

2024 SECURECARE DENTAL

COPAY SCHEDULE AZ500 - 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	\$0	\$23	Panoramic Image - Image Capture Only	D0701	\$11	\$114
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$48	Intraoral - Occlusal Image - Image Capture Only	D0706	\$6	\$36
Oral Evaluation - under 3 years old	D0145	\$0	\$58	Intraoral - Periapical image - Image Capture Only	D0707	\$6	\$21
Comprehensive Oral Evaluation	D0150	\$0	\$51	Intraoral - Bitewing Image - Image Capture Only	D0708	\$6	\$21
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$134	Intraoral - Comprehensive Series - Image Capture Only	D0709	\$11	\$93
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$35				
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Prophylaxis Cleaning - Adult	D1110	\$0	\$34
Comprehensive Periodontal Evaluation	D0180	\$0	\$62	Prophylaxis Cleaning - Child	D1120	\$0	\$26
Intraoral - Comprehensive Series of Images	D0210	\$11	\$96	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$42
Intraoral - Periapical - 1st Image	D0220	\$6	\$21	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$24
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$22	Sealant - Per Tooth	D1351	\$17	\$48
Intraoral - Occlusal Image	D0240	\$6	\$37	Preventive Resin Restoration (Including Sealant)	D1352	\$19	\$67
Extraoral - 2D Image	D0250	\$6	\$34	Sealant Repair - Per Tooth	D1353	\$18	\$68
Extraoral - Posterior Image	D0251	\$13	\$42	Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$289
Bitewing - 1 Image	D0270	\$6	\$20	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$366
Bitewing - 2 Images	D0272	\$6	\$32	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$366
Bitewing - 3 Images	D0273	\$6	\$38	Space Maintainer; Removable Unilateral - per quad	D1520	\$84	\$266
Bitewing - 4 Images	D0274	\$6	\$44	Upper Space Maintainer; Removable Bilateral	D1526	\$84	\$392
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$59	Lower Space Maintainer; Removable Bilateral	D1527	\$84	\$392
Panoramic Image	D0330	\$11	\$116	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Pulp Vitality Tests	D0460	\$0	\$57	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Diagnostic Casts	D0470	\$11	\$89	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20

COPAY SCHEDULE AZ500 - SCHEDULE OF COPAYMENTS

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Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$107	\$309	Crown - Porcelain with Predominantly Base Metal	D2751	\$389	\$728
Type II - Restorative Dentistry				Crown - Porcelain With Noble Metal	D2752	\$400	\$747
Amalgam - 1 Surface - Primary or Permanent	D2140	\$39	\$134	Crown - Porcelain with Titanium	D2753	\$389	\$728
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$39	\$166	Crown - ¾ Cast High Noble Metal	D2780	\$411	\$788
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$39	\$200	Crown - ¾ Cast Predominantly Base Metal	D2781	\$375	\$702
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$44	\$232	Crown - ¾ Cast Noble Metal	D2782	\$389	\$741
Resin Composite - 1 Surface - Anterior	D2330	\$50	\$133	Crown - ¾ Porcelain/Ceramic	D2783	\$404	\$808
Resin Composite - 2 Surfaces - Anterior	D2331	\$53	\$152	Crown - Full Cast High Noble Metal	D2790	\$400	\$780
Resin Composite - 3 Surfaces - Anterior	D2332	\$64	\$191	Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$743
Resin Composite - 4+ Surfaces - Anterior	D2335	\$81	\$242	Crown - Full Cast Noble Metal	D2792	\$393	\$754
Resin Composite Crown - Anterior	D2390	\$56	\$204	Crown - Titanium	D2794	\$400	\$836
Resin Composite - 1 Surface - Posterior	D2391	\$54	\$143	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$40
Resin Composite - 2 Surfaces - Posterior	D2392	\$71	\$193	Re-cement/Re-bond Crown	D2920	\$52	\$70
Resin Composite - 3 Surfaces - Posterior	D2393	\$79	\$232	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$158	\$280
Resin Composite - 4+ Surfaces - Posterior	D2394	\$79	\$277	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$158	\$280
Type III - Onlays Crowns and Bridges				Prefabricated Stainless Steel Crown - Primary	D2930	\$109	\$248
Inlay - Metallic - 1 Surface	D2510	\$219	\$583	Prefabricated Stainless Steel Crown - Permanent	D2931	\$70	\$220
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$670	Prefabricated Resin Crown	D2932	\$97	\$305
Inlay - Metallic - 3+ Surfaces	D2530	\$354	\$766	Protective Restoration	D2940	\$9	\$47
Onlay - Metallic - 2 Surfaces	D2542	\$346	\$809	Core Build Up - Including any Pins when required	D2950	\$103	\$213
Onlay - Metallic - 3 Surfaces	D2543	\$363	\$745	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$17	\$27
Onlay - Metallic - 4+ Surfaces	D2544	\$363	\$600	Cast Post and Core - in Addition to Crown	D2952	\$143	\$335
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Cast Post and Core - Each Additional - same tooth	D2953	\$97	\$141
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	\$219	\$658
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$710	Labial Veneer (resin laminate) - Laboratory	D2961	\$380	\$755
Inlay - Resin Composite - 1 Surface	D2650	\$128	\$369	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$712
Inlay - Resin Composite - 2 Surfaces	D2651	\$178	\$461	Crown Repair	D2980	\$68	\$152
Inlay - Resin Composite - 3+ Surfaces	D2652	\$235	\$494	Inlay Repair	D2981	\$68	\$151
Onlay - Resin Composite - 2 Surfaces	D2662	\$229	\$405	Onlay Repair	D2982	\$68	\$151
Onlay - Resin Composite - 3 Surfaces	D2663	\$295	\$541	Veneer Repair	D2983	\$68	\$151
Onlay - Resin Composite - 4+ Surfaces	D2664	\$362	\$618	Type III - Endodontics			
Crown - Resin Based Composite - Indirect	D2710	\$161	\$221	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$75
Crown - ¾ Resin Based Composite - Indirect	D2712	\$150	\$331	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$56
Crown - Resin with High Noble Metal	D2720	\$447	\$805	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$161
Crown - Resin with Base Metal	D2721	\$432	\$794	Pulpal Debridement - Primary/Permanent	D3221	\$51	\$206
Crown - Resin with Noble Metal	D2722	\$438	\$812	Partial Pulpotomy for Apexogenesis	D3222	\$51	\$169
Crown - Porcelain/Ceramic	D2740	\$422	\$776	Pulpal Therapy Anterior - Primary	D3230	\$68	\$168
Crown - Porcelain with High Noble Metal	D2750	\$422	\$777	Pulpal Therapy Posterior - Primary	D3240	\$60	\$185
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$194	\$484

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Root Canal - Premolar (Excluding Final Restoration)	D3320	\$266	\$634	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$221
Root Canal - Molar (Excluding Final Restoration)	D3330	\$422	\$907	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$130
Treatment of Root Canal Obstruction - non surgical	D3331	\$152	\$259	Scaling - Full Mouth - After Oral Evaluation	D4346	\$49	\$121
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$202	\$515	Full Mouth Debridement	D4355	\$56	\$166
Internal Root Repair of Perforation Defects	D3333	\$194	\$240	Periodontal Maintenance Procedures	D4910	\$60	\$145
Retreatment of Previous RCT - Anterior	D3346	\$340	\$836				
Retreatment of Previous RCT - Premolar	D3347	\$345	\$898	Type III - Removable Prosthetics			
Retreatment of Previous RCT - Molar	D3348	\$355	\$1,153	Complete Denture - Upper	D5110	\$416	\$1,291
Apexification/Recalcification - Initial Visit	D3351	\$51	\$309	Complete Denture - Lower	D5120	\$400	\$1,275
Apexification/Recalcification - Interim Visit	D3352	\$51	\$144	Immediate Denture - Upper	D5130	\$416	\$1,474
Apexification/Recalcification - Final Visit	D3353	\$51	\$432	Immediate Denture - Lower	D5140	\$416	\$1,474
Apicoectomy - Anterior	D3410	\$225	\$679	Upper Partial Denture - Resin Base	D5211	\$354	\$1,226
Apicoectomy - Premolar - 1st Root	D3421	\$245	\$785	Lower Partial Denture - Resin Base	D5212	\$354	\$1,471
Apicoectomy - Molar - 1st Root	D3425	\$383	\$1,040	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$461	\$1,544
Apicoectomy - Each Additional Root	D3426	\$51	\$177	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$461	\$1,544
Retrograde Filling - Per Root	D3430	\$51	\$191	Upper Immediate Partial Denture - Resin Base	D5221	\$553	\$1,346
Root Amputation - Per Root	D3450	\$113	\$450	Lower Immediate Partial Denture - Resin Base	D5222	\$553	\$1,612
Hemisection (Including any Root Removal)	D3920	\$113	\$390	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$725	\$1,734
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$725	\$1,734
				Upper Partial Denture - Flexible Base	D5225	\$461	\$1,544
Type III - Periodontics				Lower Partial Denture - Flexible Base	D5226	\$461	\$1,544
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$245	\$825	Upper Immediate Partial Denture - Flexible Base	D5227	\$461	\$1,544
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$68	\$337	Lower Immediate Partial Denture - Flexible Base	D5228	\$461	\$1,544
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$256	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$286	\$884
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$312	\$974	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$286	\$884
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$202	\$605	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$286	\$611
Crown Lengthening - Hard Tissue	D4249	\$344	\$1,054	Removable Resin Unilateral Partial Denture - per quad	D5286	\$286	\$611
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,748	Adjust Complete Denture - Upper	D5410	\$26	\$69
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$797	Adjust Complete Denture - Lower	D5411	\$26	\$69
Pedicle Soft Tissue Graft Procedure	D4270	\$110	\$1,255	Adjust Partial Denture - Upper	D5421	\$26	\$30
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$375	\$1,387	Adjust Partial Denture - Lower	D5422	\$26	\$30
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$303	\$836	Repair Broken Complete Denture Base - Mandibular	D5511	\$61	\$143
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$360	\$1,065	Repair Broken Complete Denture Base - Maxillary	D5512	\$61	\$143
Combined Connective Tissue/Pedicle Graft	D4276	\$565	\$1,644	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$120
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$220	\$1,232	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$138
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$220	\$324	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$138
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$375	\$1,151	Repair Cast Partial Framework - Mandibular	D5621	\$60	\$136
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$360	\$889	Repair Cast Partial Framework - Maxillary	D5622	\$60	\$136
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$120	\$412	Repair or Replace Broken Clasp - per tooth	D5630	\$60	\$197
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$118	\$383	Replace Broken Teeth - Per Tooth	D5640	\$60	\$138
				Add Tooth to Existing Partial Denture	D5650	\$60	\$174
				Add Clasp to Existing Partial Denture - per tooth	D5660	\$60	\$195

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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	\$211	\$476	Type III - Pontics and Retainers				
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$211	\$476		Pontic - Cast High Noble Metal	D6210	\$431	\$785
Rebase Complete Upper Denture	D5710	\$110	\$396		Pontic - Cast Predominantly Base Metal	D6211	\$404	\$807
Rebase Complete Lower Denture	D5711	\$110	\$363		Pontic - Cast Noble Metal	D6212	\$421	\$803
Rebase Upper Partial Denture	D5720	\$110	\$398		Pontic - Titanium	D6214	\$431	\$762
Rebase Lower Partial Denture	D5721	\$110	\$398		Pontic - Porcelain Fused to High Noble Metal	D6240	\$355	\$701
Rebase Hybrid Prothesis	D5725	\$253	\$504		Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$355	\$668
Reline Complete Upper Denture (Chairside)	D5730	\$110	\$241		Pontic - Porcelain Fused to Noble Metal	D6242	\$355	\$709
Reline Complete Lower Denture (Chairside)	D5731	\$110	\$241		Pontic - Porelain Fused to Titanium	D6243	\$355	\$668
Reline Upper Partial Denture (Chairside)	D5740	\$110	\$210		Pontic - Porcelain/Ceramic	D6245	\$493	\$781
Reline Lower Partial Denture (Chairside)	D5741	\$110	\$210		Pontic - Resin with High Noble Metal	D6250	\$391	\$848
Reline Complete Upper Denture (Laboratory)	D5750	\$110	\$318		Pontic - Resin with Predominantly Base Metal	D6251	\$334	\$762
Reline Complete Lower Denture (Laboratory)	D5751	\$110	\$318		Pontic - Resin with Noble Metal	D6252	\$350	\$785
Reline Upper Partial Denture (Laboratory)	D5760	\$110	\$324		Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$270	\$270
Reline Lower Partial Denture (Laboratory)	D5761	\$110	\$324		Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$253	\$253
Tissue Conditioning - Upper	D5850	\$28	\$763		Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$265	\$265
Tissue Conditioning - Lower	D5851	\$26	\$826		Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$371	\$582
Type III - Implants					Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$387	\$569
Surgical Placement of Implant Body - Endosteal	D6010	\$941	\$2,447		Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$371	\$578
Surgical Placement of Mini Implant	D6013	\$941	\$2,437		Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$431	\$648
Prefabricated Abutment - includes modification & placement	D6056	\$253	\$504	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$337	\$576	
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$601	\$1,374	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$387	\$624	
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$593	\$1,356	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$380	\$572	
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$523	\$1,298	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$421	\$635	
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$558	\$1,316	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$421	\$539	
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$562	\$1,306	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$438	\$577	
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$446	\$1,158	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$363	\$636	
Crown - Abutment Supp. Cast Noble Metal	D6064	\$480	\$1,210	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$447	\$682	
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$579	\$1,358	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$337	\$661	
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$564	\$1,323	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$421	\$646	
Crown - Implant Supp. High Noble Alloy	D6067	\$527	\$1,295	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$354	\$617	
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$523	\$1,342	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$455	\$616	
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$558	\$1,327	Retainer Inlay - Titanium	D6624	\$278	\$555	
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$558	\$1,327	Retainer Onlay - Titanium	D6634	\$294	\$580	
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$446	\$1,362	Retainer Crown - Resin With High Noble Metal	D6720	\$421	\$764	
Crown - Implant Supp. - Noble Alloy	D6087	\$480	\$1,324	Retainer Crown - Resin With Base Metal	D6721	\$396	\$758	
Crown - Implant Supp. - Titanium	D6088	\$522	\$1,293	Retainer Crown - Resin With Noble Metal	D6722	\$404	\$753	
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$33	\$1,580	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$427	\$754	
Crown - Abutment Supp. Titanium	D6094	\$522	\$1,040	Retainer Crown - Porcelain With High Noble Metal	D6750	\$353	\$652	
Repair Implant Abutment - By Report	D6095	\$175	\$175	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$331	\$620	
Remove Broken Implant Retaining Screw	D6096	\$26	\$26	Retainer Crown - Porcelain With Noble Metal	D6752	\$353	\$648	
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$564	\$1,323	Retainer Crown - Porcelain Fused to Titanium	D6753	\$331	\$620	

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Retainer Crown - ¾ Cast High Noble Metal	D6780	\$450	\$704	Reduction of Osseous Tuberosity	D7485	\$270	\$1,600
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$396	\$684	Marsupialization of Odontogenic Cyst	D7509	\$63	\$441
Retainer Crown - ¾ Cast Noble Metal	D6782	\$404	\$607	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$63	\$416
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$404	\$737	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$134	\$2,179
Retainer Crown ¾ -Titanium	D6784	\$396	\$684	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$63	\$803
Retainer Crown - Full Cast High Noble Metal	D6790	\$421	\$733	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$134	\$832
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$414	\$789	Sequestrectomy for Osteomyelitis	D7550	\$63	\$475
Retainer Crown - Full Cast Noble Metal	D6792	\$438	\$786	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$586	\$4,095
Retainer Crown - Titanium	D6794	\$400	\$744	Suture of Recent Small Wounds up to 5cm	D7910	\$63	\$716
Re-cement or Re-bond Fixed Partial Denture	D6930	\$17	\$103	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$118	\$531
Stress Breaker	D6940	\$56	\$186	Lingual Frenectomy (Frenulectomy)	D7962	\$118	\$531
Fixed Partial Denture Repair - by Report	D6980	\$110	\$110	Excision of Hyperplastic Tissue - Per Arch	D7970	\$113	\$817
Type II - Oral Surgery				Excision of Pericoronal Gingiva	D7971	\$89	\$308
Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$112	Surgical Reduction of Fibrous Tuberosity	D7972	\$337	\$1,164
Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$144	Non-Surgical Sialolithotomy	D7979	\$295	\$295
Extraction - Erupted Tooth	D7210	\$94	\$226	Surgical Sialolithotomy	D7980	\$295	\$1,134
Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$287	Closure of Salivary Fistula	D7983	\$779	\$2,681
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	\$101	\$490	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$246
Oroantral Fistula Closure	D7260	\$123	\$1,691	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$53	\$179
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$253	\$502	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$47
Tooth Transplantation	D7272	\$253	\$607	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$44	\$203
Exposure of an Unerupted Tooth	D7280	\$194	\$475	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$44	\$153
Excisional Biopsy of Minor Salivary Gland	D7284	\$68	\$405	III - Non-Intravenous Conscious Sedation*	D9248	\$70	\$107
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$68	\$992	I - Consultation	D9310	\$0	\$99
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$68	\$404	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$101	\$421	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$43	\$343	II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17
Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$152	\$708	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	\$60	\$553	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$429
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$202	\$2,945	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$429
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$303	\$8,621	III - Occlusal Adjustment - Limited	D9951	\$53	\$142
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$320	\$1,213	III - Occlusal Adjustment - Complete	D9952	\$128	\$754
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$194	\$1,481				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$346	\$1,251	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$404	\$1,680				
Removal of Lateral Exostosis - Per Site	D7471	\$105	\$1,592				
Removal of Torus Palatinus	D7472	\$270	\$1,906				
Removal of Torus Mandibularus	D7473	\$270	\$1,797				