

SECURECARE DENTAL

COPAY SCHEDULE AZ400 - 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	\$7	\$26	Prophylaxis Cleaning - Adult	D1110	\$7	\$27
Limited Oral Evaluation - Problem Focused	D0140	\$7	\$51	Prophylaxis Cleaning - Child	D1120	\$7	\$29
Oral Evaluation - under 3 years old	D0145	\$7	\$57	Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48
Comprehensive Oral Evaluation	D0150	\$7	\$45	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$21
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$7	\$124	Sealant - Per Tooth	D1351	\$17	\$37
Re-evaluation - Limited - Problem Focused	D0170	\$7	\$36	Preventive Resin Restoration (Including Sealant)	D1352	\$18	\$50
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$18	\$52
Comprehensive Periodontal Evaluation	D0180	\$7	\$60	Space Maintainer - Fixed - Unilateral	D1510	\$111	\$250
Intraoral - Complete Series of Images	D0210	\$22	\$79	Space Maintainer - Fixed - Bilateral	D1515	\$117	\$311
Intraoral - Periapical - 1st Image	D0220	\$7	\$20	Space Maintainer - Removable - Unilateral	D1520	\$85	\$225
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$21	Space Maintainer - Removable - Bilateral	D1525	\$85	\$327
Intraoral - Occlusal Image	D0240	\$7	\$34	Re-cement or Re-bond Space Maintainer	D1550	\$27	\$35
Extraoral - 2D Image	D0250	\$7	\$31	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$108	\$142
Extraoral - Posterior Image	D0251	\$14	\$39				
Bitewing - 1 Image	D0270	\$7	\$19	Type II - Restorative Dentistry			
Bitewing - 2 Images	D0272	\$7	\$29	Amalgam - 1 Surface - Primary or Permanent	D2140	\$44	\$123
Bitewing - 3 Images	D0273	\$7	\$34	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$44	\$151
Bitewing - 4 Images	D0274	\$7	\$37	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$44	\$181
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$50	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$50	\$208
Panoramic Image	D0330	\$22	\$78	Resin Composite - 1 Surface - Anterior	D2330	\$50	\$131
Pulp Vitality Tests	D0460	\$0	\$56	Resin Composite - 2 Surfaces - Anterior	D2331	\$53	\$142
Diagnostic Casts	D0470	\$22	\$97				

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Resin Composite - 3 Surfaces - Anterior	D2332	\$64	\$175	Crown - Titanium	D2794	\$400	\$755
Resin Composite - 4+ Surfaces - Anterior	D2335	\$81	\$223	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$32
Resin Composite Crown - Anterior	D2390	\$56	\$183	Re-cement/Re-bond Crown	D2920	\$33	\$44
Resin Composite - 1 Surface - Posterior	D2391	\$54	\$132	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$158	\$250
Resin Composite - 2 Surfaces - Posterior	D2392	\$71	\$175	Prefabricated Stainless Steel Crown - Primary	D2930	\$109	\$227
Resin Composite - 3 Surfaces - Posterior	D2393	\$79	\$212	Prefabricated Stainless Steel Crown - Permanent	D2931	\$72	\$199
Resin Composite - 4+ Surfaces - Posterior	D2394	\$79	\$253	Prefabricated Resin Crown	D2932	\$98	\$281
				Protective Restoration	D2940	\$9	\$40
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	\$17	\$22
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$647	Cast Post and Core - in Addition to Crown	D2952	\$143	\$304
Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$745	Cast Post and Core - Each Additional - same tooth	D2953	\$98	\$127
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	\$22	\$67
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$527	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$49
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$575	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$142
Crown - Resin Based Composite - Indirect	D2710	\$163	\$190	Pulpal Debridement - Primary/Permanent	D3221	\$51	\$185
Crown - ¾ Resin Based Composite - Indirect	D2712	\$149	\$297	Partial Pulpotomy for Apexogenesis	D3222	\$50	\$149
Crown - Resin with High Noble Metal	D2720	\$455	\$732	Pulpal Therapy Anterior - Primary	D3230	\$69	\$154
Crown - Resin with Base Metal	D2721	\$438	\$724	Pulpal Therapy Posterior - Primary	D3240	\$61	\$168
Crown - Resin with Noble Metal	D2722	\$446	\$742	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$194	\$427
Crown - Porcelain/Ceramic	D2740	\$422	\$723	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$266	\$564
Crown - Porcelain with High Noble Metal	D2750	\$422	\$695	Root Canal - Molar (Excluding Final Restoration)	D3330	\$422	\$820
Crown - Porcelain with Predominantly Base Metal	D2751	\$389	\$652	Treatment of Root Canal Obstruction - non surgical	D3331	\$154	\$239
Crown - Porcelain With Noble Metal	D2752	\$400	\$669	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$476
Crown - ¾ Cast High Noble Metal	D2780	\$415	\$713	Internal Root Repair of Perforation Defects	D3333	\$198	\$224
Crown - ¾ Cast Predominantly Base Metal	D2781	\$390	\$643	Retreatment of Previous RCT - Anterior	D3346	\$360	\$780
Crown - ¾ Cast Noble Metal	D2782	\$400	\$676	Retreatment of Previous RCT - Premolar	D3347	\$370	\$833
Crown - ¾ Porcelain/Ceramic	D2783	\$412	\$735	Retreatment of Previous RCT - Molar	D3348	\$380	\$1,067
Crown - Full Cast High Noble Metal	D2790	\$400	\$701	Apexification/Recalcification - Initial Visit	D3351	\$51	\$282
Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$669	Apexification/Recalcification - Interim Visit	D3352	\$51	\$132
Crown - Full Cast Noble Metal	D2792	\$393	\$678	Apexification/Recalcification - Final Visit	D3353	\$51	\$395

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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	\$229	\$629	Upper Partial Denture - Resin Base	D5211	\$360	\$1,082
Apicoectomy - Premolar - 1st Root	D3421	\$250	\$730	Lower Partial Denture - Resin Base	D5212	\$360	\$1,302
Apicoectomy - Molar - 1st Root	D3425	\$390	\$980	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$461	\$1,347
Apicoectomy - Each Additional Root	D3426	\$51	\$154	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$461	\$1,347
Retrograde Filling - Per Root	D3430	\$51	\$175	Upper Immediate Partial Denture - Resin Base	D5221	\$554	\$1,182
Root Amputation - Per Root	D3450	\$115	\$418	Lower Immediate Partial Denture - Resin Base	D5222	\$554	\$1,422
Hemisection (Including any Root Removal)	D3920	\$115	\$366	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$731	\$1,525
Canal Preparation/Post Fitting	D3950	\$0	\$175	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$731	\$1,525
Type III - Periodontics				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$292	\$775
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$250	\$706	Adjust Complete Denture - Upper	D5410	\$27	\$60
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$69	\$282	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	\$112	\$1,071	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$385	\$1,169	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$114
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$309	\$713	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$114
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$375	\$909	Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$170
Combined Connective Tissue/Double Pedicle Graft	D4276	\$575	\$1,399	Replace Broken Teeth - Per Tooth	D5640	\$61	\$121
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$230	\$1,049	Add Tooth to Existing Partial Denture	D5650	\$61	\$151
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$230	\$270	Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$167
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$385	\$967	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$215	\$408
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$375	\$758	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$215	\$408
Provisional Intracoronal Splint	D4320	\$122	\$366	Rebase Complete Upper Denture	D5710	\$112	\$326
Provisional Extracoronal Splint	D4321	\$120	\$341	Rebase Complete Lower Denture	D5711	\$112	\$296
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$193	Rebase Upper Partial Denture	D5720	\$112	\$332
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$117	Rebase Lower Partial Denture	D5721	\$112	\$332
Scaling - Full Mouth - After Oral Evaluation	D4346	\$50	\$44	Reline Complete Upper Denture (Chairside)	D5730	\$130	\$220
Full Mouth Debridement	D4355	\$56	\$150	Reline Complete Lower Denture (Chairside)	D5731	\$130	\$220
Periodontal Maintenance Procedures	D4910	\$60	\$115	Reline Upper Partial Denture (Chairside)	D5740	\$130	\$192
Type III - Removable Prosthetics				Reline Lower Partial Denture (Chairside)	D5741	\$130	\$192
Complete Denture - Upper	D5110	\$416	\$1,112	Reline Complete Upper Denture (Laboratory)	D5750	\$130	\$284
Complete Denture - Lower	D5120	\$400	\$1,096	Reline Complete Lower Denture (Laboratory)	D5751	\$130	\$284
Immediate Denture - Upper	D5130	\$416	\$1,280	Reline Upper Partial Denture (Laboratory)	D5760	\$130	\$290
Immediate Denture - Lower	D5140	\$416	\$1,280	Reline Lower Partial Denture (Laboratory)	D5761	\$130	\$290
				Tissue Conditioning - Upper	D5850	\$28	\$51
				Tissue Conditioning - Lower	D5851	\$27	\$50
				Type III - Implants			

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Surgical Placement of Implant Body - Endosteal	D6010	\$936	\$2,144	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$604
Surgical Placement of Mini Implant	D6013	\$936	\$2,134	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$647
Prefabricated Abutment - includes modification & placement	D6056	\$252	\$441	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$628
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$597	\$1,199	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$613
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$588	\$1,182	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$585
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$519	\$1,134	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$585
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$555	\$1,150	Retainer Inlay - Titanium	D6624	\$275	\$517
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$558	\$1,140	Retainer Onlay - Titanium	D6634	\$292	\$540
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$444	\$1,015	Retainer Crown - Resin With High Noble Metal	D6720	\$428	\$726
Crown - Abutment Supp. Cast Noble Metal	D6064	\$476	\$1,058	Retainer Crown - Resin With Base Metal	D6721	\$404	\$723
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$576	\$1,187	Retainer Crown - Resin With Noble Metal	D6722	\$412	\$718
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$561	\$1,156	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$427	\$707
Crown - Implant Supp. Metal	D6067	\$524	\$1,133	Retainer Crown - Porcelain With High Noble Metal	D6750	\$353	\$606
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$33	\$98	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$331	\$577
Crown - Abutment Supp. Titanium	D6094	\$519	\$903	Retainer Crown - Porcelain With Noble Metal	D6752	\$353	\$604
Repair Implant Abutment - By Report	D6095	\$174	\$174	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$485	\$696
Remove Broken Implant Retaining Screw	D6096	\$30	\$30	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$404	\$649
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$412	\$575
Type III - Pontics and Retainers				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$412	\$700
Pontic - Cast High Noble Metal	D6210	\$438	\$731	Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$696
Pontic - Cast Predominantly Base Metal	D6211	\$412	\$758	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$754
Pontic - Cast Noble Metal	D6212	\$428	\$750	Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$751
Pontic - Titanium	D6214	\$438	\$707	Retainer Crown - Titanium	D6794	\$400	\$701
Pontic - Porcelain Fused to High Noble Metal	D6240	\$355	\$640	Re-cement or Re-bond Fixed Partial Denture	D6930	\$17	\$84
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$355	\$612	Stress Breaker	D6940	\$57	\$143
Pontic - Porcelain Fused to Noble Metal	D6242	\$355	\$650	Fixed Partial Denture Repair - by Report	D6980	\$112	\$95
Pontic - Porcelain/Ceramic	D6245	\$502	\$727				
Pontic - Resin with High Noble Metal	D6250	\$400	\$797	Type II - Oral Surgery			
Pontic - Resin with Predominantly Base Metal	D6251	\$345	\$718	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99
Pontic - Resin with Noble Metal	D6252	\$389	\$767	Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$274	\$167	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	\$101	\$434
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$616	Oroantral Fistula Closure	D7260	\$123	\$1,538
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$547	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$258	\$626
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	\$258	\$548
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$603	Exposure of an Unerupted Tooth	D7280	\$198	\$434
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$509	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$69	\$904
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$547	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$69	\$367

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Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$103	\$353	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$43	\$282	II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$154	\$598	III - Occlusal Guard (for Bruxism)	D9940	\$100	\$399
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$60	\$457	III - Occlusal Adjustment - Limited	D9951	\$54	\$134
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$205	\$2,470	III - Occlusal Adjustment - Complete	D9952	\$130	\$714
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$309	\$7,236	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$325	\$1,010				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$198	\$1,200				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$352	\$1,049				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$412	\$1,403				
Removal of Lateral Exostosis - Per Site	D7471	\$108	\$1,336				
Removal of Torus Palatinus	D7472	\$274	\$1,603				
Removal of Torus Mandibularus	D7473	\$274	\$1,511				
Reduction of Osseous Tuberosity	D7485	\$274	\$1,345				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$64	\$342				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$138	\$1,827				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$64	\$676				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$138	\$694				
Sequestrectomy for Osteomyelitis	D7550	\$64	\$388				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$584	\$3,389				
Suture of Recent Small Wounds up to 5cm	D7910	\$64	\$603				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$120	\$407				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$115	\$680				
Excision of Pericoronal Gingiva	D7971	\$90	\$257				
Surgical Reduction of Fibrous Tuberosity	D7972	\$343	\$975				
Non-Surgical Sialolithotomy	D7979	\$301	\$921				
Surgical Sialolithotomy	D7980	\$301	\$921				
Closure of Salivary Fistula	D7983	\$777	\$2,181				
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	\$54	\$163				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$54	\$163				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$46	\$140				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$46	\$140				
III - Non-Intravenous Conscious Sedation*	D9248	\$72	\$100				
I - Consultation	D9310	\$0	\$113				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				