

SECURECARE DENTAL

The Copay Plan • Plan 111

Schedule of Benefits – Copayments

GENERAL DENTISTS

Copays in the column entitled “**Network General Dentist Copay**” apply to services performed by **SECURECARE DENTAL** participating **general dentists** only and are all that you will pay when you visit a general dentist who participates on this plan at the specific addresses listed in your **SECURECARE DENTAL** Provider Directory.

The copays in the column entitled, “**Non-Network Copays**”, are **approximately** what you will pay when you see a **general dentist** who does not participate on this plan. These approximations are based on average prevailing fees for the area. Your actual “**Non-network Copay**” does vary if the dentist charges more or less than the prevailing charge for the area.

SPECIALISTS

SECURECARE DENTAL has contracted specialists of oral surgery, endodontics, periodontics, pediatric dentists and prosthodontics. Prior-authorization is **NOT** required to see a specialist. You do not need a referral to go to a specialist. You may call directly and make an appointment. See Provider Directory for a list of participating specialists. Please note Pediatric Dentists are Specialists. Specialist Copays apply when seeking treatment from a Pediatric Dentist

All that you as a **SECURECARE DENTAL** member will pay when you visit a network specialist at the specific addresses listed in your Provider Directory is the copay listed in the “**Network Specialist Copay**” column. The “**Network Specialist Copay**” is a significant benefit because you will pay much higher fees for specialists who are not contracted with **SECURECARE DENTAL**.

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, as well as, services determined to be unnecessary by the member’s general dentists or specialist are not covered.

By Report - Indicates that there is no established fee for the procedure, because actual treatment plans may vary. Based on the treatment plan, the dentist will assign the appropriate fee.

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY	APPROX. NON-NETWORK COPAY
Type I – Diagnostic/Evaluation Services				
Office Visit	D0999	See ID Card or Benefit Summary		
Periodic Oral Exam	D0120	No Charge	\$ 11.00	\$ 20.00
Limited Oral Exam – Problem Focused	D0140	No Charge	\$ 32.00	\$ 47.00
Comprehensive Oral Exam	D0150	No Charge	\$ 30.00	\$ 45.00
Extensive Oral Evaluation – Problem Focused	D0160	No Charge	\$ 129.00	\$ 172.00
Re Evaluation – Limited, Problem Focused	D0170	No Charge	\$ 18.00	\$ 29.00
Comprehensive Periodontal Evaluations, New or Est	D0180	No Charge	\$ 43.00	\$ 58.00
Intraoral – Complete Series (includes bitewings)	D0210	No Charge	\$ 45.00	\$ 71.00
Intraoral – Periapical – 1 st film	D0220	No Charge	\$ 10.00	\$ 15.00
Intraoral – Periapical – Each Additional Film	D0230	No Charge	\$ 8.00	\$ 11.00
Intraoral – Occlusal Film	D0240	No Charge	\$ 15.00	\$ 22.00
Extraoral – 1 st Film	D0250	No Charge	\$ 15.00	\$ 25.00
Extraoral – Each Additional Film	D0260	No Charge	\$ 20.00	\$ 29.00

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY	APPROX. NON-NETWORK COPAY
Type I – Diagnostic/Evaluation Services cont.				
Bitewing – 1 Film	D0270	No Charge	\$ 11.00	\$ 16.00
Bitewing – 2 Films	D0272	No Charge	\$ 12.00	\$ 20.00
Bitewing – 4 Films	D0274	No Charge	\$ 18.00	\$ 29.00
Vertical Bitewings – 7 to 8 films	D0277	No Charge	\$ 24.00	\$ 41.00
Panoramic Film	D0330	No Charge	\$ 35.00	\$ 55.00
Pulp Vitality Tests	D0460	No Charge	No Charge	\$ 55.00
Diagnostic Casts	D0470	No Charge	No Charge	\$ 74.00
Type I – Preventative Services				
Prophy – Adult Cleaning	D1110	No Charge	\$ 15.00	\$ 32.00
Prophy – Child Cleaning	D1120	No Charge	\$ 11.00	\$ 22.00
Fluoride – (Including Prophy) Child	D1201	No Charge	\$ 20.00	\$ 35.00
Fluoride–(Prophy Not Included) Child	D1203	No Charge	\$ 23.00	\$ 29.00
Fluoride–(Prophy Not Incl)Adult-Up to Age 16	D1204	No Charge	\$ 24.00	\$ 30.00
Fluoride - (Including Prophy)Adult-Up to Age16	D1205	No Charge	\$ 15.00	\$ 34.00
Sealant (One/3 yrs Permanent Molars Up to Age16)	D1351	\$ 15.00	\$ 29.00	\$ 38.00
Space Maintainer – Fixed – Unilateral	D1510	\$ 50.00	\$ 153.00	\$ 215.00
Space Maintainer – Fixed – Bilateral	D1515	\$ 50.00	\$ 165.00	\$ 247.00
Space Maintainer – Removable – Unilateral	D1520	\$ 55.00	\$ 191.00	\$ 268.00
Space Maintainer – Removable – Bilateral	D1525	\$ 55.00	\$ 245.00	\$ 351.00
Recementation of Space Maintainer (Once only)	D1550	\$ 17.00	\$ 46.00	\$ 59.00
Type II - Restorative Dentistry				
Amalgam – 1 Surface, Permanent	D2140	\$ 28.00	\$ 89.00	\$ 118.00
Amalgam – 2 Surfaces, Permanent	D2150	\$ 28.00	\$ 110.00	\$ 146.00
Amalgam – 3 Surfaces, Permanent	D2160	\$ 28.00	\$ 132.00	\$ 177.00
Amalgam – 4+ Surfaces, Permanent	D2161	\$ 26.00	\$ 145.00	\$ 199.00
Resin-Based Composite – 1 Surface, Anterior	D2330	\$ 33.00	\$ 80.00	\$ 108.00
Resin-Based Composite – 2 Surfaces, Anterior	D2331	\$ 33.00	\$ 89.00	\$ 125.00
Resin-Based Composite – 3 Surfaces, Anterior	D2332	\$ 33.00	\$ 106.00	\$ 149.00
Resin-Based Composite – 4+ Surfaces, Anterior	D2335	\$ 33.00	\$ 128.00	\$ 180.00
Resin-Based Composite Crown, Anterior	D2390	\$ 29.00	\$ 107.00	\$ 164.00
Resin-Based Composite – 1 Surface, Posterior	D2391	\$ 33.00	\$ 85.00	\$ 118.00
Resin-Based Composite – 2 Surfaces, Posterior	D2392	\$ 33.00	\$ 105.00	\$ 147.00
Resin-Based Composite – 3 Surfaces, Posterior	D2393	\$ 33.00	\$ 116.00	\$ 169.00
Resin-Based Composite – 4+ Surfaces, Posterior	D2394	\$ 33.00	\$ 151.00	\$ 216.00
Type III – Onlays, Crowns and Bridges				
Inlay – Metallic – 1 Surface	D2510	\$ 143.00	\$ 476.00	\$ 612.00
Inlay – Metallic – 2 Surfaces	D2520	\$ 155.00	\$ 467.00	\$ 621.00
Inlay – Metallic – 3+ Surfaces	D2530	\$ 231.00	\$ 582.00	\$ 759.00
Onlay – Metallic – 2 Surfaces	D2542	\$ 226.00	\$ 549.00	\$ 723.00
Onlay – Metallic – 3 Surfaces	D2543	\$ 237.00	\$ 502.00	\$ 684.00
Onlay – Metallic – 4+ Surfaces	D2544	\$ 237.00	\$ 521.00	\$ 711.00
Inlay – Porcelain/Ceramic – 1 Surface	D2610	\$ 160.00	\$ 574.00	\$ 734.00
Inlay – Porcelain/Ceramic – 2 Surfaces	D2620	\$ 231.00	\$ 583.00	\$ 751.00
Inlay – Porcelain/Ceramic – 3+ Surfaces	D2630	\$ 225.00	\$ 550.00	\$ 730.00
Onlay – Porcelain/Ceramic – 2 Surfaces	D2642	\$ 200.00	\$ 570.00	\$ 744.00
Onlay – Porcelain/Ceramic – 3 Surfaces	D2643	\$ 210.00	\$ 549.00	\$ 737.00
Onlay – Porcelain/Ceramic – 4+ Surfaces	D2644	\$ 310.00	\$ 507.00	\$ 706.00
Inlay – Resin-Based Composite – 1 Surface	D2650	\$ 83.00	\$ 339.00	\$ 444.00
Inlay – Resin-Based Composite – 2 Surfaces	D2651	\$ 116.00	\$ 390.00	\$ 515.00

COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY	APPROX. NON-NETWORK COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY	APPROX. NON-NETWORK COPAY
Type III – Onlays, Crowns & Bridges cont.					Type III – Endodontics cont.				
Inlay – Resin-Based Composite – 3+ Surfaces	D2652	\$ 154.00	\$ 405.00	\$ 536.00	Internal Root Repair of Perforation Defects	D3333	\$ 127.00	\$ 158.00	\$ 197.00
Onlay – Resin-Based Composite – 2 Surfaces	D2662	\$ 149.00	\$ 345.00	\$ 459.00	Retreatment of Previous RCT – Anterior	D3346	\$ 231.00	\$ 645.00	\$ 827.00
Onlay – Resin-Based Composite – 3 Surfaces	D2663	\$ 193.00	\$ 430.00	\$ 564.00	Retreatment of Previous RCT – Bicuspid	D3347	\$ 314.00	\$ 752.00	\$ 966.00
Crown – Resin – Lab	D2710	\$ 105.00	\$ 237.00	\$ 318.00	Retreatment of Previous RCT – Molar	D3348	\$ 300.00	\$ 956.00	\$ 1,214.00
Crown – Resin Fused to High Noble Metal	D2720	\$ 292.00	\$ 579.00	\$ 779.00	Apexification/Recalcification – Initial Visit	D3351	\$ 33.00	\$ 242.00	\$ 319.00
Crown – Resin Fused to Base Metal	D2721	\$ 282.00	\$ 580.00	\$ 767.00	Apexification/Recalcification – Med Replace	D3352	\$ 33.00	\$ 82.00	\$ 116.00
Crown – Resin Fused to Noble Metal	D2722	\$ 286.00	\$ 591.00	\$ 782.00	Apexification/Recalcification – Final Visit	D3353	\$ 33.00	\$ 377.00	\$ 490.00
Crown – Porcelain/Ceramic Substrate	D2740	\$ 320.00	\$ 539.00	\$ 744.00	Apicoectomy/Periradicular – Anterior	D3410	\$ 160.00	\$ 513.00	\$ 668.00
Crown – Porcelain Fused to High Noble Metal	D2750	\$ 320.00	\$ 529.00	\$ 731.00	Apicoectomy/Periradicular – Bicuspid, 1st Root	D3421	\$ 147.00	\$ 500.00	\$ 669.00
Crown – Porcelain Fused to Predom. Base Metal	D2751	\$ 260.00	\$ 488.00	\$ 676.00	Apicoectomy/Periradicular – Molar, 1st Root	D3425	\$ 170.00	\$ 629.00	\$ 820.00
Crown – Porcelain Fused to Noble Metal	D2752	\$ 285.00	\$ 504.00	\$ 697.00	Apicoectomy/Periradicular Each Add. Root	D3426	\$ 33.00	\$ 86.00	\$ 150.00
Crown – ¾ Cast High Noble Metal	D2780	\$ 330.00	\$ 590.00	\$ 784.00	Retrograde Filling – Per Root	D3430	\$ 33.00	\$ 139.00	\$ 185.00
Crown – ¾ Cast Predominantly Base Metal	D2781	\$ 264.00	\$ 510.00	\$ 693.00	Root Amputation – Per Root	D3450	\$ 74.00	\$ 264.00	\$ 359.00
Crown – ¾ Cast Noble Metal	D2782	\$ 270.00	\$ 510.00	\$ 698.00	Hemisection (Incl any Root Rem)-Not Incl RCT	D3920	\$ 74.00	\$ 242.00	\$ 317.00
Crown – ¾ Porcelain/Ceramic	D2783	\$ 264.00	\$ 584.00	\$ 783.00	Canal Preparation/Post Fitting	D3950	No Charge	No Charge	\$ 147.00
Crown – Full Cast High Noble Metal	D2790	\$ 280.00	\$ 573.00	\$ 768.00	Type III – Periodontics				
Crown – Full Cast Predominantly Base Metal	D2791	\$ 260.00	\$ 604.00	\$ 789.00	Gingivectomy/Gingivoplasty – 4+ teeth/quad	D4210	\$ 160.00	\$ 667.00	\$ 849.00
Crown – Full Cast Noble Metal	D2792	\$ 270.00	\$ 579.00	\$ 767.00	Gingivectomy/Gingivoplasty – 1-3 teeth/quad	D4211	\$ 44.00	\$ 275.00	\$ 353.00
Recement Inlay	D2910	\$ 13.00	\$ 46.00	\$ 63.00	Gingival Flap-Inc. Root Planing, 4+ teeth/quad	D4240	\$ 204.00	\$ 686.00	\$ 902.00
Recement Crown	D2920	\$ 15.00	\$ 52.00	\$ 71.00	Gingival Flap-Inc. Root Planing, 1-3 teeth/quad	D4241	\$ 132.00	\$ 354.00	\$ 465.00
Prefabricated Stainless Steel Crown –Primary	D2930	\$ 47.00	\$ 172.00	\$ 223.00	Crown Lengthening Hard Tissue(Only when Performed w/Crown	D4249	\$ 270.00	\$ 792.00	\$ 1,038.00
Prefabricated Stainless Steel Crown –Permanent	D2931	\$ 46.00	\$ 173.00	\$ 230.00	Osseous Surgery – 4+ teeth/quad	D4260	\$ 330.00	\$ 1,237.00	\$ 1,585.00
Prefabricated Resin Crown	D2932	\$ 63.00	\$ 213.00	\$ 275.00	Osseous Surgery – 1-3 teeth/quad	D4261	\$ 210.00	\$ 570.00	\$ 751.00
Sedative Filling	D2940	\$ 6.00	\$ 54.00	\$ 73.00	Pedicle Soft Tissue Graft Procedure	D4270	\$ 72.00	\$ 894.00	\$ 1,151.00
Core Build Up, Including any Pins	D2950	\$ 42.00	\$ 160.00	\$ 208.00	Free Soft Tissue Graft Procedure	D4271	\$ 154.00	\$ 857.00	\$ 1,121.00
Pin Retention–Per Tooth In Add. To Restoration	D2951	\$ 11.00	\$ 31.00	\$ 42.00	Subepithelial Connective Tissue Graft	D4273	\$ 360.00	\$ 304.00	\$ 427.00
Cast Post and Core in Addition to Crown	D2952	\$ 63.00	\$ 215.00	\$ 288.00	Distal Wedge	D4274	\$ 198.00	\$ 192.00	\$ 272.00
Prefabricated Post and Core in Add. To Crown	D2954	\$ 63.00	\$ 188.00	\$ 248.00	Soft Tissue Allograft	D4275	\$ 275.00	\$ 462.00	\$ 621.00
Post Removal (not in conjunction w/Endo)	D2955	No Charge	No Charge	\$ 200.00	Comb. Connective Tissue/Double Pedicle Graft	D4276	\$ 369.00	\$ 362.00	\$ 514.00
Each Add. Prefabricated Post – same tooth	D2957	\$ 28.00	\$ 67.00	\$ 97.00	Intracoronaral Splint	D4320	\$ 78.00	\$ 281.00	\$ 370.00
Labial Veneer (resin laminate) – Chairside	D2960	\$ 143.00	\$ 543.00	\$ 691.00	Extracoronaral Splint	D4321	\$ 77.00	\$ 251.00	\$ 329.00
Labial Veneer (resin laminate) – Laboratory	D2961	\$ 248.00	\$ 574.00	\$ 740.00	Perio. Scaling & Root Planing – 4+ teeth/quad	D4341	\$ 74.00	\$ 143.00	\$ 191.00
Labial Veneer (porcelain laminate) – Laboratory	D2962	\$ 250.00	\$ 518.00	\$ 698.00	Perio. Scaling & Root Planing – 1-3 teeth/quad	D4342	\$ 47.00	\$ 90.00	\$ 117.00
Temporary Crown (fractured tooth)	D2970	No Charge	No Charge	\$ 190.00	Full Mouth Debridement	D4355	\$ 50.00	\$ 114.00	\$ 146.00
Crown Repair, By Report	D2980	\$ 44.00	By Report	\$ 44.00	Periodontal Maintenance Procedures	D4910	\$ 48.00	\$ 95.00	\$ 124.00
Type III – Endodontics					Type III – Removable Prosthetics				
Pulp Cap–Direct (Excluding Final Restoration)	D3110	\$ 14.00	\$ 50.00	\$ 64.00	Complete Denture – Upper	D5110	\$ 350.00	\$ 783.00	\$ 1,081.00
Pulp Cap–Indirect (Excluding Final Restoration)	D3120	\$ 11.00	\$ 34.00	\$ 44.00	Complete Denture – Lower	D5120	\$ 350.00	\$ 783.00	\$ 1,081.00
Therapeutic Pulpotomy (Excl Final Restoration)	D3220	\$ 43.00	\$ 102.00	\$ 134.00	Immediate Denture – Upper	D5130	\$ 360.00	\$ 914.00	\$ 1,238.00
Pulpal Debridement, Primary and Permanent	D3221	\$ 33.00	\$ 114.00	\$ 149.00	Immediate Denture – Lower	D5140	\$ 360.00	\$ 914.00	\$ 1,238.00
Pulpal Therapy Anterior, Primary	D3230	\$ 44.00	\$ 101.00	\$ 135.00	Upper Partial Denture – Resin Base	D5211	\$ 231.00	\$ 824.00	\$ 1,075.00
Pulpal Therapy Posterior, Primary	D3240	\$ 39.00	\$ 112.00	\$ 149.00	Lower Partial Denture – Resin Base	D5212	\$ 231.00	\$ 975.00	\$ 1,267.00
Root Canal – Anterior (Excl Final Restoration)	D3310	\$ 175.00	\$ 361.00	\$ 497.00	Upper Partial – Cast Metal with Resin Base	D5213	\$ 360.00	\$ 929.00	\$ 1,258.00
Root Canal – Bicuspid (Excl. Final Restoration)	D3320	\$ 177.00	\$ 364.00	\$ 529.00	Lower Partial – Cast Metal with Resin Base	D5214	\$ 360.00	\$ 929.00	\$ 1,258.00
Root Canal – Molar (Excl. Final Restoration)	D3330	\$ 280.00	\$ 545.00	\$ 759.00	Removable Unilateral Partial – 1 Pc Cast Metal	D5281	\$ 187.00	\$ 593.00	\$ 784.00
Treatment of Root Canal Obstruction, non surg.	D3331	\$ 99.00	\$ 127.00	\$ 172.00	Adjust Complete Denture – Upper	D5410	\$ 17.00	\$ 55.00	\$ 71.00
Incomplete Endo. Therapy, Inoperable, Fractured	D3332	\$ 132.00	\$ 387.00	\$ 504.00	Adjust Complete Denture – Lower	D5411	\$ 17.00	\$ 55.00	\$ 71.00
					Adjust Partial Denture – Upper	D5421	\$ 17.00	\$ 49.00	\$ 65.00
					Adjust Partial Denture – Lower	D5422	\$ 17.00	\$ 49.00	\$ 65.00
					Repair Broken Complete Denture Base	D5510	\$ 40.00	\$ 99.00	\$ 132.00

COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY	APPROX. NON-NETWORK COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY	APPROX. NON-NETWORK COPAY
Type III – Removable Prosthetics cont.					Type III – Pontics cont.				
Replace Missing or Broken Teeth – Per Tooth	D5520	\$ 33.00	\$ 81.00	\$ 108.00	Crown – Resin Fused to High Noble Metal	D6720	\$ 275.00	\$ 655.00	\$ 869.00
Repair Resin Denture Base	D5610	\$ 33.00	\$ 102.00	\$ 137.00	Crown – Resin Fused to Base Metal	D6721	\$ 259.00	\$ 655.00	\$ 859.00
Repair Cast Framework	D5620	\$ 39.00	\$ 104.00	\$ 142.00	Crown – Resin Fused to Noble Metal	D6722	\$ 264.00	\$ 649.00	\$ 857.00
Repair or Replace Broken Clasp	D5630	\$ 39.00	\$ 144.00	\$ 190.00	Crown – Porcelain/Ceramic Substrate	D6740	\$ 355.00	\$ 651.00	\$ 876.00
Replace Broken Teeth – Per Tooth	D5640	\$ 39.00	\$ 102.00	\$ 132.00	Crown – Porcelain Fused to High Noble Metal	D6750	\$ 310.00	\$ 598.00	\$ 817.00
Add Tooth to Existing Partial Denture	D5650	\$ 39.00	\$ 131.00	\$ 172.00	Crown – Porcelain Fused to Pred. Base Metal	D6751	\$ 230.00	\$ 519.00	\$ 724.00
Add Clasp to Existing Partial Denture	D5660	\$ 39.00	\$ 139.00	\$ 188.00	Crown – Porcelain Fused to Noble Metal	D6752	\$ 310.00	\$ 592.00	\$ 802.00
Replace All Teeth and Acrylic on Cast Metal Frame (Upper)	D5670	\$ 138.00	\$ 358.00	\$ 478.00	Crown – ¾ Cast High Noble Metal	D6780	\$ 311.00	\$ 621.00	\$ 828.00
Replace All Teeth and Acrylic on Cast Metal Frame (Lower)	D5671	\$ 138.00	\$ 358.00	\$ 478.00	Crown – ¾ Cast Predominantly Base Metal	D6781	\$ 264.00	\$ 601.00	\$ 809.00
Rebase Complete Upper Denture	D5710	\$ 72.00	\$ 307.00	\$ 428.00	Crown – ¾ Cast Noble Metal	D6782	\$ 259.00	\$ 513.00	\$ 706.00
Rebase Complete Lower Denture	D5711	\$ 72.00	\$ 287.00	\$ 403.00	Crown – Full Cast High Noble Metal	D6790	\$ 275.00	\$ 607.00	\$ 819.00
Rebase Upper Partial Denture	D5720	\$ 72.00	\$ 317.00	\$ 431.00	Crown – Full Cast Predominantly Base Metal	D6791	\$ 270.00	\$ 654.00	\$ 855.00
Rebase Lower Partial Denture	D5721	\$ 72.00	\$ 317.00	\$ 431.00	Crown – Full Cast Noble Metal	D6792	\$ 286.00	\$ 648.00	\$ 856.00
Reline Complete Upper Denture (Chairside)	D5730	\$ 72.00	\$ 242.00	\$ 310.00	Recement Fixed Partial Denture	D6930	\$ 11.00	\$ 73.00	\$ 99.00
Reline Complete Lower Denture (Chairside)	D5731	\$ 72.00	\$ 250.00	\$ 318.00	Stress Breaker	D6940	\$ 36.00	\$ 110.00	\$ 169.00
Reline Upper Partial Denture (Chairside)	D5740	\$ 72.00	\$ 219.00	\$ 281.00	Cast Post+Core Addtn Fxd Part Denture Rpr	D6970	\$ 44.00	\$ 151.00	\$ 222.00
Reline Lower Partial Denture (Chairside)	D5741	\$ 72.00	\$ 219.00	\$ 281.00	Cast Post – Part of Fixed Part'l Denture Rpr	D6971	\$ 55.00	\$ 156.00	\$ 218.00
Reline Complete Upper Denture (Laboratory)	D5750	\$ 72.00	\$ 249.00	\$ 340.00	Prefab Post=Core Addtn Fxd Part Denture Rpr	D6972	\$ 55.00	\$ 160.00	\$ 218.00
Reline Complete Lower Denture (Laboratory)	D5751	\$ 72.00	\$ 249.00	\$ 340.00	Core Build Up for Retainer, Including any Pins	D6973	\$ 44.00	\$ 120.00	\$ 166.00
Reline Upper Partial Denture (Laboratory)	D5760	\$ 72.00	\$ 255.00	\$ 344.00	Each Additional Cast Post – Same Tooth	D6976	\$ 66.00	\$ 87.00	\$ 117.00
Reline Lower Partial Denture (Laboratory)	D5761	\$ 72.00	\$ 255.00	\$ 344.00	Each Additional Prefabricated Post – Same Tth	D6977	\$ 61.00	\$ 83.00	\$ 112.00
Tissue Conditioning – Upper	D5850	\$ 18.00	\$ 66.00	\$ 95.00	Fixed Partial Denture Repair - by Report	D6980	\$ 72.00	\$ 72.00	\$ 72.00
Tissue Conditioning – Lower	D5851	\$ 17.00	\$ 65.00	\$ 94.00	Type II – Oral Surgery				
Type III – Pontics					Coronal Remnants – Deciduous Tooth	D7111	\$ 26.00	\$ 68.00	\$ 89.00
Pontic – Cast High Noble Metal	D6210	\$ 281.00	\$ 549.00	\$ 743.00	Extraction – Erupted Tooth or Exposed Root	D7140	\$ 47.00	\$ 85.00	\$ 113.00
Pontic – Cast Predominantly Base Metal	D6211	\$ 264.00	\$ 581.00	\$ 763.00	Surgical Removal of Erupted Tooth	D7210	\$ 75.00	\$ 138.00	\$ 182.00
Pontic – Cast Noble Metal	D6212	\$ 275.00	\$ 569.00	\$ 759.00	Removal of Impacted Tooth – Soft Tissue	D7220	\$ 70.00	\$ 184.00	\$ 240.00
Pontic – Porcelain Fused to High Noble Metal	D6240	\$ 310.00	\$ 518.00	\$ 710.00	Removal of Impacted Tooth – Partially Bony	D7230	\$ 76.00	\$ 219.00	\$ 293.00
Pontic – Porcelain Fused to Predom. Base Metal	D6241	\$ 300.00	\$ 501.00	\$ 679.00	Removal of Impacted Tooth – Completely Bony	D7240	\$ 139.00	\$ 316.00	\$ 403.00
Pontic – Porcelain Fused to Noble Metal	D6242	\$ 280.00	\$ 496.00	\$ 683.00	Surgical Removal of Residual Tooth Roots	D7250	\$ 39.00	\$ 135.00	\$ 182.00
Pontic – Porcelain/Ceramic	D6245	\$ 322.00	\$ 533.00	\$ 731.00	Oroantral Fistula Closure	D7260	\$ 193.00	\$ 1,904.00	\$ 2,365.00
Retainer – Cast Metal/Resin Bond Fxd Prosth	D6545	\$ 176.00	\$ 231.00	\$ 312.00	Tooth Reimplantation and/or Stabilization of	D7270	\$ 165.00	\$ 277.00	\$ 372.00
Retainer – Porc/Ceramic/Resin Bond Fxd Prosth	D6548	\$ 165.00	\$ 264.00	\$ 353.00	Accidentally Evulsed or Displaced Tth/Alveolus				
Inlay – Porcelain/Ceramic, 2 Surfaces	D6600	\$ 242.00	\$ 526.00	\$ 686.00	Tooth Transplantation and/or Stabilization	D7272	\$ 165.00	\$ 669.00	\$ 805.00
Inlay – Porcelain/Ceramic, 3+ Surfaces	D6601	\$ 253.00	\$ 511.00	\$ 679.00	Surg. Exp. Of Impact'd/Unerupt'd Tooth	D7280	\$ 127.00	\$ 250.00	\$ 330.00
Inlay – Cast High Noble Metal, 2 Surfaces	D6602	\$ 242.00	\$ 521.00	\$ 692.00	Surg. Exp. Of Impact'd/Unerupt'd Tth-Aid	D7281	\$ 127.00	\$ 311.00	\$ 399.00
Inlay – Cast High Noble Metal, 3+ Surfaces	D6603	\$ 281.00	\$ 564.00	\$ 753.00	Erup				
Inlay – Cast Predom. Base Metal, 2 Surfaces	D6604	\$ 220.00	\$ 524.00	\$ 692.00	Biopsy of Oral Tissue – Hard (Bone, Tooth)	D7285	\$ 44.00	\$ 661.00	\$ 847.00
Inlay – Cast Predom. Base Metal, 3+ Surfaces	D6605	\$ 253.00	\$ 554.00	\$ 732.00	Biopsy of Oral Tissue – Soft (All Others)	D7286	\$ 44.00	\$ 255.00	\$ 331.00
Inlay – Cast Noble Metal, 2 Surfaces	D6606	\$ 248.00	\$ 515.00	\$ 680.00	Alveoplasty in Conjunction w/Extract-Per Quad	D7310	\$ 66.00	\$ 189.00	\$ 241.00
Inlay – Cast Noble Metal, 3+ Surfaces	D6607	\$ 275.00	\$ 556.00	\$ 740.00	Alveoplasty not Conjunct w/Extract-Per Quad	D7320	\$ 99.00	\$ 271.00	\$ 346.00
Onlay – Porcelain/Ceramic, 2 Surfaces	D6608	\$ 275.00	\$ 481.00	\$ 655.00	Vestibuloplasty-Ridge Ext (2 nd Epithel)	D7340	\$ 132.00	\$ 1,457.00	\$ 1,872.00
Onlay – Porcelain/Ceramic, 3+ Surfaces	D6609	\$ 286.00	\$ 509.00	\$ 691.00	Vestibuloplasty-Ridge Ext (Grafts, Hypertissue)	D7350	\$ 198.00	\$ 4,653.00	\$ 5,950.00
Onlay – Cast High Noble Metal, 2 Surfaces	D6610	\$ 237.00	\$ 565.00	\$ 750.00	Excision of Malignant Tumor-up to 1.25 cm	D7440	\$ 149.00	\$ 941.00	\$ 1,233.00
Onlay – Cast High Noble Metal, 3+ Surfaces	D6611	\$ 292.00	\$ 587.00	\$ 789.00	Excision of Malignant Tumor - > than 1.25cm	D7441	\$ 193.00	\$ 1,531.00	\$ 1,985.00
Onlay – Cast Predom. Base Metal, 2 Surfaces	D6612	\$ 220.00	\$ 590.00	\$ 774.00	Removal Odontogenic Cyst/Tumor<= 1.25cm	D7450	\$ 209.00	\$ 476.00	\$ 641.00
Onlay – Cast Predom. Base Metal, 3+ Surfaces	D6613	\$ 275.00	\$ 564.00	\$ 756.00	Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$ 127.00	\$ 778.00	\$ 1,038.00
Onlay – Cast Noble Metal, 2 Surfaces	D6614	\$ 231.00	\$ 553.00	\$ 733.00	Removal Nonodontogenic Cyst/Tmr<=1.25cm	D7460	\$ 226.00	\$ 492.00	\$ 658.00
Onlay – Cast Noble Metal, 3+ Surfaces	D6615	\$ 297.00	\$ 536.00	\$ 723.00	Removal Nonodontogenic Cyst/Tmr > 1.25 cm	D7461	\$ 264.00	\$ 810.00	\$ 1,077.00
					Removal of Exostosis – Per Site	D7471	\$ 69.00	\$ 586.00	\$ 758.00
					Removal of Toral Palantinus	D7472	\$ 176.00	\$ 679.00	\$ 882.00
					Removal of Torus Mandibularus	D7473	\$ 176.00	\$ 636.00	\$ 828.00
					Surgical Reduction of Osseous Tuberosity	D7485	\$ 176.00	\$ 559.00	\$ 730.00

COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY	APPROX. NON-NETWORK COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY	APPROX. NON-NETWORK COPAY
Type II – Oral Surgery cont.					Type/Miscellaneous Services				
I/D of Abscess – Intraoral Soft Tissue	D7510	\$ 41.00	\$ 166.00	\$ 216.00	I Palliative (Emergency) Treatment	D9110	\$ 12.00	\$ 39.00	\$ 60.00
I/D of Abscess – Extraoral Soft Tissue	D7520	\$ 88.00	\$ 796.00	\$ 1,032.00	III General Anesthesia – First 30 Minutes *	D9220	\$ 90.00	\$ 229.00	\$ 311.00
Removal of F.B., Skin, or Subc. Areolar Tissue	D7530	\$ 41.00	\$ 298.00	\$ 383.00	III General Anesthesia – Each Add 15 Minutes*	D9221	\$ 26.00	\$ 91.00	\$ 126.00
Removal of Reaction Producing Foreign Bodies	D7540	\$ 88.00	\$ 271.00	\$ 365.00	III Analgesia, Anxiolysis, Inhal Nitrous Oxide*	D9230	\$ 12.00	\$ 15.00	\$ 27.00
Sequestrectomy for Osteomyelitis	D7550	\$ 41.00	\$ 259.00	\$ 317.00	III IV Sedation/Analgesia – First 30 Min*	D9241	\$ 130.00	\$ 119.00	\$ 184.00
Maxillary Sinusotomy for Removal of Tooth	D7560	\$ 41.00	\$ 1,772.00	\$ 2,239.00	III IV Sedation/Analgesia – Each Add 15 Min*	D9242	\$ 28.00	\$ 73.00	\$ 101.00
Suture of Recent Small Wounds up to 5cm	D7910	\$ 41.00	\$ 277.00	\$ 353.00	III Non-IV Conscious Sedation *	D9248	\$ 46.00	\$ 13.00	\$ 28.00
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$ 77.00	\$ 248.00	\$ 294.00	I Consultation	D9310	No Charge	\$ 85.00	\$ 173.00
Excision of Hyperplastic Tissue – Per Arch	D7970	\$ 74.00	\$ 387.00	\$ 499.00	I Office Visit for Observ- Dur. Reg Schd hrs	D9430	No Charge	\$ 13.00	\$ 59.00
Excision of Pericoronal Gingiva	D7971	\$ 58.00	\$ 97.00	\$ 132.00	II Therapeutic Drug Injection (Only Antibiotics Are Covered)	D9610	\$ 33.00	\$ 43.00	\$ 54.00
Surgical Reduction of Fibrous Tuberosity	D7972	\$ 220.00	\$ 372.00	\$ 505.00	II Treatment of Complications (Post Surgical)	D9930	\$ 11.00	\$ 23.00	\$ 26.00
Sialolithotomy	D7980	\$ 193.00	\$ 787.00	\$ 947.00	III Occlusal Guard (For Bruxism)	D9940	\$ 60.00	\$ 325.00	\$ 420.00
Closure of Salivary Fistula	D7983	\$ 193.00	\$ 1,718.00	\$ 2,130.00	III Occlusal Adjustment - Limited	D9951	\$ 35.00	\$ 91.00	\$ 118.00
					III Occlusal Adjustment – Complete	D9952	\$ 83.00	\$ 501.00	\$ 650.00
					* Covered Only when performed in conjunction with covered oral surgery				

Underwritten by American Fidelity Assurance Company
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