

# SECURECARE DENTAL

## COPAY SCHEDULE AZ100 - 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	\$0	Prophylaxis Cleaning - Adult	D1110	\$0	\$0
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$0	Prophylaxis Cleaning - Child	D1120	\$0	\$0
Oral Evaluation - under 3 years old	D0145	\$0	\$0	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0
Comprehensive Oral Evaluation	D0150	\$0	\$0	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$0	Sealant - Per Tooth	D1351	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0	Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$0	\$0	Space Maintainer - Fixed - Unilateral	D1510	\$0	\$0
Intraoral - Complete Series of Images	D0210	\$0	\$0	Space Maintainer - Fixed - Bilateral	D1515	\$0	\$0
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Space Maintainer - Removable - Unilateral	D1520	\$0	\$0
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Space Maintainer - Removable - Bilateral	D1525	\$0	\$0
Intraoral - Occlusal Image	D0240	\$0	\$0	Re-cement or Re-bond Space Maintainer	D1550	\$0	\$0
Extraoral - 2D Image	D0250	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$0	\$0
Extraoral - Posterior Image	D0251	\$0	\$0				
Bitewing - 1 Image	D0270	\$0	\$0	<b>Type II - Restorative Dentistry</b>			
Bitewing - 2 Images	D0272	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$64	\$143
Bitewing - 3 Images	D0273	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$78	\$185
Bitewing - 4 Images	D0274	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$87	\$224
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$114	\$272
Panoramic Image	D0330	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$68	\$149
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$94	\$183
Diagnostic Casts	D0470	\$0	\$0				

**COPAY SCHEDULE AZ100 - 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	\$109	\$220	Crown - Titanium	D2794	\$663	\$1,018
Resin Composite - 4+ Surfaces - Anterior	D2335	\$118	\$260	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$80	\$92
Resin Composite Crown - Anterior	D2390	\$161	\$288	Re-cement/Re-bond Crown	D2920	\$83	\$94
Resin Composite - 1 Surface - Posterior	D2391	\$88	\$166	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$279	\$371
Resin Composite - 2 Surfaces - Posterior	D2392	\$109	\$213	Prefabricated Stainless Steel Crown - Primary	D2930	\$137	\$255
Resin Composite - 3 Surfaces - Posterior	D2393	\$134	\$267	Prefabricated Stainless Steel Crown - Permanent	D2931	\$162	\$289
Resin Composite - 4+ Surfaces - Posterior	D2394	\$154	\$328	Prefabricated Resin Crown	D2932	\$125	\$308
<b>Type III - Onlays, Crowns and Bridges</b>				Protective Restoration	D2940	\$67	\$98
Inlay - Metallic - 1 Surface	D2510	\$390	\$734	Core Build Up - Including any Pins when required	D2950	\$154	\$248
Inlay - Metallic - 2 Surfaces	D2520	\$464	\$833	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$50	\$55
Inlay - Metallic - 3+ Surfaces	D2530	\$575	\$960	Cast Post and Core - in Addition to Crown	D2952	\$224	\$385
Onlay - Metallic - 2 Surfaces	D2542	\$504	\$942	Cast Post and Core - Each Additional - same tooth	D2953	\$164	\$193
Onlay - Metallic - 3 Surfaces	D2543	\$630	\$985	Prefabricated Post and Core - in Addition to Crown	D2954	\$186	\$308
Onlay - Metallic - 4+ Surfaces	D2544	\$815	\$1,025	Post Removal	D2955	\$0	\$0
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$398	\$864	Each Additional Prefabricated Post - same tooth	D2957	\$151	\$154
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$514	\$912	Labial Veneer (resin laminate) - Chairside	D2960	\$366	\$745
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$596	\$971	Labial Veneer (resin laminate) - Laboratory	D2961	\$538	\$845
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$518	\$944	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$624	\$918
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$620	\$1,018	Crown Repair	D2980	\$110	\$180
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$822	\$1,080	Inlay Repair	D2981	\$111	\$180
Inlay - Resin Composite - 1 Surface	D2650	\$342	\$568	Onlay Repair	D2982	\$111	\$180
Inlay - Resin Composite - 2 Surfaces	D2651	\$412	\$676	Veneer Repair	D2983	\$111	\$180
Inlay - Resin Composite - 3+ Surfaces	D2652	\$471	\$711	<b>Type III - Endodontics</b>			
Onlay - Resin Composite - 2 Surfaces	D2662	\$458	\$617	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$46	\$91
Onlay - Resin Composite - 3 Surfaces	D2663	\$500	\$726	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$41	\$73
Onlay - Resin Composite - 4+ Surfaces	D2664	\$543	\$778	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$93	\$186
Crown - Resin Based Composite - Indirect	D2710	\$386	\$413	Pulpal Debridement - Primary/Permanent	D3221	\$70	\$204
Crown - ¾ Resin Based Composite - Indirect	D2712	\$265	\$413	Partial Pulpotomy for Apexogenesis	D3222	\$90	\$189
Crown - Resin with High Noble Metal	D2720	\$741	\$1,018	Pulpal Therapy Anterior - Primary	D3230	\$83	\$168
Crown - Resin with Base Metal	D2721	\$668	\$954	Pulpal Therapy Posterior - Primary	D3240	\$100	\$207
Crown - Resin with Noble Metal	D2722	\$679	\$975	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$427	\$660
Crown - Porcelain/Ceramic	D2740	\$774	\$1,075	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$511	\$809
Crown - Porcelain with High Noble Metal	D2750	\$758	\$1,031	Root Canal - Molar (Excluding Final Restoration)	D3330	\$605	\$1,003
Crown - Porcelain with Predominantly Base Metal	D2751	\$697	\$960	Treatment of Root Canal Obstruction - non surgical	D3331	\$174	\$259
Crown - Porcelain With Noble Metal	D2752	\$714	\$983	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$221	\$492
Crown - ¾ Cast High Noble Metal	D2780	\$691	\$989	Internal Root Repair of Perforation Defects	D3333	\$165	\$191
Crown - ¾ Cast Predominantly Base Metal	D2781	\$678	\$931	Retreatment of Previous RCT - Anterior	D3346	\$460	\$880
Crown - ¾ Cast Noble Metal	D2782	\$685	\$961	Retreatment of Previous RCT - Premolar	D3347	\$572	\$1,035
Crown - ¾ Porcelain/Ceramic	D2783	\$694	\$1,017	Retreatment of Previous RCT - Molar	D3348	\$594	\$1,281
Crown - Full Cast High Noble Metal	D2790	\$694	\$995	Apexification/Recalcification - Initial Visit	D3351	\$158	\$389
Crown - Full Cast Predominantly Base Metal	D2791	\$660	\$943	Apexification/Recalcification - Interim Visit	D3352	\$94	\$175
Crown - Full Cast Noble Metal	D2792	\$675	\$960	Apexification/Recalcification - Final Visit	D3353	\$193	\$537

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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	\$372	\$772	Upper Partial Denture - Resin Base	D5211	\$639	\$1,361
Apicoectomy - Premolar - 1st Root	D3421	\$379	\$859	Lower Partial Denture - Resin Base	D5212	\$639	\$1,581
Apicoectomy - Molar - 1st Root	D3425	\$384	\$974	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$896	\$1,782
Apicoectomy - Each Additional Root	D3426	\$226	\$329	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$896	\$1,782
Retrograde Filling - Per Root	D3430	\$118	\$242	Upper Immediate Partial Denture - Resin Base	D5221	\$856	\$1,484
Root Amputation - Per Root	D3450	\$201	\$504	Lower Immediate Partial Denture - Resin Base	D5222	\$856	\$1,724
Hemisection (Including any Root Removal)	D3920	\$132	\$383	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,148	\$1,942
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,148	\$1,942
<b>Type III - Periodontics</b>				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$556	\$1,039
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$290	\$746	Adjust Complete Denture - Upper	D5410	\$55	\$88
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$118	\$331	Adjust Complete Denture - Lower	D5411	\$55	\$88
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$265	Adjust Partial Denture - Upper	D5421	\$94	\$88
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$440	\$945	Adjust Partial Denture - Lower	D5422	\$94	\$88
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$235	\$547	Repair Broken Complete Denture Base - Mandibular	D5511	\$114	\$177
Crown Lengthening - Hard Tissue	D4249	\$498	\$1,036	Repair Broken Complete Denture Base - Maxillary	D5512	\$114	\$177
Osseous Surgery - 4+ teeth/quad	D4260	\$511	\$1,575	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$94	\$147
Osseous Surgery - 1-3 teeth/quad	D4261	\$422	\$845	Repair Resin Partial Denture Base - Mandibular	D5611	\$125	\$191
Pedicle Soft Tissue Graft Procedure	D4270	\$160	\$1,119	Repair Resin Partial Denture Base - Maxillary	D5612	\$125	\$191
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$583	\$1,367	Repair Cast Partial Framework - Mandibular	D5621	\$153	\$206
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$372	\$776	Repair Cast Partial Framework - Maxillary	D5622	\$153	\$206
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$494	\$1,028	Repair or Replace Broken Clasp - per tooth	D5630	\$141	\$250
Combined Connective Tissue/Double Pedicle Graft	D4276	\$709	\$1,533	Replace Broken Teeth - Per Tooth	D5640	\$102	\$162
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$341	\$1,160	Add Tooth to Existing Partial Denture	D5650	\$131	\$221
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$341	\$381	Add Clasp to Existing Partial Denture - per tooth	D5660	\$159	\$265
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$583	\$1,165	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$454	\$647
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$494	\$877	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$454	\$647
Provisional Intracoronal Splint	D4320	\$157	\$401	Rebase Complete Upper Denture	D5710	\$441	\$655
Provisional Extracoronal Splint	D4321	\$143	\$364	Rebase Complete Lower Denture	D5711	\$441	\$625
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$129	\$227	Rebase Upper Partial Denture	D5720	\$398	\$618
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$69	\$134	Rebase Lower Partial Denture	D5721	\$398	\$618
Scaling - Full Mouth - After Oral Evaluation	D4346	\$75	\$69	Reline Complete Upper Denture (Chairside)	D5730	\$279	\$369
Full Mouth Debridement	D4355	\$64	\$158	Reline Complete Lower Denture (Chairside)	D5731	\$279	\$369
Periodontal Maintenance Procedures	D4910	\$72	\$127	Reline Upper Partial Denture (Chairside)	D5740	\$276	\$338
<b>Type III - Removable Prosthetics</b>				Reline Lower Partial Denture (Chairside)	D5741	\$276	\$338
Complete Denture - Upper	D5110	\$916	\$1,612	Reline Complete Upper Denture (Laboratory)	D5750	\$339	\$493
Complete Denture - Lower	D5120	\$916	\$1,612	Reline Complete Lower Denture (Laboratory)	D5751	\$339	\$493
Immediate Denture - Upper	D5130	\$894	\$1,758	Reline Upper Partial Denture (Laboratory)	D5760	\$325	\$485
Immediate Denture - Lower	D5140	\$894	\$1,758	Reline Lower Partial Denture (Laboratory)	D5761	\$325	\$485
				Tissue Conditioning - Upper	D5850	\$131	\$154
				Tissue Conditioning - Lower	D5851	\$131	\$154
				<b>Type III - Implants</b>			

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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
Surgical Placement of Implant Body - Endosteal	D6010	\$1,486	\$2,694	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$622	\$856
Surgical Placement of Mini Implant	D6013	\$1,496	\$2,694	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$744	\$936
Prefabricated Abutment - includes modification & placement	D6056	\$370	\$559	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$566	\$851
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$949	\$1,551	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$705	\$890
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$936	\$1,530	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$608	\$833
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$831	\$1,446	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$744	\$866
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$881	\$1,476	Retainer Inlay - Titanium	D6624	\$552	\$794
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$888	\$1,470	Retainer Onlay - Titanium	D6634	\$585	\$833
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$709	\$1,280	Retainer Crown - Resin With High Noble Metal	D6720	\$694	\$992
Crown - Abutment Supp. Cast Noble Metal	D6064	\$757	\$1,339	Retainer Crown - Resin With Base Metal	D6721	\$622	\$941
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$915	\$1,526	Retainer Crown - Resin With Noble Metal	D6722	\$652	\$958
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$891	\$1,486	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$763	\$1,043
Crown - Implant Supp. Metal	D6067	\$833	\$1,442	Retainer Crown - Porcelain With High Noble Metal	D6750	\$763	\$1,016
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$54	\$119	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$702	\$948
Crown - Abutment Supp. Titanium	D6094	\$830	\$1,214	Retainer Crown - Porcelain With Noble Metal	D6752	\$719	\$970
Repair Implant Abutment - By Report	D6095	\$275	\$375	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$747	\$958
Remove Broken Implant Retaining Screw	D6096	\$45	\$45	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$713	\$958
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$727	\$890
<b>Type III - Pontics and Retainers</b>				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$698	\$986
Pontic - Cast High Noble Metal	D6210	\$713	\$1,006	Retainer Crown - Full Cast High Noble Metal	D6790	\$713	\$981
Pontic - Cast Predominantly Base Metal	D6211	\$597	\$943	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$597	\$930
Pontic - Cast Noble Metal	D6212	\$659	\$981	Retainer Crown - Full Cast Noble Metal	D6792	\$659	\$964
Pontic - Titanium	D6214	\$743	\$1,012	Retainer Crown - Titanium	D6794	\$663	\$964
Pontic - Porcelain Fused to High Noble Metal	D6240	\$708	\$993	Re-cement or Re-bond Fixed Partial Denture	D6930	\$75	\$142
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$660	\$917	Stress Breaker	D6940	\$235	\$321
Pontic - Porcelain Fused to Noble Metal	D6242	\$673	\$968	Fixed Partial Denture Repair - by Report	D6980	\$175	\$158
Pontic - Porcelain/Ceramic	D6245	\$800	\$1,025				
Pontic - Resin with High Noble Metal	D6250	\$584	\$981	<b>Type II - Oral Surgery</b>			
Pontic - Resin with Predominantly Base Metal	D6251	\$532	\$905	Extraction - Coronal Remnants - Primary Tooth	D7111	\$63	\$119
Pontic - Resin with Noble Metal	D6252	\$556	\$934	Extraction - Erupted Tooth or Exposed Root	D7140	\$95	\$159
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$481	\$374	Extraction - Erupted Tooth	D7210	\$133	\$239
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$466	\$412	Removal of Impacted Tooth - Soft Tissue	D7220	\$147	\$298
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$315	\$270	Removal of Impacted Tooth - Partially Bony	D7230	\$188	\$397
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$565	\$743	Removal of Impacted Tooth - Completely Bony	D7240	\$211	\$466
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$632	\$779	Removal of Residual Tooth Roots	D7250	\$124	\$251
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$622	\$794	Coronectomy - Intentional Partial Tooth Removal	D7251	\$160	\$493
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$695	\$873	Oroantral Fistula Closure	D7260	\$194	\$1,609
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$574	\$778	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$302	\$670
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$624	\$824	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$608	\$765	Tooth Transplantation	D7272	\$380	\$670
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$674	\$849	Exposure of an Unerupted Tooth	D7280	\$233	\$469
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$726	\$807	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$104	\$939
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$741	\$842	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$104	\$402

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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
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$118	\$368	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$67	\$67
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$83	\$322	II - Treatment of Complications (Post Surgical)	D9930	\$63	\$63
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$155	\$599	III - Occlusal Guard (for Bruxism)	D9940	\$247	\$546
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$109	\$506	III - Occlusal Adjustment - Limited	D9951	\$80	\$160
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$267	\$2,532	III - Occlusal Adjustment - Complete	D9952	\$169	\$753
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$439	\$7,366	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$420	\$1,105				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$508	\$1,510				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$408	\$1,105				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$519	\$1,510				
Removal of Lateral Exostosis - Per Site	D7471	\$140	\$1,368				
Removal of Torus Palatinus	D7472	\$297	\$1,626				
Removal of Torus Mandibularus	D7473	\$297	\$1,534				
Reduction of Osseous Tuberosity	D7485	\$297	\$1,368				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$118	\$396				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$197	\$1,886				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$68	\$680				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$197	\$753				
Sequestrectomy for Osteomyelitis	D7550	\$146	\$470				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$924	\$3,729				
Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$604				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$219	\$506				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$172	\$737				
Excision of Pericoronal Gingiva	D7971	\$109	\$276				
Surgical Reduction of Fibrous Tuberosity	D7972	\$399	\$1,031				
Non-Surgical Sialolithotomy	D7979	\$540	\$1,160				
Surgical Sialolithotomy	D7980	\$540	\$1,160				
Closure of Salivary Fistula	D7983	\$1,229	\$2,633				
<b>Type - Miscellaneous Services</b>							
I - Palliative (Emergency) Treatment of Pain	D9110	\$56	\$122				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$90	\$199				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$90	\$199				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$53	\$73				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$74	\$168				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$74	\$168				
III - Non-Intravenous Conscious Sedation*	D9248	\$79	\$107				
I - Consultation	D9310	\$53	\$166				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				