

SECURECARE DENTAL

SCHEDULE OF OUT OF NETWORK BENEFIT PAYMENTS

GENERAL INFORMATION

This Schedule applies only to services and supplies furnished by Non-Preferred Providers. The patient will be responsible for all charges in excess of the Benefit Payment for services performed by a Non-Preferred Provider.

Services not listed are not covered. Services listed in the Limitations and Exclusion section of the Certificate of Coverage, as well as, services determined to be unnecessary by the member's general dentist or specialist are not covered.

COVERED SERVICES	ADA CODE	BENEFIT PAYMENT	COVERED SERVICES	ADA CODE	BENEFIT PAYMENT
Type I - Diagnostic/Evaluation Services			Re-cement or Re-bond Space Maintainer	D1550	\$0
Periodic Oral Evaluation	D0120	\$10	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$49
Limited Oral Evaluation - Problem Focused	D0140	\$12	Type II - Restorative Dentistry		
Oral Evaluation - under 3 years old	D0145	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$0
Comprehensive Oral Evaluation	D0150	\$16	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$5
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$21	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$12
Re-evaluation - Limited - Problem Focused	D0170	\$10	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$27
Re-evaluation Post-Operative Office Visit	D0171	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$1
Comprehensive Periodontal Evaluation	D0180	\$4	Resin Composite - 2 Surfaces - Anterior	D2331	\$18
Intraoral - Complete Series of Images	D0210	\$45	Resin Composite - 3 Surfaces - Anterior	D2332	\$21
Intraoral - Periapical - 1st Image	D0220	\$1	Resin Composite - 4+ Surfaces - Anterior	D2335	\$13
Intraoral - Periapical - Each Additional Image	D0230	\$0	Resin Composite Crown - Anterior	D2390	\$74
Intraoral - Occlusal Image	D0240	\$5	Resin Composite - 1 Surface - Posterior	D2391	\$10
Extraoral - 2D Image	D0250	\$15	Resin Composite - 2 Surfaces - Posterior	D2392	\$13
Extraoral - Posterior Image	D0251	\$18	Resin Composite - 3 Surfaces - Posterior	D2393	\$33
Bitewing - 1 Image	D0270	\$1	Resin Composite - 4+ Surfaces - Posterior	D2394	\$42
Bitewing - 2 Images	D0272	\$9	Type III - Onlays, Crowns and Bridges		
Bitewing - 3 Images	D0273	\$17	Inlay - Metallic - 1 Surface	D2510	\$0
Bitewing - 4 Images	D0274	\$15	Inlay - Metallic - 2 Surfaces	D2520	\$57
Vertical Bitewings - 7 to 8 Images	D0277	\$31	Inlay - Metallic - 3+ Surfaces	D2530	\$13
Panoramic Image	D0330	\$18	Onlay - Metallic - 2 Surfaces	D2542	\$35
Pulp Vitality Tests	D0460	\$0	Onlay - Metallic - 3 Surfaces	D2543	\$108
Diagnostic Casts	D0470	\$23	Onlay - Metallic - 4+ Surfaces	D2544	\$116
Type I - Preventive Services			Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$0
Prophylaxis Cleaning - Adult	D1110	\$35	Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$0
Prophylaxis Cleaning - Child	D1120	\$20	Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$65
Fluoride - Topical Application of Fluoride Varnish	D1206	\$7	Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$52
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$129
Sealant - Per Tooth	D1351	\$2	Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$213
Preventive Resin Restoration (Including Sealant)	D1352	\$8	Inlay - Resin Composite - 1 Surface	D2650	\$26
Sealant Repair - Per Tooth	D1353	\$8	Inlay - Resin Composite - 2 Surfaces	D2651	\$42
Space Maintainer - Fixed - Unilateral	D1510	\$26	Inlay - Resin Composite - 3+ Surfaces	D2652	\$40
Space Maintainer - Fixed - Bilateral	D1515	\$82	Onlay - Resin Composite - 2 Surfaces	D2662	\$37
Space Maintainer - Removable - Unilateral	D1520	\$78	Onlay - Resin Composite - 3 Surfaces	D2663	\$14
Space Maintainer - Removable - Bilateral	D1525	\$129			

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Onlay - Resin Composite - 4+ Surfaces	D2664	\$212	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$15
Crown - Resin Based Composite - Indirect	D2710	\$35	Pulpal Debridement - Primary/Permanent	D3221	\$6
Crown - ¾ Resin Based Composite - Indirect	D2712	\$98	Partial Pulpotomy for Apexogenesis	D3222	\$34
Crown - Resin with High Noble Metal	D2720	\$81	Pulpal Therapy Anterior - Primary	D3230	\$12
Crown - Resin with Base Metal	D2721	\$37	Pulpal Therapy Posterior - Primary	D3240	\$12
Crown - Resin with Noble Metal	D2722	\$40	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$135
Crown - Porcelain/Ceramic	D2740	\$200	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$175
Crown - Porcelain with High Noble Metal	D2750	\$150	Root Canal - Molar (Excluding Final Restoration)	D3330	\$130
Crown - Porcelain with Predominantly Base Metal	D2751	\$170	Treatment of Root Canal Obstruction - non surgical	D3331	\$15
Crown - Porcelain With Noble Metal	D2752	\$175	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$12
Crown - ¾ Cast High Noble Metal	D2780	\$86	Internal Root Repair of Perforation Defects	D3333	\$0
Crown - ¾ Cast Predominantly Base Metal	D2781	\$94	Retreatment of Previous RCT - Anterior	D3346	\$0
Crown - ¾ Cast Noble Metal	D2782	\$115	Retreatment of Previous RCT - Premolar	D3347	\$0
Crown - ¾ Porcelain/Ceramic	D2783	\$83	Retreatment of Previous RCT - Molar	D3348	\$0
Crown - Full Cast High Noble Metal	D2790	\$70	Apexification/Recalcification - Initial Visit	D3351	\$32
Crown - Full Cast Predominantly Base Metal	D2791	\$11	Apexification/Recalcification - Interim Visit	D3352	\$32
Crown - Full Cast Noble Metal	D2792	\$44	Apexification/Recalcification - Final Visit	D3353	\$32
Crown - Titanium	D2794	\$70	Apicoectomy - Anterior	D3410	\$17
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$17	Apicoectomy - Premolar - 1st Root	D3421	\$86
Re-cement/Re-bond Crown	D2920	\$1	Apicoectomy - Molar - 1st Root	D3425	\$29
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$103	Apicoectomy - Each Additional Root	D3426	\$140
Prefabricated Stainless Steel Crown - Primary	D2930	\$0	Retrograde Filling - Per Root	D3430	\$25
Prefabricated Stainless Steel Crown - Permanent	D2931	\$25	Root Amputation - Per Root	D3450	\$69
Prefabricated Resin Crown	D2932	\$0	Hemisection (Including any Root Removal)	D3920	\$13
Protective Restoration	D2940	\$16	Canal Preparation/Post Fitting	D3950	\$0
Core Build Up - Including any Pins when required	D2950	\$0			
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$3	Type III - Periodontics		
Cast Post and Core - in Addition to Crown	D2952	\$38	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$0
Cast Post and Core - Each Additional - same tooth	D2953	\$0	Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$3
Prefabricated Post and Core - in Addition to Crown	D2954	\$18	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$16
Post Removal	D2955	\$0	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$56
Each Additional Prefabricated Post - same tooth	D2957	\$37	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$23
Labial Veneer (resin laminate) - Chairside	D2960	\$0	Crown Lengthening - Hard Tissue	D4249	\$108
Labial Veneer (resin laminate) - Laboratory	D2961	\$0	Osseous Surgery - 4+ teeth/quad	D4260	\$11
Labial Veneer (porcelain laminate) - Laboratory	D2962	\$127	Osseous Surgery - 1-3 teeth/quad	D4261	\$111
Crown Repair	D2980	\$43	Pedicle Soft Tissue Graft Procedure	D4270	\$38
Inlay Repair	D2981	\$43	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$162
Onlay Repair	D2982	\$43	Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$48
Veneer Repair	D2983	\$43	Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$50
			Combined Connective Tissue/Double Pedicle Graft	D4276	\$101
Type III - Endodontics			Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$111
Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$0	Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$111
Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$3			

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Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$178	Rebase Complete Upper Denture	D5710	\$121
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$165	Rebase Complete Lower Denture	D5711	\$121
Provisional Intracoronal Splint	D4320	\$28	Rebase Upper Partial Denture	D5720	\$86
Provisional Extracoronal Splint	D4321	\$18	Rebase Lower Partial Denture	D5721	\$86
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$20	Reline Complete Upper Denture (Chairside)	D5730	\$0
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$12	Reline Complete Lower Denture (Chairside)	D5731	\$0
Scaling - Full Mouth - After Oral Evaluation	D4346	\$20	Reline Upper Partial Denture (Chairside)	D5740	\$0
Full Mouth Debridement	D4355	\$5	Reline Lower Partial Denture (Chairside)	D5741	\$0
Periodontal Maintenance Procedures	D4910	\$5	Reline Complete Upper Denture (Laboratory)	D5750	\$69
			Reline Complete Lower Denture (Laboratory)	D5751	\$69
			Reline Upper Partial Denture (Laboratory)	D5760	\$58
			Reline Lower Partial Denture (Laboratory)	D5761	\$58
			Tissue Conditioning - Upper	D5850	\$35
			Tissue Conditioning - Lower	D5851	\$36
Type III - Removable Prosthetics			Type III - Implants		
Complete Denture - Upper	D5110	\$290	Surgical Placement of Implant Body - Endosteal	D6010	\$476
Complete Denture - Lower	D5120	\$290	Surgical Placement of Mini Implant	D6013	\$476
Immediate Denture - Upper	D5130	\$264	Prefabricated Abutment - includes modification & placement	D6056	\$127
Immediate Denture - Lower	D5140	\$264	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$301
Upper Partial Denture - Resin Base	D5211	\$0	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$297
Lower Partial Denture - Resin Base	D5212	\$0	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$262
Upper Partial - Cast Metal Frame - Resin Base	D5213	\$225	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$279
Lower Partial - Cast Metal Frame - Resin Base	D5214	\$225	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$281
Upper Immediate Partial Denture - Resin Base	D5221	\$260	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$223
Lower Immediate Partial Denture - Resin Base	D5222	\$260	Crown - Abutment Supp. Cast Noble Metal	D6064	\$240
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$351	Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$290
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$351	Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$282
Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$68	Crown - Implant Supp. Metal	D6067	\$264
Adjust Complete Denture - Upper	D5410	\$1	Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$17
Adjust Complete Denture - Lower	D5411	\$1	Crown - Abutment Supp. Titanium	D6094	\$261
Adjust Partial Denture - Upper	D5421	\$7	Repair Implant Abutment - By Report	D6095	\$0
Adjust Partial Denture - Lower	D5422	\$7	Remove Broken Implant Retaining Screw	D6096	\$10
Repair Broken Complete Denture Base - Mandibular	D5511	\$0			
Repair Broken Complete Denture Base - Maxillary	D5512	\$0	Type III - Pontics and Retainers		
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$10	Pontic - Cast High Noble Metal	D6210	\$97
Repair Resin Partial Denture Base - Mandibular	D5611	\$11	Pontic - Cast Predominantly Base Metal	D6211	\$24
Repair Resin Partial Denture Base - Maxillary	D5612	\$11	Pontic - Cast Noble Metal	D6212	\$60
Repair Cast Partial Framework - Mandibular	D5621	\$14	Pontic - Titanium	D6214	\$308
Repair Cast Partial Framework - Maxillary	D5622	\$14	Pontic - Porcelain Fused to High Noble Metal	D6240	\$145
Repair or Replace Broken Clasp - per tooth	D5630	\$17	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$117
Replace Broken Teeth - Per Tooth	D5640	\$0	Pontic - Porcelain Fused to Noble Metal	D6242	\$129
Add Tooth to Existing Partial Denture	D5650	\$9	Pontic - Porcelain/Ceramic	D6245	\$115
Add Clasp to Existing Partial Denture - per tooth	D5660	\$32			
Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$46			
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$46			

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Pontic - Resin with High Noble Metal	D6250	\$184	Type II - Oral Surgery		
Pontic - Resin with Predominantly Base Metal	D6251	\$167	Extraction - Coronal Remnants - Primary Tooth	D7111	\$5
Pontic - Resin with Noble Metal	D6252	\$196	Extraction - Erupted Tooth or Exposed Root	D7140	\$24
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$21	Extraction - Erupted Tooth	D7210	\$24
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$21	Removal of Impacted Tooth - Soft Tissue	D7220	\$8
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$62	Removal of Impacted Tooth - Partially Bony	D7230	\$32
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$4	Removal of Impacted Tooth - Completely Bony	D7240	\$1
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$43	Removal of Residual Tooth Roots	D7250	\$27
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$50	Coronectomy - Intentional Partial Tooth Removal	D7251	\$49
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$59	Oroantral Fistula Closure	D7260	\$59
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$39	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$33
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$36	Evulsed or Displaced Teeth/Alveolus		
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$30	Tooth Transplantation	D7272	\$0
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$49	Exposure of an Unerupted Tooth	D7280	\$15
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$91	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$15
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$88	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$15
Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$56	Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$0
Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$84	Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$21
Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$32	Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$0
Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$74	Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$29
Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$52	Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$47
Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$78	Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$100
Retainer Inlay - Titanium	D6624	\$236	Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$80
Retainer Onlay - Titanium	D6634	\$251	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$120
Retainer Crown - Resin With High Noble Metal	D6720	\$65	Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$59
Retainer Crown - Resin With Base Metal	D6721	\$28	Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$105
Retainer Crown - Resin With Noble Metal	D6722	\$46	Removal of Lateral Exostosis - Per Site	D7471	\$30
Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$165	Removal of Torus Palatinus	D7472	\$28
Retainer Crown - Porcelain With High Noble Metal	D6750	\$176	Removal of Torus Mandibularus	D7473	\$28
Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$171	Reduction of Osseous Tuberosity	D7485	\$28
Retainer Crown - Porcelain With Noble Metal	D6752	\$145	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$6
Retainer Crown - ¾ Cast High Noble Metal	D6780	\$61	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$54
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$94	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$6
Retainer Crown - ¾ Cast Noble Metal	D6782	\$129	Removal of Reaction Producing Foreign Bodies -	D7540	\$54
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$289	Musculoskeletal System		
Retainer Crown - Full Cast High Noble Metal	D6790	\$104	Sequestrectomy for Osteomyelitis	D7550	\$79
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$17	Maxillary Sinusotomy for Removal of Tooth Fragment or	D7560	\$282
Retainer Crown - Full Cast Noble Metal	D6792	\$46	Foreign Body		
Retainer Crown - Titanium	D6794	\$234	Suture of Recent Small Wounds up to 5cm	D7910	\$0
Re-cement or Re-bond Fixed Partial Denture	D6930	\$19	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$55
Stress Breaker	D6940	\$96	Excision of Hyperplastic Tissue - Per Arch	D7970	\$11
Fixed Partial Denture Repair - by Report	D6980	\$66	Excision of Pericoronal Gingiva	D7971	\$20
			Surgical Reduction of Fibrous Tuberosity	D7972	\$59
			Non-Surgical Sialolithotomy	D7979	\$178

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Surgical Sialolithotomy	D7980	\$237			
Closure of Salivary Fistula	D7983	\$375			
Type - Miscellaneous Services					
I - Palliative (Emergency) Treatment of Pain	D9110	\$17			
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0			
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$0			
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$0			
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$12			
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$0			
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$22			
III - Non-Intravenous Conscious Sedation*	D9248	\$0			
I - Consultation	D9310	\$43			
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0			
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$11			
II - Treatment of Complications (Post Surgical)	D9930	\$36			
III - Occlusal Guard (for Bruxism)	D9940	\$121			
III - Occlusal Adjustment - Limited	D9951	\$0			
III - Occlusal Adjustment - Complete	D9952	\$29			

* Covered only when performed in conjunction with covered oral surgery.