

SECURECARE DENTAL

COPAY SCHEDULE NV400 - 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	\$6	\$22	Prophylaxis Cleaning - Adult	D1110	\$6	\$28
Limited Oral Evaluation - Problem Focused	D0140	\$6	\$35	Prophylaxis Cleaning - Child	D1120	\$6	\$20
Oral Evaluation - under 3 years old	D0145	\$6	\$50	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$57
Comprehensive Oral Evaluation	D0150	\$6	\$37	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$18
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$6	\$117	Sealant - Per Tooth	D1351	\$17	\$28
Re-evaluation - Limited - Problem Focused	D0170	\$6	\$32	Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$46
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$16	\$46
Comprehensive Periodontal Evaluation	D0180	\$6	\$56	Space Maintainer - Fixed - Unilateral	D1510	\$106	\$220
Intraoral - Complete Series of Images	D0210	\$15	\$69	Space Maintainer - Fixed - Bilateral	D1515	\$111	\$306
Intraoral - Periapical - 1st Image	D0220	\$6	\$16	Space Maintainer - Removable - Unilateral	D1520	\$82	\$180
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$18	Space Maintainer - Removable - Bilateral	D1525	\$82	\$272
Intraoral - Occlusal Image	D0240	\$6	\$25	Re-cement or Re-bond Space Maintainer	D1550	\$25	\$58
Extraoral - 2D Image	D0250	\$6	\$22	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$133	\$145
Extraoral - Posterior Image	D0251	\$20	\$37				
Bitewing - 1 Image	D0270	\$6	\$12	Type II - Restorative Dentistry			
Bitewing - 2 Images	D0272	\$6	\$18	Amalgam - 1 Surface - Primary or Permanent	D2140	\$42	\$95
Bitewing - 3 Images	D0273	\$6	\$26	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$42	\$121
Bitewing - 4 Images	D0274	\$6	\$33	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$42	\$141
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$42	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$48	\$165
Panoramic Image	D0330	\$15	\$67	Resin Composite - 1 Surface - Anterior	D2330	\$48	\$122
Pulp Vitality Tests	D0460	\$0	\$56	Resin Composite - 2 Surfaces - Anterior	D2331	\$51	\$141
Diagnostic Casts	D0470	\$21	\$99				

COPAY SCHEDULE NV400 - 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	\$61	\$170	Crown - Titanium	D2794	\$382	\$722
Resin Composite - 4+ Surfaces - Anterior	D2335	\$77	\$194	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$19	\$19
Resin Composite Crown - Anterior	D2390	\$53	\$150	Re-cement/Re-bond Crown	D2920	\$32	\$46
Resin Composite - 1 Surface - Posterior	D2391	\$52	\$130	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$188	\$238
Resin Composite - 2 Surfaces - Posterior	D2392	\$68	\$186	Prefabricated Stainless Steel Crown - Primary	D2930	\$104	\$157
Resin Composite - 3 Surfaces - Posterior	D2393	\$75	\$188	Prefabricated Stainless Steel Crown - Permanent	D2931	\$69	\$158
Resin Composite - 4+ Surfaces - Posterior	D2394	\$75	\$233	Prefabricated Resin Crown	D2932	\$93	\$207
Type III - Onlays, Crowns and Bridges				Protective Restoration	D2940	\$8	\$31
Inlay - Metallic - 1 Surface	D2510	\$213	\$520	Core Build Up - Including any Pins when required	D2950	\$99	\$177
Inlay - Metallic - 2 Surfaces	D2520	\$265	\$532	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$19
Inlay - Metallic - 3+ Surfaces	D2530	\$343	\$630	Cast Post and Core - in Addition to Crown	D2952	\$137	\$265
Onlay - Metallic - 2 Surfaces	D2542	\$336	\$699	Cast Post and Core - Each Additional - same tooth	D2953	\$93	\$119
Onlay - Metallic - 3 Surfaces	D2543	\$353	\$642	Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191
Onlay - Metallic - 4+ Surfaces	D2544	\$353	\$409	Post Removal	D2955	\$0	\$224
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$239	\$664	Each Additional Prefabricated Post - same tooth	D2957	\$41	\$19
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$343	\$677	Labial Veneer (resin laminate) - Chairside	D2960	\$213	\$519
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$578	Labial Veneer (resin laminate) - Laboratory	D2961	\$369	\$556
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$509
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577	Crown Repair	D2980	\$66	\$125
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483	Inlay Repair	D2981	\$66	\$124
Inlay - Resin Composite - 1 Surface	D2650	\$124	\$322	Onlay Repair	D2982	\$66	\$124
Inlay - Resin Composite - 2 Surfaces	D2651	\$173	\$394	Veneer Repair	D2983	\$66	\$124
Inlay - Resin Composite - 3+ Surfaces	D2652	\$229	\$414	Type III - Endodontics			
Onlay - Resin Composite - 2 Surfaces	D2662	\$222	\$327	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$68
Onlay - Resin Composite - 3 Surfaces	D2663	\$287	\$452	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$42
Onlay - Resin Composite - 4+ Surfaces	D2664	\$348	\$514	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$47	\$139
Crown - Resin Based Composite - Indirect	D2710	\$156	\$162	Pulpal Debridement - Primary/Permanent	D3221	\$49	\$164
Crown - ¾ Resin Based Composite - Indirect	D2712	\$180	\$322	Partial Pulpotomy for Apexogenesis	D3222	\$64	\$145
Crown - Resin with High Noble Metal	D2720	\$435	\$640	Pulpal Therapy Anterior - Primary	D3230	\$64	\$145
Crown - Resin with Base Metal	D2721	\$419	\$646	Pulpal Therapy Posterior - Primary	D3240	\$58	\$165
Crown - Resin with Noble Metal	D2722	\$426	\$658	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$186	\$424
Crown - Porcelain/Ceramic	D2740	\$403	\$691	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$254	\$596
Crown - Porcelain with High Noble Metal	D2750	\$403	\$670	Root Canal - Molar (Excluding Final Restoration)	D3330	\$403	\$791
Crown - Porcelain with Predominantly Base Metal	D2751	\$371	\$612	Treatment of Root Canal Obstruction - non surgical	D3331	\$147	\$213
Crown - Porcelain With Noble Metal	D2752	\$382	\$626	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$196	\$452
Crown - ¾ Cast High Noble Metal	D2780	\$415	\$627	Internal Root Repair of Perforation Defects	D3333	\$189	\$187
Crown - ¾ Cast Predominantly Base Metal	D2781	\$380	\$565	Retreatment of Previous RCT - Anterior	D3346	\$343	\$897
Crown - ¾ Cast Noble Metal	D2782	\$390	\$577	Retreatment of Previous RCT - Premolar	D3347	\$353	\$930
Crown - ¾ Porcelain/Ceramic	D2783	\$393	\$654	Retreatment of Previous RCT - Molar	D3348	\$365	\$978
Crown - Full Cast High Noble Metal	D2790	\$418	\$725	Apexification/Recalcification - Initial Visit	D3351	\$49	\$304
Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$709	Apexification/Recalcification - Interim Visit	D3352	\$49	\$129
Crown - Full Cast Noble Metal	D2792	\$395	\$684	Apexification/Recalcification - Final Visit	D3353	\$49	\$434

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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	\$239	\$691	Upper Partial Denture - Resin Base	D5211	\$343	\$980
Apicoectomy - Premolar - 1st Root	D3421	\$255	\$784	Lower Partial Denture - Resin Base	D5212	\$343	\$1,184
Apicoectomy - Molar - 1st Root	D3425	\$366	\$940	Upper Partial - Cast Metal Frame - Resin Base	D5213	\$440	\$1,095
Apicoectomy - Each Additional Root	D3426	\$49	\$142	Lower Partial - Cast Metal Frame - Resin Base	D5214	\$440	\$1,095
Retrograde Filling - Per Root	D3430	\$49	\$185	Upper Immediate Partial Denture - Resin Base	D5221	\$603	\$1,103
Root Amputation - Per Root	D3450	\$110	\$427	Lower Immediate Partial Denture - Resin Base	D5222	\$603	\$1,325
Hemisection (Including any Root Removal)	D3920	\$110	\$378	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$811	\$1,422
Canal Preparation/Post Fitting	D3950	\$0	\$195	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$811	\$1,422
Type III - Periodontics				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$279	\$612
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$239	\$782	Adjust Complete Denture - Upper	D5410	\$25	\$50
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$66	\$288	Adjust Complete Denture - Lower	D5411	\$25	\$50
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$41	\$233	Adjust Partial Denture - Upper	D5421	\$25	\$8
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$303	\$794	Adjust Partial Denture - Lower	D5422	\$25	\$8
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$196	\$499	Repair Broken Complete Denture Base - Mandibular	D5511	\$59	\$97
Crown Lengthening - Hard Tissue	D4249	\$329	\$970	Repair Broken Complete Denture Base - Maxillary	D5512	\$59	\$97
Osseous Surgery - 4+ teeth/quad	D4260	\$403	\$1,412	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$49	\$80
Osseous Surgery - 1-3 teeth/quad	D4261	\$223	\$721	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90
Pedicle Soft Tissue Graft Procedure	D4270	\$107	\$1,111	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$398	\$1,279	Repair Cast Partial Framework - Mandibular	D5621	\$58	\$78
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$295	\$679	Repair Cast Partial Framework - Maxillary	D5622	\$58	\$78
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$410	\$913	Repair or Replace Broken Clasp - per tooth	D5630	\$58	\$134
Combined Connective Tissue/Double Pedicle Graft	D4276	\$549	\$1,333	Replace Broken Teeth - Per Tooth	D5640	\$58	\$97
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$229	\$1,059	Add Tooth to Existing Partial Denture	D5650	\$58	\$120
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$229	\$224	Add Clasp to Existing Partial Denture - per tooth	D5660	\$58	\$125
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$398	\$1,062	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$206	\$303
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$410	\$751	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$206	\$303
Provisional Intracoronal Splint	D4320	\$117	\$339	Rebase Complete Upper Denture	D5710	\$107	\$223
Provisional Extracoronal Splint	D4321	\$114	\$318	Rebase Complete Lower Denture	D5711	\$107	\$195
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$91	\$212	Rebase Upper Partial Denture	D5720	\$107	\$243
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$50	\$106	Rebase Lower Partial Denture	D5721	\$107	\$243
Scaling - Full Mouth - After Oral Evaluation	D4346	\$52	\$49	Reline Complete Upper Denture (Chairside)	D5730	\$107	\$155
Full Mouth Debridement	D4355	\$53	\$153	Reline Complete Lower Denture (Chairside)	D5731	\$107	\$155
Periodontal Maintenance Procedures	D4910	\$57	\$121	Reline Upper Partial Denture (Chairside)	D5740	\$107	\$124
Type III - Removable Prosthetics				Reline Lower Partial Denture (Chairside)	D5741	\$107	\$124
Complete Denture - Upper	D5110	\$398	\$908	Reline Complete Upper Denture (Laboratory)	D5750	\$107	\$191
Complete Denture - Lower	D5120	\$398	\$908	Reline Complete Lower Denture (Laboratory)	D5751	\$107	\$191
Immediate Denture - Upper	D5130	\$398	\$1,011	Reline Upper Partial Denture (Laboratory)	D5760	\$107	\$202
Immediate Denture - Lower	D5140	\$398	\$1,011	Reline Lower Partial Denture (Laboratory)	D5761	\$107	\$202
				Tissue Conditioning - Upper	D5850	\$27	\$28
				Tissue Conditioning - Lower	D5851	\$25	\$26
				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	\$1,082	\$1,991	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$353	\$535
Surgical Placement of Mini Implant	D6013	\$1,082	\$1,976	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$435	\$550
Prefabricated Abutment - includes modification & placement	D6056	\$289	\$410	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$328	\$572
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$694	\$1,107	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$409	\$524
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$682	\$1,101	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$343	\$517
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$601	\$1,051	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$442	\$484
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$642	\$1,068	Retainer Inlay - Titanium	D6624	\$321	\$584
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,061	Retainer Onlay - Titanium	D6634	\$340	\$610
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$513	\$940	Retainer Crown - Resin With High Noble Metal	D6720	\$409	\$644
Crown - Abutment Supp. Cast Noble Metal	D6064	\$551	\$983	Retainer Crown - Resin With Base Metal	D6721	\$386	\$656
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,104	Retainer Crown - Resin With Noble Metal	D6722	\$393	\$642
Crown - Implant Supp. Porcelain Fused to Metal	D6066	\$649	\$1,074	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$408	\$670
Crown - Implant Supp. Metal	D6067	\$605	\$1,053	Retainer Crown - Porcelain With High Noble Metal	D6750	\$337	\$585
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$39	\$91	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$316	\$540
Crown - Abutment Supp. Titanium	D6094	\$598	\$834	Retainer Crown - Porcelain With Noble Metal	D6752	\$337	\$564
Repair Implant Abutment - By Report	D6095	\$201	\$201	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$463	\$598
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$404	\$580
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$420	\$504
Type III - Pontics and Retainers				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$393	\$615
Pontic - Cast High Noble Metal	D6210	\$419	\$683	Retainer Crown - Full Cast High Noble Metal	D6790	\$409	\$605
Pontic - Cast Predominantly Base Metal	D6211	\$393	\$731	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$402	\$687
Pontic - Cast Noble Metal	D6212	\$409	\$713	Retainer Crown - Full Cast Noble Metal	D6792	\$405	\$650
Pontic - Titanium	D6214	\$419	\$656	Retainer Crown - Titanium	D6794	\$382	\$666
Pontic - Porcelain Fused to High Noble Metal	D6240	\$339	\$604	Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$64
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$339	\$569	Stress Breaker	D6940	\$54	\$79
Pontic - Porcelain Fused to Noble Metal	D6242	\$339	\$603	Fixed Partial Denture Repair - by Report	D6980	\$107	\$99
Pontic - Porcelain/Ceramic	D6245	\$479	\$656				
Pontic - Resin with High Noble Metal	D6250	\$469	\$903	Type II - Oral Surgery			
Pontic - Resin with Predominantly Base Metal	D6251	\$405	\$812	Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73
Pontic - Resin with Noble Metal	D6252	\$447	\$854	Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$124
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$262	\$112	Extraction - Erupted Tooth	D7210	\$90	\$184
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$246	\$155	Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$231
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$231	\$181	Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$298
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$360	\$492	Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$381
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$376	\$463	Removal of Residual Tooth Roots	D7250	\$77	\$178
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$360	\$477	Coronectomy - Intentional Partial Tooth Removal	D7251	\$121	\$432
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$419	\$526	Oroantral Fistula Closure	D7260	\$147	\$1,447
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$328	\$487	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$246	\$511
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$376	\$521	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$369	\$473	Tooth Transplantation	D7272	\$246	\$477
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$409	\$520	Exposure of an Unerupted Tooth	D7280	\$189	\$352
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$409	\$413	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$66	\$829
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$426	\$450	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$66	\$323

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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	\$99	\$343	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$51	\$277	II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$147	\$575	III - Occlusal Guard (for Bruxism)	D9940	\$95	\$302
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$72	\$447	III - Occlusal Adjustment - Limited	D9951	\$52	\$124
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$196	\$2,354	III - Occlusal Adjustment - Complete	D9952	\$124	\$558
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$295	\$6,979	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$311	\$862				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$189	\$1,025				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$336	\$897				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$393	\$1,207				
Removal of Lateral Exostosis - Per Site	D7471	\$103	\$1,265				
Removal of Torus Palatinus	D7472	\$262	\$1,475				
Removal of Torus Mandibularus	D7473	\$262	\$1,384				
Reduction of Osseous Tuberosity	D7485	\$262	\$1,222				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$61	\$312				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$131	\$1,727				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$61	\$639				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$131	\$617				
Sequestrectomy for Osteomyelitis	D7550	\$61	\$357				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$701	\$3,321				
Suture of Recent Small Wounds up to 5cm	D7910	\$61	\$587				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$114	\$372				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$110	\$627				
Excision of Pericoronal Gingiva	D7971	\$86	\$217				
Surgical Reduction of Fibrous Tuberosity	D7972	\$328	\$828				
Non-Surgical Sialolithotomy	D7979	\$287	\$819				
Surgical Sialolithotomy	D7980	\$287	\$819				
Closure of Salivary Fistula	D7983	\$931	\$2,136				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$19	\$83				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$96				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$190				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$53	\$190				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$19	\$58				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$42	\$161				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$42	\$161				
III - Non-Intravenous Conscious Sedation*	D9248	\$69	\$88				
I - Consultation	D9310	\$0	\$100				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				