

SECURECARE DENTAL

COPAY SCHEDULE AZ300 - 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 | \$13 | \$32 | Prophylaxis Cleaning - Adult | D1110 | \$13 | \$33 |
| Limited Oral Evaluation - Problem Focused | D0140 | \$13 | \$57 | Prophylaxis Cleaning - Child | D1120 | \$13 | \$35 |
| Oral Evaluation - under 3 years old | D0145 | \$13 | \$63 | Fluoride - Topical Application of Fluoride Varnish | D1206 | \$6 | \$48 |
| Comprehensive Oral Evaluation | D0150 | \$13 | \$51 | Fluoride - Topical Application Fluoride excl Varnish | D1208 | \$6 | \$21 |
| Detailed and Extensive Oral Eval - Problem Focused | D0160 | \$13 | \$130 | Sealant - Per Tooth | D1351 | \$22 | \$42 |
| Re-evaluation - Limited - Problem Focused | D0170 | \$13 | \$42 | Preventive Resin Restoration (Including Sealant) | D1352 | \$22 | \$54 |
| Re-evaluation Post-Operative Office Visit | D0171 | \$0 | \$0 | Sealant Repair - Per Tooth | D1353 | \$20 | \$54 |
| Comprehensive Periodontal Evaluation | D0180 | \$13 | \$66 | Space Maintainer - Fixed - Unilateral | D1510 | \$111 | \$250 |
| Intraoral - Complete Series of Images | D0210 | \$8 | \$65 | Space Maintainer - Fixed - Bilateral | D1515 | \$117 | \$311 |
| Intraoral - Periapical - 1st Image | D0220 | \$8 | \$21 | Space Maintainer - Removable - Unilateral | D1520 | \$86 | \$226 |
| Intraoral - Periapical - Each Additional Image | D0230 | \$8 | \$22 | Space Maintainer - Removable - Bilateral | D1525 | \$86 | \$328 |
| Intraoral - Occlusal Image | D0240 | \$8 | \$35 | Re-cement or Re-bond Space Maintainer | D1550 | \$28 | \$36 |
| Extraoral - 2D Image | D0250 | \$8 | \$32 | Distal Shoe Space Maintainer - Fixed - Unilateral | D1575 | \$109 | \$143 |
| Extraoral - Posterior Image | D0251 | \$16 | \$41 | | | | |
| Bitewing - 1 Image | D0270 | \$8 | \$20 | Type II - Restorative Dentistry | | | |
| Bitewing - 2 Images | D0272 | \$8 | \$30 | Amalgam - 1 Surface - Primary or Permanent | D2140 | \$54 | \$133 |
| Bitewing - 3 Images | D0273 | \$8 | \$35 | Amalgam - 2 Surfaces - Primary or Permanent | D2150 | \$56 | \$163 |
| Bitewing - 4 Images | D0274 | \$8 | \$38 | Amalgam - 3 Surfaces - Primary or Permanent | D2160 | \$54 | \$191 |
| Vertical Bitewings - 7 to 8 Images | D0277 | \$8 | \$51 | Amalgam - 4+ Surfaces - Primary or Permanent | D2161 | \$61 | \$219 |
| Panoramic Image | D0330 | \$22 | \$78 | Resin Composite - 1 Surface - Anterior | D2330 | \$61 | \$142 |
| Pulp Vitality Tests | D0460 | \$0 | \$56 | Resin Composite - 2 Surfaces - Anterior | D2331 | \$64 | \$153 |
| Diagnostic Casts | D0470 | \$22 | \$97 | | | | |

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|---|----------|-------------------------------|----------------------------------|--|----------|-------------------------------|----------------------------------|
| Resin Composite - 3 Surfaces - Anterior | D2332 | \$75 | \$186 | Crown - Titanium | D2794 | \$400 | \$755 |
| Resin Composite - 4+ Surfaces - Anterior | D2335 | \$92 | \$234 | Re-cement/Re-bond Inlay/Onlay/Partial Restoration | D2910 | \$20 | \$32 |
| Resin Composite Crown - Anterior | D2390 | \$67 | \$194 | Re-cement/Re-bond Crown | D2920 | \$33 | \$44 |
| Resin Composite - 1 Surface - Posterior | D2391 | \$65 | \$143 | Prefabricated Porcelain/Ceramic Crown - Primary | D2929 | \$163 | \$255 |
| Resin Composite - 2 Surfaces - Posterior | D2392 | \$82 | \$186 | Prefabricated Stainless Steel Crown - Primary | D2930 | \$100 | \$218 |
| Resin Composite - 3 Surfaces - Posterior | D2393 | \$90 | \$223 | Prefabricated Stainless Steel Crown - Permanent | D2931 | \$65 | \$192 |
| Resin Composite - 4+ Surfaces - Posterior | D2394 | \$90 | \$264 | Prefabricated Resin Crown | D2932 | \$89 | \$272 |
| | | | | Protective Restoration | D2940 | \$8 | \$39 |
| Type III - Onlays, Crowns and Bridges | | | | Core Build Up - Including any Pins when required | D2950 | \$103 | \$197 |
| Inlay - Metallic - 1 Surface | D2510 | \$223 | \$567 | Pin Retention - Per Tooth - in Addition to Restoration | D2951 | \$16 | \$21 |
| Inlay - Metallic - 2 Surfaces | D2520 | \$278 | \$647 | Cast Post and Core - in Addition to Crown | D2952 | \$91 | \$252 |
| Inlay - Metallic - 3+ Surfaces | D2530 | \$360 | \$745 | Cast Post and Core - Each Additional - same tooth | D2953 | \$94 | \$123 |
| Onlay - Metallic - 2 Surfaces | D2542 | \$352 | \$790 | Prefabricated Post and Core - in Addition to Crown | D2954 | \$113 | \$235 |
| Onlay - Metallic - 3 Surfaces | D2543 | \$370 | \$725 | Post Removal | D2955 | \$0 | \$237 |
| Onlay - Metallic - 4+ Surfaces | D2544 | \$370 | \$580 | Each Additional Prefabricated Post - same tooth | D2957 | \$43 | \$46 |
| Inlay - Porcelain/Ceramic - 1 Surface | D2610 | \$250 | \$716 | Labial Veneer (resin laminate) - Chairside | D2960 | \$223 | \$602 |
| Inlay - Porcelain/Ceramic - 2 Surfaces | D2620 | \$360 | \$758 | Labial Veneer (resin laminate) - Laboratory | D2961 | \$386 | \$693 |
| Inlay - Porcelain/Ceramic - 3+ Surfaces | D2630 | \$327 | \$702 | Labial Veneer (porcelain laminate) - Laboratory | D2962 | \$344 | \$638 |
| Onlay - Porcelain/Ceramic - 2 Surfaces | D2642 | \$300 | \$726 | Crown Repair | D2980 | \$69 | \$139 |
| Onlay - Porcelain/Ceramic - 3 Surfaces | D2643 | \$311 | \$709 | Inlay Repair | D2981 | \$69 | \$138 |
| Onlay - Porcelain/Ceramic - 4+ Surfaces | D2644 | \$422 | \$680 | Onlay Repair | D2982 | \$69 | \$138 |
| Inlay - Resin Composite - 1 Surface | D2650 | \$130 | \$356 | Veneer Repair | D2983 | \$69 | \$138 |
| Inlay - Resin Composite - 2 Surfaces | D2651 | \$181 | \$445 | | | | |
| Inlay - Resin Composite - 3+ Surfaces | D2652 | \$240 | \$480 | Type III - Endodontics | | | |
| Onlay - Resin Composite - 2 Surfaces | D2662 | \$232 | \$391 | Pulp Cap - Direct (Excluding Final Restoration) | D3110 | \$20 | \$65 |
| Onlay - Resin Composite - 3 Surfaces | D2663 | \$301 | \$527 | Pulp Cap - Indirect (Excluding Final Restoration) | D3120 | \$16 | \$48 |
| Onlay - Resin Composite - 4+ Surfaces | D2664 | \$340 | \$575 | Therapeutic Pulpotomy (Excluding Final Restoration) | D3220 | \$50 | \$143 |
| Crown - Resin Based Composite - Indirect | D2710 | \$163 | \$190 | Pulpal Debridement - Primary/Permanent | D3221 | \$48 | \$182 |
| Crown - ¾ Resin Based Composite - Indirect | D2712 | \$154 | \$302 | Partial Pulpotomy for Apexogenesis | D3222 | \$52 | \$151 |
| Crown - Resin with High Noble Metal | D2720 | \$455 | \$732 | Pulpal Therapy Anterior - Primary | D3230 | \$62 | \$147 |
| Crown - Resin with Base Metal | D2721 | \$438 | \$724 | Pulpal Therapy Posterior - Primary | D3240 | \$54 | \$161 |
| Crown - Resin with Noble Metal | D2722 | \$446 | \$742 | Root Canal - Anterior (Excluding Final Restoration) | D3310 | \$200 | \$433 |
| Crown - Porcelain/Ceramic | D2740 | \$377 | \$678 | Root Canal - Premolar (Excluding Final Restoration) | D3320 | \$278 | \$576 |
| Crown - Porcelain with High Noble Metal | D2750 | \$433 | \$706 | Root Canal - Molar (Excluding Final Restoration) | D3330 | \$438 | \$836 |
| Crown - Porcelain with Predominantly Base Metal | D2751 | \$333 | \$596 | Treatment of Root Canal Obstruction - non surgical | D3331 | \$154 | \$239 |
| Crown - Porcelain With Noble Metal | D2752 | \$355 | \$624 | Incomplete Endodontic Therapy - Inoperable/Fractured | D3332 | \$205 | \$476 |
| Crown - ¾ Cast High Noble Metal | D2780 | \$425 | \$723 | Internal Root Repair of Perforation Defects | D3333 | \$198 | \$224 |
| Crown - ¾ Cast Predominantly Base Metal | D2781 | \$400 | \$653 | Retreatment of Previous RCT - Anterior | D3346 | \$370 | \$790 |
| Crown - ¾ Cast Noble Metal | D2782 | \$415 | \$691 | Retreatment of Previous RCT - Premolar | D3347 | \$380 | \$843 |
| Crown - ¾ Porcelain/Ceramic | D2783 | \$373 | \$696 | Retreatment of Previous RCT - Molar | D3348 | \$390 | \$1,077 |
| Crown - Full Cast High Noble Metal | D2790 | \$400 | \$701 | Apexification/Recalcification - Initial Visit | D3351 | \$48 | \$279 |
| Crown - Full Cast Predominantly Base Metal | D2791 | \$386 | \$669 | Apexification/Recalcification - Interim Visit | D3352 | \$48 | \$129 |
| Crown - Full Cast Noble Metal | D2792 | \$393 | \$678 | Apexification/Recalcification - Final Visit | D3353 | \$48 | \$392 |

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|--|----------|-------------------------------|----------------------------------|--|----------|-------------------------------|----------------------------------|
| Apicoectomy - Anterior | D3410 | \$245 | \$645 | Upper Partial Denture - Resin Base | D5211 | \$396 | \$1,118 |
| Apicoectomy - Premolar - 1st Root | D3421 | \$255 | \$735 | Lower Partial Denture - Resin Base | D5212 | \$396 | \$1,338 |
| Apicoectomy - Molar - 1st Root | D3425 | \$400 | \$990 | Upper Partial - Cast Metal Frame - Resin Base | D5213 | \$472 | \$1,358 |
| Apicoectomy - Each Additional Root | D3426 | \$48 | \$151 | Lower Partial - Cast Metal Frame - Resin Base | D5214 | \$472 | \$1,358 |
| Retrograde Filling - Per Root | D3430 | \$48 | \$172 | Upper Immediate Partial Denture - Resin Base | D5221 | \$555 | \$1,183 |
| Root Amputation - Per Root | D3450 | \$117 | \$420 | Lower Immediate Partial Denture - Resin Base | D5222 | \$555 | \$1,423 |
| Hemisection (Including any Root Removal) | D3920 | \$110 | \$361 | Upper Immediate Partial Denture - Cast Metal with Resin | D5223 | \$739 | \$1,533 |
| Canal Preparation/Post Fitting | D3950 | \$0 | \$175 | Lower Immediate Partial Denture - Cast Metal with Resin | D5224 | \$739 | \$1,533 |
| Type III - Periodontics | | | | Removable Unilateral Partial - 1 Piece Cast Metal | D5281 | \$263 | \$746 |
| Gingivectomy/Gingivoplasty - 4+ teeth/quad | D4210 | \$255 | \$711 | Adjust Complete Denture - Upper | D5410 | \$27 | \$60 |
| Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad | D4211 | \$70 | \$283 | Adjust Complete Denture - Lower | D5411 | \$27 | \$60 |
| Gingivectomy/Gingivoplasty for restorative procedure | D4212 | \$39 | \$212 | Adjust Partial Denture - Upper | D5421 | \$27 | \$21 |
| Gingival Flap-Incl. Root Planing - 4+ teeth/quad | D4240 | \$317 | \$822 | Adjust Partial Denture - Lower | D5422 | \$27 | \$21 |
| Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad | D4241 | \$205 | \$517 | Repair Broken Complete Denture Base - Mandibular | D5511 | \$62 | \$125 |
| Crown Lengthening - Hard Tissue | D4249 | \$344 | \$882 | Repair Broken Complete Denture Base - Maxillary | D5512 | \$62 | \$125 |
| Osseous Surgery - 4+ teeth/quad | D4260 | \$422 | \$1,486 | Replace Missing or Broken Teeth - Complete Denture - Per Tooth | D5520 | \$51 | \$104 |
| Osseous Surgery - 1-3 teeth/quad | D4261 | \$233 | \$656 | Repair Resin Partial Denture Base - Mandibular | D5611 | \$51 | \$117 |
| Pedicle Soft Tissue Graft Procedure | D4270 | \$101 | \$1,060 | Repair Resin Partial Denture Base - Maxillary | D5612 | \$51 | \$117 |
| Autogenous Connective Tissue Graft - 1st Tooth (excl implants) | D4273 | \$400 | \$1,184 | Repair Cast Partial Framework - Mandibular | D5621 | \$61 | \$114 |
| Mesial/Distal Wedge Procedure - Single Tooth | D4274 | \$281 | \$685 | Repair Cast Partial Framework - Maxillary | D5622 | \$61 | \$114 |
| Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants) | D4275 | \$389 | \$923 | Repair or Replace Broken Clasp - per tooth | D5630 | \$61 | \$170 |
| Combined Connective Tissue/Double Pedicle Graft | D4276 | \$521 | \$1,345 | Replace Broken Teeth - Per Tooth | D5640 | \$61 | \$121 |
| Free Soft Tissue Graft Procedure - 1st Tooth (excl implants) | D4277 | \$240 | \$1,059 | Add Tooth to Existing Partial Denture | D5650 | \$61 | \$151 |
| Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants) | D4278 | \$240 | \$280 | Add Clasp to Existing Partial Denture - per tooth | D5660 | \$61 | \$167 |
| Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4283 | \$400 | \$982 | Replace Teeth/Acrylic on Cast Metal Framework (Upper) | D5670 | \$195 | \$388 |
| Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4285 | \$389 | \$772 | Replace Teeth/Acrylic on Cast Metal Framework (Lower) | D5671 | \$195 | \$388 |
| Provisional Intracoronal Splint | D4320 | \$124 | \$368 | Rebase Complete Upper Denture | D5710 | \$101 | \$315 |
| Provisional Extracoronal Splint | D4321 | \$122 | \$343 | Rebase Complete Lower Denture | D5711 | \$101 | \$285 |
| Perio. Scaling & Root Planing - 4+ teeth/quad | D4341 | \$100 | \$198 | Rebase Upper Partial Denture | D5720 | \$101 | \$321 |
| Perio. Scaling & Root Planing - 1 to 3 teeth/quad | D4342 | \$49 | \$114 | Rebase Lower Partial Denture | D5721 | \$101 | \$321 |
| Scaling - Full Mouth - After Oral Evaluation | D4346 | \$51 | \$45 | Reline Complete Upper Denture (Chairside) | D5730 | \$150 | \$240 |
| Full Mouth Debridement | D4355 | \$56 | \$150 | Reline Complete Lower Denture (Chairside) | D5731 | \$150 | \$240 |
| Periodontal Maintenance Procedures | D4910 | \$61 | \$116 | Reline Upper Partial Denture (Chairside) | D5740 | \$150 | \$212 |
| Type III - Removable Prosthetics | | | | Reline Lower Partial Denture (Chairside) | D5741 | \$150 | \$212 |
| Complete Denture - Upper | D5110 | \$422 | \$1,118 | Reline Complete Upper Denture (Laboratory) | D5750 | \$150 | \$304 |
| Complete Denture - Lower | D5120 | \$422 | \$1,118 | Reline Complete Lower Denture (Laboratory) | D5751 | \$150 | \$304 |
| Immediate Denture - Upper | D5130 | \$427 | \$1,291 | Reline Upper Partial Denture (Laboratory) | D5760 | \$150 | \$310 |
| Immediate Denture - Lower | D5140 | \$427 | \$1,291 | Reline Lower Partial Denture (Laboratory) | D5761 | \$150 | \$310 |
| | | | | Tissue Conditioning - Upper | D5850 | \$24 | \$47 |
| | | | | Tissue Conditioning - Lower | D5851 | \$23 | \$46 |
| | | | | Type III - Implants | | | |

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|--|----------|-------------------------------|----------------------------------|---|----------|-------------------------------|----------------------------------|
| Surgical Placement of Implant Body - Endosteal | D6010 | \$958 | \$2,166 | Retainer Onlay - Cast High Noble Metal - 2 Surfaces | D6610 | \$370 | \$604 |
| Surgical Placement of Mini Implant | D6013 | \$958 | \$2,156 | Retainer Onlay - Cast High Noble Metal - 3+ Surfaces | D6611 | \$455 | \$647 |
| Prefabricated Abutment - includes modification & placement | D6056 | \$259 | \$448 | Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces | D6612 | \$343 | \$628 |
| Crown - Abutment Supp. Porcelain/Ceramic | D6058 | \$615 | \$1,217 | Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces | D6613 | \$428 | \$613 |
| Crown - Abutment Supp. Porcelain Fused to High Noble Metal | D6059 | \$606 | \$1,200 | Retainer Onlay - Cast Noble Metal - 2 Surfaces | D6614 | \$360 | \$585 |
| Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal | D6060 | \$535 | \$1,150 | Retainer Onlay - Cast Noble Metal - 3+ Surfaces | D6615 | \$463 | \$585 |
| Crown - Abutment Supp. Porcelain Fused to Noble Metal | D6061 | \$572 | \$1,167 | Retainer Inlay - Titanium | D6624 | \$286 | \$528 |
| Crown - Abutment Supp. Cast High Noble Metal | D6062 | \$576 | \$1,158 | Retainer Onlay - Titanium | D6634 | \$303 | \$551 |
| Crown - Abutment Supp. Cast Predominantly Base Metal | D6063 | \$457 | \$1,028 | Retainer Crown - Resin With High Noble Metal | D6720 | \$389 | \$687 |
| Crown - Abutment Supp. Cast Noble Metal | D6064 | \$491 | \$1,073 | Retainer Crown - Resin With Base Metal | D6721 | \$365 | \$684 |
| Crown - Implant Supp. Porcelain/Ceramic Crown | D6065 | \$593 | \$1,204 | Retainer Crown - Resin With Noble Metal | D6722 | \$373 | \$679 |
| Crown - Implant Supp. Porcelain Fused to Metal | D6066 | \$578 | \$1,173 | Retainer Crown - Porcelain/Ceramic Substrate | D6740 | \$416 | \$696 |
| Crown - Implant Supp. Metal | D6067 | \$539 | \$1,148 | Retainer Crown - Porcelain With High Noble Metal | D6750 | \$389 | \$642 |
| Re-cement or Re-bond Implant/Abutment Supported Crown | D6092 | \$34 | \$99 | Retainer Crown - Porcelain With Predominantly Base Metal | D6751 | \$332 | \$578 |
| Crown - Abutment Supp. Titanium | D6094 | \$535 | \$919 | Retainer Crown - Porcelain With Noble Metal | D6752 | \$389 | \$640 |
| Repair Implant Abutment - By Report | D6095 | \$180 | \$180 | Retainer Crown - ¾ Cast High Noble Metal | D6780 | \$500 | \$711 |
| Remove Broken Implant Retaining Screw | D6096 | \$35 | \$35 | Retainer Crown - ¾ Cast Predominantly Base Metal | D6781 | \$425 | \$670 |
| | | | | Retainer Crown - ¾ Cast Noble Metal | D6782 | \$440 | \$603 |
| Type III - Pontics and Retainers | | | | Retainer Crown - ¾ Porcelain/Ceramic | D6783 | \$440 | \$728 |
| Pontic - Cast High Noble Metal | D6210 | \$396 | \$689 | Retainer Crown - Full Cast High Noble Metal | D6790 | \$428 | \$696 |
| Pontic - Cast Predominantly Base Metal | D6211 | \$373 | \$719 | Retainer Crown - Full Cast Predominantly Base Metal | D6791 | \$421 | \$754 |
| Pontic - Cast Noble Metal | D6212 | \$389 | \$711 | Retainer Crown - Full Cast Noble Metal | D6792 | \$446 | \$751 |
| Pontic - Titanium | D6214 | \$396 | \$665 | Retainer Crown - Titanium | D6794 | \$400 | \$701 |
| Pontic - Porcelain Fused to High Noble Metal | D6240 | \$400 | \$685 | Re-cement or Re-bond Fixed Partial Denture | D6930 | \$16 | \$83 |
| Pontic - Porcelain Fused to Predominantly Base Metal | D6241 | \$377 | \$634 | Stress Breaker | D6940 | \$58 | \$144 |
| Pontic - Porcelain Fused to Noble Metal | D6242 | \$389 | \$684 | Fixed Partial Denture Repair - by Report | D6980 | \$114 | \$97 |
| Pontic - Porcelain/Ceramic | D6245 | \$455 | \$680 | | | | |
| Pontic - Resin with High Noble Metal | D6250 | \$420 | \$817 | Type II - Oral Surgery | | | |
| Pontic - Resin with Predominantly Base Metal | D6251 | \$355 | \$728 | Extraction - Coronal Remnants - Primary Tooth | D7111 | \$43 | \$99 |
| Pontic - Resin with Noble Metal | D6252 | \$400 | \$778 | Extraction - Erupted Tooth or Exposed Root | D7140 | \$63 | \$127 |
| Retainer - Cast Metal or Resin Bonded Fixed Prosthesis | D6545 | \$275 | \$168 | Extraction - Erupted Tooth | D7210 | \$94 | \$200 |
| Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis | D6548 | \$258 | \$204 | Removal of Impacted Tooth - Soft Tissue | D7220 | \$102 | \$253 |
| Retainer - Resin for Resin Bonded Fixed Prosthesis | D6549 | \$270 | \$225 | Removal of Impacted Tooth - Partially Bony | D7230 | \$120 | \$329 |
| Retainer Inlay - Porcelain/Ceramic - 2 Surfaces | D6600 | \$377 | \$555 | Removal of Impacted Tooth - Completely Bony | D7240 | \$171 | \$426 |
| Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces | D6601 | \$394 | \$541 | Removal of Residual Tooth Roots | D7250 | \$81 | \$208 |
| Retainer Inlay - Cast High Noble Metal - 2 Surfaces | D6602 | \$377 | \$549 | Coronectomy - Intentional Partial Tooth Removal | D7251 | \$104 | \$437 |
| Retainer Inlay - Cast High Noble Metal - 3+ Surfaces | D6603 | \$438 | \$616 | Oroantral Fistula Closure | D7260 | \$128 | \$1,543 |
| Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces | D6604 | \$343 | \$547 | Tooth Reimplantation and/or Stabilization of Accidentally | D7270 | \$233 | \$601 |
| Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces | D6605 | \$394 | \$594 | Evulsed or Displaced Teeth/Alveolus | | | |
| Retainer Inlay - Cast Noble Metal - 2 Surfaces | D6606 | \$386 | \$543 | Tooth Transplantation | D7272 | \$233 | \$523 |
| Retainer Inlay - Cast Noble Metal - 3+ Surfaces | D6607 | \$428 | \$603 | Exposure of an Unerupted Tooth | D7280 | \$179 | \$415 |
| Retainer Onlay - Porcelain/Ceramic - 2 Surfaces | D6608 | \$428 | \$509 | Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth) | D7285 | \$70 | \$905 |
| Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces | D6609 | \$446 | \$547 | Incisional Biopsy of Oral Tissue - Soft (All Others) | D7286 | \$70 | \$368 |

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| Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad | D7310 | \$105 | \$355 | II - Therapeutic Drug Injection (Antibiotics) | D9610 | \$51 | \$51 |
| Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad | D7311 | \$44 | \$283 | II - Treatment of Complications (Post Surgical) | D9930 | \$17 | \$17 |
| Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad | D7320 | \$156 | \$600 | III - Occlusal Guard (for Bruxism) | D9940 | \$100 | \$399 |
| Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad | D7321 | \$62 | \$459 | III - Occlusal Adjustment - Limited | D9951 | \$55 | \$135 |
| Vestibuloplasty-Ridge Ext (2nd Epithelialization) | D7340 | \$210 | \$2,475 | III - Occlusal Adjustment - Complete | D9952 | \$132 | \$716 |
| Vestibuloplasty-Ridge Ext (Grafts - Hypertissue) | D7350 | \$310 | \$7,237 | * Covered only when performed in conjunction with covered oral surgery. | | | |
| Removal of Odontogenic Cyst/Tumor <=1.25cm | D7450 | \$295 | \$980 | | | | |
| Removal of Odontogenic Cyst/Tumor > 1.25cm | D7451 | \$334 | \$1,336 | | | | |
| Removal of Nonodontogenic Cyst/Tumor<=1.25cm | D7460 | \$358 | \$1,055 | | | | |
| Removal of Nonodontogenic Cyst/Tumor> 1.25cm | D7461 | \$420 | \$1,411 | | | | |
| Removal of Lateral Exostosis - Per Site | D7471 | \$110 | \$1,338 | | | | |
| Removal of Torus Palatinus | D7472 | \$278 | \$1,607 | | | | |
| Removal of Torus Mandibularus | D7473 | \$278 | \$1,515 | | | | |
| Reduction of Osseous Tuberosity | D7485 | \$278 | \$1,349 | | | | |
| Incision/Drain of Abscess Intraoral Soft Tissue | D7510 | \$65 | \$343 | | | | |
| Incision/Drain of Abscess Extraoral Soft Tissue | D7520 | \$140 | \$1,829 | | | | |
| Removal of Foreign Body - Skin or Subc. Areolar Tissue | D7530 | \$65 | \$677 | | | | |
| Removal of Reaction Producing Foreign Bodies - Musculoskeletal System | D7540 | \$125 | \$681 | | | | |
| Sequestrectomy for Osteomyelitis | D7550 | \$65 | \$389 | | | | |
| Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body | D7560 | \$605 | \$3,410 | | | | |
| Suture of Recent Small Wounds up to 5cm | D7910 | \$65 | \$604 | | | | |
| Frenulectomy (Frenectomy or Frenotomy) | D7960 | \$122 | \$409 | | | | |
| Excision of Hyperplastic Tissue - Per Arch | D7970 | \$117 | \$682 | | | | |
| Excision of Pericoronal Gingiva | D7971 | \$81 | \$248 | | | | |
| Surgical Reduction of Fibrous Tuberosity | D7972 | \$350 | \$982 | | | | |
| Non-Surgical Sialolithotomy | D7979 | \$305 | \$925 | | | | |
| Surgical Sialolithotomy | D7980 | \$305 | \$925 | | | | |
| Closure of Salivary Fistula | D7983 | \$805 | \$2,209 | | | | |
| Type - Miscellaneous Services | | | | | | | |
| I - Palliative (Emergency) Treatment of Pain | D9110 | \$20 | \$86 | | | | |
| I - Evaluation for Deep Sedation/General Anesthesia | D9219 | \$0 | \$87 | | | | |
| III - Deep Sedation/General Anesthesia - First 15 Min* | D9222 | \$56 | \$165 | | | | |
| III - Deep Sedation/General Anesthesia - Each Additional 15 Min* | D9223 | \$56 | \$165 | | | | |
| III - Analgesia - Anxiolysis - Inhal Nitrous Oxide* | D9230 | \$20 | \$40 | | | | |
| III - Intravenous Moderate Sedation/Analgesia - First 15 Min* | D9239 | \$47 | \$141 | | | | |
| III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min* | D9243 | \$47 | \$141 | | | | |
| III - Non-Intravenous Conscious Sedation* | D9248 | \$74 | \$102 | | | | |
| I - Consultation | D9310 | \$0 | \$113 | | | | |
| I - Office Visit for Observ During Regular Scheduled Hours | D9430 | \$0 | \$0 | | | | |