

SECURECARE DENTAL

COPAY PLAN 100 - SCHEDULE OF DENTIST COPAYMENTS

GENERAL INFORMATION

When \$0 is listed, the provider is reimbursed 100% of the SPDO Fee Schedule. Lab fees are included in the SPDO Fee Schedule unless indicated specifically by separate code. See Member ID Card for Office Visit Copay.

THIS IS NOT A PRE-PAID CAPITATION PLAN. You MUST submit claims according to the instructions provided in the Provider Manual for reimbursement.

GENERAL DENTIST

The Copay Plan is a fee-for-service dental plan designed with convenient copays. If the treating dentist is a General Dentist, the patient is responsible for the General Dentist Copay(s) for services rendered. **SecureCare Dental** will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule.

SPECIALIST DENTIST

The Copay Plan is a fee-for-service dental plan designed with convenient copays. If the treating dentist is a Specialist, including Pediatric, the patient is responsible for the Specialist Dentist Copay(s) for services rendered. **SecureCare Dental** will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule.

| COVERED SERVICES | ADA CODE | GENERAL DENTIST COPAY | SPECIALIST DENTIST COPAY | COVERED SERVICES | ADA CODE | GENERAL DENTIST COPAY | SPECIALIST DENTIST COPAY |
|--|----------|-----------------------|--------------------------|---|----------|-----------------------|--------------------------|
| Type I - Diagnostic/Evaluation Services | | | | Type II - Restorative Dentistry | | | |
| Periodic Oral Evaluation | D0120 | \$0 | \$0 | Sealant Repair - Per Tooth | D1353 | \$0 | \$0 |
| Limited Oral Evaluation - Problem Focused | D0140 | \$0 | \$0 | Space Maintainer - Fixed - Unilateral | D1510 | \$0 | \$0 |
| Oral Evaluation - under 3 years old | D0145 | \$0 | \$0 | Space Maintainer - Fixed - Bilateral | D1515 | \$0 | \$0 |
| Comprehensive Oral Evaluation | D0150 | \$0 | \$0 | Space Maintainer - Removable - Unilateral | D1520 | \$0 | \$0 |
| Detailed and Extensive Oral Eval - Problem Focused | D0160 | \$0 | \$0 | Space Maintainer - Removable - Bilateral | D1525 | \$0 | \$0 |
| Re-evaluation - Limited - Problem Focused | D0170 | \$0 | \$0 | Re-cement or Re-bond Space Maintainer | D1550 | \$0 | \$0 |
| Re-evaluation Post-Operative Office Visit | D0171 | \$0 | \$0 | Distal Shoe Space Maintainer - Fixed - Unilateral | D1575 | \$0 | \$0 |
| Comprehensive Periodontal Evaluation | D0180 | \$0 | \$0 | | | | |
| Intraoral - Complete Series of Images | D0210 | \$0 | \$0 | | | | |
| Intraoral - Periapical - 1st Image | D0220 | \$0 | \$0 | | | | |
| Intraoral - Periapical - Each Additional Image | D0230 | \$0 | \$0 | | | | |
| Intraoral - Occlusal Image | D0240 | \$0 | \$0 | | | | |
| Extraoral - 2D Image | D0250 | \$0 | \$0 | | | | |
| Extraoral - Posterior Image | D0251 | \$0 | \$0 | | | | |
| Bitewing - 1 Image | D0270 | \$0 | \$0 | | | | |
| Bitewing - 2 Images | D0272 | \$0 | \$0 | | | | |
| Bitewing - 3 Images | D0273 | \$0 | \$0 | | | | |
| Bitewing - 4 Images | D0274 | \$0 | \$0 | | | | |
| Vertical Bitewings - 7 to 8 Images | D0277 | \$0 | \$0 | | | | |
| Panoramic Image | D0330 | \$0 | \$0 | | | | |
| Pulp Vitality Tests | D0460 | \$0 | \$0 | | | | |
| Diagnostic Casts | D0470 | \$0 | \$0 | | | | |
| Type I - Preventive Services | | | | Type III - Onlays, Crowns and Bridges | | | |
| Prophylaxis Cleaning - Adult | D1110 | \$0 | \$0 | Inlay - Metallic - 1 Surface | D2510 | \$349 | \$720 |
| Prophylaxis Cleaning - Child | D1120 | \$0 | \$0 | Inlay - Metallic - 2 Surfaces | D2520 | \$415 | \$817 |
| Fluoride - Topical Application of Fluoride Varnish | D1206 | \$0 | \$0 | Inlay - Metallic - 3+ Surfaces | D2530 | \$515 | \$942 |
| Fluoride - Topical Application Fluoride excl Varnish | D1208 | \$0 | \$0 | Onlay - Metallic - 2 Surfaces | D2542 | \$451 | \$924 |
| Sealant - Per Tooth | D1351 | \$0 | \$0 | Onlay - Metallic - 3 Surfaces | D2543 | \$568 | \$966 |
| Preventive Resin Restoration (Including Sealant) | D1352 | \$0 | \$0 | Onlay - Metallic - 4+ Surfaces | D2544 | \$734 | \$1,005 |
| | | | | Inlay - Porcelain/Ceramic - 1 Surface | D2610 | \$356 | \$848 |

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| Inlay - Porcelain/Ceramic - 2 Surfaces | D2620 | \$463 | \$895 | Inlay Repair | D2981 | \$99 | \$164 |
| Inlay - Porcelain/Ceramic - 3+ Surfaces | D2630 | \$537 | \$953 | Onlay Repair | D2982 | \$99 | \$164 |
| Onlay - Porcelain/Ceramic - 2 Surfaces | D2642 | \$467 | \$926 | Veneer Repair | D2983 | \$99 | \$164 |
| Onlay - Porcelain/Ceramic - 3 Surfaces | D2643 | \$559 | \$999 | | | | |
| Onlay - Porcelain/Ceramic - 4+ Surfaces | D2644 | \$763 | \$1,059 | Type III - Endodontics | | | |
| Inlay - Resin Composite - 1 Surface | D2650 | \$306 | \$557 | Pulp Cap - Direct (Excluding Final Restoration) | D3110 | \$16 | \$76 |
| Inlay - Resin Composite - 2 Surfaces | D2651 | \$369 | \$664 | Pulp Cap - Indirect (Excluding Final Restoration) | D3120 | \$19 | \$60 |
| Inlay - Resin Composite - 3+ Surfaces | D2652 | \$422 | \$697 | Therapeutic Pulpotomy (Excluding Final Restoration) | D3220 | \$75 | \$155 |
| Onlay - Resin Composite - 2 Surfaces | D2662 | \$410 | \$605 | Pulpal Debridement - Primary/Permanent | D3221 | \$54 | \$170 |
| Onlay - Resin Composite - 3 Surfaces | D2663 | \$448 | \$712 | Partial Pulpotomy for Apexogenesis | D3222 | \$81 | \$190 |
| Onlay - Resin Composite - 4+ Surfaces | D2664 | \$486 | \$763 | Pulpal Therapy Anterior - Primary | D3230 | \$75 | \$156 |
| Crown - Resin Based Composite - Indirect | D2710 | \$346 | \$396 | Pulpal Therapy Posterior - Primary | D3240 | \$68 | \$192 |
| Crown - ¾ Resin Based Composite - Indirect | D2712 | \$237 | \$396 | Root Canal - Anterior (Excluding Final Restoration) | D3310 | \$385 | \$588 |
| Crown - Resin with High Noble Metal | D2720 | \$663 | \$976 | Root Canal - Premolar (Excluding Final Restoration) | D3320 | \$460 | \$714 |
| Crown - Resin with Base Metal | D2721 | \$598 | \$915 | Root Canal - Molar (Excluding Final Restoration) | D3330 | \$545 | \$885 |
| Crown - Resin with Noble Metal | D2722 | \$608 | \$935 | Treatment of Root Canal Obstruction - non surgical | D3331 | \$157 | \$240 |
| Crown - Porcelain/Ceramic | D2740 | \$715 | \$1,002 | Incomplete Endodontic Therapy - Inoperable/Fractured | D3332 | \$199 | \$456 |
| Crown - Porcelain with High Noble Metal | D2750 | \$710 | \$989 | Internal Root Repair of Perforation Defects | D3333 | \$126 | \$210 |
| Crown - Porcelain with Predominantly Base Metal | D2751 | \$655 | \$921 | Retreatment of Previous RCT - Anterior | D3346 | \$290 | \$815 |
| Crown - Porcelain With Noble Metal | D2752 | \$670 | \$943 | Retreatment of Previous RCT - Premolar | D3347 | \$398 | \$959 |
| Crown - ¾ Cast High Noble Metal | D2780 | \$619 | \$949 | Retreatment of Previous RCT - Molar | D3348 | \$400 | \$1,187 |
| Crown - ¾ Cast Predominantly Base Metal | D2781 | \$638 | \$893 | Apexification/Recalcification - Initial Visit | D3351 | \$84 | \$346 |
| Crown - ¾ Cast Noble Metal | D2782 | \$669 | \$922 | Apexification/Recalcification - Interim Visit | D3352 | \$84 | \$155 |
| Crown - ¾ Porcelain/Ceramic | D2783 | \$625 | \$975 | Apexification/Recalcification - Final Visit | D3353 | \$84 | \$478 |
| Crown - Full Cast High Noble Metal | D2790 | \$625 | \$954 | Apicoectomy - Anterior | D3410 | \$245 | \$687 |
| Crown - Full Cast Predominantly Base Metal | D2791 | \$595 | \$904 | Apicoectomy - Premolar - 1st Root | D3421 | \$305 | \$764 |
| Crown - Full Cast Noble Metal | D2792 | \$590 | \$921 | Apicoectomy - Molar - 1st Root | D3425 | \$350 | \$866 |
| Crown - Titanium | D2794 | \$594 | \$976 | Apicoectomy - Each Additional Root | D3426 | \$204 | \$293 |
| Re-cement/Re-bond Inlay/Onlay/Partial Restoration | D2910 | \$90 | \$90 | Retrograde Filling - Per Root | D3430 | \$75 | \$215 |
| Re-cement/Re-bond Crown | D2920 | \$93 | \$93 | Root Amputation - Per Root | D3450 | \$180 | \$448 |
| Prefabricated Porcelain/Ceramic Crown - Primary | D2929 | \$250 | \$280 | Hemisection (Including any Root Removal) | D3920 | \$118 | \$340 |
| Prefabricated Stainless Steel Crown - Primary | D2930 | \$123 | \$239 | Canal Preparation/Post Fitting | D3950 | \$0 | \$0 |
| Prefabricated Stainless Steel Crown - Permanent | D2931 | \$146 | \$270 | | | | |
| Prefabricated Resin Crown | D2932 | \$141 | \$288 | Type III - Periodontics | | | |
| Protective Restoration | D2940 | \$78 | \$91 | Gingivectomy/Gingivoplasty - 4+ teeth/quad | D4210 | \$190 | \$719 |
| Core Build Up - Including any Pins when required | D2950 | \$139 | \$228 | Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad | D4211 | \$66 | \$320 |
| Pin Retention - Per Tooth - in Addition to Restoration | D2951 | \$72 | \$72 | Gingivectomy/Gingivoplasty for restorative procedure | D4212 | \$51 | \$138 |
| Cast Post and Core - in Addition to Crown | D2952 | \$202 | \$360 | Gingival Flap-Incl. Root Planing - 4+ teeth/quad | D4240 | \$351 | \$911 |
| Cast Post and Core - Each Additional - same tooth | D2953 | \$147 | \$180 | Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad | D4241 | \$212 | \$527 |
| Prefabricated Post and Core - in Addition to Crown | D2954 | \$168 | \$288 | Crown Lengthening - Hard Tissue | D4249 | \$449 | \$999 |
| Post Removal | D2955 | \$0 | \$0 | Osseous Surgery - 4+ teeth/quad | D4260 | \$460 | \$1,518 |
| Each Additional Prefabricated Post - same tooth | D2957 | \$135 | \$144 | Osseous Surgery - 1-3 teeth/quad | D4261 | \$380 | \$815 |
| Labial Veneer (resin laminate) - Chairside | D2960 | \$328 | \$695 | Pedicle Soft Tissue Graft Procedure | D4270 | \$143 | \$1,079 |
| Labial Veneer (resin laminate) - Laboratory | D2961 | \$482 | \$789 | Autogenous Connective Tissue Graft - 1st Tooth (excl implants) | D4273 | \$525 | \$1,319 |
| Labial Veneer (porcelain laminate) - Laboratory | D2962 | \$562 | \$857 | Mesial/Distal Wedge Procedure - Single Tooth | D4274 | \$335 | \$748 |
| Crown Repair | D2980 | \$99 | \$164 | | | | |

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| Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants) | D4275 | \$445 | \$991 | Add Clasp to Existing Partial Denture - per tooth | D5660 | \$143 | \$241 |
| Combined Connective Tissue/Double Pedicle Graft | D4276 | \$635 | \$1,478 | Replace Teeth/Acrylic on Cast Metal Framework (Upper) | D5670 | \$406 | \$589 |
| Free Soft Tissue Graft Procedure - 1st Tooth (excl implants) | D4277 | \$307 | \$830 | Replace Teeth/Acrylic on Cast Metal Framework (Lower) | D5671 | \$406 | \$589 |
| Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants) | D4278 | \$307 | \$830 | Rebase Complete Upper Denture | D5710 | \$395 | \$595 |
| Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4283 | \$527 | \$858 | Rebase Complete Lower Denture | D5711 | \$395 | \$569 |
| Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4285 | \$390 | \$634 | Rebase Upper Partial Denture | D5720 | \$356 | \$562 |
| Provisional Intracoronaral Splint | D4320 | \$141 | \$384 | Rebase Lower Partial Denture | D5721 | \$356 | \$562 |
| Provisional Extracoronaral Splint | D4321 | \$128 | \$349 | Reline Complete Upper Denture (Chairside) | D5730 | \$250 | \$336 |
| Perio. Scaling & Root Planing - 4+ teeth/quad | D4341 | \$116 | \$209 | Reline Complete Lower Denture (Chairside) | D5731 | \$242 | \$336 |
| Perio. Scaling & Root Planing - 1 to 3 teeth/quad | D4342 | \$62 | \$170 | Reline Upper Partial Denture (Chairside) | D5740 | \$252 | \$308 |
| Scaling - Full Mouth - After Oral Evaluation | D4346 | \$67 | \$96 | Reline Lower Partial Denture (Chairside) | D5741 | \$252 | \$308 |
| Full Mouth Debridement | D4355 | \$58 | \$188 | Reline Complete Upper Denture (Laboratory) | D5750 | \$337 | \$448 |
| Periodontal Maintenance Procedures | D4910 | \$65 | \$114 | Reline Complete Lower Denture (Laboratory) | D5751 | \$337 | \$448 |
| | | | | Reline Upper Partial Denture (Laboratory) | D5760 | \$324 | \$442 |
| | | | | Reline Lower Partial Denture (Laboratory) | D5761 | \$324 | \$442 |
| | | | | Tissue Conditioning - Upper | D5850 | \$117 | \$140 |
| | | | | Tissue Conditioning - Lower | D5851 | \$117 | \$140 |
| Type III - Removable Prosthetics | | | | Type III - Implants | | | |
| Complete Denture - Upper | D5110 | \$825 | \$1,466 | Surgical Placement of Implant Body - Endosteal | D6010 | \$1,339 | \$2,450 |
| Complete Denture - Lower | D5120 | \$825 | \$1,466 | Surgical Placement of Mini Implant | D6013 | \$1,339 | \$2,450 |
| Immediate Denture - Upper | D5130 | \$805 | \$1,599 | Prefabricated Abutment - includes modification & placement | D6056 | \$360 | \$508 |
| Immediate Denture - Lower | D5140 | \$805 | \$1,599 | Crown - Abutment Supp. Porcelain/Ceramic | D6058 | \$855 | \$1,410 |
| Upper Partial Denture - Resin Base | D5211 | \$535 | \$1,238 | Crown - Abutment Supp. Porcelain Fused to High Noble Metal | D6059 | \$843 | \$1,391 |
| Lower Partial Denture - Resin Base | D5212 | \$535 | \$1,438 | Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal | D6060 | \$744 | \$1,315 |
| Upper Partial - Cast Metal Frame - Resin Base | D5213 | \$807 | \$1,620 | Crown - Abutment Supp. Porcelain Fused to Noble Metal | D6061 | \$794 | \$1,342 |
| Lower Partial - Cast Metal Frame - Resin Base | D5214 | \$807 | \$1,620 | Crown - Abutment Supp. Cast High Noble Metal | D6062 | \$800 | \$1,337 |
| Upper Immediate Partial Denture - Resin Base | D5221 | \$771 | \$894 | Crown - Abutment Supp. Cast Predominantly Base Metal | D6063 | \$635 | \$1,164 |
| Lower Immediate Partial Denture - Resin Base | D5222 | \$771 | \$894 | Crown - Abutment Supp. Cast Noble Metal | D6064 | \$682 | \$1,217 |
| Upper Immediate Partial Denture - Cast Metal with Resin | D5223 | \$1,028 | \$1,193 | Crown - Implant Supp. Porcelain/Ceramic Crown | D6065 | \$824 | \$1,387 |
| Lower Immediate Partial Denture - Cast Metal with Resin | D5224 | \$1,028 | \$1,193 | Crown - Implant Supp. Porcelain Fused to Metal | D6066 | \$803 | \$1,351 |
| Removable Unilateral Partial - 1 Piece Cast Metal | D5281 | \$498 | \$945 | Crown - Implant Supp. Metal | D6067 | \$750 | \$1,311 |
| Adjust Complete Denture - Upper | D5410 | \$77 | \$80 | Re-cement or Re-bond Implant/Abutment Supported Crown | D6092 | \$48 | \$108 |
| Adjust Complete Denture - Lower | D5411 | \$77 | \$80 | Crown - Abutment Supp. Titanium | D6094 | \$743 | \$1,104 |
| Adjust Partial Denture - Upper | D5421 | \$84 | \$84 | Repair Implant Abutment - By Report | D6095 | \$250 | \$304 |
| Adjust Partial Denture - Lower | D5422 | \$84 | \$84 | Remove Broken Implant Retaining Screw | D6096 | \$45 | \$45 |
| Repair Broken Complete Denture Base - Mandibular | D5511 | \$114 | \$177 | | | | |
| Repair Broken Complete Denture Base - Maxillary | D5512 | \$114 | \$177 | Type III - Pontics and Retainers | | | |
| Replace Missing or Broken Teeth - Complete Denture - Per Tooth | D5520 | \$112 | \$134 | Pontic - Cast High Noble Metal | D6210 | \$665 | \$996 |
| Repair Resin Partial Denture Base - Mandibular | D5611 | \$125 | \$191 | Pontic - Cast Predominantly Base Metal | D6211 | \$560 | \$933 |
| Repair Resin Partial Denture Base - Maxillary | D5612 | \$125 | \$191 | Pontic - Cast Noble Metal | D6212 | \$616 | \$971 |
| Repair Cast Partial Framework - Mandibular | D5621 | \$153 | \$206 | Pontic - Titanium | D6214 | \$665 | \$1,002 |
| Repair Cast Partial Framework - Maxillary | D5622 | \$153 | \$206 | Pontic - Porcelain Fused to High Noble Metal | D6240 | \$660 | \$984 |
| Repair or Replace Broken Clasp - per tooth | D5630 | \$126 | \$227 | Pontic - Porcelain Fused to Predominantly Base Metal | D6241 | \$617 | \$908 |
| Replace Broken Teeth - Per Tooth | D5640 | \$105 | \$147 | Pontic - Porcelain Fused to Noble Metal | D6242 | \$629 | \$959 |
| Add Tooth to Existing Partial Denture | D5650 | \$118 | \$201 | Pontic - Porcelain/Ceramic | D6245 | \$743 | \$1,015 |

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| Pontic - Resin with High Noble Metal | D6250 | \$523 | \$971 | Extraction - Erupted Tooth | D7210 | \$106 | \$219 |
| Pontic - Resin with Predominantly Base Metal | D6251 | \$476 | \$896 | Removal of Impacted Tooth - Soft Tissue | D7220 | \$119 | \$269 |
| Pontic - Resin with Noble Metal | D6252 | \$556 | \$925 | Removal of Impacted Tooth - Partially Bony | D7230 | \$156 | \$358 |
| Retainer - Cast Metal or Resin Bonded Fixed Prosthesis | D6545 | \$431 | \$431 | Removal of Impacted Tooth - Completely Bony | D7240 | \$177 | \$420 |
| Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis | D6548 | \$417 | \$417 | Removal of Residual Tooth Roots | D7250 | \$98 | \$238 |
| Retainer - Resin for Resin Bonded Fixed Prosthesis | D6549 | \$282 | \$282 | Coronectomy - Intentional Partial Tooth Removal | D7251 | \$143 | \$467 |
| Retainer Inlay - Porcelain/Ceramic - 2 Surfaces | D6600 | \$506 | \$717 | Oroantral Fistula Closure | D7260 | \$174 | \$1,394 |
| Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces | D6601 | \$566 | \$752 | Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus | D7270 | \$270 | \$436 |
| Retainer Inlay - Cast High Noble Metal - 2 Surfaces | D6602 | \$557 | \$766 | Tooth Transplantation | D7272 | \$340 | \$581 |
| Retainer Inlay - Cast High Noble Metal - 3+ Surfaces | D6603 | \$622 | \$843 | Exposure of an Unerupted Tooth | D7280 | \$196 | \$406 |
| Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces | D6604 | \$514 | \$751 | Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth) | D7285 | \$80 | \$813 |
| Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces | D6605 | \$559 | \$796 | Incisional Biopsy of Oral Tissue - Soft (All Others) | D7286 | \$80 | \$348 |
| Retainer Inlay - Cast Noble Metal - 2 Surfaces | D6606 | \$544 | \$739 | Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad | D7310 | \$76 | \$679 |
| Retainer Inlay - Cast Noble Metal - 3+ Surfaces | D6607 | \$603 | \$820 | Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad | D7311 | \$61 | \$594 |
| Retainer Onlay - Porcelain/Ceramic - 2 Surfaces | D6608 | \$494 | \$780 | Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad | D7320 | \$118 | \$1,103 |
| Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces | D6609 | \$650 | \$814 | Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad | D7321 | \$85 | \$934 |
| Retainer Onlay - Cast High Noble Metal - 2 Surfaces | D6610 | \$663 | \$827 | Vestibuloplasty-Ridge Ext (2nd Epithelialization) | D7340 | \$239 | \$4,668 |
| Retainer Onlay - Cast High Noble Metal - 3+ Surfaces | D6611 | \$557 | \$904 | Vestibuloplasty-Ridge Ext (Grafts - Hypertissue) | D7350 | \$393 | \$13,579 |
| Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces | D6612 | \$666 | \$822 | Removal of Odontogenic Cyst/Tumor <=1.25cm | D7450 | \$365 | \$2,037 |
| Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces | D6613 | \$507 | \$860 | Removal of Odontogenic Cyst/Tumor > 1.25cm | D7451 | \$444 | \$2,784 |
| Retainer Onlay - Cast Noble Metal - 2 Surfaces | D6614 | \$631 | \$805 | Removal of Nonodontogenic Cyst/Tumor<=1.25cm | D7460 | \$365 | \$2,037 |
| Retainer Onlay - Cast Noble Metal - 3+ Surfaces | D6615 | \$544 | \$837 | Removal of Nonodontogenic Cyst/Tumor> 1.25cm | D7461 | \$465 | \$2,784 |
| Retainer Inlay - Titanium | D6624 | \$666 | \$766 | Removal of Lateral Exostosis - Per Site | D7471 | \$125 | \$2,522 |
| Retainer Onlay - Titanium | D6634 | \$524 | \$805 | Removal of Torus Palatinus | D7472 | \$266 | \$2,998 |
| Retainer Crown - Resin With High Noble Metal | D6720 | \$621 | \$958 | Removal of Torus Mandibularus | D7473 | \$266 | \$2,828 |
| Retainer Crown - Resin With Base Metal | D6721 | \$557 | \$909 | Reduction of Osseous Tuberosity | D7485 | \$266 | \$2,522 |
| Retainer Crown - Resin With Noble Metal | D6722 | \$584 | \$925 | Incision/Drain of Abscess Intraoral Soft Tissue | D7510 | \$61 | \$730 |
| Retainer Crown - Porcelain/Ceramic Substrate | D6740 | \$710 | \$1,007 | Incision/Drain of Abscess Extraoral Soft Tissue | D7520 | \$176 | \$3,476 |
| Retainer Crown - Porcelain With High Noble Metal | D6750 | \$710 | \$981 | Removal of Foreign Body - Skin or Subc. Areolar Tissue | D7530 | \$61 | \$1,253 |
| Retainer Crown - Porcelain With Predominantly Base Metal | D6751 | \$655 | \$915 | Removal of Reaction Producing Foreign Bodies - Musculoskeletal System | D7540 | \$176 | \$1,388 |
| Retainer Crown - Porcelain With Noble Metal | D6752 | \$670 | \$937 | Sequestrectomy for Osteomyelitis | D7550 | \$131 | \$866 |
| Retainer Crown - ¾ Cast High Noble Metal | D6780 | \$669 | \$925 | Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body | D7560 | \$827 | \$6,874 |
| Retainer Crown - ¾ Cast Predominantly Base Metal | D6781 | \$638 | \$925 | Suture of Recent Small Wounds up to 5cm | D7910 | \$47 | \$1,113 |
| Retainer Crown - ¾ Cast Noble Metal | D6782 | \$669 | \$860 | Frenulectomy (Frenectomy or Frenotomy) | D7960 | \$152 | \$934 |
| Retainer Crown - ¾ Porcelain/Ceramic | D6783 | \$625 | \$953 | Excision of Hyperplastic Tissue - Per Arch | D7970 | \$110 | \$1,358 |
| Retainer Crown - Full Cast High Noble Metal | D6790 | \$665 | \$947 | Excision of Pericoronal Gingiva | D7971 | \$98 | \$509 |
| Retainer Crown - Full Cast Predominantly Base Metal | D6791 | \$560 | \$898 | Surgical Reduction of Fibrous Tuberosity | D7972 | \$357 | \$1,901 |
| Retainer Crown - Full Cast Noble Metal | D6792 | \$616 | \$931 | Non-Surgical Sialolithotomy | D7979 | \$540 | \$1,160 |
| Retainer Crown - Titanium | D6794 | \$594 | \$931 | Surgical Sialolithotomy | D7980 | \$483 | \$2,139 |
| Re-cement or Re-bond Fixed Partial Denture | D6930 | \$90 | \$134 | Closure of Salivary Fistula | D7983 | \$1,100 | \$4,854 |
| Stress Breaker | D6940 | \$210 | \$304 | | | | |
| Fixed Partial Denture Repair - by Report | D6980 | \$157 | \$157 | | | | |
| Type II - Oral Surgery | | | | Type - Miscellaneous Services | | | |
| Extraction - Coronal Remnants - Primary Tooth | D7111 | \$43 | \$107 | I - Palliative (Emergency) Treatment of Pain | D9110 | \$50 | \$123 |
| Extraction - Erupted Tooth or Exposed Root | D7140 | \$72 | \$142 | | | | |

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| I - Evaluation for Deep Sedation/General Anesthesia | D9219 | \$0 | \$0 | | | | |
| III - Deep Sedation/General Anesthesia - First 15 Min* | D9222 | \$90 | \$199 | | | | |
| III - Deep Sedation/General Anesthesia - Each Additional 15 Min* | D9223 | \$81 | \$138 | | | | |
| III - Analgesia - Anxiolysis - Inhal Nitrous Oxide* | D9230 | \$48 | \$72 | | | | |
| III - Intravenous Moderate Sedation/Analgesia - First 15 Min* | D9239 | \$74 | \$168 | | | | |
| III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min* | D9243 | \$67 | \$114 | | | | |
| III - Non-Intravenous Conscious Sedation* | D9248 | \$52 | \$138 | | | | |
| I - Consultation | D9310 | \$48 | \$150 | | | | |
| I - Office Visit for Observ During Regular Scheduled Hours | D9430 | \$0 | \$0 | | | | |
| II - Therapeutic Drug Injection (Antibiotics) | D9610 | \$60 | \$60 | | | | |
| II - Treatment of Complications (Post Surgical) | D9930 | \$56 | \$56 | | | | |
| III - Occlusal Guard (for Bruxism) | D9940 | \$209 | \$503 | | | | |
| III - Occlusal Adjustment - Limited | D9951 | \$47 | \$148 | | | | |
| III - Occlusal Adjustment - Complete | D9952 | \$151 | \$694 | | | | |
| * Covered only when performed in conjunction with covered oral surgery. | D9999 | | | | | | |