

SECURECARE DENTAL

COPAY SCHEDULE 141 - 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	\$6	\$9	Prophylaxis Cleaning - Adult	D1110	\$6	\$15
Limited Oral Evaluation - Problem Focused	D0140	\$6	\$31	Prophylaxis Cleaning - Child	D1120	\$6	\$9
Oral Evaluation - under 3 years old	D0145	\$6	\$44	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$27
Comprehensive Oral Evaluation	D0150	\$6	\$27	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$14
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$6	\$107	Sealant - Per Tooth	D1351	\$15	\$18
Re-evaluation - Limited - Problem Focused	D0170	\$6	\$8	Preventive Resin Restoration (Including Sealant)	D1352	\$19	\$44
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$14	\$27
Comprehensive Periodontal Evaluation	D0180	\$6	\$39	Space Maintainer - Fixed - Unilateral	D1510	\$100	\$183
Intraoral - Complete Series of Images	D0210	\$20	\$54	Space Maintainer - Fixed - Bilateral	D1515	\$105	\$223
Intraoral - Periapical - 1st Image	D0220	\$6	\$12	Space Maintainer - Removable - Unilateral	D1520	\$77	\$159
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$12	Space Maintainer - Removable - Bilateral	D1525	\$77	\$209
Intraoral - Occlusal Image	D0240	\$6	\$16	Re-cement or Re-bond Space Maintainer	D1550	\$24	\$49
Extraoral - 2D Image	D0250	\$6	\$14	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$125	\$214
Extraoral - Posterior Image	D0251	\$19	\$26				
Bitewing - 1 Image	D0270	\$6	\$8	Type II - Restorative Dentistry			
Bitewing - 2 Images	D0272	\$6	\$13	Amalgam - 1 Surface - Primary or Permanent	D2140	\$40	\$86
Bitewing - 3 Images	D0273	\$6	\$17	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$40	\$106
Bitewing - 4 Images	D0274	\$6	\$18	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$40	\$122
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$22	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$45	\$144
Panoramic Image	D0330	\$20	\$41	Resin Composite - 1 Surface - Anterior	D2330	\$45	\$81
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$48	\$101
Diagnostic Casts	D0470	\$20	\$53				

COPAY SCHEDULE 141 - 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	\$58	\$126	Crown - Titanium	D2794	\$360	\$540
Resin Composite - 4+ Surfaces - Anterior	D2335	\$73	\$141	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$18	\$27
Resin Composite Crown - Anterior	D2390	\$50	\$95	Re-cement/Re-bond Crown	D2920	\$30	\$45
Resin Composite - 1 Surface - Posterior	D2391	\$49	\$99	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$177	\$232
Resin Composite - 2 Surfaces - Posterior	D2392	\$64	\$140	Prefabricated Stainless Steel Crown - Primary	D2930	\$98	\$106
Resin Composite - 3 Surfaces - Posterior	D2393	\$71	\$152	Prefabricated Stainless Steel Crown - Permanent	D2931	\$65	\$103
Resin Composite - 4+ Surfaces - Posterior	D2394	\$71	\$172	Prefabricated Resin Crown	D2932	\$88	\$148
				Protective Restoration	D2940	\$8	\$12
Type III - Onlays, Crowns and Bridges				Core Build Up - Including any Pins when required	D2950	\$93	\$128
Inlay - Metallic - 1 Surface	D2510	\$201	\$315	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$15	\$23
Inlay - Metallic - 2 Surfaces	D2520	\$250	\$301	Cast Post and Core - in Addition to Crown	D2952	\$129	\$188
Inlay - Metallic - 3+ Surfaces	D2530	\$324	\$365	Cast Post and Core - Each Additional - same tooth	D2953	\$88	\$132
Onlay - Metallic - 2 Surfaces	D2542	\$317	\$434	Prefabricated Post and Core - in Addition to Crown	D2954	\$102	\$131
Onlay - Metallic - 3 Surfaces	D2543	\$333	\$363	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$333	\$500	Each Additional Prefabricated Post - same tooth	D2957	\$39	\$59
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$225	\$420	Labial Veneer (resin laminate) - Chairside	D2960	\$201	\$375
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$324	\$416	Labial Veneer (resin laminate) - Laboratory	D2961	\$348	\$394
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$295	\$306	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$310	\$331
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$270	\$356	Crown Repair	D2980	\$62	\$232
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$280	\$294	Inlay Repair	D2981	\$62	\$232
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$380	\$570	Onlay Repair	D2982	\$62	\$232
Inlay - Resin Composite - 1 Surface	D2650	\$117	\$168	Veneer Repair	D2983	\$62	\$232
Inlay - Resin Composite - 2 Surfaces	D2651	\$163	\$210				
Inlay - Resin Composite - 3+ Surfaces	D2652	\$216	\$219	Type III - Endodontics			
Onlay - Resin Composite - 2 Surfaces	D2662	\$209	\$314	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$53
Onlay - Resin Composite - 3 Surfaces	D2663	\$271	\$407	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$15	\$36
Onlay - Resin Composite - 4+ Surfaces	D2664	\$306	\$360	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$44	\$95
Crown - Resin Based Composite - Indirect	D2710	\$147	\$221	Pulpal Debridement - Primary/Permanent	D3221	\$46	\$115
Crown - ¾ Resin Based Composite - Indirect	D2712	\$170	\$243	Partial Pulpotomy for Apexogenesis	D3222	\$60	\$102
Crown - Resin with High Noble Metal	D2720	\$410	\$615	Pulpal Therapy Anterior - Primary	D3230	\$62	\$100
Crown - Resin with Base Metal	D2721	\$395	\$593	Pulpal Therapy Posterior - Primary	D3240	\$55	\$112
Crown - Resin with Noble Metal	D2722	\$402	\$603	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$175	\$258
Crown - Porcelain/Ceramic	D2740	\$380	\$570	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$240	\$388
Crown - Porcelain with High Noble Metal	D2750	\$380	\$570	Root Canal - Molar (Excluding Final Restoration)	D3330	\$380	\$563
Crown - Porcelain with Predominantly Base Metal	D2751	\$350	\$525	Treatment of Root Canal Obstruction - non surgical	D3331	\$139	\$209
Crown - Porcelain With Noble Metal	D2752	\$360	\$540	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$185	\$336
Crown - ¾ Cast High Noble Metal	D2780	\$370	\$380	Internal Root Repair of Perforation Defects	D3333	\$178	\$181
Crown - ¾ Cast Predominantly Base Metal	D2781	\$371	\$557	Retreatment of Previous RCT - Anterior	D3346	\$324	\$669
Crown - ¾ Cast Noble Metal	D2782	\$379	\$569	Retreatment of Previous RCT - Premolar	D3347	\$441	\$776
Crown - ¾ Porcelain/Ceramic	D2783	\$371	\$371	Retreatment of Previous RCT - Molar	D3348	\$310	\$647
Crown - Full Cast High Noble Metal	D2790	\$360	\$410	Apexification/Recalcification - Initial Visit	D3351	\$46	\$239
Crown - Full Cast Predominantly Base Metal	D2791	\$360	\$442	Apexification/Recalcification - Interim Visit	D3352	\$46	\$69
Crown - Full Cast Noble Metal	D2792	\$360	\$401	Apexification/Recalcification - Final Visit	D3353	\$46	\$383

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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	\$225	\$520	Upper Partial Denture - Resin Base	D5211	\$324	\$662
Apicoectomy - Premolar - 1st Root	D3421	\$206	\$480	Lower Partial Denture - Resin Base	D5212	\$324	\$806
Apicoectomy - Molar - 1st Root	D3425	\$345	\$608	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$415	\$630
Apicoectomy - Each Additional Root	D3426	\$46	\$69	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$415	\$630
Retrograde Filling - Per Root	D3430	\$46	\$135	Upper Immediate Partial Denture - Resin Base	D5221	\$569	\$763
Root Amputation - Per Root	D3450	\$104	\$246	Lower Immediate Partial Denture - Resin Base	D5222	\$569	\$763
Hemisection (Including any Root Removal)	D3920	\$104	\$245	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$765	\$1,019
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$765	\$1,019
Type III - Periodontics				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$263	\$347
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$225	\$546	Adjust Complete Denture - Upper	D5410	\$24	\$36
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$62	\$215	Adjust Complete Denture - Lower	D5411	\$24	\$36
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$215	Adjust Partial Denture - Upper	D5421	\$24	\$36
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$286	\$501	Adjust Partial Denture - Lower	D5422	\$24	\$36
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$185	\$261	Repair Broken Complete Denture Base - Mandibular	D5511	\$59	\$97
Crown Lengthening - Hard Tissue	D4249	\$310	\$617	Repair Broken Complete Denture Base - Maxillary	D5512	\$59	\$97
Osseous Surgery - 4+ teeth/quad	D4260	\$380	\$815	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$46	\$69
Osseous Surgery - 1-3 teeth/quad	D4261	\$210	\$385	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90
Pedicle Soft Tissue Graft Procedure	D4270	\$101	\$706	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$375	\$783	Repair Cast Partial Framework - Mandibular	D5621	\$58	\$78
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$278	\$417	Repair Cast Partial Framework - Maxillary	D5622	\$58	\$78
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$386	\$579	Repair or Replace Broken Clasp - per tooth	D5630	\$55	\$72
Combined Connective Tissue/Double Pedicle Graft	D4276	\$518	\$777	Replace Broken Teeth - Per Tooth	D5640	\$55	\$83
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$216	\$645	Add Tooth to Existing Partial Denture	D5650	\$55	\$63
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$216	\$645	Add Clasp to Existing Partial Denture - per tooth	D5660	\$55	\$58
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$394	\$831	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$194	\$291
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$281	\$593	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$194	\$291
Provisional Intracoronal Splint	D4320	\$110	\$257	Rebase Complete Upper Denture	D5710	\$101	\$152
Provisional Extracoronal Splint	D4321	\$108	\$233	Rebase Complete Lower Denture	D5711	\$101	\$152
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$86	\$134	Rebase Upper Partial Denture	D5720	\$101	\$152
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$47	\$68	Rebase Lower Partial Denture	D5721	\$101	\$152
Scaling - Full Mouth - After Oral Evaluation	D4346	\$49	\$107	Reline Complete Upper Denture (Chairside)	D5730	\$101	\$152
Full Mouth Debridement	D4355	\$50	\$109	Reline Complete Lower Denture (Chairside)	D5731	\$101	\$152
Periodontal Maintenance Procedures	D4910	\$54	\$84	Reline Upper Partial Denture (Chairside)	D5740	\$101	\$152
Type III - Removable Prosthetics				Reline Lower Partial Denture (Chairside)	D5741	\$101	\$152
Complete Denture - Upper	D5110	\$375	\$490	Reline Complete Upper Denture (Laboratory)	D5750	\$101	\$152
Complete Denture - Lower	D5120	\$375	\$475	Reline Complete Lower Denture (Laboratory)	D5751	\$101	\$152
Immediate Denture - Upper	D5130	\$375	\$555	Reline Upper Partial Denture (Laboratory)	D5760	\$101	\$152
Immediate Denture - Lower	D5140	\$375	\$555	Reline Lower Partial Denture (Laboratory)	D5761	\$101	\$152
				Tissue Conditioning - Upper	D5850	\$25	\$38
				Tissue Conditioning - Lower	D5851	\$24	\$36
				Type III - Implants			

COPAY SCHEDULE 141 - 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	\$1,015	\$1,456	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$333	\$343
Surgical Placement of Mini Implant	D6013	\$1,015	\$1,456	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$410	\$615
Prefabricated Abutment - includes modification & placement	D6056	\$273	\$410	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$309	\$379
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$655	\$803	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$386	\$579
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$639	\$796	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$324	\$331
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$564	\$772	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$417	\$626
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$603	\$775	Retainer Inlay - Titanium	D6624	\$303	\$418
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$607	\$769	Retainer Onlay - Titanium	D6634	\$321	\$436
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$481	\$692	Retainer Crown - Resin With High Noble Metal	D6720	\$386	\$420
Crown - Abutment Supp. Cast Noble Metal	D6064	\$517	\$717	Retainer Crown - Resin With Base Metal	D6721	\$364	\$442
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$625	\$801	Retainer Crown - Resin With Noble Metal	D6722	\$371	\$425
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$609	\$779	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$385	\$404
Crown - Implant Supp. Metal	D6067	\$568	\$767	Retainer Crown - Porcelain With High Noble Metal	D6750	\$318	\$329
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$37	\$69	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$298	\$300
Crown - Abutment Supp. Titanium	D6094	\$564	\$604	Retainer Crown - Porcelain With Noble Metal	D6752	\$318	\$318
Repair Implant Abutment - By Report	D6095	\$190	\$254	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$437	\$656
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$371	\$557
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$364	\$546
Type III - Pontics and Retainers				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$371	\$371
Pontic - Cast High Noble Metal	D6210	\$395	\$593	Retainer Crown - Full Cast High Noble Metal	D6790	\$386	\$579
Pontic - Cast Predominantly Base Metal	D6211	\$371	\$557	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$379	\$443
Pontic - Cast Noble Metal	D6212	\$386	\$579	Retainer Crown - Full Cast Noble Metal	D6792	\$402	\$422
Pontic - Titanium	D6214	\$395	\$593	Retainer Crown - Titanium	D6794	\$360	\$540
Pontic - Porcelain Fused to High Noble Metal	D6240	\$320	\$480	Re-cement or Re-bond Fixed Partial Denture	D6930	\$15	\$23
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$320	\$480	Stress Breaker	D6940	\$51	\$77
Pontic - Porcelain Fused to Noble Metal	D6242	\$320	\$480	Fixed Partial Denture Repair - by Report	D6980	\$101	\$152
Pontic - Porcelain/Ceramic	D6245	\$452	\$678				
Pontic - Resin with High Noble Metal	D6250	\$396	\$613	Type II - Oral Surgery			
Pontic - Resin with Predominantly Base Metal	D6251	\$361	\$567	Extraction - Coronal Remnants - Primary Tooth	D7111	\$39	\$47
Pontic - Resin with Noble Metal	D6252	\$422	\$562	Extraction - Erupted Tooth or Exposed Root	D7140	\$57	\$83
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$247	\$371	Extraction - Erupted Tooth	D7210	\$85	\$127
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$232	\$348	Removal of Impacted Tooth - Soft Tissue	D7220	\$92	\$157
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$218	\$327	Removal of Impacted Tooth - Partially Bony	D7230	\$108	\$197
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$340	\$510	Removal of Impacted Tooth - Completely Bony	D7240	\$154	\$258
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$355	\$533	Removal of Residual Tooth Roots	D7250	\$73	\$120
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$340	\$510	Coronectomy - Intentional Partial Tooth Removal	D7251	\$114	\$336
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$395	\$593	Oroantral Fistula Closure	D7260	\$139	\$1,211
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$309	\$312	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$232	\$235
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$355	\$533	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$348	\$522	Tooth Transplantation	D7272	\$232	\$724
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$386	\$579	Exposure of an Unerupted Tooth	D7280	\$178	\$224
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$386	\$579	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$62	\$584
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$402	\$603	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$62	\$242

COPAY SCHEDULE 141 - 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	\$93	\$187	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$46	\$69
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$48	\$265	II - Treatment of Complications (Post Surgical)	D9930	\$15	\$23
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$139	\$266	III - Occlusal Guard (for Bruxism)	D9940	\$90	\$124
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$68	\$347	III - Occlusal Adjustment - Limited	D9951	\$49	\$92
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$185	\$1,417	III - Occlusal Adjustment - Complete	D9952	\$117	\$504
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$278	\$4,580	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$293	\$411				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$178	\$539				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$317	\$435				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$371	\$728				
Removal of Lateral Exostosis - Per Site	D7471	\$97	\$562				
Removal of Torus Palatinus	D7472	\$247	\$641				
Removal of Torus Mandibularus	D7473	\$247	\$598				
Reduction of Osseous Tuberosity	D7485	\$247	\$521				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$58	\$159				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$124	\$761				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$58	\$290				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$124	\$235				
Sequestrectomy for Osteomyelitis	D7550	\$58	\$276				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$661	\$3,026				
Suture of Recent Small Wounds up to 5cm	D7910	\$58	\$275				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$108	\$296				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$104	\$332				
Excision of Pericoronal Gingiva	D7971	\$81	\$122				
Surgical Reduction of Fibrous Tuberosity	D7972	\$309	\$464				
Non-Surgical Sialolithotomy	D7979	\$287	\$819				
Surgical Sialolithotomy	D7980	\$271	\$810				
Closure of Salivary Fistula	D7983	\$878	\$1,937				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$18	\$34				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$190				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$50	\$139				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$18	\$22				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$42	\$161				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$40	\$112				
III - Non-Intravenous Conscious Sedation*	D9248	\$65	\$98				
I - Consultation	D9310	\$0	\$108				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				