

# 2024 SECURECARE DENTAL

## COPAY SCHEDULE AZ100 - 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](http://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 |
|--|----------|-------------------------------|----------------------------------|---|----------|-------------------------------|----------------------------------|
| <b>Type I - Diagnostic/Evaluation Services</b>     |          |                               |                                  | <b>Type I - Preventive Services</b>                         |          |                               |                                  |
| Periodic Oral Evaluation                           | D0120    | \$0                           | \$0                              | Panoramic Image - Image Capture Only                        | D0701    | \$0                           | \$0                              |
| Limited Oral Evaluation - Problem Focused          | D0140    | \$0                           | \$0                              | Intraoral - Occlusal Image - Image Capture Only             | D0706    | \$0                           | \$0                              |
| Oral Evaluation - under 3 years old                | D0145    | \$0                           | \$0                              | Intraoral - Periapical image - Image Capture Only           | D0707    | \$0                           | \$0                              |
| Comprehensive Oral Evaluation                      | D0150    | \$0                           | \$0                              | Intraoral - Bitewing Image - Image Capture Only             | D0708    | \$0                           | \$0                              |
| Detailed and Extensive Oral Eval - Problem Focused | D0160    | \$0                           | \$0                              | Intraoral - Comprehensive Series - Image Capture Only       | D0709    | \$0                           | \$0                              |
| Re-evaluation - Limited - Problem Focused          | D0170    | \$0                           | \$0                              |   |          |                               |                                  |
| Re-evaluation Post-Operative Office Visit          | D0171    | \$0                           | \$0                              |   |          |                               |                                  |
| Comprehensive Periodontal Evaluation               | D0180    | \$0                           | \$0                              | Prophylaxis Cleaning - Adult                                | D1110    | \$0                           | \$0                              |
| Intraoral - Comprehensive Series of Images         | D0210    | \$0                           | \$0                              | Prophylaxis Cleaning - Child                                | D1120    | \$0                           | \$0                              |
| Intraoral - Periapical - 1st Image                 | D0220    | \$0                           | \$0                              | Fluoride - Topical Application of Fluoride Varnish          | D1206    | \$0                           | \$0                              |
| Intraoral - Periapical - Each Additional Image     | D0230    | \$0                           | \$0                              | Fluoride - Topical Application Fluoride excl Varnish        | D1208    | \$0                           | \$0                              |
| Intraoral - Occlusal Image                         | D0240    | \$0                           | \$0                              | Sealant - Per Tooth   | D1351    | \$0                           | \$0                              |
| Extraoral - 2D Image                               | D0250    | \$0                           | \$0                              | Preventive Resin Restoration (Including Sealant)            | D1352    | \$0                           | \$0                              |
| Extraoral - Posterior Image                        | D0251    | \$0                           | \$0                              | Sealant Repair - Per Tooth                                  | D1353    | \$0                           | \$0                              |
| Bitewing - 1 Image                                 | D0270    | \$0                           | \$0                              | Space Maintainer; Fixed Unilateral - per quad               | D1510    | \$0                           | \$0                              |
| Bitewing - 2 Images                                | D0272    | \$0                           | \$0                              | Upper Space Maintainer; Fixed Bilateral                     | D1516    | \$0                           | \$0                              |
| Bitewing - 3 Images                                | D0273    | \$0                           | \$0                              | Lower Space Maintainer; Fixed Bilateral                     | D1517    | \$0                           | \$0                              |
| Bitewing - 4 Images                                | D0274    | \$0                           | \$0                              | Space Maintainer; Removable Unilateral - per quad           | D1520    | \$0                           | \$0                              |
| Vertical Bitewings - 7 to 8 Images                 | D0277    | \$0                           | \$0                              | Upper Space Maintainer; Removable Bilateral                 | D1526    | \$0                           | \$0                              |
| Panoramic Image                                    | D0330    | \$0                           | \$0                              | Lower Space Maintainer; Removable Bilateral                 | D1527    | \$0                           | \$0                              |
| Pulp Vitality Tests                                | D0460    | \$0                           | \$0                              | Re-cement or Re-bond Bilateral Upper Space Maintainer       | D1551    | \$20                          | \$20                             |
| Diagnostic Casts                                   | D0470    | \$0                           | \$0                              | 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                             |

**COPAY SCHEDULE AZ100 - SCHEDULE OF COPAYMENTS**

| COVERED SERVICES   | ADA CODE | NETWORK GENERAL DENTIST COPAY | NETWORK SPECIALIST DENTIST COPAY | COVERED SERVICES                                       | ADA CODE | NETWORK GENERAL DENTIST COPAY | NETWORK SPECIALIST DENTIST COPAY |
|--|----------|-------------------------------|----------------------------------|--|----------|-------------------------------|----------------------------------|
| Distal Shoe Space Maintainer - Fixed - Unilateral - per quad | D1575    | \$0                           | \$0                              | Crown - Porcelain with Predominantly Base Metal        | D2751    | \$697                         | \$1,036                          |
| <b>Type II - Restorative Dentistry</b>                       |          |                               |                                  | Crown - Porcelain With Noble Metal                     | D2752    | \$714                         | \$1,061                          |
| Amalgam - 1 Surface - Primary or Permanent                   | D2140    | \$64                          | \$159                            | Crown - Porcelain with Titanium                        | D2753    | \$697                         | \$1,036                          |
| Amalgam - 2 Surfaces - Primary or Permanent                  | D2150    | \$78                          | \$205                            | Crown - ¾ Cast High Noble Metal                        | D2780    | \$691                         | \$1,068                          |
| Amalgam - 3 Surfaces - Primary or Permanent                  | D2160    | \$87                          | \$248                            | Crown - ¾ Cast Predominantly Base Metal                | D2781    | \$678                         | \$1,005                          |
| Amalgam - 4+ Surfaces - Primary or Permanent                 | D2161    | \$114                         | \$302                            | Crown - ¾ Cast Noble Metal                             | D2782    | \$685                         | \$1,037                          |
| Resin Composite - 1 Surface - Anterior                       | D2330    | \$68                          | \$151                            | Crown - ¾ Porcelain/Ceramic                            | D2783    | \$694                         | \$1,098                          |
| Resin Composite - 2 Surfaces - Anterior                      | D2331    | \$94                          | \$193                            | Crown - Full Cast High Noble Metal                     | D2790    | \$694                         | \$1,074                          |
| Resin Composite - 3 Surfaces - Anterior                      | D2332    | \$109                         | \$236                            | Crown - Full Cast Predominantly Base Metal             | D2791    | \$660                         | \$1,017                          |
| Resin Composite - 4+ Surfaces - Anterior                     | D2335    | \$118                         | \$279                            | Crown - Full Cast Noble Metal                          | D2792    | \$675                         | \$1,036                          |
| Resin Composite Crown - Anterior                             | D2390    | \$161                         | \$309                            | Crown - Titanium                                       | D2794    | \$663                         | \$1,099                          |
| Resin Composite - 1 Surface - Posterior                      | D2391    | \$88                          | \$177                            | Re-cement/Re-bond Inlay/Onlay/Partial Restoration      | D2910    | \$80                          | \$100                            |
| Resin Composite - 2 Surfaces - Posterior                     | D2392    | \$109                         | \$231                            | Re-cement/Re-bond Crown                                | D2920    | \$83                          | \$101                            |
| Resin Composite - 3 Surfaces - Posterior                     | D2393    | \$134                         | \$287                            | Prefabricated Porcelain/Ceramic Crown - Permanent      | D2928    | \$279                         | \$401                            |
| Resin Composite - 4+ Surfaces - Posterior                    | D2394    | \$154                         | \$352                            | Prefabricated Porcelain/Ceramic Crown - Primary        | D2929    | \$279                         | \$401                            |
| <b>Type III - Onlays Crowns and Bridges</b>                  |          |                               |                                  | Prefabricated Stainless Steel Crown - Primary          | D2930    | \$137                         | \$276                            |
| Inlay - Metallic - 1 Surface                                 | D2510    | \$390                         | \$754                            | Prefabricated Stainless Steel Crown - Permanent        | D2931    | \$162                         | \$312                            |
| Inlay - Metallic - 2 Surfaces                                | D2520    | \$464                         | \$856                            | Prefabricated Resin Crown                              | D2932    | \$125                         | \$333                            |
| Inlay - Metallic - 3+ Surfaces                               | D2530    | \$575                         | \$987                            | Protective Restoration                                 | D2940    | \$67                          | \$105                            |
| Onlay - Metallic - 2 Surfaces                                | D2542    | \$504                         | \$967                            | Core Build Up - Including any Pins when required       | D2950    | \$154                         | \$264                            |
| Onlay - Metallic - 3 Surfaces                                | D2543    | \$630                         | \$1,012                          | Pin Retention - Per Tooth - in Addition to Restoration | D2951    | \$50                          | \$60                             |
| Onlay - Metallic - 4+ Surfaces                               | D2544    | \$815                         | \$1,052                          | Cast Post and Core - in Addition to Crown              | D2952    | \$224                         | \$416                            |
| Inlay - Porcelain/Ceramic - 1 Surface                        | D2610    | \$177                         | \$177                            | Cast Post and Core - Each Additional - same tooth      | D2953    | \$164                         | \$208                            |
| Inlay - Porcelain/Ceramic - 2 Surfaces                       | D2620    | \$273                         | \$273                            | Prefabricated Post and Core - in Addition to Crown     | D2954    | \$186                         | \$333                            |
| Inlay - Porcelain/Ceramic - 3+ Surfaces                      | D2630    | \$596                         | \$998                            | Post Removal   | D2955    | \$0                           | \$0                              |
| Onlay - Porcelain/Ceramic - 2 Surfaces                       | D2642    | \$518                         | \$970                            | Each Additional Prefabricated Post - same tooth        | D2957    | \$151                         | \$167                            |
| Onlay - Porcelain/Ceramic - 3 Surfaces                       | D2643    | \$620                         | \$1,046                          | Labial Veneer (resin laminate) - Chairside             | D2960    | \$366                         | \$805                            |
| Onlay - Porcelain/Ceramic - 4+ Surfaces                      | D2644    | \$822                         | \$1,110                          | Labial Veneer (resin laminate) - Laboratory            | D2961    | \$538                         | \$913                            |
| Inlay - Resin Composite - 1 Surface                          | D2650    | \$342                         | \$583                            | Labial Veneer (porcelain laminate) - Laboratory        | D2962    | \$624                         | \$992                            |
| Inlay - Resin Composite - 2 Surfaces                         | D2651    | \$412                         | \$695                            | Crown Repair   | D2980    | \$110                         | \$194                            |
| Inlay - Resin Composite - 3+ Surfaces                        | D2652    | \$471                         | \$730                            | Inlay Repair   | D2981    | \$111                         | \$194                            |
| Onlay - Resin Composite - 2 Surfaces                         | D2662    | \$458                         | \$634                            | Onlay Repair   | D2982    | \$111                         | \$194                            |
| Onlay - Resin Composite - 3 Surfaces                         | D2663    | \$500                         | \$746                            | Veneer Repair  | D2983    | \$111                         | \$194                            |
| Onlay - Resin Composite - 4+ Surfaces                        | D2664    | \$543                         | \$799                            | <b>Type III - Endodontics</b>                          |          |                               |                                  |
| Crown - Resin Based Composite - Indirect                     | D2710    | \$386                         | \$446                            | Pulp Cap - Direct (Excluding Final Restoration)        | D3110    | \$46                          | \$100                            |
| Crown - ¾ Resin Based Composite - Indirect                   | D2712    | \$265                         | \$446                            | Pulp Cap - Indirect (Excluding Final Restoration)      | D3120    | \$41                          | \$80                             |
| Crown - Resin with High Noble Metal                          | D2720    | \$741                         | \$1,099                          | Therapeutic Pulpotomy (Excluding Final Restoration)    | D3220    | \$93                          | \$205                            |
| Crown - Resin with Base Metal                                | D2721    | \$668                         | \$1,030                          | Pulpal Debridement - Primary/Permanent                 | D3221    | \$70                          | \$225                            |
| Crown - Resin with Noble Metal                               | D2722    | \$679                         | \$1,053                          | Partial Pulpotomy for Apexogenesis                     | D3222    | \$90                          | \$208                            |
| Crown - Porcelain/Ceramic                                    | D2740    | \$774                         | \$1,128                          | Pulpal Therapy Anterior - Primary                      | D3230    | \$83                          | \$183                            |
| Crown - Porcelain with High Noble Metal                      | D2750    | \$758                         | \$1,113                          | Pulpal Therapy Posterior - Primary                     | D3240    | \$100                         | \$225                            |
|  |          |                               |                                  | Root Canal - Anterior (Excluding Final Restoration)    | D3310    | \$427                         | \$717                            |

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|--|----------|-------------------------------|----------------------------------|--|----------|-------------------------------|----------------------------------|
| Root Canal - Premolar (Excluding Final Restoration)                      | D3320    | \$511                         | \$879                            | Perio. Scaling & Root Planing - 4+ teeth/quad                  | D4341    | \$129                         | \$255                            |
| Root Canal - Molar (Excluding Final Restoration)                         | D3330    | \$605                         | \$1,090                          | Perio. Scaling & Root Planing - 1 to 3 teeth/quad              | D4342    | \$69                          | \$147                            |
| Treatment of Root Canal Obstruction - non surgical                       | D3331    | \$174                         | \$281                            | Scaling - Full Mouth - After Oral Evaluation                   | D4346    | \$75                          | \$147                            |
| Incomplete Endodontic Therapy - Inoperable/Fractured                     | D3332    | \$221                         | \$534                            | Full Mouth Debridement   | D4355    | \$64                          | \$174                            |
| Internal Root Repair of Perforation Defects                              | D3333    | \$200                         | \$246                            | Periodontal Maintenance Procedures                             | D4910    | \$72                          | \$157                            |
| Retreatment of Previous RCT - Anterior                                   | D3346    | \$460                         | \$956                            |  |          |                               |                                  |
| Retreatment of Previous RCT - Premolar                                   | D3347    | \$572                         | \$1,125                          | <b>Type III - Removable Prosthetics</b>                        |          |                               |                                  |
| Retreatment of Previous RCT - Molar                                      | D3348    | \$594                         | \$1,392                          | Complete Denture - Upper                                       | D5110    | \$916                         | \$1,791                          |
| Apexification/Recalcification - Initial Visit                            | D3351    | \$158                         | \$416                            | Complete Denture - Lower                                       | D5120    | \$916                         | \$1,791                          |
| Apexification/Recalcification - Interim Visit                            | D3352    | \$94                          | \$187                            | Immediate Denture - Upper                                      | D5130    | \$894                         | \$1,952                          |
| Apexification/Recalcification - Final Visit                              | D3353    | \$193                         | \$574                            | Immediate Denture - Lower                                      | D5140    | \$894                         | \$1,952                          |
| Apicoectomy - Anterior   | D3410    | \$372                         | \$826                            | Upper Partial Denture - Resin Base                             | D5211    | \$639                         | \$1,511                          |
| Apicoectomy - Premolar - 1st Root  | D3421    | \$379                         | \$919                            | Lower Partial Denture - Resin Base                             | D5212    | \$639                         | \$1,756                          |
| Apicoectomy - Molar - 1st Root   | D3425    | \$384                         | \$1,041                          | Upper Partial Denture - Cast Metal Frame - Resin Base          | D5213    | \$896                         | \$1,979                          |
| Apicoectomy - Each Additional Root                                       | D3426    | \$226                         | \$352                            | Lower Partial Denture - Cast Metal Frame - Resin Base          | D5214    | \$896                         | \$1,979                          |
| Retrograde Filling - Per Root  | D3430    | \$118                         | \$258                            | Upper Immediate Partial Denture - Resin Base                   | D5221    | \$856                         | \$1,649                          |
| Root Amputation - Per Root   | D3450    | \$201                         | \$538                            | Lower Immediate Partial Denture - Resin Base                   | D5222    | \$856                         | \$1,915                          |
| Hemisection (Including any Root Removal)                                 | D3920    | \$132                         | \$409                            | Upper Immediate Partial Denture - Cast Metal with Resin        | D5223    | \$1,148                       | \$2,157                          |
| Canal Preparation/Post Fitting   | D3950    | \$0                           | \$0                              | Lower Immediate Partial Denture - Cast Metal with Resin        | D5224    | \$1,148                       | \$2,157                          |
|  |          |                               |                                  | Upper Partial Denture - Flexible Base                          | D5225    | \$896                         | \$1,979                          |
| <b>Type III - Periodontics</b>   |          |                               |                                  | Lower Partial Denture - Flexible Base                          | D5226    | \$896                         | \$1,979                          |
| Gingivectomy/Gingivoplasty - 4+ teeth/quad                               | D4210    | \$290                         | \$870                            | Upper Immediate Partial Denture - Flexible Base                | D5227    | \$896                         | \$1,979                          |
| Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad                           | D4211    | \$118                         | \$387                            | Lower Immediate Partial Denture - Flexible Base                | D5228    | \$896                         | \$1,979                          |
| Gingivectomy/Gingivoplasty for restorative procedure                     | D4212    | \$92                          | \$309                            | Upper Removable Unilateral Partial Denture - Cast Metal        | D5282    | \$556                         | \$1,154                          |
| Gingival Flap-Incl. Root Planing - 4+ teeth/quad                         | D4240    | \$440                         | \$1,102                          | Lower Removable Unilateral Partial Denture - Cast Metal        | D5283    | \$556                         | \$1,154                          |
| Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad                     | D4241    | \$235                         | \$638                            | Removable Flexible Unilateral Partial Denture - per quad       | D5284    | \$556                         | \$881                            |
| Crown Lengthening - Hard Tissue  | D4249    | \$498                         | \$1,208                          | Removable Resin Unilateral Partial Denture - per quad          | D5286    | \$556                         | \$881                            |
| Osseous Surgery - 4+ teeth/quad  | D4260    | \$511                         | \$1,837                          | Adjust Complete Denture - Upper                                | D5410    | \$55                          | \$98                             |
| Osseous Surgery - 1-3 teeth/quad   | D4261    | \$422                         | \$986                            | Adjust Complete Denture - Lower                                | D5411    | \$55                          | \$98                             |
| Pedicle Soft Tissue Graft Procedure                                      | D4270    | \$160                         | \$1,305                          | Adjust Partial Denture - Upper                                 | D5421    | \$94                          | \$98                             |
| Autogenous Connective Tissue Graft - 1st Tooth (excl implants)           | D4273    | \$583                         | \$1,595                          | Adjust Partial Denture - Lower                                 | D5422    | \$94                          | \$98                             |
| Mesial/Distal Wedge Procedure - Single Tooth                             | D4274    | \$372                         | \$905                            | Repair Broken Complete Denture Base - Mandibular               | D5511    | \$114                         | \$196                            |
| Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)       | D4275    | \$494                         | \$1,199                          | Repair Broken Complete Denture Base - Maxillary                | D5512    | \$114                         | \$196                            |
| Combined Connective Tissue/Pedicle Graft                                 | D4276    | \$709                         | \$1,788                          | Replace Missing or Broken Teeth - Complete Denture - Per Tooth | D5520    | \$94                          | \$163                            |
| Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)             | D4277    | \$341                         | \$1,353                          | Repair Resin Partial Denture Base - Mandibular                 | D5611    | \$125                         | \$212                            |
| Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)       | D4278    | \$341                         | \$445                            | Repair Resin Partial Denture Base - Maxillary                  | D5612    | \$125                         | \$212                            |
| Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)     | D4283    | \$583                         | \$1,359                          | Repair Cast Partial Framework - Mandibular                     | D5621    | \$153                         | \$229                            |
| Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4285    | \$494                         | \$1,023                          | Repair Cast Partial Framework - Maxillary                      | D5622    | \$153                         | \$229                            |
| Provisional Intracoronal Splint; Natural or Prosthetic Teeth             | D4322    | \$157                         | \$449                            | Repair or Replace Broken Clasp - per tooth                     | D5630    | \$141                         | \$278                            |
| Provisional Extracoronal Splint; Natural or Prosthetic Teeth             | D4323    | \$143                         | \$408                            | Replace Broken Teeth - Per Tooth                               | D5640    | \$102                         | \$180                            |
|  |          |                               |                                  | Add Tooth to Existing Partial Denture                          | D5650    | \$131                         | \$245                            |
|  |          |                               |                                  | Add Clasp to Existing Partial Denture - per tooth              | D5660    | \$159                         | \$294                            |

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|---|----------|-------------------------------|----------------------------------|--|--|-------------------------------|----------------------------------|---------|
| Replace Teeth/Acrylic on Cast Metal Framework (Upper)         | D5670    | \$454                         | \$719                            | <b>Type III - Pontics and Retainers</b>                  |  |                               |                                  |         |
| Replace Teeth/Acrylic on Cast Metal Framework (Lower)         | D5671    | \$454                         | \$719                            |  | Pontic - Cast High Noble Metal                             | D6210                         | \$713                            | \$1,067 |
| Rebase Complete Upper Denture                                 | D5710    | \$441                         | \$727                            |  | Pontic - Cast Predominantly Base Metal                     | D6211                         | \$597                            | \$1,000 |
| Rebase Complete Lower Denture                                 | D5711    | \$441                         | \$694                            |  | Pontic - Cast Noble Metal                                  | D6212                         | \$659                            | \$1,041 |
| Rebase Upper Partial Denture                                  | D5720    | \$398                         | \$686                            |  | Pontic - Titanium  | D6214                         | \$743                            | \$1,074 |
| Rebase Lower Partial Denture                                  | D5721    | \$398                         | \$686                            |  | Pontic - Porcelain Fused to High Noble Metal               | D6240                         | \$708                            | \$1,054 |
| Rebase Hybrid Prothesis                                       | D5725    | \$370                         | \$621                            |  | Pontic - Porcelain Fused to Predominantly Base Metal       | D6241                         | \$660                            | \$973   |
| Reline Complete Upper Denture (Chairside)                     | D5730    | \$279                         | \$410                            |  | Pontic - Porcelain Fused to Noble Metal                    | D6242                         | \$673                            | \$1,027 |
| Reline Complete Lower Denture (Chairside)                     | D5731    | \$279                         | \$410                            |  | Pontic - Porelain Fused to Titanium                        | D6243                         | \$660                            | \$973   |
| Reline Upper Partial Denture (Chairside)                      | D5740    | \$276                         | \$376                            |  | Pontic - Porcelain/Ceramic                                 | D6245                         | \$800                            | \$1,088 |
| Reline Lower Partial Denture (Chairside)                      | D5741    | \$276                         | \$376                            |  | Pontic - Resin with High Noble Metal                       | D6250                         | \$584                            | \$1,041 |
| Reline Complete Upper Denture (Laboratory)                    | D5750    | \$339                         | \$547                            |  | Pontic - Resin with Predominantly Base Metal               | D6251                         | \$532                            | \$960   |
| Reline Complete Lower Denture (Laboratory)                    | D5751    | \$339                         | \$547                            |  | Pontic - Resin with Noble Metal                            | D6252                         | \$556                            | \$991   |
| Reline Upper Partial Denture (Laboratory)                     | D5760    | \$325                         | \$539                            |  | Retainer - Cast Metal or Resin Bonded Fixed Prosthesis     | D6545                         | \$481                            | \$481   |
| Reline Lower Partial Denture (Laboratory)                     | D5761    | \$325                         | \$539                            |  | Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis | D6548                         | \$466                            | \$466   |
| Tissue Conditioning - Upper                                   | D5850    | \$131                         | \$866                            |  | Retainer - Resin for Resin Bonded Fixed Prosthesis         | D6549                         | \$315                            | \$315   |
| Tissue Conditioning - Lower                                   | D5851    | \$131                         | \$931                            |  | Retainer Inlay - Porcelain/Ceramic - 2 Surfaces            | D6600                         | \$565                            | \$776   |
|   |          |                               |                                  |  | Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces           | D6601                         | \$632                            | \$814   |
| <b>Type III - Implants</b>                                    |          |                               |                                  |  | Retainer Inlay - Cast High Noble Metal - 2 Surfaces        | D6602                         | \$622                            | \$829   |
| Surgical Placement of Implant Body - Endosteal                | D6010    | \$1,486                       | \$2,992                          |  | Retainer Inlay - Cast High Noble Metal - 3+ Surfaces       | D6603                         | \$695                            | \$912   |
| Surgical Placement of Mini Implant                            | D6013    | \$1,496                       | \$2,992                          | Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces    | D6604  | \$574                         | \$813                            |         |
| Prefabricated Abutment - includes modification & placement    | D6056    | \$370                         | \$621                            | Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces   | D6605  | \$624                         | \$861                            |         |
| Crown - Abutment Supp. Porcelain/Ceramic                      | D6058    | \$949                         | \$1,722                          | Retainer Inlay - Cast Noble Metal - 2 Surfaces           | D6606  | \$608                         | \$800                            |         |
| Crown - Abutment Supp. Porcelain Fused to High Noble Metal    | D6059    | \$936                         | \$1,699                          | Retainer Inlay - Cast Noble Metal - 3+ Surfaces          | D6607  | \$674                         | \$888                            |         |
| Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal  | D6060    | \$831                         | \$1,606                          | Retainer Onlay - Porcelain/Ceramic - 2 Surfaces          | D6608  | \$726                         | \$844                            |         |
| Crown - Abutment Supp. Porcelain Fused to Noble Metal         | D6061    | \$881                         | \$1,639                          | Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces         | D6609  | \$741                         | \$880                            |         |
| Crown - Abutment Supp. Cast High Noble Metal                  | D6062    | \$888                         | \$1,632                          | Retainer Onlay - Cast High Noble Metal - 2 Surfaces      | D6610  | \$622                         | \$895                            |         |
| Crown - Abutment Supp. Cast Predominantly Base Metal          | D6063    | \$709                         | \$1,421                          | Retainer Onlay - Cast High Noble Metal - 3+ Surfaces     | D6611  | \$744                         | \$979                            |         |
| Crown - Abutment Supp. Cast Noble Metal                       | D6064    | \$757                         | \$1,487                          | Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces    | D6612  | \$566                         | \$890                            |         |
| Crown - Implant Supp. Porcelain/Ceramic Crown                 | D6065    | \$915                         | \$1,694                          | Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces   | D6613  | \$705                         | \$930                            |         |
| Crown - Implant Supp. Porcelain Fused to High Noble Alloy     | D6066    | \$891                         | \$1,650                          | Retainer Onlay - Cast Noble Metal - 2 Surfaces           | D6614  | \$608                         | \$871                            |         |
| Crown - Implant Supp. High Noble Alloy                        | D6067    | \$833                         | \$1,601                          | Retainer Onlay - Cast Noble Metal - 3+ Surfaces          | D6615  | \$744                         | \$905                            |         |
| Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy | D6082    | \$831                         | \$1,650                          | Retainer Inlay - Titanium                                | D6624  | \$552                         | \$829                            |         |
| Crown - Implant Supp. - Porcelain Fused to Noble Alloy        | D6083    | \$881                         | \$1,650                          | Retainer Onlay - Titanium                                | D6634  | \$585                         | \$871                            |         |
| Crown - Implant Supp. - Porcelain Fused to Titanium           | D6084    | \$881                         | \$1,650                          | Retainer Crown - Resin With High Noble Metal             | D6720  | \$694                         | \$1,037                          |         |
| Crown - Implant Supp. - Predom. Base Alloy                    | D6086    | \$709                         | \$1,625                          | Retainer Crown - Resin With Base Metal                   | D6721  | \$622                         | \$984                            |         |
| Crown - Implant Supp. - Noble Alloy                           | D6087    | \$757                         | \$1,601                          | Retainer Crown - Resin With Noble Metal                  | D6722  | \$652                         | \$1,001                          |         |
| Crown - Implant Supp. - Titanium                              | D6088    | \$830                         | \$1,601                          | Retainer Crown - Porcelain/Ceramic Substrate             | D6740  | \$763                         | \$1,090                          |         |
| Re-cement or Re-bond Implant/Abutment Supported Crown         | D6092    | \$54                          | \$1,601                          | Retainer Crown - Porcelain With High Noble Metal         | D6750  | \$763                         | \$1,062                          |         |
| Crown - Abutment Supp. Titanium                               | D6094    | \$830                         | \$1,348                          | Retainer Crown - Porcelain With Predominantly Base Metal | D6751  | \$702                         | \$991                            |         |
| Repair Implant Abutment - By Report                           | D6095    | \$0                           | \$375                            | Retainer Crown - Porcelain With Noble Metal              | D6752  | \$719                         | \$1,014                          |         |
| Remove Broken Implant Retaining Screw                         | D6096    | \$45                          | \$75                             | Retainer Crown - Porcelain Fused to Titanium             | D6753  | \$702                         | \$991                            |         |
| Crown - Abutment Supp. Porcelain Fused to Titanium            | D6097    | \$891                         | \$1,650                          |  |  |                               |                                  |         |

**COPAY SCHEDULE AZ100 - SCHEDULE OF COPAYMENTS**

| COVERED SERVICES  | ADA CODE | NETWORK GENERAL DENTIST COPAY | NETWORK SPECIALIST DENTIST COPAY | COVERED SERVICES  | ADA CODE | NETWORK GENERAL DENTIST COPAY | NETWORK SPECIALIST DENTIST COPAY |
|---|----------|-------------------------------|----------------------------------|---|----------|-------------------------------|----------------------------------|
| Retainer Crown - ¾ Cast High Noble Metal  | D6780    | \$747                         | \$1,001                          | Reduction of Osseous Tuberosity   | D7485    | \$297                         | \$1,627                          |
| Retainer Crown - ¾ Cast Predominantly Base Metal  | D6781    | \$713                         | \$1,001                          | Marsupialization of Odontogenic Cyst                                    | D7509    | \$118                         | \$496                            |
| Retainer Crown - ¾ Cast Noble Metal   | D6782    | \$727                         | \$930                            | Incision/Drain of Abscess Intraoral Soft Tissue                         | D7510    | \$118                         | \$471                            |
| Retainer Crown - ¾ Porcelain/Ceramic  | D6783    | \$698                         | \$1,031                          | Incision/Drain of Abscess Extraoral Soft Tissue                         | D7520    | \$197                         | \$2,242                          |
| Retainer Crown ¾ -Titanium  | D6784    | \$713                         | \$1,001                          | Removal of Foreign Body - Skin or Subc. Areolar Tissue                  | D7530    | \$68                          | \$808                            |
| Retainer Crown - Full Cast High Noble Metal   | D6790    | \$713                         | \$1,025                          | Removal of Reaction Producing Foreign Bodies - Musculoskeletal System   | D7540    | \$197                         | \$895                            |
| Retainer Crown - Full Cast Predominantly Base Metal   | D6791    | \$597                         | \$972                            | Sequestrectomy for Osteomyelitis  | D7550    | \$146                         | \$558                            |
| Retainer Crown - Full Cast Noble Metal  | D6792    | \$659                         | \$1,007                          | Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body      | D7560    | \$924                         | \$4,433                          |
| Retainer Crown - Titanium   | D6794    | \$663                         | \$1,007                          | Suture of Recent Small Wounds up to 5cm                                 | D7910    | \$65                          | \$718                            |
| Re-cement or Re-bond Fixed Partial Denture  | D6930    | \$75                          | \$161                            | Buccal/Labial Frenectomy (Frenulectomy)                                 | D7961    | \$219                         | \$632                            |
| Stress Breaker  | D6940    | \$235                         | \$365                            | Lingual Frenectomy (Frenulectomy)                                       | D7962    | \$219                         | \$632                            |
| Fixed Partial Denture Repair - by Report  | D6980    | \$175                         | \$176                            | Excision of Hyperplastic Tissue - Per Arch                              | D7970    | \$172                         | \$876                            |
| <b>Type II - Oral Surgery</b>   |          |                               |                                  | Excision of Pericoronal Gingiva   | D7971    | \$109                         | \$328                            |
| Extraction - Coronal Remnants - Primary Tooth   | D7111    | \$63                          | \$132                            | Surgical Reduction of Fibrous Tuberosity                                | D7972    | \$399                         | \$1,226                          |
| Extraction - Erupted Tooth or Exposed Root  | D7140    | \$95                          | \$176                            | Non-Surgical Sialolithotomy   | D7979    | \$540                         | \$541                            |
| Extraction - Erupted Tooth  | D7210    | \$133                         | \$265                            | Surgical Sialolithotomy   | D7980    | \$540                         | \$1,379                          |
| Removal of Impacted Tooth - Soft Tissue   | D7220    | \$147                         | \$332                            | Closure of Salivary Fistula   | D7983    | \$1,229                       | \$3,131                          |
| Removal of Impacted Tooth - Partially Bony  | D7230    | \$188                         | \$442                            | <b>Type - Miscellaneous Services</b>                                    |          |                               |                                  |
| Removal of Impacted Tooth - Completely Bony   | D7240    | \$211                         | \$519                            | I - Palliative Treatment of Dental Pain                                 | D9110    | \$56                          | \$131                            |
| Removal of Residual Tooth Roots   | D7250    | \$124                         | \$280                            | I - Evaluation for Deep Sedation/General Anesthesia                     | D9219    | \$0                           | \$0                              |
| Coronectomy - Intentional Partial Tooth Removal   | D7251    | \$160                         | \$549                            | III - Deep Sedation/General Anesthesia - First 15 Min*                  | D9222    | \$90                          | \$283                            |
| Oroantral Fistula Closure   | D7260    | \$194                         | \$1,762                          | III - Deep Sedation/General Anesthesia - Each Additional 15 Min*        | D9223    | \$90                          | \$216                            |
| Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus | D7270    | \$302                         | \$551                            | III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*                     | D9230    | \$53                          | \$80                             |
| Tooth Transplantation   | D7272    | \$380                         | \$734                            | III - Intravenous Moderate Sedation/Analgesia - First 15 Min*           | D9239    | \$74                          | \$233                            |
| Exposure of an Unerupted Tooth  | D7280    | \$233                         | \$514                            | III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min* | D9243    | \$74                          | \$183                            |
| Excisional Biopsy of Minor Salivary Gland   | D7284    | \$104                         | \$441                            | III - Non-Intravenous Conscious Sedation*                               | D9248    | \$79                          | \$116                            |
| Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)  | D7285    | \$104                         | \$1,028                          | I - Consultation  | D9310    | \$53                          | \$152                            |
| Incisional Biopsy of Oral Tissue - Soft (All Others)  | D7286    | \$104                         | \$440                            | I - Office Visit for Observ During Regular Scheduled Hours              | D9430    | \$0                           | \$0                              |
| Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad                                       | D7310    | \$118                         | \$438                            | II - Therapeutic Drug Injection (Antibiotics)                           | D9610    | \$67                          | \$118                            |
| Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad                                   | D7311    | \$83                          | \$383                            | II - Treatment of Complications (Post Surgical)                         | D9930    | \$63                          | \$118                            |
| Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad                                   | D7320    | \$155                         | \$711                            | III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)          | D9944    | \$247                         | \$576                            |
| Alveoplasty not in Conjunction w/Extract- 1 to 3 Teeth/Per Quad                               | D7321    | \$109                         | \$602                            | III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)          | D9945    | \$247                         | \$576                            |
| Vestibuloplasty-Ridge Ext (2nd Epithelialization)   | D7340    | \$267                         | \$3,010                          | III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)       | D9946    | \$247                         | \$576                            |
| Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)  | D7350    | \$439                         | \$8,757                          | III - Occlusal Adjustment - Limited                                     | D9951    | \$80                          | \$169                            |
| Removal of Odontogenic Cyst/Tumor <=1.25cm  | D7450    | \$420                         | \$1,313                          | III - Occlusal Adjustment - Complete                                    | D9952    | \$169                         | \$795                            |
| Removal of Odontogenic Cyst/Tumor > 1.25cm  | D7451    | \$508                         | \$1,795                          |   |          |                               |                                  |
| Removal of Nonodontogenic Cyst/Tumor<=1.25cm  | D7460    | \$408                         | \$1,313                          | * Covered only when performed in conjunction with covered oral surgery. |          |                               |                                  |
| Removal of Nonodontogenic Cyst/Tumor> 1.25cm  | D7461    | \$519                         | \$1,795                          |   |          |                               |                                  |
| Removal of Lateral Exostosis - Per Site   | D7471    | \$140                         | \$1,627                          |   |          |                               |                                  |
| Removal of Torus Palatinus  | D7472    | \$297                         | \$1,933                          |   |          |                               |                                  |
| Removal of Torus Mandibularus   | D7473    | \$297                         | \$1,824                          |   |          |                               |                                  |