

# SECURECARE DENTAL

## COPAY SCHEDULE NV100 - 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](http://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 |
|--|----------|-------------------------------|----------------------------------|--|----------|-------------------------------|----------------------------------|
| <b>Type I - Diagnostic/Evaluation Services</b>     |          |                               |                                  | <b>Type I - Preventive Services</b>                          |          |                               |                                  |
| Periodic Oral Evaluation                           | D0120    | \$0                           | \$0                              | Prophylaxis Cleaning - Adult                                 | D1110    | \$0                           | \$0                              |
| Limited Oral Evaluation - Problem Focused          | D0140    | \$0                           | \$0                              | Prophylaxis Cleaning - Child                                 | D1120    | \$0                           | \$0                              |
| Oral Evaluation - under 3 years old                | D0145    | \$0                           | \$0                              | Fluoride - Topical Application of Fluoride Varnish           | D1206    | \$0                           | \$0                              |
| Comprehensive Oral Evaluation                      | D0150    | \$0                           | \$0                              | Fluoride - Topical Application Fluoride excl Varnish         | D1208    | \$0                           | \$0                              |
| Detailed and Extensive Oral Eval - Problem Focused | D0160    | \$0                           | \$0                              | Sealant - Per Tooth  | D1351    | \$0                           | \$0                              |
| Re-evaluation - Limited - Problem Focused          | D0170    | \$0                           | \$0                              | Preventive Resin Restoration (Including Sealant)             | D1352    | \$0                           | \$0                              |
| Re-evaluation Post-Operative Office Visit          | D0171    | \$0                           | \$0                              | Sealant Repair - Per Tooth                                   | D1353    | \$0                           | \$0                              |
| Comprehensive Periodontal Evaluation               | D0180    | \$0                           | \$0                              | Space Maintainer; Fixed Unilateral - per quad                | D1510    | \$0                           | \$0                              |
| Intraoral - Complete Series of Images              | D0210    | \$0                           | \$0                              | Upper Space Maintainer; Fixed Bilateral                      | D1516    | \$0                           | \$0                              |
| Intraoral - Periapical - 1st Image                 | D0220    | \$0                           | \$0                              | Lower Space Maintainer; Fixed Bilateral                      | D1517    | \$0                           | \$0                              |
| Intraoral - Periapical - Each Additional Image     | D0230    | \$0                           | \$0                              | Space Maintainer; Removable Unilateral - per quad            | D1520    | \$0                           | \$0                              |
| Intraoral - Occlusal Image                         | D0240    | \$0                           | \$0                              | Upper Space Maintainer; Removable Bilateral                  | D1526    | \$0                           | \$0                              |
| Extraoral - 2D Image                               | D0250    | \$0                           | \$0                              | Lower Space Maintainer; Removable Bilateral                  | D1527    | \$0                           | \$0                              |
| Extraoral - Posterior Image                        | D0251    | \$0                           | \$0                              | Re-cement or Re-bond Bilateral Upper Space Maintainer        | D1551    | \$0                           | \$0                              |
| Bitewing - 1 Image                                 | D0270    | \$0                           | \$0                              | Re-cement or Re-bond Bilateral Lower Space Maintainer        | D1552    | \$0                           | \$0                              |
| Bitewing - 2 Images                                | D0272    | \$0                           | \$0                              | Re-cement or Re-bond Unilateral Space Maintainer - per quad  | D1553    | \$0                           | \$0                              |
| Bitewing - 3 Images                                | D0273    | \$0                           | \$0                              | Distal Shoe Space Maintainer - Fixed - Unilateral - per quad | D1575    | \$0                           | \$0                              |
| Bitewing - 4 Images                                | D0274    | \$0                           | \$0                              |  |          |                               |                                  |
| Vertical Bitewings - 7 to 8 Images                 | D0277    | \$0                           | \$0                              | <b>Type II - Restorative Dentistry</b>                       |          |                               |                                  |
| Panoramic Image                                    | D0330    | \$0                           | \$0                              | Amalgam - 1 Surface - Primary or Permanent                   | D2140    | \$76                          | \$129                            |
| Pulp Vitality Tests                                | D0460    | \$0                           | \$0                              | Amalgam - 2 Surfaces - Primary or Permanent                  | D2150    | \$88                          | \$167                            |
| Diagnostic Casts                                   | D0470    | \$0                           | \$0                              |  |          |                               |                                  |

**COPAY SCHEDULE NV100 - 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    | \$103                         | \$202                            | Crown - ¾ Cast Noble Metal                             | D2782    | \$809                         | \$996                            |
| Amalgam - 4+ Surfaces - Primary or Permanent    | D2161    | \$129                         | \$246                            | Crown - ¾ Porcelain/Ceramic                            | D2783    | \$793                         | \$1,054                          |
| Resin Composite - 1 Surface - Anterior          | D2330    | \$80                          | \$154                            | Crown - Full Cast High Noble Metal                     | D2790    | \$724                         | \$1,031                          |
| Resin Composite - 2 Surfaces - Anterior         | D2331    | \$95                          | \$185                            | Crown - Full Cast Predominantly Base Metal             | D2791    | \$650                         | \$977                            |
| Resin Composite - 3 Surfaces - Anterior         | D2332    | \$114                         | \$223                            | Crown - Full Cast Noble Metal                          | D2792    | \$706                         | \$995                            |
| Resin Composite - 4+ Surfaces - Anterior        | D2335    | \$147                         | \$264                            | Crown - Titanium                                       | D2794    | \$715                         | \$1,055                          |
| Resin Composite Crown - Anterior                | D2390    | \$195                         | \$292                            | Re-cement/Re-bond Inlay/Onlay/Partial Restoration      | D2910    | \$87                          | \$87                             |
| Resin Composite - 1 Surface - Posterior         | D2391    | \$87                          | \$165                            | Re-cement/Re-bond Crown                                | D2920    | \$74                          | \$88                             |
| Resin Composite - 2 Surfaces - Posterior        | D2392    | \$102                         | \$220                            | Prefabricated Porcelain/Ceramic Crown - Primary        | D2929    | \$299                         | \$349                            |
| Resin Composite - 3 Surfaces - Posterior        | D2393    | \$146                         | \$259                            | Prefabricated Stainless Steel Crown - Primary          | D2930    | \$188                         | \$241                            |
| Resin Composite - 4+ Surfaces - Posterior       | D2394    | \$175                         | \$333                            | Prefabricated Stainless Steel Crown - Permanent        | D2931    | \$183                         | \$272                            |
| <b>Type III - Onlays Crowns and Bridges</b>     |          |                               |                                  | Prefabricated Resin Crown                              | D2932    | \$176                         | \$290                            |
| Inlay - Metallic - 1 Surface                    | D2510    | \$425                         | \$732                            | Protective Restoration                                 | D2940    | \$69                          | \$92                             |
| Inlay - Metallic - 2 Surfaces                   | D2520    | \$564                         | \$831                            | Core Build Up - Including any Pins when required       | D2950    | \$152                         | \$230                            |
| Inlay - Metallic - 3+ Surfaces                  | D2530    | \$670                         | \$957                            | Pin Retention - Per Tooth - in Addition to Restoration | D2951    | \$49                          | \$52                             |
| Onlay - Metallic - 2 Surfaces                   | D2542    | \$576                         | \$939                            | Cast Post and Core - in Addition to Crown              | D2952    | \$235                         | \$363                            |
| Onlay - Metallic - 3 Surfaces                   | D2543    | \$693                         | \$982                            | Cast Post and Core - Each Additional - same tooth      | D2953    | \$155                         | \$181                            |
| Onlay - Metallic - 4+ Surfaces                  | D2544    | \$965                         | \$1,021                          | Prefabricated Post and Core - in Addition to Crown     | D2954    | \$207                         | \$290                            |
| Inlay - Porcelain/Ceramic - 1 Surface           | D2610    | \$436                         | \$861                            | Post Removal   | D2955    | \$0                           | \$0                              |
| Inlay - Porcelain/Ceramic - 2 Surfaces          | D2620    | \$575                         | \$909                            | Each Additional Prefabricated Post - same tooth        | D2957    | \$167                         | \$145                            |
| Inlay - Porcelain/Ceramic - 3+ Surfaces         | D2630    | \$703                         | \$968                            | Labial Veneer (resin laminate) - Chairside             | D2960    | \$395                         | \$701                            |
| Onlay - Porcelain/Ceramic - 2 Surfaces          | D2642    | \$605                         | \$941                            | Labial Veneer (resin laminate) - Laboratory            | D2961    | \$608                         | \$795                            |
| Onlay - Porcelain/Ceramic - 3 Surfaces          | D2643    | \$735                         | \$1,015                          | Labial Veneer (porcelain laminate) - Laboratory        | D2962    | \$684                         | \$864                            |
| Onlay - Porcelain/Ceramic - 4+ Surfaces         | D2644    | \$997                         | \$1,077                          | Crown Repair   | D2980    | \$110                         | \$169                            |
| Inlay - Resin Composite - 1 Surface             | D2650    | \$368                         | \$566                            | Inlay Repair   | D2981    | \$111                         | \$169                            |
| Inlay - Resin Composite - 2 Surfaces            | D2651    | \$453                         | \$674                            | Onlay Repair   | D2982    | \$111                         | \$169                            |
| Inlay - Resin Composite - 3+ Surfaces           | D2652    | \$524                         | \$709                            | Veneer Repair  | D2983    | \$111                         | \$169                            |
| Onlay - Resin Composite - 2 Surfaces            | D2662    | \$510                         | \$615                            | <b>Type III - Endodontics</b>                          |          |                               |                                  |
| Onlay - Resin Composite - 3 Surfaces            | D2663    | \$559                         | \$724                            | Pulp Cap - Direct (Excluding Final Restoration)        | D3110    | \$41                          | \$88                             |
| Onlay - Resin Composite - 4+ Surfaces           | D2664    | \$609                         | \$775                            | Pulp Cap - Indirect (Excluding Final Restoration)      | D3120    | \$44                          | \$70                             |
| Crown - Resin Based Composite - Indirect        | D2710    | \$422                         | \$428                            | Therapeutic Pulpotomy (Excluding Final Restoration)    | D3220    | \$88                          | \$180                            |
| Crown - ¾ Resin Based Composite - Indirect      | D2712    | \$286                         | \$428                            | Pulpal Debridement - Primary/Permanent                 | D3221    | \$82                          | \$197                            |
| Crown - Resin with High Noble Metal             | D2720    | \$850                         | \$1,055                          | Partial Pulpotomy for Apexogenesis                     | D3222    | \$102                         | \$183                            |
| Crown - Resin with Base Metal                   | D2721    | \$762                         | \$989                            | Pulpal Therapy Anterior - Primary                      | D3230    | \$99                          | \$180                            |
| Crown - Resin with Noble Metal                  | D2722    | \$779                         | \$1,011                          | Pulpal Therapy Posterior - Primary                     | D3240    | \$115                         | \$222                            |
| Crown - Porcelain/Ceramic                       | D2740    | \$825                         | \$1,113                          | Root Canal - Anterior (Excluding Final Restoration)    | D3310    | \$470                         | \$708                            |
| Crown - Porcelain with High Noble Metal         | D2750    | \$801                         | \$1,068                          | Root Canal - Premolar (Excluding Final Restoration)    | D3320    | \$525                         | \$867                            |
| Crown - Porcelain with Predominantly Base Metal | D2751    | \$754                         | \$995                            | Root Canal - Molar (Excluding Final Restoration)       | D3330    | \$687                         | \$1,075                          |
| Crown - Porcelain With Noble Metal              | D2752    | \$775                         | \$1,019                          | Treatment of Root Canal Obstruction - non surgical     | D3331    | \$211                         | \$277                            |
| Crown - Porcelain with Titanium                 | D2753    | \$754                         | \$1,048                          | Incomplete Endodontic Therapy - Inoperable/Fractured   | D3332    | \$271                         | \$527                            |
| Crown - ¾ Cast High Noble Metal                 | D2780    | \$813                         | \$1,025                          | Internal Root Repair of Perforation Defects            | D3333    | \$245                         | \$243                            |
| Crown - ¾ Cast Predominantly Base Metal         | D2781    | \$780                         | \$965                            | Retreatment of Previous RCT - Anterior                 | D3346    | \$389                         | \$943                            |

**COPAY SCHEDULE NV100 - 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    | \$533                         | \$1,110                          | <b>Type III - Removable Prosthetics</b>                        |  |                               |                                  |         |
| Retreatment of Previous RCT - Molar                                      | D3348    | \$760                         | \$1,373                          |  | Complete Denture - Upper                                 | D5110                         | \$982                            | \$1,492 |
| Apexification/Recalcification - Initial Visit                            | D3351    | \$179                         | \$434                            |  | Complete Denture - Lower                                 | D5120                         | \$982                            | \$1,492 |
| Apexification/Recalcification - Interim Visit                            | D3352    | \$115                         | \$195                            |  | Immediate Denture - Upper                                | D5130                         | \$1,014                          | \$1,627 |
| Apexification/Recalcification - Final Visit                              | D3353    | \$214                         | \$599                            |  | Immediate Denture - Lower                                | D5140                         | \$1,014                          | \$1,627 |
| Apicoectomy - Anterior   | D3410    | \$409                         | \$861                            |  | Upper Partial Denture - Resin Base                       | D5211                         | \$622                            | \$1,259 |
| Apicoectomy - Premolar - 1st Root  | D3421    | \$430                         | \$959                            |  | Lower Partial Denture - Resin Base                       | D5212                         | \$622                            | \$1,463 |
| Apicoectomy - Molar - 1st Root   | D3425    | \$512                         | \$1,086                          |  | Upper Partial Denture - Cast Metal Frame - Resin Base    | D5213                         | \$993                            | \$1,648 |
| Apicoectomy - Each Additional Root                                       | D3426    | \$274                         | \$367                            |  | Lower Partial Denture - Cast Metal Frame - Resin Base    | D5214                         | \$993                            | \$1,648 |
| Retrograde Filling - Per Root  | D3430    | \$134                         | \$270                            |  | Upper Immediate Partial Denture - Resin Base             | D5221                         | \$873                            | \$1,373 |
| Root Amputation - Per Root   | D3450    | \$245                         | \$562                            |  | Lower Immediate Partial Denture - Resin Base             | D5222                         | \$873                            | \$1,595 |
| Hemisection (Including any Root Removal)                                 | D3920    | \$159                         | \$427                            |  | Upper Immediate Partial Denture - Cast Metal with Resin  | D5223                         | \$1,186                          | \$1,797 |
| Canal Preparation/Post Fitting   | D3950    | \$0                           | \$0                              |  | Lower Immediate Partial Denture - Cast Metal with Resin  | D5224                         | \$1,186                          | \$1,797 |
| <b>Type III - Periodontics</b>   |          |                               |                                  |  | Upper Removable Unilateral Partial Denture - Cast Metal  | D5282                         | \$628                            | \$961   |
| Gingivectomy/Gingivoplasty - 4+ teeth/quad                               | D4210    | \$257                         | \$800                            |  | Lower Removable Unilateral Partial Denture - Cast Metal  | D5283                         | \$628                            | \$961   |
| Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad                           | D4211    | \$133                         | \$355                            |  | Removable Flexible Unilateral Partial Denture - per quad | D5284                         | \$628                            | \$1,066 |
| Gingivectomy/Gingivoplasty for restorative procedure                     | D4212    | \$92                          | \$284                            |  | Removable Resin Unilateral Partial Denture - per quad    | D5286                         | \$628                            | \$1,066 |
| Gingival Flap-Incl. Root Planing - 4+ teeth/quad                         | D4240    | \$522                         | \$1,013                          | Adjust Complete Denture - Upper                                | D5410  | \$57                          | \$82                             |         |
| Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad                     | D4241    | \$283                         | \$586                            | Adjust Complete Denture - Lower                                | D5411  | \$57                          | \$82                             |         |
| Crown Lengthening - Hard Tissue  | D4249    | \$470                         | \$1,111                          | Adjust Partial Denture - Upper                                 | D5421  | \$99                          | \$82                             |         |
| Osseous Surgery - 4+ teeth/quad  | D4260    | \$679                         | \$1,688                          | Adjust Partial Denture - Lower                                 | D5422  | \$99                          | \$82                             |         |
| Osseous Surgery - 1-3 teeth/quad   | D4261    | \$408                         | \$906                            | Repair Broken Complete Denture Base - Mandibular               | D5511  | \$125                         | \$163                            |         |
| Pedicle Soft Tissue Graft Procedure                                      | D4270    | \$196                         | \$1,200                          | Repair Broken Complete Denture Base - Maxillary                | D5512  | \$125                         | \$163                            |         |
| Autogenous Connective Tissue Graft - 1st Tooth (excl implants)           | D4273    | \$585                         | \$1,466                          | Replace Missing or Broken Teeth - Complete Denture - Per Tooth | D5520  | \$105                         | \$136                            |         |
| Mesial/Distal Wedge Procedure - Single Tooth                             | D4274    | \$448                         | \$832                            | Repair Resin Partial Denture Base - Mandibular                 | D5611  | \$136                         | \$177                            |         |
| Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)       | D4275    | \$599                         | \$1,102                          | Repair Resin Partial Denture Base - Maxillary                  | D5612  | \$136                         | \$177                            |         |
| Combined Connective Tissue/Double Pedicle Graft                          | D4276    | \$860                         | \$1,644                          | Repair Cast Partial Framework - Mandibular                     | D5621  | \$171                         | \$191                            |         |
| Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)             | D4277    | \$414                         | \$1,244                          | Repair Cast Partial Framework - Maxillary                      | D5622  | \$171                         | \$191                            |         |
| Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)       | D4278    | \$414                         | \$409                            | Repair or Replace Broken Clasp - per tooth                     | D5630  | \$155                         | \$231                            |         |
| Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)     | D4283    | \$585                         | \$1,249                          | Replace Broken Teeth - Per Tooth                               | D5640  | \$111                         | \$150                            |         |
| Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4285    | \$599                         | \$940                            | Add Tooth to Existing Partial Denture                          | D5650  | \$142                         | \$204                            |         |
| Provisional Intracoronal Splint  | D4320    | \$192                         | \$414                            | Add Clasp to Existing Partial Denture - per tooth              | D5660  | \$178                         | \$245                            |         |
| Provisional Extracoronal Splint  | D4321    | \$172                         | \$376                            | Replace Teeth/Acrylic on Cast Metal Framework (Upper)          | D5670  | \$502                         | \$599                            |         |
| Perio. Scaling & Root Planing - 4+ teeth/quad                            | D4341    | \$136                         | \$257                            | Replace Teeth/Acrylic on Cast Metal Framework (Lower)          | D5671  | \$502                         | \$599                            |         |
| Perio. Scaling & Root Planing - 1 to 3 teeth/quad                        | D4342    | \$82                          | \$138                            | Rebase Complete Upper Denture                                  | D5710  | \$490                         | \$606                            |         |
| Scaling - Full Mouth - After Oral Evaluation                             | D4346    | \$74                          | \$71                             | Rebase Complete Lower Denture                                  | D5711  | \$490                         | \$578                            |         |
| Full Mouth Debridement   | D4355    | \$63                          | \$163                            | Rebase Upper Partial Denture                                   | D5720  | \$436                         | \$572                            |         |
| Periodontal Maintenance Procedures                                       | D4910    | \$80                          | \$144                            | Rebase Lower Partial Denture                                   | D5721  | \$436                         | \$572                            |         |
|  |          |                               |                                  | Reline Complete Upper Denture (Chairside)                      | D5730  | \$294                         | \$342                            |         |
|  |          |                               |                                  | Reline Complete Lower Denture (Chairside)                      | D5731  | \$294                         | \$342                            |         |
|  |          |                               |                                  | Reline Upper Partial Denture (Chairside)                       | D5740  | \$296                         | \$313                            |         |
|  |          |                               |                                  | Reline Lower Partial Denture (Chairside)                       | D5741  | \$259                         | \$276                            |         |

**COPAY SCHEDULE NV100 - 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    | \$372                         | \$456                            | Pontic - Resin with High Noble Metal                       | D6250    | \$624                         | \$1,058                          |
| Reline Complete Lower Denture (Laboratory)                    | D5751    | \$372                         | \$456                            | Pontic - Resin with Predominantly Base Metal               | D6251    | \$569                         | \$976                            |
| Reline Upper Partial Denture (Laboratory)                     | D5760    | \$354                         | \$449                            | Pontic - Resin with Noble Metal                            | D6252    | \$600                         | \$1,007                          |
| Reline Lower Partial Denture (Laboratory)                     | D5761    | \$354                         | \$449                            | Retainer - Cast Metal or Resin Bonded Fixed Prosthesis     | D6545    | \$538                         | \$388                            |
| Tissue Conditioning - Upper                                   | D5850    | \$142                         | \$143                            | Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis | D6548    | \$518                         | \$427                            |
| Tissue Conditioning - Lower                                   | D5851    | \$142                         | \$143                            | Retainer - Resin for Resin Bonded Fixed Prosthesis         | D6549    | \$330                         | \$280                            |
| <b>Type III - Implants</b>                                    |          |                               |                                  | Retainer Inlay - Porcelain/Ceramic - 2 Surfaces            | D6600    | \$638                         | \$770                            |
| Surgical Placement of Implant Body - Endosteal                | D6010    | \$1,583                       | \$2,492                          | Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces           | D6601    | \$721                         | \$808                            |
| Surgical Placement of Mini Implant                            | D6013    | \$1,598                       | \$2,492                          | Retainer Inlay - Cast High Noble Metal - 2 Surfaces        | D6602    | \$706                         | \$823                            |
| Prefabricated Abutment - includes modification & placement    | D6056    | \$396                         | \$517                            | Retainer Inlay - Cast High Noble Metal - 3+ Surfaces       | D6603    | \$798                         | \$905                            |
| Crown - Abutment Supp. Porcelain/Ceramic                      | D6058    | \$1,022                       | \$1,435                          | Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces      | D6604    | \$648                         | \$807                            |
| Crown - Abutment Supp. Porcelain Fused to High Noble Metal    | D6059    | \$997                         | \$1,416                          | Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces     | D6605    | \$710                         | \$855                            |
| Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal  | D6060    | \$888                         | \$1,338                          | Retainer Inlay - Cast Noble Metal - 2 Surfaces             | D6606    | \$690                         | \$794                            |
| Crown - Abutment Supp. Porcelain Fused to Noble Metal         | D6061    | \$939                         | \$1,365                          | Retainer Inlay - Cast Noble Metal - 3+ Surfaces            | D6607    | \$770                         | \$881                            |
| Crown - Abutment Supp. Cast High Noble Metal                  | D6062    | \$946                         | \$1,360                          | Retainer Onlay - Porcelain/Ceramic - 2 Surfaces            | D6608    | \$833                         | \$837                            |
| Crown - Abutment Supp. Cast Predominantly Base Metal          | D6063    | \$757                         | \$1,184                          | Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces           | D6609    | \$850                         | \$874                            |
| Crown - Abutment Supp. Cast Noble Metal                       | D6064    | \$807                         | \$1,239                          | Retainer Onlay - Cast High Noble Metal - 2 Surfaces        | D6610    | \$706                         | \$888                            |
| Crown - Implant Supp. Porcelain/Ceramic Crown                 | D6065    | \$974                         | \$1,412                          | Retainer Onlay - Cast High Noble Metal - 3+ Surfaces       | D6611    | \$856                         | \$971                            |
| Crown - Implant Supp. Porcelain Fused to High Noble Alloy     | D6066    | \$950                         | \$1,375                          | Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces      | D6612    | \$639                         | \$883                            |
| Crown - Implant Supp. High Noble Alloy                        | D6067    | \$886                         | \$1,334                          | Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces     | D6613    | \$808                         | \$923                            |
| Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy | D6082    | \$888                         | \$1,484                          | Retainer Onlay - Cast Noble Metal - 2 Surfaces             | D6614    | \$690                         | \$864                            |
| Crown - Implant Supp. - Porcelain Fused to Noble Alloy        | D6083    | \$939                         | \$1,514                          | Retainer Onlay - Cast Noble Metal - 3+ Surfaces            | D6615    | \$856                         | \$898                            |
| Crown - Implant Supp. - Porcelain Fused to Titanium           | D6084    | \$939                         | \$1,514                          | Retainer Inlay - Titanium                                  | D6624    | \$560                         | \$823                            |
| Crown - Implant Supp. - Predom. Base Alloy                    | D6086    | \$757                         | \$1,565                          | Retainer Onlay - Titanium                                  | D6634    | \$594                         | \$864                            |
| Crown - Implant Supp. - Noble Alloy                           | D6087    | \$807                         | \$1,373                          | Retainer Crown - Resin With High Noble Metal               | D6720    | \$794                         | \$1,029                          |
| Crown - Implant Supp. - Titanium                              | D6088    | \$887                         | \$1,245                          | Retainer Crown - Resin With Base Metal                     | D6721    | \$706                         | \$976                            |
| Re-cement or Re-bond Implant/Abutment Supported Crown         | D6092    | \$58                          | \$110                            | Retainer Crown - Resin With Noble Metal                    | D6722    | \$745                         | \$994                            |
| Crown - Abutment Supp. Titanium                               | D6094    | \$887                         | \$1,123                          | Retainer Crown - Porcelain/Ceramic Substrate               | D6740    | \$820                         | \$1,082                          |
| Repair Implant Abutment - By Report                           | D6095    | \$275                         | \$375                            | Retainer Crown - Porcelain With High Noble Metal           | D6750    | \$806                         | \$1,054                          |
| Remove Broken Implant Retaining Screw                         | D6096    | \$50                          | \$50                             | Retainer Crown - Porcelain With Predominantly Base Metal   | D6751    | \$759                         | \$983                            |
| Crown - Abutment Supp. Porcelain Fused to Titanium            | D6097    | \$950                         | \$1,524                          | Retainer Crown - Porcelain With Noble Metal                | D6752    | \$780                         | \$1,007                          |
| <b>Type III - Pontics and Retainers</b>                       |          |                               |                                  | Retainer Crown - Porcelain Fused to Titanium               | D6753    | \$759                         | \$1,016                          |
| Pontic - Cast High Noble Metal                                | D6210    | \$821                         | \$1,085                          | Retainer Crown - ¾ Cast High Noble Metal                   | D6780    | \$859                         | \$994                            |
| Pontic - Cast Predominantly Base Metal                        | D6211    | \$679                         | \$1,017                          | Retainer Crown - ¾ Cast Predominantly Base Metal           | D6781    | \$818                         | \$994                            |
| Pontic - Cast Noble Metal                                     | D6212    | \$754                         | \$1,058                          | Retainer Crown - ¾ Cast Noble Metal                        | D6782    | \$839                         | \$923                            |
| Pontic - Titanium   | D6214    | \$855                         | \$1,092                          | Retainer Crown - ¾ Porcelain/Ceramic                       | D6783    | \$801                         | \$1,023                          |
| Pontic - Porcelain Fused to High Noble Metal                  | D6240    | \$806                         | \$1,071                          | Retainer Crown ¾ -Titanium                                 | D6784    | \$818                         | \$1,027                          |
| Pontic - Porcelain Fused to Predominantly Base Metal          | D6241    | \$759                         | \$989                            | Retainer Crown - Full Cast High Noble Metal                | D6790    | \$821                         | \$1,017                          |
| Pontic - Porcelain Fused to Noble Metal                       | D6242    | \$780                         | \$1,044                          | Retainer Crown - Full Cast Predominantly Base Metal        | D6791    | \$679                         | \$964                            |
| Pontic - Porelain Fused to Titanium                           | D6243    | \$759                         | \$1,011                          | Retainer Crown - Full Cast Noble Metal                     | D6792    | \$754                         | \$999                            |
| Pontic - Porcelain/Ceramic                                    | D6245    | \$928                         | \$1,105                          | Retainer Crown - Titanium                                  | D6794    | \$715                         | \$999                            |
|   |          |                               |                                  | Re-cement or Re-bond Fixed Partial Denture                 | D6930    | \$82                          | \$130                            |
|   |          |                               |                                  | Stress Breaker   | D6940    | \$269                         | \$294                            |

**COPAY SCHEDULE NV100 - 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    | \$166                         | \$158                            | Surgical Reduction of Fibrous Tuberosity                                | D7972    | \$511                         | \$1,011                          |
| <b>Type II - Oral Surgery</b>   |          |                               |                                  | Non-Surgical Sialolithotomy   | D7979    | \$605                         | \$1,137                          |
| Extraction - Coronal Remnants - Primary Tooth   | D7111    | \$92                          | \$124                            | Surgical Sialolithotomy   | D7980    | \$605                         | \$1,137                          |
| Extraction - Erupted Tooth or Exposed Root  | D7140    | \$101                         | \$165                            | Closure of Salivary Fistula   | D7983    | \$1,376                       | \$2,581                          |
| Extraction - Erupted Tooth  | D7210    | \$144                         | \$238                            | <b>Type - Miscellaneous Services</b>                                    |          |                               |                                  |
| Removal of Impacted Tooth - Soft Tissue   | D7220    | \$163                         | \$296                            | I - Palliative (Emergency) Treatment of Pain                            | D9110    | \$68                          | \$132                            |
| Removal of Impacted Tooth - Partially Bony  | D7230    | \$209                         | \$393                            | I - Evaluation for Deep Sedation/General Anesthesia                     | D9219    | \$0                           | \$0                              |
| Removal of Impacted Tooth - Completely Bony   | D7240    | \$244                         | \$462                            | III - Deep Sedation/General Anesthesia - First 15 Min*                  | D9222    | \$82                          | \$219                            |
| Removal of Residual Tooth Roots   | D7250    | \$148                         | \$249                            | III - Deep Sedation/General Anesthesia - Each Additional 15 Min*        | D9223    | \$82                          | \$219                            |
| Coronectomy - Intentional Partial Tooth Removal   | D7251    | \$178                         | \$489                            | III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*                     | D9230    | \$42                          | \$81                             |
| Oroantral Fistula Closure   | D7260    | \$217                         | \$1,517                          | III - Intravenous Moderate Sedation/Analgesia - First 15 Min*           | D9239    | \$66                          | \$185                            |
| Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus | D7270    | \$367                         | \$632                            | III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min* | D9243    | \$66                          | \$185                            |
| Tooth Transplantation   | D7272    | \$401                         | \$632                            | III - Non-Intravenous Conscious Sedation*                               | D9248    | \$99                          | \$118                            |
| Exposure of an Unerrupted Tooth   | D7280    | \$279                         | \$442                            | I - Consultation  | D9310    | \$64                          | \$164                            |
| Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)  | D7285    | \$122                         | \$885                            | I - Office Visit for Observ During Regular Scheduled Hours              | D9430    | \$0                           | \$0                              |
| Incisional Biopsy of Oral Tissue - Soft (All Others)  | D7286    | \$122                         | \$379                            | II - Therapeutic Drug Injection (Antibiotics)                           | D9610    | \$81                          | \$81                             |
| Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad                                       | D7310    | \$117                         | \$361                            | II - Treatment of Complications (Post Surgical)                         | D9930    | \$75                          | \$75                             |
| Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad                                   | D7311    | \$90                          | \$316                            | III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)          | D9944    | \$255                         | \$462                            |
| Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad                                      | D7320    | \$159                         | \$587                            | III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)          | D9945    | \$255                         | \$462                            |
| Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad                                  | D7321    | \$121                         | \$496                            | III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)       | D9946    | \$255                         | \$462                            |
| Vestibuloplasty-Ridge Ext (2nd Epithelialization)   | D7340    | \$324                         | \$2,482                          | III - Occlusal Adjustment - Limited                                     | D9951    | \$63                          | \$135                            |
| Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)  | D7350    | \$535                         | \$7,219                          | III - Occlusal Adjustment - Complete                                    | D9952    | \$204                         | \$638                            |
| Removal of Odontogenic Cyst/Tumor <=1.25cm  | D7450    | \$532                         | \$1,083                          |   |          |                               |                                  |
| Removal of Odontogenic Cyst/Tumor > 1.25cm  | D7451    | \$644                         | \$1,480                          | * Covered only when performed in conjunction with covered oral surgery. |          |                               |                                  |
| Removal of Nonodontogenic Cyst/Tumor<=1.25cm  | D7460    | \$522                         | \$1,083                          |   |          |                               |                                  |
| Removal of Nonodontogenic Cyst/Tumor> 1.25cm  | D7461    | \$666                         | \$1,480                          |   |          |                               |                                  |
| Removal of Lateral Exostosis - Per Site   | D7471    | \$179                         | \$1,341                          |   |          |                               |                                  |
| Removal of Torus Palatinus  | D7472    | \$381                         | \$1,594                          |   |          |                               |                                  |
| Removal of Torus Mandibularus   | D7473    | \$381                         | \$1,503                          |   |          |                               |                                  |
| Reduction of Osseous Tuberosity   | D7485    | \$381                         | \$1,341                          |   |          |                               |                                  |
| Incision/Drain of Abscess Intraoral Soft Tissue   | D7510    | \$137                         | \$388                            |   |          |                               |                                  |
| Incision/Drain of Abscess Extraoral Soft Tissue   | D7520    | \$252                         | \$1,848                          |   |          |                               |                                  |
| Removal of Foreign Body - Skin or Subc. Areolar Tissue  | D7530    | \$88                          | \$666                            |   |          |                               |                                  |
| Removal of Reaction Producing Foreign Bodies - Musculoskeletal System                         | D7540    | \$252                         | \$738                            |   |          |                               |                                  |
| Sequestrectomy for Osteomyelitis  | D7550    | \$164                         | \$460                            |   |          |                               |                                  |
| Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body                            | D7560    | \$1,035                       | \$3,655                          |   |          |                               |                                  |
| Suture of Recent Small Wounds up to 5cm   | D7910    | \$66                          | \$592                            |   |          |                               |                                  |
| Frenulectomy (Frenectomy or Frenotomy)  | D7960    | \$238                         | \$496                            |   |          |                               |                                  |
| Excision of Hyperplastic Tissue - Per Arch  | D7970    | \$205                         | \$722                            |   |          |                               |                                  |
| Excision of Pericoronal Gingiva   | D7971    | \$140                         | \$271                            |   |          |                               |                                  |