

SECURECARE DENTAL

COPAY SCHEDULE NV100 - 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	\$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	Type II - Restorative Dentistry			
Bitewing - 2 Images	D0272	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$76	\$129
Bitewing - 3 Images	D0273	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$88	\$167
Bitewing - 4 Images	D0274	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$103	\$202
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$129	\$246
Panoramic Image	D0330	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$80	\$154
Pulp Vitality Tests	D0460	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$95	\$185
Diagnostic Casts	D0470	\$0	\$0				

COPAY SCHEDULE NV100 - 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	\$114	\$223	Crown - Titanium	D2794	\$715	\$1,055
Resin Composite - 4+ Surfaces - Anterior	D2335	\$147	\$264	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$87	\$87
Resin Composite Crown - Anterior	D2390	\$195	\$292	Re-cement/Re-bond Crown	D2920	\$74	\$88
Resin Composite - 1 Surface - Posterior	D2391	\$87	\$165	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$299	\$349
Resin Composite - 2 Surfaces - Posterior	D2392	\$102	\$220	Prefabricated Stainless Steel Crown - Primary	D2930	\$188	\$241
Resin Composite - 3 Surfaces - Posterior	D2393	\$146	\$259	Prefabricated Stainless Steel Crown - Permanent	D2931	\$183	\$272
Resin Composite - 4+ Surfaces - Posterior	D2394	\$175	\$333	Prefabricated Resin Crown	D2932	\$176	\$290
Type III - Onlays, Crowns and Bridges				Protective Restoration	D2940	\$69	\$92
Inlay - Metallic - 1 Surface	D2510	\$425	\$732	Core Build Up - Including any Pins when required	D2950	\$152	\$230
Inlay - Metallic - 2 Surfaces	D2520	\$564	\$831	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$49	\$52
Inlay - Metallic - 3+ Surfaces	D2530	\$670	\$957	Cast Post and Core - in Addition to Crown	D2952	\$235	\$363
Onlay - Metallic - 2 Surfaces	D2542	\$576	\$939	Cast Post and Core - Each Additional - same tooth	D2953	\$155	\$181
Onlay - Metallic - 3 Surfaces	D2543	\$693	\$982	Prefabricated Post and Core - in Addition to Crown	D2954	\$207	\$290
Onlay - Metallic - 4+ Surfaces	D2544	\$965	\$1,021	Post Removal	D2955	\$0	\$0
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$436	\$861	Each Additional Prefabricated Post - same tooth	D2957	\$167	\$145
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$575	\$909	Labial Veneer (resin laminate) - Chairside	D2960	\$395	\$701
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$703	\$968	Labial Veneer (resin laminate) - Laboratory	D2961	\$608	\$795
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$605	\$941	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$684	\$864
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$735	\$1,015	Crown Repair	D2980	\$110	\$169
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$997	\$1,077	Inlay Repair	D2981	\$111	\$169
Inlay - Resin Composite - 1 Surface	D2650	\$368	\$566	Onlay Repair	D2982	\$111	\$169
Inlay - Resin Composite - 2 Surfaces	D2651	\$453	\$674	Veneer Repair	D2983	\$111	\$169
Inlay - Resin Composite - 3+ Surfaces	D2652	\$524	\$709	Type III - Endodontics			
Onlay - Resin Composite - 2 Surfaces	D2662	\$510	\$615	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$41	\$88
Onlay - Resin Composite - 3 Surfaces	D2663	\$559	\$724	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$44	\$70
Onlay - Resin Composite - 4+ Surfaces	D2664	\$609	\$775	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$88	\$180
Crown - Resin Based Composite - Indirect	D2710	\$422	\$428	Pulpal Debridement - Primary/Permanent	D3221	\$82	\$197
Crown - ¾ Resin Based Composite - Indirect	D2712	\$286	\$428	Partial Pulpotomy for Apexogenesis	D3222	\$102	\$183
Crown - Resin with High Noble Metal	D2720	\$850	\$1,055	Pulpal Therapy Anterior - Primary	D3230	\$99	\$180
Crown - Resin with Base Metal	D2721	\$762	\$989	Pulpal Therapy Posterior - Primary	D3240	\$115	\$222
Crown - Resin with Noble Metal	D2722	\$779	\$1,011	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$470	\$708
Crown - Porcelain/Ceramic	D2740	\$825	\$1,113	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$525	\$867
Crown - Porcelain with High Noble Metal	D2750	\$801	\$1,068	Root Canal - Molar (Excluding Final Restoration)	D3330	\$687	\$1,075
Crown - Porcelain with Predominantly Base Metal	D2751	\$754	\$995	Treatment of Root Canal Obstruction - non surgical	D3331	\$211	\$277
Crown - Porcelain With Noble Metal	D2752	\$775	\$1,019	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$271	\$527
Crown - ¾ Cast High Noble Metal	D2780	\$813	\$1,025	Internal Root Repair of Perforation Defects	D3333	\$245	\$243
Crown - ¾ Cast Predominantly Base Metal	D2781	\$780	\$965	Retreatment of Previous RCT - Anterior	D3346	\$389	\$943
Crown - ¾ Cast Noble Metal	D2782	\$809	\$996	Retreatment of Previous RCT - Premolar	D3347	\$533	\$1,110
Crown - ¾ Porcelain/Ceramic	D2783	\$793	\$1,054	Retreatment of Previous RCT - Molar	D3348	\$760	\$1,373
Crown - Full Cast High Noble Metal	D2790	\$724	\$1,031	Apexification/Recalcification - Initial Visit	D3351	\$179	\$434
Crown - Full Cast Predominantly Base Metal	D2791	\$650	\$977	Apexification/Recalcification - Interim Visit	D3352	\$115	\$195
Crown - Full Cast Noble Metal	D2792	\$706	\$995	Apexification/Recalcification - Final Visit	D3353	\$214	\$599

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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	\$409	\$861	Upper Partial Denture - Resin Base	D5211	\$622	\$1,259
Apicoectomy - Premolar - 1st Root	D3421	\$430	\$959	Lower Partial Denture - Resin Base	D5212	\$622	\$1,463
Apicoectomy - Molar - 1st Root	D3425	\$512	\$1,086	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$993	\$1,648
Apicoectomy - Each Additional Root	D3426	\$274	\$367	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$993	\$1,648
Retrograde Filling - Per Root	D3430	\$134	\$270	Upper Immediate Partial Denture - Resin Base	D5221	\$873	\$1,373
Root Amputation - Per Root	D3450	\$245	\$562	Lower Immediate Partial Denture - Resin Base	D5222	\$873	\$1,595
Hemisection (Including any Root Removal)	D3920	\$159	\$427	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,186	\$1,797
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,186	\$1,797
Type III - Periodontics				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$628	\$961
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$257	\$800	Adjust Complete Denture - Upper	D5410	\$57	\$82
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$133	\$355	Adjust Complete Denture - Lower	D5411	\$57	\$82
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$284	Adjust Partial Denture - Upper	D5421	\$99	\$82
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$522	\$1,013	Adjust Partial Denture - Lower	D5422	\$99	\$82
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$283	\$586	Repair Broken Complete Denture Base - Mandibular	D5511	\$125	\$163
Crown Lengthening - Hard Tissue	D4249	\$470	\$1,111	Repair Broken Complete Denture Base - Maxillary	D5512	\$125	\$163
Osseous Surgery - 4+ teeth/quad	D4260	\$679	\$1,688	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$105	\$136
Osseous Surgery - 1-3 teeth/quad	D4261	\$408	\$906	Repair Resin Partial Denture Base - Mandibular	D5611	\$136	\$177
Pedicle Soft Tissue Graft Procedure	D4270	\$196	\$1,200	Repair Resin Partial Denture Base - Maxillary	D5612	\$136	\$177
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$585	\$1,466	Repair Cast Partial Framework - Mandibular	D5621	\$171	\$191
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$448	\$832	Repair Cast Partial Framework - Maxillary	D5622	\$171	\$191
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$599	\$1,102	Repair or Replace Broken Clasp - per tooth	D5630	\$155	\$231
Combined Connective Tissue/Double Pedicle Graft	D4276	\$860	\$1,644	Replace Broken Teeth - Per Tooth	D5640	\$111	\$150
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$414	\$1,244	Add Tooth to Existing Partial Denture	D5650	\$142	\$204
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$414	\$409	Add Clasp to Existing Partial Denture - per tooth	D5660	\$178	\$245
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$585	\$1,249	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$502	\$599
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$599	\$940	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$502	\$599
Provisional Intracoronal Splint	D4320	\$192	\$414	Rebase Complete Upper Denture	D5710	\$490	\$606
Provisional Extracoronal Splint	D4321	\$172	\$376	Rebase Complete Lower Denture	D5711	\$490	\$578
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$136	\$257	Rebase Upper Partial Denture	D5720	\$436	\$572
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$82	\$138	Rebase Lower Partial Denture	D5721	\$436	\$572
Scaling - Full Mouth - After Oral Evaluation	D4346	\$74	\$71	Reline Complete Upper Denture (Chairside)	D5730	\$294	\$342
Full Mouth Debridement	D4355	\$63	\$163	Reline Complete Lower Denture (Chairside)	D5731	\$294	\$342
Periodontal Maintenance Procedures	D4910	\$80	\$144	Reline Upper Partial Denture (Chairside)	D5740	\$296	\$313
Type III - Removable Prosthetics				Reline Lower Partial Denture (Chairside)	D5741	\$259	\$276
Complete Denture - Upper	D5110	\$982	\$1,492	Reline Complete Upper Denture (Laboratory)	D5750	\$372	\$456
Complete Denture - Lower	D5120	\$982	\$1,492	Reline Complete Lower Denture (Laboratory)	D5751	\$372	\$456
Immediate Denture - Upper	D5130	\$1,014	\$1,627	Reline Upper Partial Denture (Laboratory)	D5760	\$354	\$449
Immediate Denture - Lower	D5140	\$1,014	\$1,627	Reline Lower Partial Denture (Laboratory)	D5761	\$354	\$449
				Tissue Conditioning - Upper	D5850	\$142	\$143
				Tissue Conditioning - Lower	D5851	\$142	\$143
				Type III - Implants			

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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	\$1,583	\$2,492	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$706	\$888
Surgical Placement of Mini Implant	D6013	\$1,598	\$2,492	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$856	\$971
Prefabricated Abutment - includes modification & placement	D6056	\$396	\$517	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$639	\$883
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$1,022	\$1,435	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$808	\$923
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$997	\$1,416	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$690	\$864
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$888	\$1,338	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$856	\$898
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$939	\$1,365	Retainer Inlay - Titanium	D6624	\$560	\$823
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$946	\$1,360	Retainer Onlay - Titanium	D6634	\$594	\$864
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$757	\$1,184	Retainer Crown - Resin With High Noble Metal	D6720	\$794	\$1,029
Crown - Abutment Supp. Cast Noble Metal	D6064	\$807	\$1,239	Retainer Crown - Resin With Base Metal	D6721	\$706	\$976
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$974	\$1,412	Retainer Crown - Resin With Noble Metal	D6722	\$745	\$994
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$950	\$1,375	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$820	\$1,082
Crown - Implant Supp. Metal	D6067	\$886	\$1,334	Retainer Crown - Porcelain With High Noble Metal	D6750	\$806	\$1,054
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$58	\$110	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$759	\$983
Crown - Abutment Supp. Titanium	D6094	\$887	\$1,123	Retainer Crown - Porcelain With Noble Metal	D6752	\$780	\$1,007
Repair Implant Abutment - By Report	D6095	\$275	\$375	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$859	\$994
Remove Broken Implant Retaining Screw	D6096	\$50	\$50	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$818	\$994
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$839	\$923
Type III - Pontics and Retainers				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$801	\$1,023
Pontic - Cast High Noble Metal	D6210	\$821	\$1,085	Retainer Crown - Full Cast High Noble Metal	D6790	\$821	\$1,017
Pontic - Cast Predominantly Base Metal	D6211	\$679	\$1,017	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$679	\$964
Pontic - Cast Noble Metal	D6212	\$754	\$1,058	Retainer Crown - Full Cast Noble Metal	D6792	\$754	\$999
Pontic - Titanium	D6214	\$855	\$1,092	Retainer Crown - Titanium	D6794	\$715	\$999
Pontic - Porcelain Fused to High Noble Metal	D6240	\$806	\$1,071	Re-cement or Re-bond Fixed Partial Denture	D6930	\$82	\$130
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$759	\$989	Stress Breaker	D6940	\$269	\$294
Pontic - Porcelain Fused to Noble Metal	D6242	\$780	\$1,044	Fixed Partial Denture Repair - by Report	D6980	\$166	\$158
Pontic - Porcelain/Ceramic	D6245	\$928	\$1,105				
Pontic - Resin with High Noble Metal	D6250	\$624	\$1,058	Type II - Oral Surgery			
Pontic - Resin with Predominantly Base Metal	D6251	\$569	\$976	Extraction - Coronal Remnants - Primary Tooth	D7111	\$92	\$124
Pontic - Resin with Noble Metal	D6252	\$600	\$1,007	Extraction - Erupted Tooth or Exposed Root	D7140	\$101	\$165
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$538	\$388	Extraction - Erupted Tooth	D7210	\$144	\$238
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$518	\$427	Removal of Impacted Tooth - Soft Tissue	D7220	\$163	\$296
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$330	\$280	Removal of Impacted Tooth - Partially Bony	D7230	\$209	\$393
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$638	\$770	Removal of Impacted Tooth - Completely Bony	D7240	\$244	\$462
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$721	\$808	Removal of Residual Tooth Roots	D7250	\$148	\$249
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$706	\$823	Coronectomy - Intentional Partial Tooth Removal	D7251	\$178	\$489
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$798	\$905	Oroantral Fistula Closure	D7260	\$217	\$1,517
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$648	\$807	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$367	\$632
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$710	\$855	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$690	\$794	Tooth Transplantation	D7272	\$401	\$632
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$770	\$881	Exposure of an Unerupted Tooth	D7280	\$279	\$442
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$833	\$837	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$122	\$885
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$850	\$874	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$122	\$379

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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	\$117	\$361	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$81	\$81
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$90	\$316	II - Treatment of Complications (Post Surgical)	D9930	\$75	\$75
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$159	\$587	III - Occlusal Guard (for Bruxism)	D9940	\$255	\$462
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$121	\$496	III - Occlusal Adjustment - Limited	D9951	\$63	\$135
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$324	\$2,482	III - Occlusal Adjustment - Complete	D9952	\$204	\$638
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$535	\$7,219	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$532	\$1,083				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$644	\$1,480				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$522	\$1,083				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$666	\$1,480				
Removal of Lateral Exostosis - Per Site	D7471	\$179	\$1,341				
Removal of Torus Palatinus	D7472	\$381	\$1,594				
Removal of Torus Mandibularus	D7473	\$381	\$1,503				
Reduction of Osseous Tuberosity	D7485	\$381	\$1,341				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$137	\$388				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$252	\$1,848				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$88	\$666				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$252	\$738				
Sequestrectomy for Osteomyelitis	D7550	\$164	\$460				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$1,035	\$3,655				
Suture of Recent Small Wounds up to 5cm	D7910	\$66	\$592				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$238	\$496				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$205	\$722				
Excision of Pericoronal Gingiva	D7971	\$140	\$271				
Surgical Reduction of Fibrous Tuberosity	D7972	\$511	\$1,011				
Non-Surgical Sialolithotomy	D7979	\$605	\$1,137				
Surgical Sialolithotomy	D7980	\$605	\$1,137				
Closure of Salivary Fistula	D7983	\$1,376	\$2,581				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$68	\$132				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$82	\$219				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$82	\$219				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$42	\$81				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$66	\$185				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$66	\$185				
III - Non-Intravenous Conscious Sedation*	D9248	\$99	\$118				
I - Consultation	D9310	\$64	\$164				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				