants - Primary Tooth	D7111	\$30	\$38
Pontic - Resin with Noble Metal	D6252	\$433	\$573	Extraction - Erupted Tooth or Exposed Root	D7140	\$40	\$66
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$224	\$336	Extraction - Erupted Tooth	D7210	\$78	\$120
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$210	\$315	Removal of Impacted Tooth - Soft Tissue	D7220	\$85	\$150
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$198	\$296	Removal of Impacted Tooth - Partially Bony	D7230	\$100	\$189
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$307	\$461	Removal of Impacted Tooth - Completely Bony	D7240	\$145	\$249
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$323	\$485	Removal of Residual Tooth Roots	D7250	\$51	\$98
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$307	\$461	Coronectomy - Intentional Partial Tooth Removal	D7251	\$117	\$339
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$357	\$536	Oroantral Fistula Closure	D7260	\$143	\$1,215
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$280	\$283	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$210	\$213
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$323	\$485	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$316	\$474	Tooth Transplantation	D7272	\$210	\$702
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$350	\$525	Exposure of an Unerupted Tooth	D7280	\$161	\$207
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$350	\$525	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$56	\$578
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$364	\$546	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$56	\$236

COPAY SCHEDULE 131 - 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	\$178	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$43	\$65
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$50	\$267	II - Treatment of Complications (Post Surgical)	D9930	\$14	\$21
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$126	\$253	III - Occlusal Guard (for Bruxism)	D9940	\$78	\$112
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$70	\$349	III - Occlusal Adjustment - Limited	D9951	\$45	\$88
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$167	\$1,399	III - Occlusal Adjustment - Complete	D9952	\$106	\$493
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$253	\$4,555	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$266	\$384				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$301	\$662				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$287	\$405				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$336	\$693				
Removal of Lateral Exostosis - Per Site	D7471	\$88	\$553				
Removal of Torus Palatinus	D7472	\$224	\$618				
Removal of Torus Mandibularus	D7473	\$224	\$575				
Reduction of Osseous Tuberosity	D7485	\$224	\$498				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$52	\$153				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$113	\$750				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$52	\$284				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$113	\$224				
Sequestrectomy for Osteomyelitis	D7550	\$52	\$270				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$682	\$3,047				
Suture of Recent Small Wounds up to 5cm	D7910	\$52	\$269				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$97	\$285				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$93	\$321				
Excision of Pericoronal Gingiva	D7971	\$73	\$110				
Surgical Reduction of Fibrous Tuberosity	D7972	\$280	\$420				
Non-Surgical Sialolithotomy	D7979	\$290	\$822				
Surgical Sialolithotomy	D7980	\$246	\$785				
Closure of Salivary Fistula	D7983	\$906	\$1,965				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$16	\$32				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$54	\$191				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$51	\$140				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$16	\$20				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$43	\$162				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$41	\$113				
III - Non-Intravenous Conscious Sedation*	D9248	\$59	\$89				
I - Consultation	D9310	\$0	\$108				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				