

# SECURECARE DENTAL

## COPAY SCHEDULE 150 - 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	\$0	\$10	Prophylaxis Cleaning - Adult	D1110	\$0	\$7
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$32	Prophylaxis Cleaning - Child	D1120	\$0	\$7
Oral Evaluation - under 3 years old	D0145	\$0	\$45	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$26
Comprehensive Oral Evaluation	D0150	\$0	\$31	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$19
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$110	Sealant - Per Tooth	D1351	\$15	\$25
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$8	Preventive Resin Restoration (Including Sealant)	D1352	\$17	\$45
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$16	\$36
Comprehensive Periodontal Evaluation	D0180	\$0	\$39	Space Maintainer - Fixed - Unilateral	D1510	\$100	\$210
Intraoral - Complete Series of Images	D0210	\$10	\$56	Space Maintainer - Fixed - Bilateral	D1515	\$105	\$227
Intraoral - Periapical - 1st Image	D0220	\$5	\$15	Space Maintainer - Removable - Unilateral	D1520	\$76	\$200
Intraoral - Periapical - Each Additional Image	D0230	\$5	\$12	Space Maintainer - Removable - Bilateral	D1525	\$76	\$262
Intraoral - Occlusal Image	D0240	\$5	\$21	Re-cement or Re-bond Space Maintainer	D1550	\$23	\$53
Extraoral - 2D Image	D0250	\$5	\$19	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$96	\$200
Extraoral - Posterior Image	D0251	\$12	\$18	<b>Type II - Restorative Dentistry</b>			
Bitewing - 1 Image	D0270	\$5	\$12	Amalgam - 1 Surface - Primary or Permanent	D2140	\$35	\$101
Bitewing - 2 Images	D0272	\$5	\$19	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$35	\$122
Bitewing - 3 Images	D0273	\$5	\$22	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$35	\$145
Bitewing - 4 Images	D0274	\$5	\$26	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$40	\$169
Vertical Bitewings - 7 to 8 Images	D0277	\$5	\$29	Resin Composite - 1 Surface - Anterior	D2330	\$45	\$96
Panoramic Image	D0330	\$10	\$48	Resin Composite - 2 Surfaces - Anterior	D2331	\$48	\$106
Pulp Vitality Tests	D0460	\$0	\$0				
Diagnostic Casts	D0470	\$10	\$78				

**COPAY SCHEDULE 150 - 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	\$135	Crown - Titanium	D2794	\$360	\$493
Resin Composite - 4+ Surfaces - Anterior	D2335	\$73	\$174	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$18	\$27
Resin Composite Crown - Anterior	D2390	\$50	\$135	Re-cement/Re-bond Crown	D2920	\$47	\$71
Resin Composite - 1 Surface - Posterior	D2391	\$49	\$102	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$142	\$241
Resin Composite - 2 Surfaces - Posterior	D2392	\$64	\$138	Prefabricated Stainless Steel Crown - Primary	D2930	\$98	\$172
Resin Composite - 3 Surfaces - Posterior	D2393	\$71	\$169	Prefabricated Stainless Steel Crown - Permanent	D2931	\$63	\$140
Resin Composite - 4+ Surfaces - Posterior	D2394	\$71	\$199	Prefabricated Resin Crown	D2932	\$87	\$184
				Protective Restoration	D2940	\$8	\$12
<b>Type III - Onlays, Crowns and Bridges</b>				Core Build Up - Including any Pins when required	D2950	\$93	\$142
Inlay - Metallic - 1 Surface	D2510	\$197	\$375	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$15	\$23
Inlay - Metallic - 2 Surfaces	D2520	\$250	\$433	Cast Post and Core - in Addition to Crown	D2952	\$129	\$224
Inlay - Metallic - 3+ Surfaces	D2530	\$319	\$493	Cast Post and Core - Each Additional - same tooth	D2953	\$87	\$89
Onlay - Metallic - 2 Surfaces	D2542	\$312	\$537	Prefabricated Post and Core - in Addition to Crown	D2954	\$102	\$172
Onlay - Metallic - 3 Surfaces	D2543	\$327	\$466	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$327	\$328	Each Additional Prefabricated Post - same tooth	D2957	\$39	\$59
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$221	\$485	Labial Veneer (resin laminate) - Chairside	D2960	\$197	\$444
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$319	\$511	Labial Veneer (resin laminate) - Laboratory	D2961	\$342	\$512
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$295	\$455	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$310	\$457
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$270	\$481	Crown Repair	D2980	\$61	\$92
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$280	\$452	Inlay Repair	D2981	\$61	\$92
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$380	\$392	Onlay Repair	D2982	\$61	\$92
Inlay - Resin Composite - 1 Surface	D2650	\$115	\$217	Veneer Repair	D2983	\$61	\$92
Inlay - Resin Composite - 2 Surfaces	D2651	\$160	\$277				
Inlay - Resin Composite - 3+ Surfaces	D2652	\$212	\$300	<b>Type III - Endodontics</b>			
Onlay - Resin Composite - 2 Surfaces	D2662	\$206	\$239	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$19	\$55
Onlay - Resin Composite - 3 Surfaces	D2663	\$266	\$339	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$15	\$39
Onlay - Resin Composite - 4+ Surfaces	D2664	\$326	\$391	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$44	\$93
Crown - Resin Based Composite - Indirect	D2710	\$145	\$218	Pulpal Debridement - Primary/Permanent	D3221	\$46	\$128
Crown - ¾ Resin Based Composite - Indirect	D2712	\$135	\$240	Partial Pulpotomy for Apexogenesis	D3222	\$46	\$104
Crown - Resin with High Noble Metal	D2720	\$403	\$515	Pulpal Therapy Anterior - Primary	D3230	\$61	\$117
Crown - Resin with Base Metal	D2721	\$389	\$518	Pulpal Therapy Posterior - Primary	D3240	\$54	\$127
Crown - Resin with Noble Metal	D2722	\$395	\$530	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$175	\$313
Crown - Porcelain/Ceramic	D2740	\$380	\$461	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$240	\$418
Crown - Porcelain with High Noble Metal	D2750	\$380	\$455	Root Canal - Molar (Excluding Final Restoration)	D3330	\$380	\$659
Crown - Porcelain with Predominantly Base Metal	D2751	\$350	\$426	Treatment of Root Canal Obstruction - non surgical	D3331	\$137	\$163
Crown - Porcelain With Noble Metal	D2752	\$360	\$439	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$182	\$385
Crown - ¾ Cast High Noble Metal	D2780	\$370	\$504	Internal Root Repair of Perforation Defects	D3333	\$175	\$210
Crown - ¾ Cast Predominantly Base Metal	D2781	\$364	\$435	Retreatment of Previous RCT - Anterior	D3346	\$319	\$733
Crown - ¾ Cast Noble Metal	D2782	\$373	\$436	Retreatment of Previous RCT - Premolar	D3347	\$433	\$865
Crown - ¾ Porcelain/Ceramic	D2783	\$364	\$513	Retreatment of Previous RCT - Molar	D3348	\$310	\$907
Crown - Full Cast High Noble Metal	D2790	\$360	\$493	Apexification/Recalcification - Initial Visit	D3351	\$46	\$259
Crown - Full Cast Predominantly Base Metal	D2791	\$360	\$483	Apexification/Recalcification - Interim Visit	D3352	\$46	\$92
Crown - Full Cast Noble Metal	D2792	\$360	\$501	Apexification/Recalcification - Final Visit	D3353	\$46	\$399

**COPAY SCHEDULE 150 - 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	\$221	\$574	Upper Partial Denture - Resin Base	D5211	\$319	\$799
Apicoectomy - Premolar - 1st Root	D3421	\$203	\$552	Lower Partial Denture - Resin Base	D5212	\$319	\$964
Apicoectomy - Molar - 1st Root	D3425	\$345	\$734	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$415	\$937
Apicoectomy - Each Additional Root	D3426	\$46	\$88	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$415	\$937
Retrograde Filling - Per Root	D3430	\$46	\$152	Upper Immediate Partial Denture - Resin Base	D5221	\$498	\$747
Root Amputation - Per Root	D3450	\$102	\$289	Lower Immediate Partial Denture - Resin Base	D5222	\$498	\$747
Hemisection (Including any Root Removal)	D3920	\$102	\$271	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$653	\$979
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$653	\$979
<b>Type III - Periodontics</b>				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$258	\$535
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$221	\$717	Adjust Complete Denture - Upper	D5410	\$23	\$35
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$61	\$283	Adjust Complete Denture - Lower	D5411	\$23	\$35
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$35	\$283	Adjust Partial Denture - Upper	D5421	\$23	\$35
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$281	\$740	Adjust Partial Denture - Lower	D5422	\$23	\$35
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$182	\$391	Repair Broken Complete Denture Base - Mandibular	D5511	\$61	\$124
Crown Lengthening - Hard Tissue	D4249	\$310	\$780	Repair Broken Complete Denture Base - Maxillary	D5512	\$61	\$124
Osseous Surgery - 4+ teeth/quad	D4260	\$380	\$1,237	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$46	\$69
Osseous Surgery - 1-3 teeth/quad	D4261	\$210	\$516	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117
Pedicle Soft Tissue Graft Procedure	D4270	\$99	\$916	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$375	\$1,026	Repair Cast Partial Framework - Mandibular	D5621	\$60	\$113
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$273	\$410	Repair Cast Partial Framework - Maxillary	D5622	\$60	\$113
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$379	\$551	Repair or Replace Broken Clasp - per tooth	D5630	\$54	\$115
Combined Connective Tissue/Double Pedicle Graft	D4276	\$509	\$764	Replace Broken Teeth - Per Tooth	D5640	\$54	\$70
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$212	\$907	Add Tooth to Existing Partial Denture	D5650	\$54	\$101
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$212	\$907	Add Clasp to Existing Partial Denture - per tooth	D5660	\$54	\$109
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$310	\$465	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$190	\$267
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$229	\$344	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$190	\$267
Provisional Intracoronal Splint	D4320	\$108	\$313	Rebase Complete Upper Denture	D5710	\$99	\$193
Provisional Extracoronal Splint	D4321	\$106	\$281	Rebase Complete Lower Denture	D5711	\$99	\$171
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$86	\$157	Rebase Upper Partial Denture	D5720	\$99	\$204
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$47	\$89	Rebase Lower Partial Denture	D5721	\$99	\$204
Scaling - Full Mouth - After Oral Evaluation	D4346	\$44	\$114	Reline Complete Upper Denture (Chairside)	D5730	\$99	\$125
Full Mouth Debridement	D4355	\$50	\$117	Reline Complete Lower Denture (Chairside)	D5731	\$99	\$133
Periodontal Maintenance Procedures	D4910	\$54	\$101	Reline Upper Partial Denture (Chairside)	D5740	\$99	\$100
				Reline Lower Partial Denture (Chairside)	D5741	\$99	\$100
				Reline Complete Upper Denture (Laboratory)	D5750	\$99	\$130
				Reline Complete Lower Denture (Laboratory)	D5751	\$99	\$130
				Reline Upper Partial Denture (Laboratory)	D5760	\$99	\$137
				Reline Lower Partial Denture (Laboratory)	D5761	\$99	\$137
<b>Type III - Removable Prosthetics</b>				Tissue Conditioning - Upper	D5850	\$25	\$38
Complete Denture - Upper	D5110	\$375	\$753	Tissue Conditioning - Lower	D5851	\$23	\$35
Complete Denture - Lower	D5120	\$360	\$738				
Immediate Denture - Upper	D5130	\$375	\$882	<b>Type III - Implants</b>			
Immediate Denture - Lower	D5140	\$375	\$882				

**COPAY SCHEDULE 150 - 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	\$848	\$1,716	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$327	\$491
Surgical Placement of Mini Implant	D6013	\$848	\$1,716	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$403	\$525
Prefabricated Abutment - includes modification & placement	D6056	\$228	\$326	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$304	\$514
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$541	\$956	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$379	\$497
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$534	\$944	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$319	\$476
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$471	\$912	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$410	\$473
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$503	\$918	Retainer Inlay - Titanium	D6624	\$250	\$404
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$506	\$910	Retainer Onlay - Titanium	D6634	\$265	\$421
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$402	\$816	Retainer Crown - Resin With High Noble Metal	D6720	\$379	\$593
Crown - Abutment Supp. Cast Noble Metal	D6064	\$432	\$847	Retainer Crown - Resin With Base Metal	D6721	\$357	\$592
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$522	\$948	Retainer Crown - Resin With Noble Metal	D6722	\$364	\$586
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$508	\$922	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$385	\$553
Crown - Implant Supp. Metal	D6067	\$475	\$906	Retainer Crown - Porcelain With High Noble Metal	D6750	\$318	\$463
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$30	\$80	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$298	\$441
Crown - Abutment Supp. Titanium	D6094	\$470	\$721	Retainer Crown - Porcelain With Noble Metal	D6752	\$318	\$465
Repair Implant Abutment - By Report	D6095	\$158	\$305	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$429	\$566
Remove Broken Implant Retaining Screw	D6096	\$26	\$26	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$364	\$532
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$357	\$437
<b>Type III - Pontics and Retainers</b>				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$364	\$513
Pontic - Cast High Noble Metal	D6210	\$388	\$482	Retainer Crown - Full Cast High Noble Metal	D6790	\$379	\$540
Pontic - Cast Predominantly Base Metal	D6211	\$364	\$515	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$373	\$596
Pontic - Cast Noble Metal	D6212	\$379	\$503	Retainer Crown - Full Cast Noble Metal	D6792	\$395	\$590
Pontic - Titanium	D6214	\$388	\$482	Retainer Crown - Titanium	D6794	\$360	\$493
Pontic - Porcelain Fused to High Noble Metal	D6240	\$320	\$409	Re-cement or Re-bond Fixed Partial Denture	D6930	\$15	\$25
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$320	\$395	Stress Breaker	D6940	\$50	\$67
Pontic - Porcelain Fused to Noble Metal	D6242	\$320	\$421	Fixed Partial Denture Repair - by Report	D6980	\$99	\$149
Pontic - Porcelain/Ceramic	D6245	\$444	\$474				
Pontic - Resin with High Noble Metal	D6250	\$311	\$602	<b>Type II - Oral Surgery</b>			
Pontic - Resin with Predominantly Base Metal	D6251	\$301	\$558	Extraction - Coronal Remnants - Primary Tooth	D7111	\$39	\$79
Pontic - Resin with Noble Metal	D6252	\$352	\$553	Extraction - Erupted Tooth or Exposed Root	D7140	\$57	\$95
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$243	\$365	Extraction - Erupted Tooth	D7210	\$85	\$160
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$228	\$342	Removal of Impacted Tooth - Soft Tissue	D7220	\$92	\$199
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$239	\$359	Removal of Impacted Tooth - Partially Bony	D7230	\$108	\$253
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$334	\$453	Removal of Impacted Tooth - Completely Bony	D7240	\$154	\$331
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$349	\$439	Removal of Residual Tooth Roots	D7250	\$73	\$166
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$334	\$445	Coronectomy - Intentional Partial Tooth Removal	D7251	\$91	\$368
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$388	\$501	Oroantral Fistula Closure	D7260	\$111	\$1,207
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$304	\$445	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$228	\$342
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$349	\$484	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$342	\$442	Tooth Transplantation	D7272	\$228	\$766
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$379	\$491	Exposure of an Unerupted Tooth	D7280	\$175	\$307
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$379	\$409	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$61	\$664
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$395	\$441	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$61	\$290

**COPAY SCHEDULE 150 - 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	\$91	\$226	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$46	\$69
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$39	\$291	II - Treatment of Complications (Post Surgical)	D9930	\$15	\$23
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$137	\$323	III - Occlusal Guard (for Bruxism)	D9940	\$90	\$147
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$54	\$461	III - Occlusal Adjustment - Limited	D9951	\$48	\$105
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$182	\$1,628	III - Occlusal Adjustment - Complete	D9952	\$115	\$548
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$273	\$5,144	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$288	\$594				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$175	\$785				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$312	\$618				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$364	\$980				
Removal of Lateral Exostosis - Per Site	D7471	\$95	\$665				
Removal of Torus Palatinus	D7472	\$243	\$803				
Removal of Torus Mandibularus	D7473	\$243	\$757				
Reduction of Osseous Tuberosity	D7485	\$243	\$672				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$57	\$197				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$121	\$903				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$57	\$341				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$121	\$328				
Sequestrectomy for Osteomyelitis	D7550	\$57	\$296				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$528	\$3,326				
Suture of Recent Small Wounds up to 5cm	D7910	\$57	\$317				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$106	\$312				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$102	\$404				
Excision of Pericoronal Gingiva	D7971	\$80	\$127				
Surgical Reduction of Fibrous Tuberosity	D7972	\$304	\$471				
Non-Surgical Sialolithotomy	D7979	\$295	\$915				
Surgical Sialolithotomy	D7980	\$266	\$856				
Closure of Salivary Fistula	D7983	\$702	\$2,162				
<b>Type - Miscellaneous Services</b>							
I - Palliative (Emergency) Treatment of Pain	D9110	\$18	\$50				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$162				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$48	\$74				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$18	\$27				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$44	\$138				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$40	\$61				
III - Non-Intravenous Conscious Sedation*	D9248	\$63	\$66				
I - Consultation	D9310	\$0	\$122				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				