

# SECURECARE DENTAL

## COPAY SCHEDULE AZ500 - 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	\$19	Prophylaxis Cleaning - Adult	D1110	\$0	\$20
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$44	Prophylaxis Cleaning - Child	D1120	\$0	\$22
Oral Evaluation - under 3 years old	D0145	\$0	\$50	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$42
Comprehensive Oral Evaluation	D0150	\$0	\$38	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$15
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$117	Sealant - Per Tooth	D1351	\$17	\$37
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$29	Preventive Resin Restoration (Including Sealant)	D1352	\$19	\$51
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$18	\$52
Comprehensive Periodontal Evaluation	D0180	\$0	\$53	Space Maintainer - Fixed - Unilateral	D1510	\$111	\$250
Intraoral - Complete Series of Images	D0210	\$11	\$68	Space Maintainer - Fixed - Bilateral	D1515	\$117	\$311
Intraoral - Periapical - 1st Image	D0220	\$6	\$19	Space Maintainer - Removable - Unilateral	D1520	\$84	\$224
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$20	Space Maintainer - Removable - Bilateral	D1525	\$84	\$326
Intraoral - Occlusal Image	D0240	\$6	\$33	Re-cement or Re-bond Space Maintainer	D1550	\$26	\$34
Extraoral - 2D Image	D0250	\$6	\$30	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$107	\$141
Extraoral - Posterior Image	D0251	\$13	\$38				
Bitewing - 1 Image	D0270	\$6	\$18	<b>Type II - Restorative Dentistry</b>			
Bitewing - 2 Images	D0272	\$6	\$28	Amalgam - 1 Surface - Primary or Permanent	D2140	\$39	\$118
Bitewing - 3 Images	D0273	\$6	\$33	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$39	\$146
Bitewing - 4 Images	D0274	\$6	\$36	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$39	\$176
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$49	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$44	\$202
Panoramic Image	D0330	\$11	\$67	Resin Composite - 1 Surface - Anterior	D2330	\$50	\$131
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$53	\$142
Diagnostic Casts	D0470	\$11	\$86				

**COPAY SCHEDULE AZ500 - 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	\$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	\$52	\$63
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	\$70	\$197
Resin Composite - 4+ Surfaces - Posterior	D2394	\$79	\$253	Prefabricated Resin Crown	D2932	\$97	\$280
				Protective Restoration	D2940	\$9	\$40
<b>Type III - Onlays, Crowns and Bridges</b>				Core Build Up - Including any Pins when required	D2950	\$103	\$197
Inlay - Metallic - 1 Surface	D2510	\$219	\$563	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	\$354	\$739	Cast Post and Core - Each Additional - same tooth	D2953	\$97	\$126
Onlay - Metallic - 2 Surfaces	D2542	\$346	\$784	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$235
Onlay - Metallic - 3 Surfaces	D2543	\$363	\$718	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$363	\$573	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$46
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$245	\$711	Labial Veneer (resin laminate) - Chairside	D2960	\$219	\$598
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$354	\$752	Labial Veneer (resin laminate) - Laboratory	D2961	\$380	\$687
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	\$68	\$138
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$709	Inlay Repair	D2981	\$68	\$137
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$680	Onlay Repair	D2982	\$68	\$137
Inlay - Resin Composite - 1 Surface	D2650	\$128	\$354	Veneer Repair	D2983	\$68	\$137
Inlay - Resin Composite - 2 Surfaces	D2651	\$178	\$442				
Inlay - Resin Composite - 3+ Surfaces	D2652	\$235	\$475	<b>Type III - Endodontics</b>			
Onlay - Resin Composite - 2 Surfaces	D2662	\$229	\$388	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$66
Onlay - Resin Composite - 3 Surfaces	D2663	\$295	\$521	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$49
Onlay - Resin Composite - 4+ Surfaces	D2664	\$362	\$597	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$142
Crown - Resin Based Composite - Indirect	D2710	\$161	\$188	Pulpal Debridement - Primary/Permanent	D3221	\$51	\$185
Crown - ¾ Resin Based Composite - Indirect	D2712	\$150	\$298	Partial Pulpotomy for Apexogenesis	D3222	\$51	\$150
Crown - Resin with High Noble Metal	D2720	\$447	\$724	Pulpal Therapy Anterior - Primary	D3230	\$68	\$153
Crown - Resin with Base Metal	D2721	\$432	\$718	Pulpal Therapy Posterior - Primary	D3240	\$60	\$167
Crown - Resin with Noble Metal	D2722	\$438	\$734	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	\$152	\$237
Crown - Porcelain With Noble Metal	D2752	\$400	\$669	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$202	\$473
Crown - ¾ Cast High Noble Metal	D2780	\$411	\$709	Internal Root Repair of Perforation Defects	D3333	\$194	\$220
Crown - ¾ Cast Predominantly Base Metal	D2781	\$375	\$628	Retreatment of Previous RCT - Anterior	D3346	\$340	\$760
Crown - ¾ Cast Noble Metal	D2782	\$389	\$665	Retreatment of Previous RCT - Premolar	D3347	\$345	\$808
Crown - ¾ Porcelain/Ceramic	D2783	\$404	\$727	Retreatment of Previous RCT - Molar	D3348	\$355	\$1,042
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	\$225	\$625	Upper Partial Denture - Resin Base	D5211	\$354	\$1,076
Apicoectomy - Premolar - 1st Root	D3421	\$245	\$725	Lower Partial Denture - Resin Base	D5212	\$354	\$1,296
Apicoectomy - Molar - 1st Root	D3425	\$383	\$973	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	\$553	\$1,181
Root Amputation - Per Root	D3450	\$113	\$416	Lower Immediate Partial Denture - Resin Base	D5222	\$553	\$1,421
Hemisection (Including any Root Removal)	D3920	\$113	\$364	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$725	\$1,519
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$725	\$1,519
<b>Type III - Periodontics</b>				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$286	\$769
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$245	\$701	Adjust Complete Denture - Upper	D5410	\$26	\$59
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$68	\$281	Adjust Complete Denture - Lower	D5411	\$26	\$59
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$212	Adjust Partial Denture - Upper	D5421	\$26	\$20
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$312	\$817	Adjust Partial Denture - Lower	D5422	\$26	\$20
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$202	\$514	Repair Broken Complete Denture Base - Mandibular	D5511	\$61	\$124
Crown Lengthening - Hard Tissue	D4249	\$344	\$882	Repair Broken Complete Denture Base - Maxillary	D5512	\$61	\$124
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	\$110	\$1,069	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$375	\$1,159	Repair Cast Partial Framework - Mandibular	D5621	\$60	\$113
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$303	\$707	Repair Cast Partial Framework - Maxillary	D5622	\$60	\$113
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$360	\$894	Repair or Replace Broken Clasp - per tooth	D5630	\$60	\$169
Combined Connective Tissue/Double Pedicle Graft	D4276	\$565	\$1,389	Replace Broken Teeth - Per Tooth	D5640	\$60	\$120
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$220	\$1,039	Add Tooth to Existing Partial Denture	D5650	\$60	\$150
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$220	\$260	Add Clasp to Existing Partial Denture - per tooth	D5660	\$60	\$166
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$375	\$957	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$211	\$404
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$360	\$743	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$211	\$404
Provisional Intracoronal Splint	D4320	\$120	\$364	Rebase Complete Upper Denture	D5710	\$110	\$324
Provisional Extracoronal Splint	D4321	\$118	\$339	Rebase Complete Lower Denture	D5711	\$110	\$294
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$193	Rebase Upper Partial Denture	D5720	\$110	\$330
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$117	Rebase Lower Partial Denture	D5721	\$110	\$330
Scaling - Full Mouth - After Oral Evaluation	D4346	\$49	\$43	Reline Complete Upper Denture (Chairside)	D5730	\$110	\$200
Full Mouth Debridement	D4355	\$56	\$150	Reline Complete Lower Denture (Chairside)	D5731	\$110	\$200
Periodontal Maintenance Procedures	D4910	\$60	\$115	Reline Upper Partial Denture (Chairside)	D5740	\$110	\$172
<b>Type III - Removable Prosthetics</b>				Reline Lower Partial Denture (Chairside)	D5741	\$110	\$172
Complete Denture - Upper	D5110	\$416	\$1,112	Reline Complete Upper Denture (Laboratory)	D5750	\$110	\$264
Complete Denture - Lower	D5120	\$400	\$1,096	Reline Complete Lower Denture (Laboratory)	D5751	\$110	\$264
Immediate Denture - Upper	D5130	\$416	\$1,280	Reline Upper Partial Denture (Laboratory)	D5760	\$110	\$270
Immediate Denture - Lower	D5140	\$416	\$1,280	Reline Lower Partial Denture (Laboratory)	D5761	\$110	\$270
				Tissue Conditioning - Upper	D5850	\$28	\$51
				Tissue Conditioning - Lower	D5851	\$26	\$49
				<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	\$941	\$2,149	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$363	\$597
Surgical Placement of Mini Implant	D6013	\$941	\$2,139	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$447	\$639
Prefabricated Abutment - includes modification & placement	D6056	\$253	\$442	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$337	\$622
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$601	\$1,203	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$421	\$606
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$593	\$1,187	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$354	\$579
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$523	\$1,138	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$455	\$577
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$558	\$1,153	Retainer Inlay - Titanium	D6624	\$278	\$520
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$562	\$1,144	Retainer Onlay - Titanium	D6634	\$294	\$542
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$446	\$1,017	Retainer Crown - Resin With High Noble Metal	D6720	\$421	\$719
Crown - Abutment Supp. Cast Noble Metal	D6064	\$480	\$1,062	Retainer Crown - Resin With Base Metal	D6721	\$396	\$715
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$579	\$1,190	Retainer Crown - Resin With Noble Metal	D6722	\$404	\$710
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$564	\$1,159	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$427	\$707
Crown - Implant Supp. Metal	D6067	\$527	\$1,136	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	\$522	\$906	Retainer Crown - Porcelain With Noble Metal	D6752	\$353	\$604
Repair Implant Abutment - By Report	D6095	\$175	\$250	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$450	\$661
Remove Broken Implant Retaining Screw	D6096	\$26	\$26	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$396	\$641
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$404	\$567
<b>Type III - Pontics and Retainers</b>				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$404	\$692
Pontic - Cast High Noble Metal	D6210	\$431	\$724	Retainer Crown - Full Cast High Noble Metal	D6790	\$421	\$689
Pontic - Cast Predominantly Base Metal	D6211	\$404	\$750	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$414	\$747
Pontic - Cast Noble Metal	D6212	\$421	\$743	Retainer Crown - Full Cast Noble Metal	D6792	\$438	\$743
Pontic - Titanium	D6214	\$431	\$700	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	\$56	\$142
Pontic - Porcelain Fused to Noble Metal	D6242	\$355	\$650	Fixed Partial Denture Repair - by Report	D6980	\$110	\$93
Pontic - Porcelain/Ceramic	D6245	\$493	\$718				
Pontic - Resin with High Noble Metal	D6250	\$391	\$788	<b>Type II - Oral Surgery</b>			
Pontic - Resin with Predominantly Base Metal	D6251	\$334	\$707	Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99
Pontic - Resin with Noble Metal	D6252	\$350	\$728	Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$270	\$163	Extraction - Erupted Tooth	D7210	\$94	\$200
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$253	\$199	Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$253
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$265	\$220	Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$329
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$371	\$549	Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$426
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$387	\$534	Removal of Residual Tooth Roots	D7250	\$81	\$208
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$371	\$543	Coronectomy - Intentional Partial Tooth Removal	D7251	\$101	\$434
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$431	\$609	Oroantral Fistula Closure	D7260	\$123	\$1,538
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$337	\$541	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$253	\$621
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$387	\$587	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$380	\$537	Tooth Transplantation	D7272	\$253	\$543
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$421	\$596	Exposure of an Unerupted Tooth	D7280	\$194	\$430
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$421	\$502	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$68	\$903
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$438	\$539	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$68	\$366

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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	\$101	\$351	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	\$152	\$596	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	\$53	\$133
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$202	\$2,467	III - Occlusal Adjustment - Complete	D9952	\$128	\$712
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$303	\$7,230	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$320	\$1,005				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$194	\$1,196				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$346	\$1,043				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$404	\$1,395				
Removal of Lateral Exostosis - Per Site	D7471	\$105	\$1,333				
Removal of Torus Palatinus	D7472	\$270	\$1,599				
Removal of Torus Mandibularus	D7473	\$270	\$1,507				
Reduction of Osseous Tuberosity	D7485	\$270	\$1,341				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$63	\$341				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$134	\$1,823				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$63	\$675				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$134	\$690				
Sequestrectomy for Osteomyelitis	D7550	\$63	\$387				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$586	\$3,391				
Suture of Recent Small Wounds up to 5cm	D7910	\$63	\$602				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$118	\$405				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$113	\$678				
Excision of Pericoronal Gingiva	D7971	\$89	\$256				
Surgical Reduction of Fibrous Tuberosity	D7972	\$337	\$969				
Non-Surgical Sialolithotomy	D7979	\$295	\$915				
Surgical Sialolithotomy	D7980	\$295	\$915				
Closure of Salivary Fistula	D7983	\$779	\$2,183				
<b>Type - Miscellaneous Services</b>							
I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$86				
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	\$53	\$162				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$44	\$138				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$44	\$138				
III - Non-Intravenous Conscious Sedation*	D9248	\$70	\$98				
I - Consultation	D9310	\$0	\$113				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				