

SECURECARE DENTAL

The Copay Plan - Plan Code 110

Schedule of Patient Copayments General Dentist

GENERAL INFORMATION

The Copay Plan is a fee-for-service dental plan designed with convenient copays. Patients are responsible for the copays listed. SECURECARE DENTAL will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule. **When "No Charge" is listed, provider is reimbursed 100% of the SPDO Fee Schedule.**

Lab fees are included in the SPDO Fee Schedule unless indicated specifically by separate code.

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

OFFICE VISIT COPAY See ID CARD

COVERED SERVICES	ADA CODE	COPAY
Type I – Diagnostic/Evaluation Services		
Periodic Oral Exam	D0120	No Charge
Limited Oral Exam – Problem Focused	D0140	No Charge
Comprehensive Oral Exam	D0150	No Charge
Extensive Oral Evaluation – Problem Focused	D0160	No Charge
Re Evaluation – Limited, Prob Focused New/Est	D0170	No Charge
Comprehensive Periodontal Eval, New or Est	D0180	No Charge
Intraoral – Complete Series (includes bitewings)	D0210	No Charge
Intraoral – Periapical – 1 st film	D0220	No Charge
Intraoral – Periapical – Each Additional Film	D0230	No Charge
Intraoral – Occlusal Film	D0240	No Charge
Extraoral – 1 st Film	D0250	No Charge
Extraoral – Each Additional Film	D0260	No Charge
Bitewing – 1 Film	D0270	No Charge
Bitewing – 2 Films	D0272	No Charge
Bitewing – 4 Films	D0274	No Charge
Vertical Bitewings – 7 to 8 films	D0277	No Charge
Panoramic Film	D0330	No Charge
Pulp Vitality Tests	D0460	No Charge
Diagnostic Casts	D0470	No Charge
Type I – Preventative Services		
Prophy – Adult	D1110	No Charge
Prophy – Child	D1120	No Charge
Fluoride – (Including Prophy) Child	D1201	No Charge
Fluoride–(Prophy Not Included) Child	D1203	No Charge

COVERED SERVICES	ADA CODE	COPAY	COVERED SERVICES	ADA CODE	COPAY
Type I – Preventative Services (continued)			Type III – Restorative Dentistry (continued)		
Fluoride–(Prophy Not Incl)Adult-Up to Age 16	D1204	No Charge	Crown – Full Cast Noble Metal	D2792	\$ 250.00
Fluoride - (Including Prophy)Adult-Up to 16	D1205	No Charge	Recement Inlay	D2910	\$ 12.00
Sealant (1/3 yrs Permanent Molars Up to 16)	D1351	\$ 13.00	Recement Crown	D2920	\$ 12.00
Space Maintainer – Fixed – Unilateral	D1510	\$ 50.00	Prefabricated Stainless Steel Crown –Primary	D2930	\$ 42.00
Space Maintainer – Fixed – Bilateral	D1515	\$ 50.00	Prefabricated Stainless Steel Crown –Permanent	D2931	\$ 42.00
Space Maintainer – Removable – Unilateral	D1520	\$ 50.00	Prefabricated Resin Crown	D2932	\$ 57.00
Space Maintainer – Removable – Bilateral	D1525	\$ 50.00	Sedative Filling	D2940	\$ 5.00
Recementation of Space Maintainer (Once only)	D1550	\$ 15.00	Core Build Up, Including any Pins	D2950	\$ 38.00
Type II – Restorative Dentistry			Pin Retention–Per Tooth In Add. To Restoration	D2951	\$ 10.00
Amalgam – 1 Surface, Prim or Perm	D2140	\$ 25.00	Cast Post and Core in Addition to Crown	D2952	\$ 57.00
Amalgam – 2 Surfaces, Prim or Perm	D2150	\$ 25.00	Prefabricated Post and Core in Add. To Crown	D2954	\$ 57.00
Amalgam – 3 Surfaces, Prim or Perm	D2160	\$ 25.00	Post Removal (not in conjunction w/Endo)	D2955	No Charge
Amalgam – 4+ Surfaces, Prim or Perm	D2161	\$ 25.00	Each Add. Prefabricated Post – same tooth	D2957	\$ 25.00
Resin-Based Composite – 1 Surface, Anterior	D2330	\$ 28.00	Labial Veneer (resin laminate) – Chairside	D2960	\$ 130.00
Resin-Based Composite – 2 Surfaces, Anterior	D2331	\$ 28.00	Labial Veneer (resin laminate) – Laboratory	D2961	\$ 225.00
Resin-Based Composite – 3 Surfaces, Anterior	D2332	\$ 28.00	Labial Veneer (porcelain laminate) – Laboratory	D2962	\$ 235.00
Resin-Based Composite – 4+ Surfaces, Anterior	D2335	\$ 28.00	Temporary Crown (fractured tooth)	D2970	No Charge
Resin-Based Composite Crown, Anterior	D2390	\$ 28.00	Crown Repair, By Report	D2980	\$ 40.00
Resin-Based Composite – 1 Surface, Posterior	D2391	\$ 28.00	Type III – Endodontics		
Resin-Based Composite – 2 Surfaces, Posterior	D2392	\$ 28.00	Pulp Cap–Direct (Excluding Final Restoration)	D3110	\$ 13.00
Resin-Based Composite – 3 Surfaces, Posterior	D2393	\$ 28.00	Pulp Cap–Indirect (Excluding Final Restoration)	D3120	\$ 10.00
Resin-Based Composite – 4+ Surfaces, Posterior	D2394	\$ 28.00	Therapeutic Pulpotomy (Excl Final Restoration)	D3220	\$ 38.00
Type III – Restorative Dentistry			Pulpal Debridement, Primary and Permanent	D3221	\$ 30.00
Inlay – Metallic – 1 Surface	D2510	\$ 130.00	Pulpal Therapy Anterior, Primary	D3230	\$ 40.00
Inlay – Metallic – 2 Surfaces	D2520	\$ 155.00	Pulpal Therapy Posterior, Primary	D3240	\$ 35.00
Inlay – Metallic – 3+ Surfaces	D2530	\$ 210.00	Root Canal – Anterior (Excl Final Restoration)	D3310	\$ 155.00
Onlay – Metallic – 2 Surfaces	D2542	\$ 205.00	Root Canal – Bicuspid (Excl. Final Restoration)	D3320	\$ 160.00
Onlay – Metallic – 3 Surfaces	D2543	\$ 215.00	Root Canal – Molar (Excl. Final Restoration)	D3330	\$ 250.00
Onlay – Metallic – 4+ Surfaces	D2544	\$ 215.00	Treatment of Root Canal Obstruction, non surg.	D3331	\$ 90.00
Inlay – Porcelain/Ceramic – 1 Surface	D2610	\$ 145.00	Incomplete Endo. Therapy, Inop, Fractured	D3332	\$ 120.00
Inlay – Porcelain/Ceramic – 2 Surfaces	D2620	\$ 210.00	Internal Root Repair of Perforation Defects	D3333	\$ 115.00
Inlay – Porcelain/Ceramic – 3+ Surfaces	D2630	\$ 225.00	Retreatment of Previous RCT – Anterior	D3346	\$ 210.00
Onlay – Porcelain/Ceramic – 2 Surfaces	D2642	\$ 200.00	Retreatment of Previous RCT – Bicuspid	D3347	\$ 285.00
Onlay – Porcelain/Ceramic – 3 Surfaces	D2643	\$ 210.00	Retreatment of Previous RCT – Molar	D3348	\$ 300.00
Onlay – Porcelain/Ceramic – 4+ Surfaces	D2644	\$ 310.00	Apexification/Recalcification – Initial Visit	D3351	\$ 30.00
Inlay – Resin-Based Composite – 1 Surface	D2650	\$ 75.00	Apexification/Recalcification – Med Replace	D3352	\$ 30.00
Inlay – Resin-Based Composite – 2 Surfaces	D2651	\$ 105.00	Apexification/Recalcification – Final Visit	D3353	\$ 30.00
Inlay – Resin-Based Composite – 3+ Surfaces	D2652	\$ 140.00	Apicoectomy/Periradicular – Anterior	D3410	\$ 145.00
Onlay – Resin-Based Composite – 2 Surfaces	D2662	\$ 135.00	Apicoectomy/Periradicular – Bicuspid, 1st Root	D3421	\$ 134.00
Onlay – Resin-Based Composite – 3 Surfaces	D2663	\$ 175.00	Apicoectomy/Periradicular – Molar, 1st Root	D3425	\$ 150.00
Crown – Resin – Lab	D2710	\$ 95.00	Apicoectomy/Periradicular Each Add. Root	D3426	\$ 30.00
Crown – Resin Fused to High Noble Metal	D2720	\$ 265.00	Retrograde Filling – Per Root	D3430	\$ 30.00
Crown – Resin Fused to Base Metal	D2721	\$ 255.00	Root Amputation – Per Root	D3450	\$ 67.00
Crown – Resin Fused to Noble Metal	D2722	\$ 260.00	Hemisection (Incl any Root Rem)-Not Incl RCT	D3920	\$ 67.00
Crown – Porcelain/Ceramic Substrate	D2740	\$ 290.00	Canal Preparation/Post Fitting	D3950	No Charge
Crown – Porcelain Fused to High Noble Metal	D2750	\$ 290.00	Type III – Periodontics		
Crown – Porcelain Fused to Predom. Base Metal	D2751	\$ 240.00	Gingivectomy/Gingivoplasty – 4+ teeth/quad	D4210	\$ 145.00
Crown – Porcelain Fused to Noble Metal	D2752	\$ 260.00	Gingivectomy/Gingivoplasty – 1-3 teeth/quad	D4211	\$ 40.00
Crown – ¾ Cast High Noble Metal	D2780	\$ 305.00	Gingival Flap-Inc. Root Planing, 4+ teeth/quad	D4240	\$ 185.00
Crown – ¾ Cast Predominantly Base Metal	D2781	\$ 240.00	Gingival Flap-Inc. Root Planing, 1-3 teeth/quad	D4241	\$ 120.00
Crown – ¾ Cast Noble Metal	D2782	\$ 245.00	Crown Lengthening Hard Tissue(Only when Performed w/Crown)	D4249	\$ 250.00
Crown – ¾ Porcelain/Ceramic	D2783	\$ 240.00	Osseous Surgery – 4+ teeth/quad	D4260	\$ 300.00
Crown – Full Cast High Noble Metal	D2790	\$ 260.00			
Crown – Full Cast Predominantly Base Metal	D2791	\$ 230.00			

COVERED SERVICES

Type III – Periodontics (continued)

	ADA CODE	COPAY
Osseous Surgery – 1-3 teeth/quad	D4261	\$ 195.00
Pedicle Soft Tissue Graft Procedure	D4270	\$ 65.00
Free Soft Tissue Graft Procedure	D4271	\$ 140.00
Subepithelial Connective Tissue Graft	D4273	\$ 330.00
Distal Wedge	D4274	\$ 180.00
Soft Tissue Allograft	D4275	\$ 250.00
Comb. Connective Tissue/Double Pedicle Graft	D4276	\$ 335.00
Intracoronar Splint	D4320	\$ 71.00
Extracoronar Splint	D4321	\$ 70.00
Perio. Scaling & Root Planing – 4+ teeth/quad	D4341	\$ 65.00
Perio. Scaling & Root Planing – 1-3 teeth/quad	D4342	\$ 47.00
Full Mouth Debridement	D4355	\$ 50.00
Periodontal Maintenance Procedures	D4910	\$ 46.00

Type III – Removable Prosthetics

Complete Denture – Upper	D5110	\$ 320.00
Complete Denture – Lower	D5120	\$ 320.00
Immediate Denture – Upper	D5130	\$ 330.00
Immediate Denture – Lower	D5140	\$ 330.00
Upper Partial Denture – Resin Base	D5211	\$ 210.00
Lower Partial Denture – Resin Base	D5212	\$ 210.00
Upper Partial – Cast Metal with Resin Base	D5213	\$ 330.00
Lower Partial – Cast Metal with Resin Base	D5214	\$ 330.00
Removable Unilateral Partial – 1 Pc Cast Metal	D5281	\$ 170.00
Adjust Complete Denture – Upper	D5410	\$ 15.00
Adjust Complete Denture – Lower	D5411	\$ 15.00
Adjust Partial Denture – Upper	D5421	\$ 15.00
Adjust Partial Denture – Lower	D5422	\$ 15.00
Repair Broken Complete Denture Base	D5510	\$ 36.00
Replace Missing or Broken Teeth – Per Tooth	D5520	\$ 30.00
Repair Resin Denture Base	D5610	\$ 30.00
Repair Cast Framework	D5620	\$ 35.00
Repair or Replace Broken Clasp	D5630	\$ 35.00
Replace Broken Teeth– Per Tooth	D5640	\$ 35.00
Add Tooth to Existing Partial Denture	D5650	\$ 35.00
Add Clasp to Existing Partial Denture	D5660	\$ 35.00
Replace All Teeth+Acrylic Cast Metal Frame (Upper)	D5670	\$ 125.00
Replace All Teeth and Acrylic on Cast Metal Frame (Lower)	D5671	\$ 125.00
Rebase Complete Upper Denture	D5710	\$ 65.00
Rebase Complete Lower Denture	D5711	\$ 65.00
Rebase Upper Partial Denture	D5720	\$ 65.00
Rebase Lower Partial Denture	D5721	\$ 65.00
Reline Complete Upper Denture (Chairside)	D5730	\$ 65.00
Reline Complete Lower Denture (Chairside)	D5731	\$ 65.00
Reline Upper Partial Denture (Chairside)	D5740	\$ 65.00
Reline Lower Partial Denture (Chairside)	D5741	\$ 65.00
Reline Complete Upper Denture (Laboratory)	D5750	\$ 65.00
Reline Complete Lower Denture (Laboratory)	D5751	\$ 65.00
Reline Upper Partial Denture (Laboratory)	D5760	\$ 65.00
Reline Lower Partial Denture (Laboratory)	D5761	\$ 65.00
Tissue Conditioning – Upper	D5850	\$ 16.00
Tissue Conditioning – Lower	D5851	\$ 15.00

COVERED SERVICES

Type III – Pontics

Pontic – Cast High Noble Metal	D6210	\$ 255.00
Pontic – Cast Predominantly Base Metal	D6211	\$ 240.00
Pontic – Cast Noble Metal	D6212	\$ 250.00
Pontic – Porcelain Fused to High Noble Metal	D6240	\$ 290.00
Pontic – Porcelain Fused to Predom. Base Metal	D6241	\$ 285.00
Pontic – Porcelain Fused to Noble Metal	D6242	\$ 260.00
Pontic – Porcelain/Ceramic	D6245	\$ 293.00
Retainer – Cast Metal/Resin Bond Fxd	D6545	\$ 160.00
Retainer – Porc/Ceramic/Resin Bond Fxd	D6548	\$ 150.00
Inlay – Porcelain/Ceramic, 2 Surfaces	D6600	\$ 220.00
Inlay – Porcelain/Ceramic, 3+ Surfaces	D6601	\$ 230.00
Inlay – Cast High Noble Metal, 2 Surfaces	D6602	\$ 220.00
Inlay – Cast High Noble Metal, 3+ Surfaces	D6603	\$ 255.00
Inlay – Cast Predom. Base Metal, 2 Surfaces	D6604	\$ 200.00
Inlay – Cast Predom. Base Metal, 3+ Surf	D6605	\$ 230.00
Inlay – Cast Noble Metal, 2 Surfaces	D6606	\$ 225.00
Inlay – Cast Noble Metal, 3+ Surfaces	D6607	\$ 250.00
Onlay – Porcelain/Ceramic, 2 Surfaces	D6608	\$ 250.00
Onlay – Porcelain/Ceramic, 3+ Surfaces	D6609	\$ 260.00
Onlay – Cast High Noble Metal, 2 Surfaces	D6610	\$ 215.00
Onlay – Cast High Noble Metal, 3+ Surfaces	D6611	\$ 265.00
Onlay – Cast Predom. Base Metal, 2 Surfaces	D6612	\$ 200.00
Onlay – Cast Predom. Base Metal, 3+ Surfaces	D6613	\$ 250.00
Onlay – Cast Noble Metal, 2 Surfaces	D6614	\$ 210.00
Onlay – Cast Noble Metal, 3+ Surfaces	D6615	\$ 270.00
Crown – Resin Fused to High Noble Metal	D6720	\$ 250.00
Crown – Resin Fused to Base Metal	D6721	\$ 235.00
Crown – Resin Fused to Noble Metal	D6722	\$ 240.00
Crown – Porcelain/Ceramic Substrate	D6740	\$ 355.00
Crown – Porcelain Fused to High Noble Metal	D6750	\$ 285.00
Crown – Porcelain Fused to Predom. Base Metal	D6751	\$ 230.00
Crown – Porcelain Fused to Noble Metal	D6752	\$ 275.00
Crown – ¾ Cast High Noble Metal	D6780	\$ 283.00
Crown – ¾ Cast Predominantly Base Metal	D6781	\$ 240.00
Crown – ¾ Cast Noble Metal	D6782	\$ 235.00
Crown – Full Cast High Noble Metal	D6790	\$ 250.00
Crown – Full Cast Predominantly Base Metal	D6791	\$ 245.00
Crown – Full Cast Noble Metal	D6792	\$ 260.00
Recement Fixed Partial Denture	D6930	\$ 10.00
Stress Breaker	D6940	\$ 32.00
Cast Post+Core Fxd Part'1 Denture Retainer	D6970	\$ 40.00
Cast Post – Part of Fixed Part'1 Denture Retainer	D6971	\$ 50.00
Prefab Post & Core Add Fxd Part'1 Denture Rpr	D6972	\$ 50.00
Core Build Up for Retainer, Including any Pins	D6973	\$ 40.00
Each Additional Cast Post – Same Tooth	D6976	\$ 60.00
Each Add Prefabricated Post – Same Tooth	D6977	\$ 55.00
Fixed Partial Denture Repair - by Report	D6980	\$ 65.00

Type II – Oral Surgery

Coronal Remnants – Deciduous Tooth	D7111	\$ 24.00
Extraction – Erupted Tooth or Exposed Root	D7140	\$ 43.00
Surgical Removal of Erupted Tooth	D7210	\$ 68.00
Removal of Impacted Tooth – Soft Tissue	D7220	\$ 68.00
Removal of Impacted Tooth – Partially Bony	D7230	\$ 68.00
Removal of Impacted Tooth – Completely Bony	D7240	\$ 139.00
Surgical Removal of Residual Tooth Roots	D7250	\$ 36.00

COVERED SERVICES

Type II – Oral Surgery (continued)

Oroantral Fistula Closure	D7260	\$ 175.00
Tooth Reimplantation and/or Stabilization	D7270	\$ 150.00
Tooth Transplantation and/or Stabilization	D7272	\$ 150.00
Surg. Exp. Of Impact'd/Unerupt'd Tooth-Ortho	D7280	\$ 115.00
Surg. Exp. Of Impact'd/Unerupt'd Th-Aid Erup	D7281	\$ 115.00
Biopsy of Oral Tissue – Hard (Bone, Tooth)	D7285	\$ 40.00
Biopsy of Oral Tissue – Soft (All Others)	D7286	\$ 40.00
Alveoplasty in Conjunction w/Extract-Per Quad	D7310	\$ 60.00
Alveoplasty not in Conjunction w/Extract-Per Quad	D7320	\$ 90.00
Vestibuloplasty-Ridge Ext (2nd Epithel)	D7340	\$ 120.00
Vestibuloplasty-Ridge Ext (Grafts, Hypertissue)	D7350	\$ 180.00
Excision of Malignant Tumor-up to 1.25 cm	D7440	\$ 135.00
Excision of Malignant Tumor - > than 1.25cm	D7441	\$ 175.00
Removal of Odont Cyst/Tumor <= 1.25cm	D7450	\$ 190.00
Removal of Odont Cyst/Tumor > 1.25cm	D7451	\$ 215.00
Removal of Nonodon Cyst/Tmr<= 1.25cm	D7460	\$ 205.00
Removal of Nonodon Cyst/Tmr > 1.25 cm	D7461	\$ 240.00
Removal of Exostosis – Per Site	D7471	\$ 63.00
Removal of Toral Palatinus	D7472	\$ 160.00
Removal of Torus Mandibularus	D7473	\$ 160.00
Surgical Reduction of Osseous Tuberosity	D7485	\$ 160.00
I/D of Abscess – Intraoral Soft Tissue	D7510	\$ 37.00
I/D of Abscess – Extraoral Soft Tissue	D7520	\$ 80.00
Removal of F.B., Skin, or Subc. Areolar Tissue	D7530	\$ 37.00
Removal of Reaction Producing Foreign Bodies	D7540	\$ 80.00
Sequestrectomy for Osteomyelitis	D7550	\$ 37.00
Maxillary Sinusotomy for Removal of Tooth	D7560	\$ 37.00
Suture of Recent Small Wounds up to 5cm	D7910	\$ 37.00
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$ 70.00
Excision of Hyperplastic Tissue – Per Arch	D7970	\$ 67.00
Excision of Pericoronar Gingiva	D7971	\$ 52.00
Surgical Reduction of Fibrous Tuberosity	D7972	\$ 200.00
Sialolithotomy	D7980	\$ 175.00
Closure of Salivary Fistula	D7983	\$ 175.00

Type/Miscellaneous Services

I Palliative (Emergency) Treatment	D9110	\$ 10.00
III General Anesthesia – First 30 Minutes *	D9220	\$ 85.00
III General Anesthesia – Each Add 15 Minutes*	D9221	\$ 25.00
III Analgesia, Anxiolysis, Inhal Nitrous Oxide*	D9230	\$ 10.00
III IV Sedation/Analgesia – First 30 Min*	D9241	\$ 120.00
III IV Sedation/Analgesia – Each Add 15 Min*	D9242	\$ 25.00
III Non-IV Conscious Sedation *	D9248	\$ 42.00
I Consultation	D9310	No Charge
I Office Visit for Observ- Reg Schd hrs	D9430	No Charge
II Therapeutic Injection (Antibiotics Only)	D9610	\$ 30.00
II Treatment of Complications (Post Surgical)	D9930	\$ 10.00
III Occlusal Guard (For Bruxism)	D9940	\$ 57.00
III Occlusal Adjustment - Limited	D9951	\$ 32.00
III Occlusal Adjustment – Complete	D9952	\$ 75.00

* Covered Only when performed in conjunction with covered oral surgery