

SECURECARE DENTAL

COPAY SCHEDULE AZ300 - SCHEDULE OF COPAYMENTS

GENERAL INFORMATION

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

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

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

GENERAL DENTIST

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

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

SPECIALIST DENTIST

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

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

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

ORTHODONTICS

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

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
Type I - Diagnostic/Evaluation Services				Type I - Preventive Services			
Periodic Oral Evaluation	D0120	\$13	\$32	Prophylaxis Cleaning - Adult	D1110	\$13	\$33
Limited Oral Evaluation - Problem Focused	D0140	\$13	\$57	Prophylaxis Cleaning - Child	D1120	\$13	\$35
Oral Evaluation - under 3 years old	D0145	\$13	\$63	Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48
Comprehensive Oral Evaluation	D0150	\$13	\$51	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$21
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$13	\$130	Sealant - Per Tooth	D1351	\$22	\$42
Re-evaluation - Limited - Problem Focused	D0170	\$13	\$42	Preventive Resin Restoration (Including Sealant)	D1352	\$22	\$54
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$20	\$54
Comprehensive Periodontal Evaluation	D0180	\$13	\$66	Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$250
Intraoral - Complete Series of Images	D0210	\$8	\$65	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$311
Intraoral - Periapical - 1st Image	D0220	\$8	\$21	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$311
Intraoral - Periapical - Each Additional Image	D0230	\$8	\$22	Space Maintainer; Removable Unilateral - per quad	D1520	\$86	\$226
Intraoral - Occlusal Image	D0240	\$8	\$35	Upper Space Maintainer; Removable Bilateral	D1526	\$86	\$328
Extraoral - 2D Image	D0250	\$8	\$32	Lower Space Maintainer; Removable Bilateral	D1527	\$86	\$328
Extraoral - Posterior Image	D0251	\$16	\$41	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$23	\$44
Bitewing - 1 Image	D0270	\$8	\$20	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$23	\$44
Bitewing - 2 Images	D0272	\$8	\$30	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$23	\$44
Bitewing - 3 Images	D0273	\$8	\$35	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$109	\$143
Bitewing - 4 Images	D0274	\$8	\$38				
Vertical Bitewings - 7 to 8 Images	D0277	\$8	\$51	Type II - Restorative Dentistry			
Panoramic Image	D0330	\$22	\$78	Amalgam - 1 Surface - Primary or Permanent	D2140	\$54	\$133
Pulp Vitality Tests	D0460	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$56	\$163
Diagnostic Casts	D0470	\$22	\$97				

COPAY SCHEDULE AZ300 - 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
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$54	\$191	Crown - ¾ Cast Noble Metal	D2782	\$415	\$691
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$61	\$219	Crown - ¾ Porcelain/Ceramic	D2783	\$373	\$696
Resin Composite - 1 Surface - Anterior	D2330	\$61	\$142	Crown - Full Cast High Noble Metal	D2790	\$400	\$701
Resin Composite - 2 Surfaces - Anterior	D2331	\$64	\$153	Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$669
Resin Composite - 3 Surfaces - Anterior	D2332	\$75	\$186	Crown - Full Cast Noble Metal	D2792	\$393	\$678
Resin Composite - 4+ Surfaces - Anterior	D2335	\$92	\$234	Crown - Titanium	D2794	\$400	\$755
Resin Composite Crown - Anterior	D2390	\$67	\$194	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$32
Resin Composite - 1 Surface - Posterior	D2391	\$65	\$143	Re-cement/Re-bond Crown	D2920	\$33	\$44
Resin Composite - 2 Surfaces - Posterior	D2392	\$82	\$186	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$163	\$255
Resin Composite - 3 Surfaces - Posterior	D2393	\$90	\$223	Prefabricated Stainless Steel Crown - Primary	D2930	\$100	\$218
Resin Composite - 4+ Surfaces - Posterior	D2394	\$90	\$264	Prefabricated Stainless Steel Crown - Permanent	D2931	\$65	\$192
Type III - Onlays Crowns and Bridges				Prefabricated Resin Crown	D2932	\$89	\$272
Inlay - Metallic - 1 Surface	D2510	\$223	\$567	Protective Restoration	D2940	\$8	\$39
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$647	Core Build Up - Including any Pins when required	D2950	\$103	\$197
Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$745	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$21
Onlay - Metallic - 2 Surfaces	D2542	\$352	\$790	Cast Post and Core - in Addition to Crown	D2952	\$91	\$252
Onlay - Metallic - 3 Surfaces	D2543	\$370	\$725	Cast Post and Core - Each Additional - same tooth	D2953	\$94	\$123
Onlay - Metallic - 4+ Surfaces	D2544	\$370	\$580	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$235
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$250	\$716	Post Removal	D2955	\$0	\$237
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$360	\$758	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$46
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$702	Labial Veneer (resin laminate) - Chairside	D2960	\$223	\$602
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$726	Labial Veneer (resin laminate) - Laboratory	D2961	\$386	\$693
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$709	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$638
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$680	Crown Repair	D2980	\$69	\$139
Inlay - Resin Composite - 1 Surface	D2650	\$130	\$356	Inlay Repair	D2981	\$69	\$138
Inlay - Resin Composite - 2 Surfaces	D2651	\$181	\$445	Onlay Repair	D2982	\$69	\$138
Inlay - Resin Composite - 3+ Surfaces	D2652	\$240	\$480	Veneer Repair	D2983	\$69	\$138
Onlay - Resin Composite - 2 Surfaces	D2662	\$232	\$391	Type III - Endodontics		\$0	
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$527	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$20	\$65
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$575	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$16	\$48
Crown - Resin Based Composite - Indirect	D2710	\$163	\$190	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$50	\$143
Crown - ¾ Resin Based Composite - Indirect	D2712	\$154	\$302	Pulpal Debridement - Primary/Permanent	D3221	\$48	\$182
Crown - Resin with High Noble Metal	D2720	\$455	\$732	Partial Pulpotomy for Apexogenesis	D3222	\$52	\$151
Crown - Resin with Base Metal	D2721	\$438	\$724	Pulpal Therapy Anterior - Primary	D3230	\$62	\$147
Crown - Resin with Noble Metal	D2722	\$446	\$742	Pulpal Therapy Posterior - Primary	D3240	\$54	\$161
Crown - Porcelain/Ceramic	D2740	\$377	\$678	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$200	\$433
Crown - Porcelain with High Noble Metal	D2750	\$433	\$706	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$278	\$576
Crown - Porcelain with Predominantly Base Metal	D2751	\$333	\$596	Root Canal - Molar (Excluding Final Restoration)	D3330	\$438	\$836
Crown - Porcelain With Noble Metal	D2752	\$355	\$624	Treatment of Root Canal Obstruction - non surgical	D3331	\$154	\$239
Crown - Porcelain with Titanium	D2753	\$333	\$660	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$476
Crown - ¾ Cast High Noble Metal	D2780	\$425	\$723	Internal Root Repair of Perforation Defects	D3333	\$198	\$224
Crown - ¾ Cast Predominantly Base Metal	D2781	\$400	\$653	Retreatment of Previous RCT - Anterior	D3346	\$370	\$790

COPAY SCHEDULE AZ300 - 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	
Retreatment of Previous RCT - Premolar	D3347	\$380	\$843	Type III - Removable Prosthetics				
Retreatment of Previous RCT - Molar	D3348	\$390	\$1,077		Complete Denture - Upper	D5110	\$422	\$1,118
Apexification/Recalcification - Initial Visit	D3351	\$48	\$279		Complete Denture - Lower	D5120	\$422	\$1,118
Apexification/Recalcification - Interim Visit	D3352	\$48	\$129		Immediate Denture - Upper	D5130	\$427	\$1,291
Apexification/Recalcification - Final Visit	D3353	\$48	\$392		Immediate Denture - Lower	D5140	\$427	\$1,291
Apicoectomy - Anterior	D3410	\$245	\$645		Upper Partial Denture - Resin Base	D5211	\$396	\$1,118
Apicoectomy - Premolar - 1st Root	D3421	\$255	\$735		Lower Partial Denture - Resin Base	D5212	\$396	\$1,338
Apicoectomy - Molar - 1st Root	D3425	\$400	\$990		Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$472	\$1,358
Apicoectomy - Each Additional Root	D3426	\$48	\$151		Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$472	\$1,358
Retrograde Filling - Per Root	D3430	\$48	\$172		Upper Immediate Partial Denture - Resin Base	D5221	\$555	\$1,183
Root Amputation - Per Root	D3450	\$117	\$420		Lower Immediate Partial Denture - Resin Base	D5222	\$555	\$1,423
Hemisection (Including any Root Removal)	D3920	\$110	\$361		Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$739	\$1,533
Canal Preparation/Post Fitting	D3950	\$0	\$175		Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$739	\$1,533
Type III - Periodontics					Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$263	\$746
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$255	\$711		Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$263	\$746
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$70	\$283		Removable Flexible Unilateral Partial Denture - per quad	D5284	\$263	\$838
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$212		Removable Resin Unilateral Partial Denture - per quad	D5286	\$263	\$838
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$317	\$822	Adjust Complete Denture - Upper	D5410	\$27	\$60	
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$205	\$517	Adjust Complete Denture - Lower	D5411	\$27	\$60	
Crown Lengthening - Hard Tissue	D4249	\$344	\$882	Adjust Partial Denture - Upper	D5421	\$27	\$21	
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,486	Adjust Partial Denture - Lower	D5422	\$27	\$21	
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$656	Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$125	
Pedicle Soft Tissue Graft Procedure	D4270	\$101	\$1,060	Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$125	
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$400	\$1,184	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$104	
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$281	\$685	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$117	
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$389	\$923	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$117	
Combined Connective Tissue/Double Pedicle Graft	D4276	\$521	\$1,345	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$114	
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$240	\$1,059	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$114	
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$240	\$280	Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$170	
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$400	\$982	Replace Broken Teeth - Per Tooth	D5640	\$61	\$121	
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$389	\$772	Add Tooth to Existing Partial Denture	D5650	\$61	\$151	
Provisional Intracoronal Splint	D4320	\$124	\$368	Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$167	
Provisional Extracoronal Splint	D4321	\$122	\$343	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$195	\$388	
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$100	\$198	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$195	\$388	
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$49	\$114	Rebase Complete Upper Denture	D5710	\$101	\$315	
Scaling - Full Mouth - After Oral Evaluation	D4346	\$51	\$45	Rebase Complete Lower Denture	D5711	\$101	\$285	
Full Mouth Debridement	D4355	\$56	\$150	Rebase Upper Partial Denture	D5720	\$101	\$321	
Periodontal Maintenance Procedures	D4910	\$61	\$116	Rebase Lower Partial Denture	D5721	\$101	\$321	
				Reline Complete Upper Denture (Chairside)	D5730	\$150	\$240	
				Reline Complete Lower Denture (Chairside)	D5731	\$150	\$240	
				Reline Upper Partial Denture (Chairside)	D5740	\$150	\$212	
				Reline Lower Partial Denture (Chairside)	D5741	\$150	\$212	

COPAY SCHEDULE AZ300 - 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
Reline Complete Upper Denture (Laboratory)	D5750	\$150	\$304	Pontic - Resin with High Noble Metal	D6250	\$420	\$817
Reline Complete Lower Denture (Laboratory)	D5751	\$150	\$304	Pontic - Resin with Predominantly Base Metal	D6251	\$355	\$728
Reline Upper Partial Denture (Laboratory)	D5760	\$150	\$310	Pontic - Resin with Noble Metal	D6252	\$400	\$778
Reline Lower Partial Denture (Laboratory)	D5761	\$150	\$310	Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$275	\$168
Tissue Conditioning - Upper	D5850	\$24	\$47	Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$258	\$204
Tissue Conditioning - Lower	D5851	\$23	\$46	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$270	\$225
Type III - Implants				Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$377	\$555
Surgical Placement of Implant Body - Endosteal	D6010	\$958	\$2,166	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$394	\$541
Surgical Placement of Mini Implant	D6013	\$958	\$2,156	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$377	\$549
Prefabricated Abutment - includes modification & placement	D6056	\$259	\$448	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$616
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$615	\$1,217	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$547
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$606	\$1,200	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$394	\$594
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$535	\$1,150	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$386	\$543
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$572	\$1,167	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$603
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$576	\$1,158	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$509
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$457	\$1,028	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$547
Crown - Abutment Supp. Cast Noble Metal	D6064	\$491	\$1,073	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$604
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$593	\$1,204	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$647
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$578	\$1,173	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$628
Crown - Implant Supp. High Noble Alloy	D6067	\$539	\$1,148	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$613
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$535	\$1,279	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$585
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$572	\$1,298	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$585
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$572	\$1,298	Retainer Inlay - Titanium	D6624	\$286	\$528
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$457	\$1,409	Retainer Onlay - Titanium	D6634	\$303	\$551
Crown - Implant Supp. - Noble Alloy	D6087	\$491	\$1,192	Retainer Crown - Resin With High Noble Metal	D6720	\$389	\$687
Crown - Implant Supp. - Titanium	D6088	\$535	\$1,027	Retainer Crown - Resin With Base Metal	D6721	\$365	\$684
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$34	\$99	Retainer Crown - Resin With Noble Metal	D6722	\$373	\$679
Crown - Abutment Supp. Titanium	D6094	\$535	\$919	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$416	\$696
Repair Implant Abutment - By Report	D6095	\$180	\$180	Retainer Crown - Porcelain With High Noble Metal	D6750	\$389	\$642
Remove Broken Implant Retaining Screw	D6096	\$35	\$35	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$332	\$578
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$578	\$1,305	Retainer Crown - Porcelain With Noble Metal	D6752	\$389	\$640
Type III - Pontics and Retainers				Retainer Crown - Porcelain Fused to Titanium	D6753	\$332	\$606
Pontic - Cast High Noble Metal	D6210	\$396	\$689	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$500	\$711
Pontic - Cast Predominantly Base Metal	D6211	\$373	\$719	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$425	\$670
Pontic - Cast Noble Metal	D6212	\$389	\$711	Retainer Crown - ¾ Cast Noble Metal	D6782	\$440	\$603
Pontic - Titanium	D6214	\$396	\$665	Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$440	\$728
Pontic - Porcelain Fused to High Noble Metal	D6240	\$400	\$685	Retainer Crown ¾ -Titanium	D6784	\$365	\$699
Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$377	\$634	Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$696
Pontic - Porcelain Fused to Noble Metal	D6242	\$389	\$684	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$754
Pontic - Porelain Fused to Titanium	D6243	\$377	\$674	Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$751
Pontic - Porcelain/Ceramic	D6245	\$455	\$680	Retainer Crown - Titanium	D6794	\$400	\$701
				Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$83
				Stress Breaker	D6940	\$58	\$144

COPAY SCHEDULE AZ300 - 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
Fixed Partial Denture Repair - by Report	D6980	\$114	\$97	Surgical Reduction of Fibrous Tuberosity	D7972	\$350	\$982
Type II - Oral Surgery				Non-Surgical Sialolithotomy	D7979	\$305	\$925
Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$99	Surgical Sialolithotomy	D7980	\$305	\$925
Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$127	Closure of Salivary Fistula	D7983	\$805	\$2,209
Extraction - Erupted Tooth	D7210	\$94	\$200	Type - Miscellaneous Services			
Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$253	I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$86
Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$329	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$87
Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$426	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$56	\$165
Removal of Residual Tooth Roots	D7250	\$81	\$208	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$56	\$165
Coronectomy - Intentional Partial Tooth Removal	D7251	\$104	\$437	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$40
Oroantral Fistula Closure	D7260	\$128	\$1,543	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$47	\$141
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$233	\$601	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$47	\$141
Tooth Transplantation	D7272	\$233	\$523	III - Non-Intravenous Conscious Sedation*	D9248	\$74	\$102
Exposure of an Unerrupted Tooth	D7280	\$179	\$415	I - Consultation	D9310	\$0	\$113
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$70	\$905	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$70	\$368	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$105	\$355	II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$44	\$283	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$100	\$399
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$156	\$600	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$399
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$62	\$459	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$399
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$210	\$2,475	III - Occlusal Adjustment - Limited	D9951	\$55	\$135
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$310	\$7,237	III - Occlusal Adjustment - Complete	D9952	\$132	\$716
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$295	\$980	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$334	\$1,336				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$358	\$1,055				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$420	\$1,411				
Removal of Lateral Exostosis - Per Site	D7471	\$110	\$1,338				
Removal of Torus Palatinus	D7472	\$278	\$1,607				
Removal of Torus Mandibularus	D7473	\$278	\$1,515				
Reduction of Osseous Tuberosity	D7485	\$278	\$1,349				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$65	\$343				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$140	\$1,829				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$65	\$677				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$125	\$681				
Sequestrectomy for Osteomyelitis	D7550	\$65	\$389				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$605	\$3,410				
Suture of Recent Small Wounds up to 5cm	D7910	\$65	\$604				
Frenulectomy (Frenectomy or Frenotomy)	D7960	\$122	\$409				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$117	\$682				
Excision of Pericoronal Gingiva	D7971	\$81	\$248				