

**SECURECARE DENTAL**  
**The Copay Plan • Plan 120**  
**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 participating general dentist 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 non-network **general dentist**. 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 non-network 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.

**ORTHODONTICS**

Please refer to the “Orthodontic Attachment” for specific coverage. No Referral is necessary to see an orthodontist.

| COVERED SERVICES                               | ADA CODE | NETWORK GENERAL DENTIST COPAY  | NETWORK SPECIALIST COPAY | APPROX. NON-NETWORK COPAY |
|--|----------|--------------------------------|--------------------------|---------------------------|
| <b>Type I – Diagnostic/Evaluation Services</b> |          |                                |                          |                           |
| Office Visit                                   | D0999    | See ID Card or Benefit Summary |                          |                           |
| Periodic Oral Exam                             | D0120    | 10.00                          | 24.00                    | \$31.00                   |
| Limited Oral Exam – Problem Focused            | D0140    | 10.00                          | 44.00                    | 56.00                     |
| Comprehensive Oral Exam                        | D0150    | 10.00                          | 44.00                    | 57.00                     |
| Extensive Oral Evaluation – Problem Focused    | D0160    | 10.00                          | 142.00                   | 177.00                    |
| Re Evaluation – Limited, Problem Focused       | D0170    | 10.00                          | 30.00                    | 39.00                     |
| New or Est                                     |          |                                |                          |                           |

| COVERED SERVICES                                     | ADA CODE | NETWORK GENERAL DENTIST COPAY | NETWORK SPECIALIST COPAY | APPROX NON-NETWORK COPAY |
|--|----------|-------------------------------|--------------------------|--------------------------|
| <b>Type I – Diagnostic/Evaluation Services cont.</b> |          |                               |                          |                          |
| Comprehensive Periodontal Evaluations, New or Est    | D0180    | \$10.00                       | \$46.00                  | \$67.00                  |
| Intraoral – Complete Series (includes bitewings)     | D0210    | No Charge                     | 11.00                    | 15.00                    |
| Intraoral – Periapical – 1 <sup>st</sup> film        | D0220    | No Charge                     | 8.00                     | 11.00                    |
| Intraoral – Periapical – Each Additional Film        | D0230    | No Charge                     | 16.00                    | 21.00                    |
| Intraoral – Occlusal Film                            | D0240    | No Charge                     | 15.00                    | 23.00                    |
| Extraoral – 1 <sup>st</sup> Film                     | D0250    | No Charge                     | 20.00                    | 28.00                    |
| Extraoral – Each Additional Film                     | D0260    | No Charge                     | 11.00                    | 15.00                    |
| Bitewing – 1 Film                                    | D0270    | No Charge                     | 15.00                    | 21.00                    |
| Bitewing – 2 Films                                   | D0272    | No Charge                     | 19.00                    | 28.00                    |
| Bitewing – 4 Films                                   | D0274    | No Charge                     | 63.00                    | 76.00                    |
| Vertical Bitewings – 7 to 8 films                    | D0277    | No Charge                     | 36.00                    | 51.00                    |
| Panoramic Film                                       | D0330    | No Charge                     | 34.00                    | 41.00                    |
| Pulp Vitality Tests                                  | D0460    | No Charge                     | 28.00                    | 43.00                    |
| Diagnostic Casts                                     | D0470    | No Charge                     | 46.00                    | 67.00                    |
| <b>Type I – Preventative Services</b>                |          |                               |                          |                          |
| Prophy – Adult                                       | D1110    | 10.00                         | 28.00                    | 42.00                    |
| Prophy – Child                                       | D1120    | 10.00                         | 24.00                    | 33.00                    |
| Fluoride – (Including Prophy) Child                  | D1201    | 12.00                         | 39.00                    | 51.00                    |
| Fluoride–(Prophy Not Included) Child                 | D1203    | No Charge                     | 23.00                    | 28.00                    |
| Fluoride–(Prophy Not Incl)Adult-Up to Age 16         | D1204    | No Charge                     | 24.00                    | 29.00                    |
| Fluoride - (Including Prophy)Adult-Up to Age16       | D1205    | 12.00                         | 34.00                    | 48.00                    |
| Sealant (One/3 yrs Permanent Molars Up to Age16)     | D1351    | 20.00                         | 35.00                    | 42.00                    |
| Space Maintainer – Fixed – Unilateral                | D1510    | 51.00                         | 146.00                   | 193.00                   |
| Space Maintainer – Fixed – Bilateral                 | D1515    | 51.00                         | 156.00                   | 218.00                   |
| Space Maintainer – Removable – Unilateral            | D1520    | 51.00                         | 186.00                   | 244.00                   |
| Space Maintainer – Removable – Bilateral             | D1525    | 51.00                         | 238.00                   | 318.00                   |
| Recementation of Space Maintainer (Once only)        | D1550    | 15.00                         | 44.00                    | 54.00                    |
| <b>Type II - Restorative Dentistry</b>               |          |                               |                          |                          |
| Amalgam – 1 Surface, Permanent                       | D2140    | 30.00                         | 89.00                    | 111.00                   |
| Amalgam – 2 Surfaces, Permanent                      | D2150    | 30.00                         | 108.00                   | 136.00                   |
| Amalgam – 3 Surfaces, Permanent                      | D2160    | 30.00                         | 130.00                   | 164.00                   |
| Amalgam – 4+ Surfaces, Permanent                     | D2161    | 26.00                         | 139.00                   | 180.00                   |
| Resin-Based Composite – 1 Surface, Anterior          | D2330    | 40.00                         | 88.00                    | 109.00                   |
| Resin-Based Composite – 2 Surfaces, Anterior         | D2331    | 40.00                         | 96.00                    | 123.00                   |
| Resin-Based Composite – 3 Surfaces, Anterior         | D2332    | 40.00                         | 111.00                   | 145.00                   |
| Resin-Based Composite – 4+ Surfaces, Anterior        | D2335    | 40.00                         | 133.00                   | 173.00                   |
| Resin-Based Composite Crown, Anterior                | D2390    | 29.00                         | 237.00                   | 282.00                   |
| Resin-Based Composite – 1 Surface, Posterior         | D2391    | 40.00                         | 92.00                    | 117.00                   |
| Resin-Based Composite – 2 Surfaces, Posterior        | D2392    | 40.00                         | 111.00                   | 144.00                   |
| Resin-Based Composite – 3 Surfaces, Posterior        | D2393    | 45.00                         | 128.00                   | 169.00                   |
| Resin-Based Composite – 4+ Surfaces, Posterior       | D2394    | 45.00                         | 162.00                   | 213.00                   |
| <b>Type III – Onlays, Crowns and Bridges</b>         |          |                               |                          |                          |
| Inlay – Metallic – 1 Surface                         | D2510    | 133.00                        | 472.00                   | 578.00                   |
| Inlay – Metallic – 2 Surfaces                        | D2520    | 158.00                        | 466.00                   | 586.00                   |
| Inlay – Metallic – 3+ Surfaces                       | D2530    | 214.00                        | 576.00                   | 715.00                   |
| Onlay – Metallic – 2 Surfaces                        | D2542    | 209.00                        | 545.00                   | 681.00                   |
| Onlay – Metallic – 3 Surfaces                        | D2543    | 219.00                        | 501.00                   | 643.00                   |
| Onlay – Metallic – 4+ Surfaces                       | D2544    | 219.00                        | 521.00                   | 669.00                   |

| 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 |
|--|----------|-------------------------------|--------------------------|---------------------------|--|----------|-------------------------------|--------------------------|---------------------------|
| <b>Type III – Onlays, Crowns &amp; Bridges cont.</b> |          |                               |                          |                           | <b>Type III – Endodontics cont.</b>                        |          |                               |                          |                           |
| Inlay – Porcelain/Ceramic – 1 Surface                | D2610    | \$148.00                      | \$568.00                 | \$692.00                  | Pulpal Therapy Posterior, Primary                          | D3240    | \$36.00                       | \$111.00                 | \$139.00                  |
| Inlay – Porcelain/Ceramic – 2 Surfaces               | D2620    | 214.00                        | 575.00                   | 707.00                    | Root Canal – Anterior (Excl Final Restoration)             | D3310    | 180.00                        | 371.00                   | 476.00                    |
| Inlay – Porcelain/Ceramic – 3+ Surfaces              | D2630    | 230.00                        | 551.00                   | 691.00                    | Root Canal – Bicuspid (Excl. Final Restoration)            | D3320    | 185.00                        | 385.00                   | 513.00                    |
| Onlay – Porcelain/Ceramic – 2 Surfaces               | D2642    | 204.00                        | 569.00                   | 706.00                    | Root Canal – Molar (Excl. Final Restoration)               | D3330    | 275.00                        | 550.00                   | 715.00                    |
| Onlay – Porcelain/Ceramic – 3 Surfaces               | D2643    | 214.00                        | 548.00                   | 695.00                    | Treatment of Root Canal Obstruction, non surg.             | D3331    | 92.00                         | 124.00                   | 159.00                    |
| Onlay – Porcelain/Ceramic – 4+ Surfaces              | D2644    | 316.00                        | 508.00                   | 663.00                    | Incomplete Endo. Therapy, Inoperable, Fractured            | D3332    | 122.00                        | 378.00                   | 468.00                    |
| Inlay – Resin-Based Composite – 1 Surface            | D2650    | 77.00                         | 338.00                   | 420.00                    | Internal Root Repair of Perforation Defects                | D3333    | 117.00                        | 152.00                   | 182.00                    |
| Inlay – Resin-Based Composite – 2 Surfaces           | D2651    | 107.00                        | 388.00                   | 486.00                    | Retreatment of Previous RCT – Anterior                     | D3346    | 214.00                        | 630.00                   | 770.00                    |
| Inlay – Resin-Based Composite – 3+ Surfaces          | D2652    | 143.00                        | 403.00                   | 505.00                    | Retreatment of Previous RCT – Bicuspid                     | D3347    | 291.00                        | 734.00                   | 900.00                    |
| Onlay – Resin-Based Composite – 2 Surfaces           | D2662    | 138.00                        | 344.00                   | 433.00                    | Retreatment of Previous RCT – Molar                        | D3348    | 306.00                        | 808.00                   | 1,007.00                  |
| Onlay – Resin-Based Composite – 3 Surfaces           | D2663    | 179.00                        | 427.00                   | 531.00                    | Apexification/Recalcification – Initial Visit              | D3351    | 31.00                         | 239.00                   | 299.00                    |
| Crown – Resin – Lab                                  | D2710    | 97.00                         | 236.00                   | 299.00                    | Apexification/Recalcification – Med Replace                | D3352    | 31.00                         | 82.00                    | 108.00                    |
| Crown – Resin Fused to High Noble Metal              | D2720    | 270.00                        | 577.00                   | 732.00                    | Apexification/Recalcification – Final Visit                | D3353    | 31.00                         | 372.00                   | 459.00                    |
| Crown – Resin Fused to Base Metal                    | D2721    | 260.00                        | 575.00                   | 722.00                    | Apicoectomy/Periradicular – Anterior                       | D3410    | 148.00                        | 502.00                   | 622.00                    |
| Crown – Resin Fused to Noble Metal                   | D2722    | 265.00                        | 586.00                   | 735.00                    | Apicoectomy/Periradicular – Bicuspid, 1st Root             | D3421    | 137.00                        | 492.00                   | 623.00                    |
| Crown – Porcelain/Ceramic Substrate                  | D2740    | 325.00                        | 704.00                   | 864.00                    | Apicoectomy/Periradicular – Molar, 1st Root                | D3425    | 153.00                        | 566.00                   | 713.00                    |
| Crown – Porcelain Fused to High Noble Metal          | D2750    | 325.00                        | 543.00                   | 701.00                    | Apicoectomy/Periradicular Each Add. Root                   | D3426    | 31.00                         | 90.00                    | 139.00                    |
| Crown – Porcelain Fused to Predom. Base Metal        | D2751    | 265.00                        | 503.00                   | 650.00                    | Retrograde Filling – Per Root                              | D3430    | 31.00                         | 137.00                   | 174.00                    |
| Crown – Porcelain Fused to Noble Metal               | D2752    | 260.00                        | 489.00                   | 640.00                    | Root Amputation – Per Root                                 | D3450    | 68.00                         | 260.00                   | 333.00                    |
| Crown – ¾ Cast High Noble Metal                      | D2780    | 311.00                        | 566.00                   | 717.00                    | Hemisection (Incl any Root Rem)-Not Incl RCT               | D3920    | 68.00                         | 238.00                   | 295.00                    |
| Crown – ¾ Cast Predominantly Base Metal              | D2781    | 245.00                        | 509.00                   | 651.00                    | Canal Preparation/Post Fitting                             | D3950    | No Charge                     | No Charge                | 149.00                    |
| Crown – ¾ Cast Noble Metal                           | D2782    | 250.00                        | 510.00                   | 657.00                    | <b>Type III – Periodontics</b>                             |          |                               |                          |                           |
| Crown – ¾ Porcelain/Ceramic                          | D2783    | 245.00                        | 582.00                   | 737.00                    | Gingivectomy/Gingivoplasty – 4+ teeth/quad                 | D4210    | 148.00                        | 500.00                   | 609.00                    |
| Crown – Full Cast High Noble Metal                   | D2790    | 265.00                        | 553.00                   | 705.00                    | Gingivectomy/Gingivoplasty – 1-3 teeth/quad                | D4211    | 41.00                         | 205.00                   | 251.00                    |
| Crown – Full Cast Predominantly Base Metal           | D2791    | 235.00                        | 574.00                   | 718.00                    | Gingival Flap-Inc. Root Planing, 4+ teeth/quad             | D4240    | 189.00                        | 495.00                   | 623.00                    |
| Crown – Full Cast Noble Metal                        | D2792    | 255.00                        | 559.00                   | 706.00                    | Gingival Flap-Inc. Root Planing, 1-3 teeth/quad            | D4241    | 122.00                        | 254.00                   | 320.00                    |
| Recement Inlay                                       | D2910    | 12.00                         | 44.00                    | 58.00                     | Crown Lengthening Hard Tissue(Only when Performed w/Crown) | D4249    | 255.00                        | 547.00                   | 694.00                    |
| Recement Crown                                       | D2920    | 12.00                         | 47.00                    | 61.00                     | Osseous Surgery – 4+ teeth/quad                            | D4260    | 306.00                        | 895.00                   | 1,102.00                  |
| Prefabricated Stainless Steel Crown –Primary         | D2930    | 47.00                         | 148.00                   | 187.00                    | Osseous Surgery – 1-3 teeth/quad                           | D4261    | 199.00                        | 397.00                   | 505.00                    |
| Prefabricated Stainless Steel Crown –Permanent       | D2931    | 43.00                         | 167.00                   | 210.00                    | Pedicle Soft Tissue Graft Procedure                        | D4270    | 66.00                         | 666.00                   | 819.00                    |
| Prefabricated Resin Crown                            | D2932    | 58.00                         | 205.00                   | 252.00                    | Free Soft Tissue Graft Procedure                           | D4271    | 143.00                        | 623.00                   | 781.00                    |
| Sedative Filling                                     | D2940    | 5.00                          | 52.00                    | 67.00                     | Subepithelial Connective Tissue Graft                      | D4273    | 337.00                        | 617.00                   | 785.00                    |
| Core Build Up, Including any Pins                    | D2950    | 43.00                         | 158.00                   | 195.00                    | Distal Wedge   | D4274    | 184.00                        | 123.00                   | 170.00                    |
| Pin Retention–Per Tooth In Add. To Restoration       | D2951    | 10.00                         | 30.00                    | 38.00                     | Soft Tissue Allgraft                                       | D4275    | 255.00                        | 321.00                   | 416.00                    |
| Cast Post and Core in Addition to Crown              | D2952    | 58.00                         | 220.00                   | 276.00                    | Comb. Connective Tissue/Double Pedicle Graft               | D4276    | 342.00                        | 658.00                   | 840.00                    |
| Prefabricated Post and Core in Add. To Crown         | D2954    | 62.00                         | 181.00                   | 227.00                    | Intracoronar Splint  | D4320    | 72.00                         | 290.00                   | 361.00                    |
| Post Removal (not in conjunction w/Endo)             | D2955    | No Charge                     | 163.00                   | 198.00                    | Extracoronar Splint  | D4321    | 71.00                         | 258.00                   | 320.00                    |
| Each Add. Prefabricated Post – same tooth            | D2957    | 26.00                         | 66.00                    | 89.00                     | Perio. Scaling & Root Planing – 4+ teeth/quad              | D4341    | 65.00                         | 146.00                   | 185.00                    |
| Labial Veneer (resin laminate) – Chairside           | D2960    | 133.00                        | 523.00                   | 636.00                    | Perio. Scaling & Root Planing – 1-3 teeth/quad             | D4342    | 44.00                         | 93.00                    | 115.00                    |
| Labial Veneer (resin laminate) – Laboratory          | D2961    | 230.00                        | 552.00                   | 678.00                    | Full Mouth Debridement                                     | D4355    | 50.00                         | 121.00                   | 147.00                    |
| Labial Veneer (porcelain laminate) – Laboratory      | D2962    | 240.00                        | 607.00                   | 745.00                    | Periodontal Maintenance Procedures                         | D4910    | 46.00                         | 106.00                   | 129.00                    |
| Temporary Crown (fractured tooth)                    | D2970    | No Charge                     | 154.00                   | 187.00                    | <b>Type III – Removable Prosthetics</b>                    |          |                               |                          |                           |
| Crown Repair, By Report                              | D2980    | 41.00                         | 41.00                    | 41.00                     | Complete Denture – Upper                                   | D5110    | 350.00                        | 809.00                   | 1,038.00                  |
| <b>Type III – Endodontics</b>                        |          |                               |                          |                           | Complete Denture – Lower                                   | D5120    | 350.00                        | 809.00                   | 1,038.00                  |
| Pulp Cap–Direct (Excluding Final Restoration)        | D3110    | 13.00                         | 49.00                    | 60.00                     | Immediate Denture – Upper                                  | D5130    | 337.00                        | 865.00                   | 1,114.00                  |
| Pulp Cap–Indirect (Excluding Final Restoration)      | D3120    | 10.00                         | 33.00                    | 41.00                     | Immediate Denture – Lower                                  | D5140    | 337.00                        | 865.00                   | 1,114.00                  |
| Therapeutic Pulpotomy (Excl Final Restoration)       | D3220    | 43.00                         | 95.00                    | 120.00                    | Upper Partial Denture – Resin Base                         | D5211    | 260.00                        | 851.00                   | 1,044.00                  |
| Pulpal Debridement, Primary and Permanent            | D3221    | 31.00                         | 113.00                   | 140.00                    | Lower Partial Denture – Resin Base                         | D5212    | 260.00                        | 998.00                   | 1,223.00                  |
| Pulpal Therapy Anterior, Primary                     | D3230    | 41.00                         | 100.00                   | 126.00                    | Upper Partial – Cast Metal with Resin Base                 | D5213    | 380.00                        | 950.00                   | 1,203.00                  |

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|---|----------|-------------------------------|--------------------------|---------------------------|---|----------|-------------------------------|--------------------------|---------------------------|
| <b>Type III – Removable Prosthetics cont.</b>             |          |                               |                          |                           | <b>Type III – Pontics cont.</b>   |          |                               |                          |                           |
| Lower Partial – Cast Metal with Resin Base                | D5214    | \$380.00                      | \$950.00                 | \$1,203.00                | Onlay – Porcelain/Ceramic, 3+ Surfaces  | D6609    | \$265.00                      | \$494.00                 | \$633.00                  |
| Removable Unilateral Partial – 1 Pc Cast Metal            | D5281    | 173.00                        | 579.00                   | 727.00                    | Onlay – Cast High Noble Metal, 2 Surfaces   | D6610    | 219.00                        | 548.00                   | 690.00                    |
| Adjust Complete Denture – Upper                           | D5410    | 15.00                         | 53.00                    | 66.00                     | Onlay – Cast High Noble Metal, 3+ Surfaces  | D6611    | 270.00                        | 569.00                   | 724.00                    |
| Adjust Complete Denture – Lower                           | D5411    | 15.00                         | 53.00                    | 66.00                     | Onlay – Cast Predom. Base Metal, 2 Surfaces   | D6612    | 204.00                        | 572.00                   | 712.00                    |
| Adjust Partial Denture – Upper                            | D5421    | 15.00                         | 47.00                    | 60.00                     | Onlay – Cast Predom. Base Metal, 3+ Surfaces  | D6613    | 255.00                        | 547.00                   | 694.00                    |
| Adjust Partial Denture – Lower                            | D5422    | 15.00                         | 47.00                    | 60.00                     | Onlay – Cast Noble Metal, 2 Surfaces  | D6614    | 214.00                        | 535.00                   | 673.00                    |
| Repair Broken Complete Denture Base                       | D5510    | 37.00                         | 97.00                    | 122.00                    | Onlay – Cast Noble Metal, 3+ Surfaces   | D6615    | 275.00                        | 519.00                   | 662.00                    |
| Replace Missing or Broken Teeth – Per Tooth               | D5520    | 31.00                         | 79.00                    | 100.00                    | Crown – Resin Fused to High Noble Metal   | D6720    | 255.00                        | 635.00                   | 799.00                    |
| Repair Resin Denture Base                                 | D5610    | 31.00                         | 100.00                   | 127.00                    | Crown – Resin Fused to Base Metal   | D6721    | 240.00                        | 635.00                   | 791.00                    |
| Repair Cast Framework                                     | D5620    | 36.00                         | 103.00                   | 132.00                    | Crown – Resin Fused to Noble Metal  | D6722    | 245.00                        | 630.00                   | 788.00                    |
| Repair or Replace Broken Clasp                            | D5630    | 36.00                         | 140.00                   | 176.00                    | Crown – Porcelain/Ceramic Substrate   | D6740    | 362.00                        | 643.00                   | 815.00                    |
| Replace Broken Teeth – Per Tooth                          | D5640    | 36.00                         | 99.00                    | 122.00                    | Crown – Porcelain Fused to High Noble Metal   | D6750    | 350.00                        | 616.00                   | 784.00                    |
| Add Tooth to Existing Partial Denture                     | D5650    | 36.00                         | 129.00                   | 160.00                    | Crown – Porcelain Fused to Predom. Base Metal   | D6751    | 235.00                        | 517.00                   | 673.00                    |
| Add Clasp to Existing Partial Denture                     | D5660    | 36.00                         | 136.00                   | 174.00                    |   |          |                               |                          |                           |
| Replace All Teeth and Acrylic on Cast Metal Frame (Upper) | D5670    | 128.00                        | 351.00                   | 443.00                    | Crown – Porcelain Fused to Noble Metal  | D6752    | 350.00                        | 626.00                   | 787.00                    |
| Replace All Teeth and Acrylic on Cast Metal Frame (Lower) | D5671    | 128.00                        | 351.00                   | 443.00                    | Crown – ¾ Cast High Noble Metal   | D6780    | 289.00                        | 602.00                   | 760.00                    |
| Rebase Complete Upper Denture                             | D5710    | 66.00                         | 303.00                   | 396.00                    | Crown – ¾ Cast Predominantly Base Metal   | D6781    | 245.00                        | 584.00                   | 742.00                    |
| Rebase Complete Lower Denture                             | D5711    | 66.00                         | 283.00                   | 372.00                    | Crown – ¾ Cast Noble Metal  | D6782    | 240.00                        | 500.00                   | 647.00                    |
| Rebase Upper Partial Denture                              | D5720    | 66.00                         | 312.00                   | 399.00                    | Crown – Full Cast High Noble Metal  | D6790    | 255.00                        | 589.00                   | 752.00                    |
| Rebase Lower Partial Denture                              | D5721    | 66.00                         | 312.00                   | 399.00                    | Crown – Full Cast Predominantly Base Metal  | D6791    | 250.00                        | 634.00                   | 787.00                    |
| Reline Complete Upper Denture (Chairside)                 | D5730    | 66.00                         | 235.00                   | 288.00                    | Crown – Full Cast Noble Metal   | D6792    | 265.00                        | 627.00                   | 786.00                    |
| Reline Complete Lower Denture (Chairside)                 | D5731    | 66.00                         | 243.00                   | 296.00                    | Recement Fixed Partial Denture  | D6930    | 10.00                         | 72.00                    | 91.00                     |
| Reline Upper Partial Denture (Chairside)                  | D5740    | 66.00                         | 212.00                   | 261.00                    | Stress Breaker  | D6940    | 33.00                         | 109.00                   | 154.00                    |
| Reline Lower Partial Denture (Chairside)                  | D5741    | 66.00                         | 212.00                   | 261.00                    | Cast Post and Core in Addition to Fixed Partial Denture Retainer                            | D6970    | 41.00                         | 149.00                   | 204.00                    |
| Reline Complete Upper Denture (Laboratory)                | D5750    | 66.00                         | 244.00                   | 314.00                    | Cast Post – Part of Fixed Part'l Denture Retainer   | D6971    | 51.00                         | 152.00                   | 200.00                    |
| Reline Complete Lower Denture (Laboratory)                | D5751    | 66.00                         | 244.00                   | 314.00                    | Prefabricated Post & Core in Add to Fixed Partial Denture Repair                            | D6972    | 51.00                         | 157.00                   | 201.00                    |
| Reline Upper Partial Denture (Laboratory)                 | D5760    | 66.00                         | 250.00                   | 319.00                    | Core Build Up for Retainer, Including any Pins  | D6973    | 41.00                         | 117.00                   | 153.00                    |
| Reline Lower Partial Denture (Laboratory)                 | D5761    | 66.00                         | 250.00                   | 319.00                    | Each Additional Cast Post – Same Tooth  | D6976    | 61.00                         | 84.00                    | 107.00                    |
| Tissue Conditioning – Upper                               | D5850    | 16.00                         | 65.00                    | 87.00                     | Each Additional Prefabricated Post – Same Tooth   | D6977    | 56.00                         | 79.00                    | 101.00                    |
| Tissue Conditioning – Lower                               | D5851    | 15.00                         | 64.00                    | 86.00                     |   |          |                               |                          |                           |
| <b>Type III – Pontics</b>                                 |          |                               |                          |                           | <b>Type II – Oral Surgery</b>   |          |                               |                          |                           |
| Pontic – Cast High Noble Metal                            | D6210    | 260.00                        | 533.00                   | 682.00                    | Coronal Remnants – Deciduous Tooth  | D7111    | 24.00                         | 68.00                    | 84.00                     |
| Pontic – Cast Predominantly Base Metal                    | D6211    | 245.00                        | 562.00                   | 702.00                    | Extraction – Erupted Tooth or Exposed Root  | D7140    | 40.00                         | 79.00                    | 100.00                    |
| Pontic – Cast Noble Metal                                 | D6212    | 255.00                        | 551.00                   | 696.00                    | Surgical Removal of Erupted Tooth   | D7210    | 78.00                         | 139.00                   | 173.00                    |
| Pontic – Porcelain Fused to High Noble Metal              | D6240    | 296.00                        | 485.00                   | 632.00                    | Removal of Impacted Tooth – Soft Tissue   | D7220    | 69.00                         | 179.00                   | 222.00                    |
| Pontic – Porcelain Fused to Predom. Base Metal            | D6241    | 291.00                        | 475.00                   | 611.00                    | Removal of Impacted Tooth – Partially Bony  | D7230    | 78.00                         | 220.00                   | 277.00                    |
| Pontic – Porcelain Fused to Noble Metal                   | D6242    | 265.00                        | 462.00                   | 605.00                    | Removal of Impacted Tooth – Completely Bony   | D7240    | 143.00                        | 315.00                   | 382.00                    |
| Pontic – Porcelain/Ceramic                                | D6245    | 299.00                        | 517.00                   | 669.00                    | Surgical Removal of Residual Tooth Roots  | D7250    | 37.00                         | 130.00                   | 166.00                    |
| Retainer – Cast Metal/Resin Bond Fxd Prosthesis           | D6545    | 163.00                        | 223.00                   | 284.00                    | Oroantral Fistula Closure   | D7260    | 179.00                        | 1,857.00                 | 2,213.00                  |
| Retainer – Porc/Ceramic/Resin Bond Fxd Prosth.            | D6548    | 153.00                        | 255.00                   | 323.00                    | Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tth/Alveolus | D7270    | 153.00                        | 271.00                   | 345.00                    |
| Inlay – Porcelain/Ceramic, 2 Surfaces                     | D6600    | 224.00                        | 508.00                   | 631.00                    | Tooth Transplantation and/or Stabilization  | D7272    | 153.00                        | 647.00                   | 752.00                    |
| Inlay – Porcelain/Ceramic, 3+ Surfaces                    | D6601    | 235.00                        | 495.00                   | 624.00                    | Surg. Exp. Of Impact'd/Unerupt'd Tooth-Ortho  | D7280    | 117.00                        | 331.00                   | 412.00                    |
| Inlay – Cast High Noble Metal, 2 Surfaces                 | D6602    | 224.00                        | 505.00                   | 636.00                    | Surg. Exp. Of Impact'd/Unerupt'd Tth-Aid  | D7281    | 117.00                        | 303.00                   | 371.00                    |
| Inlay – Cast High Noble Metal, 3+ Surfaces                | D6603    | 260.00                        | 546.00                   | 691.00                    | Erup  |          |                               |                          |                           |
| Inlay – Cast Predom. Base Metal, 2 Surfaces               | D6604    | 204.00                        | 508.00                   | 637.00                    | Biopsy of Oral Tissue – Hard (Bone, Tooth)  | D7285    | 41.00                         | 649.00                   | 792.00                    |
| Inlay – Cast Predom. Base Metal, 3+ Surfaces              | D6605    | 235.00                        | 537.00                   | 674.00                    | Biopsy of Oral Tissue – Soft (All Others)   | D7286    | 41.00                         | 251.00                   | 309.00                    |
| Inlay – Cast Noble Metal, 2 Surfaces                      | D6606    | 230.00                        | 498.00                   | 625.00                    | Alveoplasty in Conjunction w/Extract-Per Quad   | D7310    | 61.00                         | 185.00                   | 225.00                    |
| Inlay – Cast Noble Metal, 3+ Surfaces                     | D6607    | 255.00                        | 539.00                   | 679.00                    |   |          |                               |                          |                           |
| Onlay – Porcelain/Ceramic, 2 Surfaces                     | D6608    | 255.00                        | 466.00                   | 600.00                    |   |          |                               |                          |                           |

| COVERED SERVICES  | ADA CODE | NETWORK GENERAL PATIENT COPAY | NETWORK SPECIALIST COPAY | APPROX. NON-NETWORK COPAY |
|---|----------|-------------------------------|--------------------------|---------------------------|
| <b>Type II – Oral Surgery cont.</b>                                   |          |                               |                          |                           |
| Alveoplasty not in Conjunction w/Extract-Per Quad                     | D7320    | \$92.00                       | \$834.00                 | \$1,013.00                |
| Vestibuloplasty-Ridge Ext (2 <sup>nd</sup> Epithelialization)         | D7340    | 122.00                        | 1,427.00                 | 1,747.00                  |
| Vestibuloplasty-Ridge Ext (Grafts, Hypertissue)                       | D7350    | 184.00                        | 4,563.00                 | 5,563.00                  |
| Excision of Malignant Tumor-up to 1.25 cm                             | D7440    | 138.00                        | 924.00                   | 1,149.00                  |
| Excision of Malignant Tumor - > than 1.25cm                           | D7441    | 179.00                        | 1,502.00                 | 1,852.00                  |
| Removal of Odontogenic Cyst/Tumor <= 1.25cm                           | D7450    | 194.00                        | 467.00                   | 594.00                    |
| Removal of Odontogenic Cyst/Tumor > 1.25cm                            | D7451    | 219.00                        | 764.00                   | 964.00                    |
| Removal of Nonodontogenic Cyst/Tmr<=1.25cm                            | D7460    | 209.00                        | 482.00                   | 609.00                    |
| Removal of Nonodontogenic Cyst/Tmr > 1.25 cm                          | D7461    | 245.00                        | 795.00                   | 1,000.00                  |
| Removal of Exostosis – Per Site                                       | D7471    | 64.00                         | 575.00                   | 707.00                    |
| Removal of Toral Palantinus   | D7472    | 163.00                        | 664.00                   | 821.00                    |
| Removal of Torus Mandibularus   | D7473    | 163.00                        | 622.00                   | 770.00                    |
| Surgical Reduction of Osseous Tuberosity                              | D7485    | 163.00                        | 547.00                   | 679.00                    |
| I/D of Abscess – Intraoral Soft Tissue                                | D7510    | 38.00                         | 163.00                   | 201.00                    |
| I/D of Abscess – Extraoral Soft Tissue                                | D7520    | 82.00                         | 782.00                   | 964.00                    |
| Removal of F.B., Skin, or Subc. Areolar Tissue                        | D7530    | 38.00                         | 292.00                   | 358.00                    |
| Removal of Reaction Producing Foreign Bodies - Musculoskeletal System | D7540    | 82.00                         | 267.00                   | 339.00                    |
| Sequestrectomy for Osteomyelitis                                      | D7550    | 38.00                         | 252.00                   | 297.00                    |
| Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body    | D7560    | 38.00                         | 1,735.00                 | 2,095.00                  |
| Suture of Recent Small Wounds up to 5cm                               | D7910    | 38.00                         | 271.00                   | 329.00                    |
| Frenulectomy (Frenectomy or Frenotomy)                                | D7960    | 71.00                         | 467.00                   | 551.00                    |
| Excision of Hyperplastic Tissue – Per Arch                            | D7970    | 68.00                         | 378.00                   | 465.00                    |
| Excision of Pericoronal Gingiva                                       | D7971    | 53.00                         | 95.00                    | 122.00                    |
| Surgical Reduction of Fibrous Tuberosity                              | D7972    | 204.00                        | 365.00                   | 467.00                    |
| Sialolithotomy  | D7980    | 179.00                        | 761.00                   | 885.00                    |
| Closure of Salivary Fistula   | D7983    | 179.00                        | 1,675.00                 | 1,992.00                  |
| <b>Type/Miscellaneous Services</b>                                    |          |                               |                          |                           |
| I Palliative (Emergency) Treatment                                    | D9110    | 10.00                         | 50.00                    | 66.00                     |
| III General Anesthesia – First 30 Minutes *                           | D9220    | 90.00                         | 281.00                   | 343.00                    |
| III General Anesthesia – Each Add 15 Minutes*                         | D9221    | 26.00                         | 111.00                   | 137.00                    |
| III Analgesia, Anxiolysis, Inhal Nitrous Oxide*                       | D9230    | 10.00                         | 21.00                    | 29.00                     |
| III IV Sedation/Analgesia – First 30 Min*                             | D9241    | 122.00                        | 154.00                   | 203.00                    |
| III IV Sedation/Analgesia – Each Add 15 Min*                          | D9242    | 26.00                         | 89.00                    | 109.00                    |
| III Non-IV Conscious Sedation *                                       | D9248    | 43.00                         | 47.00                    | 58.00                     |
| I Consultation  | D9310    | No Charge                     | 114.00                   | 146.00                    |
| I Office Visit for Observ- Dur. Reg Schd hrs                          | D9430    | No Charge                     | No Charge                | 59.00                     |
| II Therapeutic Drug Injection (Only Antibiotics Are Covered)          | D9610    | 31.00                         | 42.00                    | 55.00                     |
| II Treatment of Complications (Post Surgical)                         | D9930    | 10.00                         | 15.00                    | 26.00                     |
| III Occlusal Guard (For Bruxism)                                      | D9940    | 58.00                         | 90.00                    | 106.00                    |
| III Occlusal Adjustment - Limited                                     | D9951    | 33.00                         | 86.00                    | 106.00                    |
| III Occlusal Adjustment – Complete                                    | D9952    | 77.00                         | 472.00                   | 584.00                    |

Underwritten by American Fidelity Assurance Company  
P. O. Box 25523 Oklahoma City, OK 73125-0523 53701-1191

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\* Covered Only when performed in conjunction with covered oral surgery