

# SECURECARE DENTAL

## COPAY SCHEDULE NV500 - 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	\$16	Prophylaxis Cleaning - Adult	D1110	\$0	\$22
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$29	Prophylaxis Cleaning - Child	D1120	\$0	\$14
Oral Evaluation - under 3 years old	D0145	\$0	\$44	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$52
Comprehensive Oral Evaluation	D0150	\$0	\$31	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$13
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$111	Sealant - Per Tooth	D1351	\$16	\$27
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$26	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	\$0	\$50	Space Maintainer - Fixed - Unilateral	D1510	\$106	\$220
Intraoral - Complete Series of Images	D0210	\$11	\$65	Space Maintainer - Fixed - Bilateral	D1515	\$111	\$306
Intraoral - Periapical - 1st Image	D0220	\$5	\$15	Space Maintainer - Removable - Unilateral	D1520	\$81	\$179
Intraoral - Periapical - Each Additional Image	D0230	\$5	\$17	Space Maintainer - Removable - Bilateral	D1525	\$81	\$271
Intraoral - Occlusal Image	D0240	\$5	\$24	Re-cement or Re-bond Space Maintainer	D1550	\$24	\$57
Extraoral - 2D Image	D0250	\$5	\$21	Distal Shoe Space Maintainer - Fixed - Unilateral	D1575	\$131	\$143
Extraoral - Posterior Image	D0251	\$19	\$36				
Bitewing - 1 Image	D0270	\$5	\$11	<b>Type II - Restorative Dentistry</b>			
Bitewing - 2 Images	D0272	\$5	\$17	Amalgam - 1 Surface - Primary or Permanent	D2140	\$37	\$90
Bitewing - 3 Images	D0273	\$5	\$25	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$37	\$116
Bitewing - 4 Images	D0274	\$5	\$32	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$37	\$136
Vertical Bitewings - 7 to 8 Images	D0277	\$5	\$41	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$42	\$159
Panoramic Image	D0330	\$11	\$63	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	\$11	\$89				

**COPAY SCHEDULE NV500 - SCHEDULE OF COPAYMENTS**

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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	\$50	\$64
Resin Composite - 1 Surface - Posterior	D2391	\$52	\$130	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$189	\$239
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	\$67	\$156
Resin Composite - 4+ Surfaces - Posterior	D2394	\$75	\$233	Prefabricated Resin Crown	D2932	\$92	\$206
				Protective Restoration	D2940	\$8	\$31
<b>Type III - Onlays, Crowns and Bridges</b>				Core Build Up - Including any Pins when required	D2950	\$99	\$177
Inlay - Metallic - 1 Surface	D2510	\$209	\$516	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$19
Inlay - Metallic - 2 Surfaces	D2520	\$265	\$532	Cast Post and Core - in Addition to Crown	D2952	\$137	\$265
Inlay - Metallic - 3+ Surfaces	D2530	\$338	\$625	Cast Post and Core - Each Additional - same tooth	D2953	\$92	\$118
Onlay - Metallic - 2 Surfaces	D2542	\$331	\$694	Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191
Onlay - Metallic - 3 Surfaces	D2543	\$347	\$636	Post Removal	D2955	\$0	\$224
Onlay - Metallic - 4+ Surfaces	D2544	\$347	\$403	Each Additional Prefabricated Post - same tooth	D2957	\$41	\$19
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$234	\$659	Labial Veneer (resin laminate) - Chairside	D2960	\$209	\$515
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$338	\$672	Labial Veneer (resin laminate) - Laboratory	D2961	\$363	\$550
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$578	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$509
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622	Crown Repair	D2980	\$65	\$124
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577	Inlay Repair	D2981	\$65	\$123
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483	Onlay Repair	D2982	\$65	\$123
Inlay - Resin Composite - 1 Surface	D2650	\$122	\$320	Veneer Repair	D2983	\$65	\$123
Inlay - Resin Composite - 2 Surfaces	D2651	\$170	\$391				
Inlay - Resin Composite - 3+ Surfaces	D2652	\$225	\$410	<b>Type III - Endodontics</b>			
Onlay - Resin Composite - 2 Surfaces	D2662	\$218	\$323	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$67
Onlay - Resin Composite - 3 Surfaces	D2663	\$282	\$447	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$42
Onlay - Resin Composite - 4+ Surfaces	D2664	\$346	\$512	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$47	\$139
Crown - Resin Based Composite - Indirect	D2710	\$154	\$160	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	\$427	\$632	Pulpal Therapy Anterior - Primary	D3230	\$65	\$146
Crown - Resin with Base Metal	D2721	\$412	\$639	Pulpal Therapy Posterior - Primary	D3240	\$57	\$164
Crown - Resin with Noble Metal	D2722	\$419	\$651	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	\$145	\$211
Crown - Porcelain With Noble Metal	D2752	\$382	\$626	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$193	\$449
Crown - ¾ Cast High Noble Metal	D2780	\$400	\$612	Internal Root Repair of Perforation Defects	D3333	\$186	\$184
Crown - ¾ Cast Predominantly Base Metal	D2781	\$386	\$571	Retreatment of Previous RCT - Anterior	D3346	\$338	\$892
Crown - ¾ Cast Noble Metal	D2782	\$395	\$582	Retreatment of Previous RCT - Premolar	D3347	\$350	\$927
Crown - ¾ Porcelain/Ceramic	D2783	\$386	\$647	Retreatment of Previous RCT - Molar	D3348	\$360	\$973
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	\$235	\$687	Upper Partial Denture - Resin Base	D5211	\$338	\$975
Apicoectomy - Premolar - 1st Root	D3421	\$250	\$779	Lower Partial Denture - Resin Base	D5212	\$338	\$1,179
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	\$598	\$1,098
Root Amputation - Per Root	D3450	\$108	\$425	Lower Immediate Partial Denture - Resin Base	D5222	\$598	\$1,320
Hemisection (Including any Root Removal)	D3920	\$108	\$376	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$803	\$1,414
Canal Preparation/Post Fitting	D3950	\$0	\$195	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$793	\$1,404
<b>Type III - Periodontics</b>				Removable Unilateral Partial - 1 Piece Cast Metal	D5281	\$273	\$606
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$234	\$777	Adjust Complete Denture - Upper	D5410	\$24	\$49
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$65	\$287	Adjust Complete Denture - Lower	D5411	\$24	\$49
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$41	\$233	Adjust Partial Denture - Upper	D5421	\$24	\$7
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$298	\$789	Adjust Partial Denture - Lower	D5422	\$24	\$7
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$193	\$496	Repair Broken Complete Denture Base - Mandibular	D5511	\$58	\$96
Crown Lengthening - Hard Tissue	D4249	\$329	\$970	Repair Broken Complete Denture Base - Maxillary	D5512	\$58	\$96
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	\$105	\$1,109	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$385	\$1,266	Repair Cast Partial Framework - Mandibular	D5621	\$57	\$77
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$289	\$673	Repair Cast Partial Framework - Maxillary	D5622	\$57	\$77
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$390	\$893	Repair or Replace Broken Clasp - per tooth	D5630	\$57	\$133
Combined Connective Tissue/Double Pedicle Graft	D4276	\$540	\$1,324	Replace Broken Teeth - Per Tooth	D5640	\$57	\$96
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$225	\$1,055	Add Tooth to Existing Partial Denture	D5650	\$57	\$119
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$225	\$220	Add Clasp to Existing Partial Denture - per tooth	D5660	\$57	\$124
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$385	\$1,049	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$201	\$298
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$390	\$731	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$201	\$298
Provisional Intracoronal Splint	D4320	\$114	\$336	Rebase Complete Upper Denture	D5710	\$105	\$221
Provisional Extracoronal Splint	D4321	\$112	\$316	Rebase Complete Lower Denture	D5711	\$105	\$193
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$91	\$212	Rebase Upper Partial Denture	D5720	\$105	\$241
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$50	\$106	Rebase Lower Partial Denture	D5721	\$105	\$241
Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$48	Reline Complete Upper Denture (Chairside)	D5730	\$105	\$153
Full Mouth Debridement	D4355	\$53	\$153	Reline Complete Lower Denture (Chairside)	D5731	\$105	\$153
Periodontal Maintenance Procedures	D4910	\$57	\$121	Reline Upper Partial Denture (Chairside)	D5740	\$105	\$122
<b>Type III - Removable Prosthetics</b>				Reline Lower Partial Denture (Chairside)	D5741	\$105	\$122
Complete Denture - Upper	D5110	\$398	\$908	Reline Complete Upper Denture (Laboratory)	D5750	\$105	\$189
Complete Denture - Lower	D5120	\$398	\$908	Reline Complete Lower Denture (Laboratory)	D5751	\$105	\$189
Immediate Denture - Upper	D5130	\$398	\$1,011	Reline Upper Partial Denture (Laboratory)	D5760	\$105	\$200
Immediate Denture - Lower	D5140	\$398	\$1,011	Reline Lower Partial Denture (Laboratory)	D5761	\$105	\$200
				Tissue Conditioning - Upper	D5850	\$27	\$28
				Tissue Conditioning - Lower	D5851	\$24	\$25
				<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	\$1,082	\$1,991	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$347	\$529
Surgical Placement of Mini Implant	D6013	\$1,082	\$1,976	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$427	\$542
Prefabricated Abutment - includes modification & placement	D6056	\$292	\$413	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$322	\$566
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$699	\$1,112	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$402	\$517
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$682	\$1,101	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$338	\$512
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$601	\$1,051	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$435	\$477
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$642	\$1,068	Retainer Inlay - Titanium	D6624	\$323	\$586
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$647	\$1,061	Retainer Onlay - Titanium	D6634	\$343	\$613
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$513	\$940	Retainer Crown - Resin With High Noble Metal	D6720	\$402	\$637
Crown - Abutment Supp. Cast Noble Metal	D6064	\$551	\$983	Retainer Crown - Resin With Base Metal	D6721	\$378	\$648
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$666	\$1,104	Retainer Crown - Resin With Noble Metal	D6722	\$386	\$635
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	\$601	\$837	Retainer Crown - Porcelain With Noble Metal	D6752	\$337	\$564
Repair Implant Abutment - By Report	D6095	\$202	\$202	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$455	\$590
Remove Broken Implant Retaining Screw	D6096	\$31	\$31	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$378	\$554
				Retainer Crown - ¾ Cast Noble Metal	D6782	\$386	\$470
<b>Type III - Pontics and Retainers</b>				Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$386	\$608
Pontic - Cast High Noble Metal	D6210	\$411	\$675	Retainer Crown - Full Cast High Noble Metal	D6790	\$402	\$598
Pontic - Cast Predominantly Base Metal	D6211	\$386	\$724	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$395	\$680
Pontic - Cast Noble Metal	D6212	\$402	\$706	Retainer Crown - Full Cast Noble Metal	D6792	\$419	\$664
Pontic - Titanium	D6214	\$411	\$648	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	\$53	\$78
Pontic - Porcelain Fused to Noble Metal	D6242	\$339	\$603	Fixed Partial Denture Repair - by Report	D6980	\$105	\$97
Pontic - Porcelain/Ceramic	D6245	\$471	\$648				
Pontic - Resin with High Noble Metal	D6250	\$449	\$883	<b>Type II - Oral Surgery</b>			
Pontic - Resin with Predominantly Base Metal	D6251	\$385	\$792	Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73
Pontic - Resin with Noble Metal	D6252	\$422	\$829	Extraction - Erupted Tooth or Exposed Root	D7140	\$60	\$124
Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$258	\$108	Extraction - Erupted Tooth	D7210	\$90	\$184
Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$242	\$151	Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$231
Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$227	\$177	Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$298
Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$354	\$486	Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$381
Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$370	\$457	Removal of Residual Tooth Roots	D7250	\$77	\$178
Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$354	\$471	Coronectomy - Intentional Partial Tooth Removal	D7251	\$121	\$432
Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$411	\$518	Oroantral Fistula Closure	D7260	\$147	\$1,447
Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$322	\$481	Tooth Reimplantation and/or Stabilization of Accidentally	D7270	\$242	\$507
Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$370	\$515	Evulsed or Displaced Teeth/Alveolus			
Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$363	\$467	Tooth Transplantation	D7272	\$242	\$473
Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$402	\$513	Exposure of an Unerupted Tooth	D7280	\$186	\$349
Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$402	\$406	Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$65	\$828
Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$419	\$443	Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$65	\$322

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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	\$96	\$340	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$49
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$52	\$278	II - Treatment of Complications (Post Surgical)	D9930	\$16	\$16
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$145	\$573	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	\$51	\$123
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$193	\$2,351	III - Occlusal Adjustment - Complete	D9952	\$122	\$556
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$289	\$6,973	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$305	\$856				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$186	\$1,022				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$331	\$892				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$386	\$1,200				
Removal of Lateral Exostosis - Per Site	D7471	\$101	\$1,263				
Removal of Torus Palatinus	D7472	\$258	\$1,471				
Removal of Torus Mandibularus	D7473	\$258	\$1,380				
Reduction of Osseous Tuberosity	D7485	\$258	\$1,218				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$60	\$311				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$128	\$1,724				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$60	\$638				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$128	\$614				
Sequestrectomy for Osteomyelitis	D7550	\$60	\$356				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$702	\$3,322				
Suture of Recent Small Wounds up to 5cm	D7910	\$60	\$586				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$112	\$370				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$108	\$625				
Excision of Pericoronal Gingiva	D7971	\$85	\$216				
Surgical Reduction of Fibrous Tuberosity	D7972	\$322	\$822				
Non-Surgical Sialolithotomy	D7979	\$282	\$814				
Surgical Sialolithotomy	D7980	\$282	\$814				
Closure of Salivary Fistula	D7983	\$933	\$2,138				
<b>Type - Miscellaneous Services</b>							
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	\$52	\$189				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$52	\$189				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$19	\$58				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$41	\$160				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$41	\$160				
III - Non-Intravenous Conscious Sedation*	D9248	\$67	\$86				
I - Consultation	D9310	\$0	\$100				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				