

# 2024 SECURECARE DENTAL

## COPAY SCHEDULE TX300 - 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>		\$0	\$0				
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			\$0	\$0
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	<b>Type I - Preventive Services</b>		\$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	\$0	\$0
Diagnostic Casts	D0470	\$0	\$0	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$0	\$0
				Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$0	\$0

**COPAY SCHEDULE TX300 - 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	\$0	\$0
		\$0	\$0	Crown - Porcelain With Noble Metal	D2752	\$0	\$0
<b>Type II - Restorative Dentistry</b>		\$0	\$0	Crown - Porcelain with Titanium	D2753	\$0	\$0
Amalgam - 1 Surface - Primary or Permanent	D2140	\$0	\$0	Crown - ¾ Cast High Noble Metal	D2780	\$0	\$0
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$0	\$0	Crown - ¾ Cast Predominantly Base Metal	D2781	\$0	\$0
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$0	\$0	Crown - ¾ Cast Noble Metal	D2782	\$0	\$0
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$0	\$0	Crown - ¾ Porcelain/Ceramic	D2783	\$0	\$0
Resin Composite - 1 Surface - Anterior	D2330	\$0	\$0	Crown - Full Cast High Noble Metal	D2790	\$0	\$0
Resin Composite - 2 Surfaces - Anterior	D2331	\$0	\$0	Crown - Full Cast Predominantly Base Metal	D2791	\$0	\$0
Resin Composite - 3 Surfaces - Anterior	D2332	\$0	\$0	Crown - Full Cast Noble Metal	D2792	\$0	\$0
Resin Composite - 4+ Surfaces - Anterior	D2335	\$0	\$0	Crown - Titanium	D2794	\$0	\$0
Resin Composite Crown - Anterior	D2390	\$0	\$0	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$0	\$0
Resin Composite - 1 Surface - Posterior	D2391	\$0	\$0	Re-cement/Re-bond Crown	D2920	\$0	\$0
Resin Composite - 2 Surfaces - Posterior	D2392	\$0	\$0	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$0	\$0
Resin Composite - 3 Surfaces - Posterior	D2393	\$0	\$0	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$0	\$0
Resin Composite - 4+ Surfaces - Posterior	D2394	\$0	\$0	Prefabricated Stainless Steel Crown - Primary	D2930	\$0	\$0
		\$0	\$0	Prefabricated Stainless Steel Crown - Permanent	D2931	\$0	\$0
<b>Type III - Onlays Crowns and Bridges</b>		\$0	\$0	Prefabricated Resin Crown	D2932	\$0	\$0
Inlay - Metallic - 1 Surface	D2510	\$0	\$0	Protective Restoration	D2940	\$0	\$0
Inlay - Metallic - 2 Surfaces	D2520	\$0	\$0	Core Build Up - Including any Pins when required	D2950	\$0	\$0
Inlay - Metallic - 3+ Surfaces	D2530	\$0	\$0	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$0	\$0
Onlay - Metallic - 2 Surfaces	D2542	\$0	\$0	Cast Post and Core - in Addition to Crown	D2952	\$0	\$0
Onlay - Metallic - 3 Surfaces	D2543	\$0	\$0	Cast Post and Core - Each Additional - same tooth	D2953	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$0	\$0	Prefabricated Post and Core - in Addition to Crown	D2954	\$0	\$0
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$0	\$0	Post Removal	D2955	\$0	\$0
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$0	\$0	Each Additional Prefabricated Post - same tooth	D2957	\$0	\$0
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$0	\$0	Labial Veneer (resin laminate) - Chairside	D2960	\$0	\$0
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$0	\$0	Labial Veneer (resin laminate) - Laboratory	D2961	\$0	\$0
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$0	\$0	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$0	\$0
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$0	\$0	Crown Repair	D2980	\$0	\$0
Inlay - Resin Composite - 1 Surface	D2650	\$0	\$0	Inlay Repair	D2981	\$0	\$0
Inlay - Resin Composite - 2 Surfaces	D2651	\$0	\$0	Onlay Repair	D2982	\$0	\$0
Inlay - Resin Composite - 3+ Surfaces	D2652	\$0	\$0	Veneer Repair	D2983	\$0	\$0
Onlay - Resin Composite - 2 Surfaces	D2662	\$0	\$0			\$0	\$0
Onlay - Resin Composite - 3 Surfaces	D2663	\$0	\$0	<b>Type III - Endodontics</b>		\$0	\$0
Onlay - Resin Composite - 4+ Surfaces	D2664	\$0	\$0	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$0	\$0
Crown - Resin Based Composite - Indirect	D2710	\$0	\$0	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$0	\$0
Crown - ¾ Resin Based Composite - Indirect	D2712	\$0	\$0	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$0	\$0
Crown - Resin with High Noble Metal	D2720	\$0	\$0	Pulpal Debridement - Primary/Permanent	D3221	\$0	\$0
Crown - Resin with Base Metal	D2721	\$0	\$0	Partial Pulpotomy for Apexogenesis	D3222	\$0	\$0
Crown - Resin with Noble Metal	D2722	\$0	\$0	Pulpal Therapy Anterior - Primary	D3230	\$0	\$0
Crown - Porcelain/Ceramic	D2740	\$0	\$0	Pulpal Therapy Posterior - Primary	D3240	\$0	\$0
Crown - Porcelain with High Noble Metal	D2750	\$0	\$0	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$0	\$0

**COPAY SCHEDULE TX300 - 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
Root Canal - Premolar (Excluding Final Restoration)	D3320	\$0	\$0	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$0	\$0
Root Canal - Molar (Excluding Final Restoration)	D3330	\$0	\$0	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$0	\$0
Treatment of Root Canal Obstruction - non surgical	D3331	\$0	\$0	Scaling - Full Mouth - After Oral Evaluation	D4346	\$0	\$0
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$0	\$0	Full Mouth Debridement	D4355	\$0	\$0
Internal Root Repair of Perforation Defects	D3333	\$0	\$0	Periodontal Maintenance Procedures	D4910	\$0	\$0
Retreatment of Previous RCT - Anterior	D3346	\$0	\$0			\$0	\$0
Retreatment of Previous RCT - Premolar	D3347	\$0	\$0	<b>Type III - Removable Prosthetics</b>			
Retreatment of Previous RCT - Molar	D3348	\$0	\$0	Complete Denture - Upper	D5110	\$0	\$0
Apexification/Recalcification - Initial Visit	D3351	\$0	\$0	Complete Denture - Lower	D5120	\$0	\$0
Apexification/Recalcification - Interim Visit	D3352	\$0	\$0	Immediate Denture - Upper	D5130	\$0	\$0
Apexification/Recalcification - Final Visit	D3353	\$0	\$0	Immediate Denture - Lower	D5140	\$0	\$0
Apicoectomy - Anterior	D3410	\$0	\$0	Upper Partial Denture - Resin Base	D5211	\$0	\$0
Apicoectomy - Premolar - 1st Root	D3421	\$0	\$0	Lower Partial Denture - Resin Base	D5212	\$0	\$0
Apicoectomy - Molar - 1st Root	D3425	\$0	\$0	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$0	\$0
Apicoectomy - Each Additional Root	D3426	\$0	\$0	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$0	\$0
Retrograde Filling - Per Root	D3430	\$0	\$0	Upper Immediate Partial Denture - Resin Base	D5221	\$0	\$0
Root Amputation - Per Root	D3450	\$0	\$0	Lower Immediate Partial Denture - Resin Base	D5222	\$0	\$0
Hemisection (Including any Root Removal)	D3920	\$0	\$0	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$0	\$0
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$0	\$0
		\$0	\$0	Upper Partial Denture - Flexible Base	D5225	\$0	\$0
<b>Type III - Periodontics</b>		\$0	\$0	Lower Partial Denture - Flexible Base	D5226	\$0	\$0
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$0	\$0	Upper Immediate Partial Denture - Flexible Base	D5227	\$0	\$0
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$0	\$0	Lower Immediate Partial Denture - Flexible Base	D5228	\$0	\$0
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$0	\$0	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$0	\$0
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$0	\$0	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$0	\$0
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$0	\$0	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$0	\$0
Crown Lengthening - Hard Tissue	D4249	\$0	\$0	Removable Resin Unilateral Partial Denture - per quad	D5286	\$0	\$0
Osseous Surgery - 4+ teeth/quad	D4260	\$0	\$0	Adjust Complete Denture - Upper	D5410	\$0	\$0
Osseous Surgery - 1-3 teeth/quad	D4261	\$0	\$0	Adjust Complete Denture - Lower	D5411	\$0	\$0
Pedicle Soft Tissue Graft Procedure	D4270	\$0	\$0	Adjust Partial Denture - Upper	D5421	\$0	\$0
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$0	\$0	Adjust Partial Denture - Lower	D5422	\$0	\$0
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$0	\$0	Repair Broken Complete Denture Base - Mandibular	D5511	\$0	\$0
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$0	\$0	Repair Broken Complete Denture Base - Maxillary	D5512	\$0	\$0
Combined Connective Tissue/Pedicle Graft	D4276	\$0	\$0	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$0	\$0
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$0	\$0	Repair Resin Partial Denture Base - Mandibular	D5611	\$0	\$0
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$0	\$0	Repair Resin Partial Denture Base - Maxillary	D5612	\$0	\$0
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$0	\$0	Repair Cast Partial Framework - Mandibular	D5621	\$0	\$0
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$0	\$0	Repair Cast Partial Framework - Maxillary	D5622	\$0	\$0
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$0	\$0	Repair or Replace Broken Clasp - per tooth	D5630	\$0	\$0
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$0	\$0	Replace Broken Teeth - Per Tooth	D5640	\$0	\$0
				Add Tooth to Existing Partial Denture	D5650	\$0	\$0
				Add Clasp to Existing Partial Denture - per tooth	D5660	\$0	\$0

**COPAY SCHEDULE TX300 - 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
Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$0	\$0			\$0	\$0
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$0	\$0	<b>Type III - Pontics and Retainers</b>		\$0	\$0
Rebase Complete Upper Denture	D5710	\$0	\$0	Pontic - Cast High Noble Metal	D6210	\$0	\$0
Rebase Complete Lower Denture	D5711	\$0	\$0	Pontic - Cast Predominantly Base Metal	D6211	\$0	\$0
Rebase Upper Partial Denture	D5720	\$0	\$0	Pontic - Cast Noble Metal	D6212	\$0	\$0
Rebase Lower Partial Denture	D5721	\$0	\$0	Pontic - Titanium	D6214	\$0	\$0
Rebase Hybrid Prothesis	D5725	\$0	\$0	Pontic - Porcelain Fused to High Noble Metal	D6240	\$0	\$0
Reline Complete Upper Denture (Chairside)	D5730	\$0	\$0	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$0	\$0
Reline Complete Lower Denture (Chairside)	D5731	\$0	\$0	Pontic - Porcelain Fused to Noble Metal	D6242	\$0	\$0
Reline Upper Partial Denture (Chairside)	D5740	\$0	\$0	Pontic - Porcelain Fused to Titanium	D6243	\$0	\$0
Reline Lower Partial Denture (Chairside)	D5741	\$0	\$0	Pontic - Porcelain/Ceramic	D6245	\$0	\$0
Reline Complete Upper Denture (Laboratory)	D5750	\$0	\$0	Pontic - Resin with High Noble Metal	D6250	\$0	\$0
Reline Complete Lower Denture (Laboratory)	D5751	\$0	\$0	Pontic - Resin with Predominantly Base Metal	D6251	\$0	\$0
Reline Upper Partial Denture (Laboratory)	D5760	\$0	\$0	Pontic - Resin with Noble Metal	D6252	\$0	\$0
Reline Lower Partial Denture (Laboratory)	D5761	\$0	\$0	Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$0	\$0
Tissue Conditioning - Upper	D5850	\$0	\$0	Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$0	\$0
Tissue Conditioning - Lower	D5851	\$0	\$0	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$0	\$0
		\$0	\$0	Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$0	\$0
<b>Type III - Implants</b>		\$0	\$0	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$0	\$0
Surgical Placement of Implant Body - Endosteal	D6010	\$0	\$0	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$0	\$0
Surgical Placement of Mini Implant	D6013	\$0	\$0	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$0	\$0
Prefabricated Abutment - includes modification & placement	D6056	\$0	\$0	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$0	\$0
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$0	\$0	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$0	\$0
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$0	\$0	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$0	\$0
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$0	\$0	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$0	\$0
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$0	\$0	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$0	\$0
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$0	\$0	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$0	\$0
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$0	\$0	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$0	\$0
Crown - Abutment Supp. Cast Noble Metal	D6064	\$0	\$0	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$0	\$0
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$0	\$0	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$0	\$0
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$0	\$0	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$0	\$0
Crown - Implant Supp. High Noble Alloy	D6067	\$0	\$0	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$0	\$0
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$0	\$0	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$0	\$0
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$0	\$0	Retainer Inlay - Titanium	D6624	\$0	\$0
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$0	\$0	Retainer Onlay - Titanium	D6634	\$0	\$0
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$0	\$0	Retainer Crown - Resin With High Noble Metal	D6720	\$0	\$0
Crown - Implant Supp. - Noble Alloy	D6087	\$0	\$0	Retainer Crown - Resin With Base Metal	D6721	\$0	\$0
Crown - Implant Supp. - Titanium	D6088	\$0	\$0	Retainer Crown - Resin With Noble Metal	D6722	\$0	\$0
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$0	\$0	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$0	\$0
Crown - Abutment Supp. Titanium	D6094	\$0	\$0	Retainer Crown - Porcelain With High Noble Metal	D6750	\$0	\$0
Repair Implant Abutment - By Report	D6095	\$0	\$0	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$0	\$0
Remove Broken Implant Retaining Screw	D6096	\$0	\$0	Retainer Crown - Porcelain With Noble Metal	D6752	\$0	\$0
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$0	\$0	Retainer Crown - Porcelain Fused to Titanium	D6753	\$0	\$0

**COPAY SCHEDULE TX300 - 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	\$0	\$0	Reduction of Osseous Tuberosity	D7485	\$0	\$0
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$0	\$0	Marsupialization of Odontogenic Cyst	D7509	\$0	\$0
Retainer Crown - ¾ Cast Noble Metal	D6782	\$0	\$0	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$0	\$0
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$0	\$0	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$0	\$0
Retainer Crown ¾ -Titanium	D6784	\$0	\$0	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$0	\$0
Retainer Crown - Full Cast High Noble Metal	D6790	\$0	\$0	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$0	\$0
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$0	\$0	Sequestrectomy for Osteomyelitis	D7550	\$0	\$0
Retainer Crown - Full Cast Noble Metal	D6792	\$0	\$0	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$0	\$0
Retainer Crown - Titanium	D6794	\$0	\$0	Suture of Recent Small Wounds up to 5cm	D7910	\$0	\$0
Re-cement or Re-bond Fixed Partial Denture	D6930	\$0	\$0	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$0	\$0
Stress Breaker	D6940	\$0	\$0	Lingual Frenectomy (Frenulectomy)	D7962	\$0	\$0
Fixed Partial Denture Repair - by Report	D6980	\$0	\$0	Excision of Hyperplastic Tissue - Per Arch	D7970	\$0	\$0
		\$0	\$0	Excision of Pericoronal Gingiva	D7971	\$0	\$0
<b>Type II - Oral Surgery</b>		\$0	\$0	Surgical Reduction of Fibrous Tuberosity	D7972	\$0	\$0
Extraction - Coronal Remnants - Primary Tooth	D7111	\$0	\$0	Non-Surgical Sialolithotomy	D7979	\$0	\$0
Extraction - Erupted Tooth or Exposed Root	D7140	\$0	\$0	Surgical Sialolithotomy	D7980	\$0	\$0
Extraction - Erupted Tooth	D7210	\$0	\$0	Closure of Salivary Fistula	D7983	\$0	\$0
Removal of Impacted Tooth - Soft Tissue	D7220	\$0	\$0			\$0	\$0
Removal of Impacted Tooth - Partially Bony	D7230	\$0	\$0	<b>Type - Miscellaneous Services</b>			
Removal of Impacted Tooth - Completely Bony	D7240	\$0	\$0	I - Palliative Treatment of Dental Pain	D9110	\$0	\$0
Removal of Residual Tooth Roots	D7250	\$0	\$0	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0
Coronectomy - Intentional Partial Tooth Removal	D7251	\$0	\$0	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$0	\$0
Oroantral Fistula Closure	D7260	\$0	\$0	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$0	\$0
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$0	\$0	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$0	\$0
Tooth Transplantation	D7272	\$0	\$0	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$0	\$0
Exposure of an Unerupted Tooth	D7280	\$0	\$0	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$0	\$0
Excisional Biopsy of Minor Salivary Gland	D7284	\$0	\$0	III - Non-Intravenous Conscious Sedation*	D9248	\$0	\$0
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$0	\$0	I - Consultation	D9310	\$0	\$0
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$0	\$0	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$0	\$0	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$0	\$0
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$0	\$0	II - Treatment of Complications (Post Surgical)	D9930	\$0	\$0
Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$0	\$0	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$0	\$0
Alveoplasty not in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$0	\$0	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$0	\$0
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$0	\$0	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$0	\$0
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$0	\$0	III - Occlusal Adjustment - Limited	D9951	\$0	\$0
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$0	\$0	III - Occlusal Adjustment - Complete	D9952	\$0	\$0
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$0	\$0				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$0	\$0	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$0	\$0				
Removal of Lateral Exostosis - Per Site	D7471	\$0	\$0				
Removal of Torus Palatinus	D7472	\$0	\$0				
Removal of Torus Mandibularus	D7473	\$0	\$0				