

2024 SECURECARE DENTAL

COPAY SCHEDULE AZ300 - SCHEDULE OF COPAYMENTS

GENERAL INFORMATION

Lab fees are included in “**Network General Dentist Copay**” unless indicated by specific code. Services not listed are not covered. Services listed in the Limitations and Exclusions section of the Certificate of Coverage, as well as, services determined to be unnecessary by the member’s general dentists or specialist are not covered.

You can search for a General or Specialist dentist on our website at www.mysecurecare.com. Click the Look For a Dentist link and follow the instructions. Please note the contracted dentist needs to be seen at the address listed to receive In Network Benefits.

For **SECURECARE DENTAL** customer service call (602)241-0914 or toll free (888)429-0914.

GENERAL DENTIST

Copays in the column entitled “**Network General Dentist Copay**” apply to services performed by **SECURECARE DENTAL** contracted general dentists. Along with any applicable Office Visit Copay and/or Deductible listed on your Schedule of Dental Benefits, the “**Network General Dentist Copay**” is all that you will pay when you visit a contracted general dentist.

Visiting a non-contracted dentist is not recommended. The plan is designed for use with a contracted dentist in order to limit your out-of-pocket cost beyond the listed copayment.

SPECIALIST DENTIST

SECURECARE DENTAL has contracted specialists of oral surgery, endodontics, periodontics, pediatric dentists and prosthodontics. Referrals and Prior Authorization are not required to see a specialist. You may call directly and make an appointment. Please note Pediatric Dentists are Specialists and “**Network Specialist Copays**” apply when seeking treatment from a Pediatric Dentist.

Along with any applicable Office Visit Copay and/or Deductible shown on your Schedule of Dental Benefits, as a **SECURECARE DENTAL** member, all you will pay when you visit a network specialist, is the copay listed in the “**Network Specialist Copay**” column.

Visiting a non-contracted specialist is not recommended. The plan is designed for use with a contracted specialist in order to limit your out-of-pocket cost beyond the listed copayment.

ORTHODONTICS

For a description of the Orthodontic Services available to you, see your Certificate of Coverage.

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
Type I - Diagnostic/Evaluation Services				Type I - Preventive Services			
Periodic Oral Evaluation	D0120	\$13	\$36	Panoramic Image - Image Capture Only	D0701	\$22	\$125
Limited Oral Evaluation - Problem Focused	D0140	\$13	\$61	Intraoral - Occlusal Image - Image Capture Only	D0706	\$8	\$38
Oral Evaluation - under 3 years old	D0145	\$13	\$71	Intraoral - Periapical image - Image Capture Only	D0707	\$8	\$23
Comprehensive Oral Evaluation	D0150	\$13	\$64	Intraoral - Bitewing Image - Image Capture Only	D0708	\$8	\$23
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$13	\$147	Intraoral - Comprehensive Series - Image Capture Only	D0709	\$8	\$90
Re-evaluation - Limited - Problem Focused	D0170	\$13	\$48				
Re-evaluation Post-Operative Office Visit	D0171	\$13	\$48	Type I - Preventive Services			
Comprehensive Periodontal Evaluation	D0180	\$13	\$75	Prophylaxis Cleaning - Adult	D1110	\$13	\$47
Intraoral - Comprehensive Series of Images	D0210	\$8	\$93	Prophylaxis Cleaning - Child	D1120	\$13	\$39
Intraoral - Periapical - 1st Image	D0220	\$8	\$23	Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48
Intraoral - Periapical - Each Additional Image	D0230	\$8	\$24	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$30
Intraoral - Occlusal Image	D0240	\$8	\$39	Sealant - Per Tooth	D1351	\$22	\$53
Extraoral - 2D Image	D0250	\$8	\$36	Preventive Resin Restoration (Including Sealant)	D1352	\$22	\$70
Extraoral - Posterior Image	D0251	\$16	\$45	Sealant Repair - Per Tooth	D1353	\$20	\$70
Bitewing - 1 Image	D0270	\$8	\$22	Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$289
Bitewing - 2 Images	D0272	\$8	\$34	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$366
Bitewing - 3 Images	D0273	\$8	\$40	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$366
Bitewing - 4 Images	D0274	\$8	\$46	Space Maintainer; Removable Unilateral - per quad	D1520	\$86	\$268
Vertical Bitewings - 7 to 8 Images	D0277	\$8	\$61	Upper Space Maintainer; Removable Bilateral	D1526	\$86	\$394
Panoramic Image	D0330	\$22	\$127	Lower Space Maintainer; Removable Bilateral	D1527	\$86	\$394
Pulp Vitality Tests	D0460	\$0	\$57	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Diagnostic Casts	D0470	\$22	\$100	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
				Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20

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Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$109	\$311	Crown - Porcelain with Predominantly Base Metal	D2751	\$333	\$672
Type II - Restorative Dentistry				Crown - Porcelain With Noble Metal	D2752	\$355	\$702
Amalgam - 1 Surface - Primary or Permanent	D2140	\$54	\$149	Crown - Porcelain with Titanium	D2753	\$333	\$672
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$56	\$183	Crown - ¾ Cast High Noble Metal	D2780	\$425	\$802
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$54	\$215	Crown - ¾ Cast Predominantly Base Metal	D2781	\$400	\$727
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$61	\$249	Crown - ¾ Cast Noble Metal	D2782	\$415	\$767
Resin Composite - 1 Surface - Anterior	D2330	\$61	\$144	Crown - ¾ Porcelain/Ceramic	D2783	\$373	\$777
Resin Composite - 2 Surfaces - Anterior	D2331	\$64	\$163	Crown - Full Cast High Noble Metal	D2790	\$400	\$780
Resin Composite - 3 Surfaces - Anterior	D2332	\$75	\$202	Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$743
Resin Composite - 4+ Surfaces - Anterior	D2335	\$92	\$253	Crown - Full Cast Noble Metal	D2792	\$393	\$754
Resin Composite Crown - Anterior	D2390	\$67	\$215	Crown - Titanium	D2794	\$400	\$836
Resin Composite - 1 Surface - Posterior	D2391	\$65	\$154	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$40
Resin Composite - 2 Surfaces - Posterior	D2392	\$82	\$204	Re-cement/Re-bond Crown	D2920	\$33	\$51
Resin Composite - 3 Surfaces - Posterior	D2393	\$90	\$243	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$163	\$285
Resin Composite - 4+ Surfaces - Posterior	D2394	\$90	\$288	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$163	\$285
Type III - Onlays Crowns and Bridges				Prefabricated Stainless Steel Crown - Primary	D2930	\$100	\$239
Inlay - Metallic - 1 Surface	D2510	\$223	\$587	Prefabricated Stainless Steel Crown - Permanent	D2931	\$65	\$215
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$670	Prefabricated Resin Crown	D2932	\$89	\$297
Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$772	Protective Restoration	D2940	\$8	\$46
Onlay - Metallic - 2 Surfaces	D2542	\$352	\$815	Core Build Up - Including any Pins when required	D2950	\$103	\$213
Onlay - Metallic - 3 Surfaces	D2543	\$370	\$752	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$26
Onlay - Metallic - 4+ Surfaces	D2544	\$370	\$607	Cast Post and Core - in Addition to Crown	D2952	\$91	\$283
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Cast Post and Core - Each Additional - same tooth	D2953	\$94	\$138
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$260
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$729	Post Removal	D2955	\$0	\$0
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$752	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$59
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$737	Labial Veneer (resin laminate) - Chairside	D2960	\$223	\$662
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$710	Labial Veneer (resin laminate) - Laboratory	D2961	\$386	\$761
Inlay - Resin Composite - 1 Surface	D2650	\$130	\$371	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$712
Inlay - Resin Composite - 2 Surfaces	D2651	\$181	\$464	Crown Repair	D2980	\$69	\$153
Inlay - Resin Composite - 3+ Surfaces	D2652	\$240	\$499	Inlay Repair	D2981	\$69	\$152
Onlay - Resin Composite - 2 Surfaces	D2662	\$232	\$408	Onlay Repair	D2982	\$69	\$152
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$547	Veneer Repair	D2983	\$69	\$152
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$596	Type III - Endodontics		\$0	
Crown - Resin Based Composite - Indirect	D2710	\$163	\$223	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$74
Crown - ¾ Resin Based Composite - Indirect	D2712	\$154	\$335	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$55
Crown - Resin with High Noble Metal	D2720	\$455	\$813	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$50	\$162
Crown - Resin with Base Metal	D2721	\$438	\$800	Pulpal Debridement - Primary/Permanent	D3221	\$48	\$203
Crown - Resin with Noble Metal	D2722	\$446	\$820	Partial Pulpotomy for Apexogenesis	D3222	\$52	\$170
Crown - Porcelain/Ceramic	D2740	\$377	\$731	Pulpal Therapy Anterior - Primary	D3230	\$62	\$162
Crown - Porcelain with High Noble Metal	D2750	\$433	\$788	Pulpal Therapy Posterior - Primary	D3240	\$54	\$179
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$200	\$490

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Root Canal - Premolar (Excluding Final Restoration)	D3320	\$278	\$646	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$100	\$226
Root Canal - Molar (Excluding Final Restoration)	D3330	\$438	\$923	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$49	\$127
Treatment of Root Canal Obstruction - non surgical	D3331	\$154	\$261	Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$123
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$518	Full Mouth Debridement	D4355	\$56	\$166
Internal Root Repair of Perforation Defects	D3333	\$198	\$244	Periodontal Maintenance Procedures	D4910	\$61	\$146
Retreatment of Previous RCT - Anterior	D3346	\$370	\$866				
Retreatment of Previous RCT - Premolar	D3347	\$380	\$933	Type III - Removable Prosthetics			
Retreatment of Previous RCT - Molar	D3348	\$390	\$1,188	Complete Denture - Upper	D5110	\$422	\$1,297
Apexification/Recalcification - Initial Visit	D3351	\$48	\$306	Complete Denture - Lower	D5120	\$422	\$1,297
Apexification/Recalcification - Interim Visit	D3352	\$48	\$141	Immediate Denture - Upper	D5130	\$427	\$1,485
Apexification/Recalcification - Final Visit	D3353	\$48	\$429	Immediate Denture - Lower	D5140	\$427	\$1,485
Apicoectomy - Anterior	D3410	\$245	\$699	Upper Partial Denture - Resin Base	D5211	\$396	\$1,268
Apicoectomy - Premolar - 1st Root	D3421	\$255	\$795	Lower Partial Denture - Resin Base	D5212	\$396	\$1,513
Apicoectomy - Molar - 1st Root	D3425	\$400	\$1,057	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$472	\$1,555
Apicoectomy - Each Additional Root	D3426	\$48	\$174	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$472	\$1,555
Retrograde Filling - Per Root	D3430	\$48	\$188	Upper Immediate Partial Denture - Resin Base	D5221	\$555	\$1,348
Root Amputation - Per Root	D3450	\$117	\$454	Lower Immediate Partial Denture - Resin Base	D5222	\$555	\$1,614
Hemisection (Including any Root Removal)	D3920	\$110	\$387	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$739	\$1,748
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$739	\$1,748
				Upper Partial Denture - Flexible Base	D5225	\$472	\$1,555
Type III - Periodontics				Lower Partial Denture - Flexible Base	D5226	\$472	\$1,555
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$255	\$835	Upper Immediate Partial Denture - Flexible Base	D5227	\$472	\$1,555
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$70	\$339	Lower Immediate Partial Denture - Flexible Base	D5228	\$472	\$1,555
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$256	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$263	\$861
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$317	\$979	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$263	\$861
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$205	\$608	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$263	\$588
Crown Lengthening - Hard Tissue	D4249	\$344	\$1,054	Removable Resin Unilateral Partial Denture - per quad	D5286	\$263	\$588
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,748	Adjust Complete Denture - Upper	D5410	\$27	\$70
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$797	Adjust Complete Denture - Lower	D5411	\$27	\$70
Pedicle Soft Tissue Graft Procedure	D4270	\$101	\$1,246	Adjust Partial Denture - Upper	D5421	\$27	\$31
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$400	\$1,412	Adjust Partial Denture - Lower	D5422	\$27	\$31
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$281	\$814	Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$144
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$389	\$1,094	Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$144
Combined Connective Tissue/Pedicle Graft	D4276	\$521	\$1,600	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$120
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$240	\$1,252	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$138
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$240	\$344	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$138
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$400	\$1,176	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$137
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$389	\$918	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$137
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$124	\$416	Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$198
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$122	\$387	Replace Broken Teeth - Per Tooth	D5640	\$61	\$139
				Add Tooth to Existing Partial Denture	D5650	\$61	\$175
				Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$196

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COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	
Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$195	\$460	Type III - Pontics and Retainers				
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$195	\$460		Pontic - Cast High Noble Metal	D6210	\$396	\$750
Rebase Complete Upper Denture	D5710	\$101	\$387		Pontic - Cast Predominantly Base Metal	D6211	\$373	\$776
Rebase Complete Lower Denture	D5711	\$101	\$354		Pontic - Cast Noble Metal	D6212	\$389	\$771
Rebase Upper Partial Denture	D5720	\$101	\$389		Pontic - Titanium	D6214	\$396	\$727
Rebase Lower Partial Denture	D5721	\$101	\$389		Pontic - Porcelain Fused to High Noble Metal	D6240	\$400	\$746
Rebase Hybrid Prothesis	D5725	\$259	\$510		Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$377	\$690
Reline Complete Upper Denture (Chairside)	D5730	\$150	\$281		Pontic - Porcelain Fused to Noble Metal	D6242	\$389	\$743
Reline Complete Lower Denture (Chairside)	D5731	\$150	\$281		Pontic - Porelain Fused to Titanium	D6243	\$377	\$690
Reline Upper Partial Denture (Chairside)	D5740	\$150	\$250		Pontic - Porcelain/Ceramic	D6245	\$455	\$743
Reline Lower Partial Denture (Chairside)	D5741	\$150	\$250		Pontic - Resin with High Noble Metal	D6250	\$420	\$877
Reline Complete Upper Denture (Laboratory)	D5750	\$150	\$358		Pontic - Resin with Predominantly Base Metal	D6251	\$355	\$783
Reline Complete Lower Denture (Laboratory)	D5751	\$150	\$358		Pontic - Resin with Noble Metal	D6252	\$400	\$835
Reline Upper Partial Denture (Laboratory)	D5760	\$150	\$364		Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$275	\$275
Reline Lower Partial Denture (Laboratory)	D5761	\$150	\$364		Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$258	\$258
Tissue Conditioning - Upper	D5850	\$24	\$759		Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$270	\$270
Tissue Conditioning - Lower	D5851	\$23	\$823		Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$377	\$588
Type III - Implants					Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$394	\$576
Surgical Placement of Implant Body - Endosteal	D6010	\$958	\$2,464		Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$377	\$584
Surgical Placement of Mini Implant	D6013	\$958	\$2,454		Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$655
Prefabricated Abutment - includes modification & placement	D6056	\$259	\$510	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$582	
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$615	\$1,388	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$394	\$631	
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$606	\$1,369	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$386	\$578	
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$535	\$1,310	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$642	
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$572	\$1,330	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$546	
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$576	\$1,320	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$585	
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$457	\$1,169	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$643	
Crown - Abutment Supp. Cast Noble Metal	D6064	\$491	\$1,221	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$690	
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$593	\$1,372	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$667	
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$578	\$1,337	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$653	
Crown - Implant Supp. High Noble Alloy	D6067	\$539	\$1,307	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$623	
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$535	\$1,354	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$624	
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$572	\$1,341	Retainer Inlay - Titanium	D6624	\$286	\$563	
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$572	\$1,341	Retainer Onlay - Titanium	D6634	\$303	\$589	
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$457	\$1,373	Retainer Crown - Resin With High Noble Metal	D6720	\$389	\$732	
Crown - Implant Supp. - Noble Alloy	D6087	\$491	\$1,335	Retainer Crown - Resin With Base Metal	D6721	\$365	\$727	
Crown - Implant Supp. - Titanium	D6088	\$535	\$1,306	Retainer Crown - Resin With Noble Metal	D6722	\$373	\$722	
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$34	\$1,581	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$416	\$743	
Crown - Abutment Supp. Titanium	D6094	\$535	\$1,053	Retainer Crown - Porcelain With High Noble Metal	D6750	\$389	\$688	
Repair Implant Abutment - By Report	D6095	\$180	\$180	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$332	\$621	
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - Porcelain With Noble Metal	D6752	\$389	\$684	
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$578	\$1,337	Retainer Crown - Porcelain Fused to Titanium	D6753	\$332	\$621	

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Retainer Crown - ¾ Cast High Noble Metal	D6780	\$500	\$754	Reduction of Osseous Tuberosity	D7485	\$278	\$1,608
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$425	\$713	Marsupialization of Odontogenic Cyst	D7509	\$65	\$443
Retainer Crown - ¾ Cast Noble Metal	D6782	\$440	\$643	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$65	\$418
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$440	\$773	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$140	\$2,185
Retainer Crown ¾ -Titanium	D6784	\$425	\$713	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$65	\$805
Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$740	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$125	\$823
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$796	Sequestrectomy for Osteomyelitis	D7550	\$65	\$477
Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$794	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$605	\$4,114
Retainer Crown - Titanium	D6794	\$400	\$744	Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$718
Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$102	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$122	\$535
Stress Breaker	D6940	\$58	\$188	Lingual Frenectomy (Frenulectomy)	D7962	\$122	\$535
Fixed Partial Denture Repair - by Report	D6980	\$114	\$114	Excision of Hyperplastic Tissue - Per Arch	D7970	\$117	\$821
Type II - Oral Surgery				Excision of Pericoronal Gingiva	D7971	\$81	\$300
Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$112	Surgical Reduction of Fibrous Tuberosity	D7972	\$350	\$1,177
Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$144	Non-Surgical Sialolithotomy	D7979	\$305	\$305
Extraction - Erupted Tooth	D7210	\$94	\$226	Surgical Sialolithotomy	D7980	\$305	\$1,144
Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$287	Closure of Salivary Fistula	D7983	\$805	\$2,707
Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$374	Type - Miscellaneous Services			
Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$479	I - Palliative Treatment of Dental Pain	D9110	\$20	\$95
Removal of Residual Tooth Roots	D7250	\$81	\$237	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$95
Coronectomy - Intentional Partial Tooth Removal	D7251	\$104	\$493	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$56	\$249
Oroantral Fistula Closure	D7260	\$128	\$1,696	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$56	\$182
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$233	\$482	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$47
Tooth Transplantation	D7272	\$233	\$587	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$47	\$206
Exposure of an Unerupted Tooth	D7280	\$179	\$460	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$47	\$156
Excisional Biopsy of Minor Salivary Gland	D7284	\$70	\$407	III - Non-Intravenous Conscious Sedation*	D9248	\$74	\$111
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$70	\$994	I - Consultation	D9310	\$0	\$99
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$70	\$406	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$105	\$425	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$44	\$344	II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17
Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$156	\$712	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$100	\$429
Alveoplasty not in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$62	\$555	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$429
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$210	\$2,953	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$429
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$310	\$8,628	III - Occlusal Adjustment - Limited	D9951	\$55	\$144
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$295	\$1,188	III - Occlusal Adjustment - Complete	D9952	\$132	\$758
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$334	\$1,621				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$358	\$1,263	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$420	\$1,696				
Removal of Lateral Exostosis - Per Site	D7471	\$110	\$1,597				
Removal of Torus Palatinus	D7472	\$278	\$1,914				
Removal of Torus Mandibularus	D7473	\$278	\$1,805				