

SECURECARE DENTAL

COPAY PLAN AZ400 - SCHEDULE OF DENTIST COPAYMENTS

GENERAL INFORMATION

When \$0 is listed, the provider is reimbursed 100% of the SPDO Fee Schedule. Lab fees are included in the SPDO Fee Schedule unless indicated specifically by separate code. See Member ID Card for Office Visit Copay.

THIS IS NOT A PRE-PAID CAPITATION PLAN. You MUST submit claims according to the instructions provided in the Provider Manual for reimbursement.

GENERAL DENTIST

The Copay Plan is a fee-for-service dental plan designed with convenient copays. If the treating dentist is a General Dentist, the patient is responsible for the General Dentist Copay(s) for services rendered. **SecureCare Dental** will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule.

SPECIALIST DENTIST

The Copay Plan is a fee-for-service dental plan designed with convenient copays. If the treating dentist is a Specialist, including Pediatric, the patient is responsible for the Specialist Dentist Copay(s) for services rendered. **SecureCare Dental** will compensate you the remainder up to the maximum allowable in the SPDO Fee Schedule.

| COVERED SERVICES | ADA CODE | GENERAL DENTIST COPAY | SPECIALIST DENTIST COPAY | COVERED SERVICES | ADA CODE | GENERAL DENTIST COPAY | SPECIALIST DENTIST COPAY |
|------------------------------------------------------|-------------|-----------------------------|--------------------------------|--------------------------------------------------------------|-------------|-----------------------------|--------------------------------|
| Type I - Diagnostic/Evaluation Services | | | | Type II - Restorative Dentistry | | | |
| Periodic Oral Evaluation | D0120 | \$7 | \$26 | Sealant Repair - Per Tooth | D1353 | \$18 | \$52 |
| Limited Oral Evaluation - Problem Focused | D0140 | \$7 | \$51 | Space Maintainer; Fixed Unilateral - per quad | D1510 | \$111 | \$250 |
| Oral Evaluation - under 3 years old | D0145 | \$7 | \$57 | Upper Space Maintainer; Fixed Bilateral | D1516 | \$117 | \$311 |
| Comprehensive Oral Evaluation | D0150 | \$7 | \$45 | Lower Space Maintainer; Fixed Bilateral | D1517 | \$117 | \$311 |
| Detailed and Extensive Oral Eval - Problem Focused | D0160 | \$7 | \$124 | Space Maintainer; Removable Unilateral - per quad | D1520 | \$85 | \$225 |
| Re-evaluation - Limited - Problem Focused | D0170 | \$7 | \$36 | Upper Space Maintainer; Removable Bilateral | D1526 | \$85 | \$327 |
| Re-evaluation Post-Operative Office Visit | D0171 | \$0 | \$0 | Lower Space Maintainer; Removable Bilateral | D1527 | \$85 | \$327 |
| Comprehensive Periodontal Evaluation | D0180 | \$7 | \$60 | Re-cement or Re-bond Bilateral Upper Space Maintainer | D1551 | \$27 | \$43 |
| Intraoral - Complete Series of Images | D0210 | \$22 | \$79 | Re-cement or Re-bond Bilateral Lower Space Maintainer | D1552 | \$27 | \$43 |
| Intraoral - Periapical - 1st Image | D0220 | \$7 | \$20 | Re-cement or Re-bond Unilateral Space Maintainer - per quad | D1553 | \$27 | \$43 |
| Intraoral - Periapical - Each Additional Image | D0230 | \$7 | \$21 | Distal Shoe Space Maintainer - Fixed - Unilateral - per quad | D1575 | \$108 | \$142 |
| Intraoral - Occlusal Image | D0240 | \$7 | \$34 | | | | |
| Extraoral - 2D Image | D0250 | \$7 | \$31 | | | | |
| Extraoral - Posterior Image | D0251 | \$14 | \$39 | Amalgam - 1 Surface - Primary or Permanent | D2140 | \$44 | \$123 |
| Bitewing - 1 Image | D0270 | \$7 | \$19 | Amalgam - 2 Surfaces - Primary or Permanent | D2150 | \$44 | \$151 |
| Bitewing - 2 Images | D0272 | \$7 | \$29 | Amalgam - 3 Surfaces - Primary or Permanent | D2160 | \$44 | \$181 |
| Bitewing - 3 Images | D0273 | \$7 | \$34 | Amalgam - 4+ Surfaces - Primary or Permanent | D2161 | \$50 | \$208 |
| Bitewing - 4 Images | D0274 | \$7 | \$37 | Resin Composite - 1 Surface - Anterior | D2330 | \$50 | \$131 |
| Vertical Bitewings - 7 to 8 Images | D0277 | \$7 | \$50 | Resin Composite - 2 Surfaces - Anterior | D2331 | \$53 | \$142 |
| Panoramic Image | D0330 | \$22 | \$78 | Resin Composite - 3 Surfaces - Anterior | D2332 | \$64 | \$175 |
| Pulp Vitality Tests | D0460 | \$0 | \$0 | Resin Composite - 4+ Surfaces - Anterior | D2335 | \$81 | \$223 |
| Diagnostic Casts | D0470 | \$22 | \$97 | Resin Composite Crown - Anterior | D2390 | \$56 | \$183 |
| | | | | Resin Composite - 1 Surface - Posterior | D2391 | \$54 | \$132 |
| Type I - Preventive Services | | | | Resin Composite - 2 Surfaces - Posterior | D2392 | \$71 | \$175 |
| Prophylaxis Cleaning - Adult | D1110 | \$7 | \$27 | Resin Composite - 3 Surfaces - Posterior | D2393 | \$79 | \$212 |
| Prophylaxis Cleaning - Child | D1120 | \$7 | \$29 | Resin Composite - 4+ Surfaces - Posterior | D2394 | \$79 | \$253 |
| Fluoride - Topical Application of Fluoride Varnish | D1206 | \$6 | \$48 | | | | |
| Fluoride - Topical Application Fluoride excl Varnish | D1208 | \$6 | \$21 | Type III - Onlays Crowns and Bridges | | | |
| Sealant - Per Tooth | D1351 | \$17 | \$37 | Inlay - Metallic - 1 Surface | D2510 | \$223 | \$567 |
| Preventive Resin Restoration (Including Sealant) | D1352 | \$18 | \$50 | Inlay - Metallic - 2 Surfaces | D2520 | \$278 | \$647 |
| | | | | Inlay - Metallic - 3+ Surfaces | D2530 | \$360 | \$745 |

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| Onlay - Metallic - 2 Surfaces | D2542 | \$352 | \$790 | Each Additional Prefabricated Post - same tooth | D2957 | \$43 | \$46 |
| Onlay - Metallic - 3 Surfaces | D2543 | \$370 | \$725 | Labial Veneer (resin laminate) - Chairside | D2960 | \$223 | \$602 |
| Onlay - Metallic - 4+ Surfaces | D2544 | \$370 | \$580 | Labial Veneer (resin laminate) - Laboratory | D2961 | \$386 | \$693 |
| Inlay - Porcelain/Ceramic - 1 Surface | D2610 | \$250 | \$716 | Labial Veneer (porcelain laminate) - Laboratory | D2962 | \$344 | \$638 |
| Inlay - Porcelain/Ceramic - 2 Surfaces | D2620 | \$360 | \$758 | Crown Repair | D2980 | \$69 | \$139 |
| Inlay - Porcelain/Ceramic - 3+ Surfaces | D2630 | \$327 | \$702 | Inlay Repair | D2981 | \$69 | \$138 |
| Onlay - Porcelain/Ceramic - 2 Surfaces | D2642 | \$300 | \$726 | Onlay Repair | D2982 | \$69 | \$138 |
| Onlay - Porcelain/Ceramic - 3 Surfaces | D2643 | \$311 | \$709 | Veneer Repair | D2983 | \$69 | \$138 |
| Onlay - Porcelain/Ceramic - 4+ Surfaces | D2644 | \$422 | \$680 | | | | |
| Inlay - Resin Composite - 1 Surface | D2650 | \$130 | \$356 | Type III - Endodontics | | | |
| Inlay - Resin Composite - 2 Surfaces | D2651 | \$181 | \$445 | Pulp Cap - Direct (Excluding Final Restoration) | D3110 | \$22 | \$67 |
| Inlay - Resin Composite - 3+ Surfaces | D2652 | \$240 | \$480 | Pulp Cap - Indirect (Excluding Final Restoration) | D3120 | \$17 | \$49 |
| Onlay - Resin Composite - 2 Surfaces | D2662 | \$232 | \$391 | Therapeutic Pulpotomy (Excluding Final Restoration) | D3220 | \$49 | \$142 |
| Onlay - Resin Composite - 3 Surfaces | D2663 | \$301 | \$527 | Pulpal Debridement - Primary/Permanent | D3221 | \$51 | \$185 |
| Onlay - Resin Composite - 4+ Surfaces | D2664 | \$340 | \$575 | Partial Pulpotomy for Apexogenesis | D3222 | \$50 | \$149 |
| Crown - Resin Based Composite - Indirect | D2710 | \$163 | \$190 | Pulpal Therapy Anterior - Primary | D3230 | \$69 | \$154 |
| Crown - ¾ Resin Based Composite - Indirect | D2712 | \$149 | \$297 | Pulpal Therapy Posterior - Primary | D3240 | \$61 | \$168 |
| Crown - Resin with High Noble Metal | D2720 | \$455 | \$732 | Root Canal - Anterior (Excluding Final Restoration) | D3310 | \$194 | \$427 |
| Crown - Resin with Base Metal | D2721 | \$438 | \$724 | Root Canal - Premolar (Excluding Final Restoration) | D3320 | \$266 | \$564 |
| Crown - Resin with Noble Metal | D2722 | \$446 | \$742 | Root Canal - Molar (Excluding Final Restoration) | D3330 | \$422 | \$820 |
| Crown - Porcelain/Ceramic | D2740 | \$422 | \$723 | Treatment of Root Canal Obstruction - non surgical | D3331 | \$154 | \$239 |
| Crown - Porcelain with High Noble Metal | D2750 | \$422 | \$695 | Incomplete Endodontic Therapy - Inoperable/Fractured | D3332 | \$205 | \$476 |
| Crown - Porcelain with Predominantly Base Metal | D2751 | \$389 | \$652 | Internal Root Repair of Perforation Defects | D3333 | \$198 | \$224 |
| Crown - Porcelain With Noble Metal | D2752 | \$400 | \$669 | Retreatment of Previous RCT - Anterior | D3346 | \$360 | \$780 |
| Crown - Porcelain with Titanium | D2753 | \$389 | \$716 | Retreatment of Previous RCT - Premolar | D3347 | \$370 | \$833 |
| Crown - ¾ Cast High Noble Metal | D2780 | \$415 | \$713 | Retreatment of Previous RCT - Molar | D3348 | \$380 | \$1,067 |
| Crown - ¾ Cast Predominantly Base Metal | D2781 | \$390 | \$643 | Apexification/Recalcification - Initial Visit | D3351 | \$51 | \$282 |
| Crown - ¾ Cast Noble Metal | D2782 | \$400 | \$676 | Apexification/Recalcification - Interim Visit | D3352 | \$51 | \$132 |
| Crown - ¾ Porcelain/Ceramic | D2783 | \$412 | \$735 | Apexification/Recalcification - Final Visit | D3353 | \$51 | \$395 |
| Crown - Full Cast High Noble Metal | D2790 | \$400 | \$701 | Apicoectomy - Anterior | D3410 | \$229 | \$629 |
| Crown - Full Cast Predominantly Base Metal | D2791 | \$386 | \$669 | Apicoectomy - Premolar - 1st Root | D3421 | \$250 | \$730 |
| Crown - Full Cast Noble Metal | D2792 | \$393 | \$678 | Apicoectomy - Molar - 1st Root | D3425 | \$390 | \$980 |
| Crown - Titanium | D2794 | \$400 | \$755 | Apicoectomy - Each Additional Root | D3426 | \$51 | \$154 |
| Re-cement/Re-bond Inlay/Onlay/Partial Restoration | D2910 | \$20 | \$32 | Retrograde Filling - Per Root | D3430 | \$51 | \$175 |
| Re-cement/Re-bond Crown | D2920 | \$33 | \$44 | Root Amputation - Per Root | D3450 | \$115 | \$418 |
| Prefabricated Porcelain/Ceramic Crown - Primary | D2929 | \$158 | \$250 | Hemisection (Including any Root Removal) | D3920 | \$115 | \$366 |
| Prefabricated Stainless Steel Crown - Primary | D2930 | \$109 | \$227 | Canal Preparation/Post Fitting | D3950 | \$0 | \$175 |
| Prefabricated Stainless Steel Crown - Permanent | D2931 | \$72 | \$199 | | | | |
| Prefabricated Resin Crown | D2932 | \$98 | \$281 | Type III - Periodontics | | | |
| Protective Restoration | D2940 | \$9 | \$40 | Gingivectomy/Gingivoplasty - 4+ teeth/quad | D4210 | \$250 | \$706 |
| Core Build Up - Including any Pins when required | D2950 | \$103 | \$197 | Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad | D4211 | \$69 | \$282 |
| Pin Retention - Per Tooth - in Addition to Restoration | D2951 | \$17 | \$22 | Gingivectomy/Gingivoplasty for restorative procedure | D4212 | \$39 | \$212 |
| Cast Post and Core - in Addition to Crown | D2952 | \$143 | \$304 | Gingival Flap-Incl. Root Planing - 4+ teeth/quad | D4240 | \$317 | \$822 |
| Cast Post and Core - Each Additional - same tooth | D2953 | \$98 | \$127 | Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad | D4241 | \$205 | \$517 |
| Prefabricated Post and Core - in Addition to Crown | D2954 | \$113 | \$235 | Crown Lengthening - Hard Tissue | D4249 | \$344 | \$882 |
| Post Removal | D2955 | \$0 | \$237 | Osseous Surgery - 4+ teeth/quad | D4260 | \$422 | \$1,486 |

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| Osseous Surgery - 1-3 teeth/quad | D4261 | \$233 | \$656 | Repair Resin Partial Denture Base - Mandibular | D5611 | \$51 | \$117 |
| Pedicle Soft Tissue Graft Procedure | D4270 | \$112 | \$1,071 | Repair Resin Partial Denture Base - Maxillary | D5612 | \$51 | \$117 |
| Autogenous Connective Tissue Graft - 1st Tooth (excl implants) | D4273 | \$385 | \$1,169 | Repair Cast Partial Framework - Mandibular | D5621 | \$61 | \$114 |
| Mesial/Distal Wedge Procedure - Single Tooth | D4274 | \$309 | \$713 | Repair Cast Partial Framework - Maxillary | D5622 | \$61 | \$114 |
| Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants) | D4275 | \$375 | \$909 | Repair or Replace Broken Clasp - per tooth | D5630 | \$61 | \$170 |
| Combined Connective Tissue/Double Pedicle Graft | D4276 | \$575 | \$1,399 | Replace Broken Teeth - Per Tooth | D5640 | \$61 | \$121 |
| Free Soft Tissue Graft Procedure - 1st Tooth (excl implants) | D4277 | \$230 | \$1,049 | Add Tooth to Existing Partial Denture | D5650 | \$61 | \$151 |
| Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants) | D4278 | \$230 | \$270 | Add Clasp to Existing Partial Denture - per tooth | D5660 | \$61 | \$167 |
| Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4283 | \$385 | \$967 | Replace Teeth/Acrylic on Cast Metal Framework (Upper) | D5670 | \$215 | \$408 |
| Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants) | D4285 | \$375 | \$758 | Replace Teeth/Acrylic on Cast Metal Framework (Lower) | D5671 | \$215 | \$408 |
| Provisional Intracoronaral Splint | D4320 | \$122 | \$366 | Rebase Complete Upper Denture | D5710 | \$112 | \$326 |
| Provisional Extracoronaral Splint | D4321 | \$120 | \$341 | Rebase Complete Lower Denture | D5711 | \$112 | \$296 |
| Perio. Scaling & Root Planing - 4+ teeth/quad | D4341 | \$95 | \$193 | Rebase Upper Partial Denture | D5720 | \$112 | \$332 |
| Perio. Scaling & Root Planing - 1 to 3 teeth/quad | D4342 | \$52 | \$117 | Rebase Lower Partial Denture | D5721 | \$112 | \$332 |
| Scaling - Full Mouth - After Oral Evaluation | D4346 | \$50 | \$44 | Reline Complete Upper Denture (Chairside) | D5730 | \$130 | \$220 |
| Full Mouth Debridement | D4355 | \$56 | \$150 | Reline Complete Lower Denture (Chairside) | D5731 | \$130 | \$220 |
| Periodontal Maintenance Procedures | D4910 | \$60 | \$115 | Reline Upper Partial Denture (Chairside) | D5740 | \$130 | \$192 |
| | | | | Reline Lower Partial Denture (Chairside) | D5741 | \$130 | \$192 |
| Type III - Removable Prosthetics | | | | Reline Complete Upper Denture (Laboratory) | D5750 | \$130 | \$284 |
| Complete Denture - Upper | D5110 | \$416 | \$1,112 | Reline Complete Lower Denture (Laboratory) | D5751 | \$130 | \$284 |
| Complete Denture - Lower | D5120 | \$400 | \$1,096 | Reline Upper Partial Denture (Laboratory) | D5760 | \$130 | \$290 |
| Immediate Denture - Upper | D5130 | \$416 | \$1,280 | Reline Lower Partial Denture (Laboratory) | D5761 | \$130 | \$290 |
| Immediate Denture - Lower | D5140 | \$416 | \$1,280 | Tissue Conditioning - Upper | D5850 | \$28 | \$51 |
| Upper Partial Denture - Resin Base | D5211 | \$360 | \$1,082 | Tissue Conditioning - Lower | D5851 | \$27 | \$50 |
| Lower Partial Denture - Resin Base | D5212 | \$360 | \$1,302 | Type III - Implants | | | |
| Upper Partial Denture - Cast Metal Frame - Resin Base | D5213 | \$461 | \$1,347 | Surgical Placement of Implant Body - Endosteal | D6010 | \$936 | \$2,144 |
| Lower Partial Denture - Cast Metal Frame - Resin Base | D5214 | \$461 | \$1,347 | Surgical Placement of Mini Implant | D6013 | \$936 | \$2,134 |
| Upper Immediate Partial Denture - Resin Base | D5221 | \$554 | \$1,182 | Prefabricated Abutment - includes modification & placement | D6056 | \$252 | \$441 |
| Lower Immediate Partial Denture - Resin Base | D5222 | \$554 | \$1,422 | Crown - Abutment Supp. Porcelain/Ceramic | D6058 | \$597 | \$1,199 |
| Upper Immediate Partial Denture - Cast Metal with Resin | D5223 | \$731 | \$1,525 | Crown - Abutment Supp. Porcelain Fused to High Noble Metal | D6059 | \$588 | \$1,182 |
| Lower Immediate Partial Denture - Cast Metal with Resin | D5224 | \$731 | \$1,525 | Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal | D6060 | \$519 | \$1,134 |
| Upper Removable Unilateral Partial Denture - Cast Metal | D5282 | \$292 | \$775 | Crown - Abutment Supp. Porcelain Fused to Noble Metal | D6061 | \$555 | \$1,150 |
| Lower Removable Unilateral Partial Denture - Cast Metal | D5283 | \$292 | \$775 | Crown - Abutment Supp. Cast High Noble Metal | D6062 | \$558 | \$1,140 |
| Removable Flexible Unilateral Partial Denture - per quad | D5284 | \$292 | \$867 | Crown - Abutment Supp. Cast Predominantly Base Metal | D6063 | \$444 | \$1,015 |
| Removable Resin Unilateral Partial Denture - per quad | D5286 | \$292 | \$867 | Crown - Abutment Supp. Cast Noble Metal | D6064 | \$476 | \$1,058 |
| Adjust Complete Denture - Upper | D5410 | \$27 | \$60 | Crown - Implant Supp. Porcelain/Ceramic Crown | D6065 | \$576 | \$1,187 |
| Adjust Complete Denture - Lower | D5411 | \$27 | \$60 | Crown - Implant Supp. Porcelain Fused to High Noble Alloy | D6066 | \$561 | \$1,156 |
| Adjust Partial Denture - Upper | D5421 | \$27 | \$21 | Crown - Implant Supp. High Noble Alloy | D6067 | \$524 | \$1,133 |
| Adjust Partial Denture - Lower | D5422 | \$27 | \$21 | Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy | D6082 | \$519 | \$1,263 |
| Repair Broken Complete Denture Base - Mandibular | D5511 | \$62 | \$125 | Crown - Implant Supp. - Porcelain Fused to Noble Alloy | D6083 | \$555 | \$1,281 |
| Repair Broken Complete Denture Base - Maxillary | D5512 | \$62 | \$125 | Crown - Implant Supp. - Porcelain Fused to Titanium | D6084 | \$555 | \$1,281 |
| Replace Missing or Broken Teeth - Complete Denture - Per Tooth | D5520 | \$51 | \$104 | Crown - Implant Supp. - Predom. Base Alloy | D6086 | \$444 | \$1,396 |
| | | | | Crown - Implant Supp. - Noble Alloy | D6087 | \$476 | \$1,177 |
| | | | | Crown - Implant Supp. - Titanium | D6088 | \$519 | \$1,011 |
| | | | | Re-cement or Re-bond Implant/Abutment Supported Crown | D6092 | \$33 | \$98 |

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| Crown - Abutment Supp. Titanium | D6094 | \$519 | \$903 | Retainer Crown - Porcelain Fused to Titanium | D6753 | \$331 | \$605 |
| Repair Implant Abutment - By Report | D6095 | \$174 | \$174 | Retainer Crown - ¾ Cast High Noble Metal | D6780 | \$485 | \$696 |
| Remove Broken Implant Retaining Screw | D6096 | \$30 | \$30 | Retainer Crown - ¾ Cast Predominantly Base Metal | D6781 | \$404 | \$649 |
| Crown - Abutment Supp. Porcelain Fused to Titanium | D6097 | \$561 | \$1,288 | Retainer Crown - ¾ Cast Noble Metal | D6782 | \$412 | \$575 |
| Type III - Pontics and Retainers | | | | Retainer Crown - ¾ Porcelain/Ceramic | D6783 | \$412 | \$700 |
| Pontic - Cast High Noble Metal | D6210 | \$438 | \$731 | Retainer Crown ¾ -Titanium | D6784 | \$412 | \$678 |
| Pontic - Cast Predominantly Base Metal | D6211 | \$412 | \$758 | Retainer Crown - Full Cast High Noble Metal | D6790 | \$428 | \$696 |
| Pontic - Cast Noble Metal | D6212 | \$428 | \$750 | Retainer Crown - Full Cast Predominantly Base Metal | D6791 | \$421 | \$754 |
| Pontic - Titanium | D6214 | \$438 | \$707 | Retainer Crown - Full Cast Noble Metal | D6792 | \$446 | \$751 |
| Pontic - Porcelain Fused to High Noble Metal | D6240 | \$355 | \$640 | Retainer Crown - Titanium | D6794 | \$400 | \$701 |
| Pontic - Porcelain Fused to Predominantly Base Metal | D6241 | \$355 | \$612 | Re-cement or Re-bond Fixed Partial Denture | D6930 | \$17 | \$84 |
| Pontic - Porcelain Fused to Noble Metal | D6242 | \$355 | \$650 | Stress Breaker | D6940 | \$57 | \$143 |
| Pontic - Porcelain Fused to Titanium | D6243 | \$355 | \$652 | Fixed Partial Denture Repair - by Report | D6980 | \$112 | \$95 |
| Pontic - Porcelain/Ceramic | D6245 | \$502 | \$727 | Type II - Oral Surgery | | | |
| Pontic - Resin with High Noble Metal | D6250 | \$400 | \$797 | Extraction - Coronal Remnants - Primary Tooth | D7111 | \$43 | \$99 |
| Pontic - Resin with Predominantly Base Metal | D6251 | \$345 | \$718 | Extraction - Erupted Tooth or Exposed Root | D7140 | \$63 | \$127 |
| Pontic - Resin with Noble Metal | D6252 | \$389 | \$767 | Extraction - Erupted Tooth | D7210 | \$94 | \$200 |
| Retainer - Cast Metal or Resin Bonded Fixed Prosthesis | D6545 | \$274 | \$167 | Removal of Impacted Tooth - Soft Tissue | D7220 | \$102 | \$253 |
| Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis | D6548 | \$258 | \$204 | Removal of Impacted Tooth - Partially Bony | D7230 | \$120 | \$329 |
| Retainer - Resin for Resin Bonded Fixed Prosthesis | D6549 | \$270 | \$225 | Removal of Impacted Tooth - Completely Bony | D7240 | \$171 | \$426 |
| Retainer Inlay - Porcelain/Ceramic - 2 Surfaces | D6600 | \$377 | \$555 | Removal of Residual Tooth Roots | D7250 | \$81 | \$208 |
| Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces | D6601 | \$394 | \$541 | Coronectomy - Intentional Partial Tooth Removal | D7251 | \$101 | \$434 |
| Retainer Inlay - Cast High Noble Metal - 2 Surfaces | D6602 | \$377 | \$549 | Oroantral Fistula Closure | D7260 | \$123 | \$1,538 |
| Retainer Inlay - Cast High Noble Metal - 3+ Surfaces | D6603 | \$438 | \$616 | Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus | D7270 | \$258 | \$626 |
| Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces | D6604 | \$343 | \$547 | Tooth Transplantation | D7272 | \$258 | \$548 |
| Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces | D6605 | \$394 | \$594 | Exposure of an Unerupted Tooth | D7280 | \$198 | \$434 |
| Retainer Inlay - Cast Noble Metal - 2 Surfaces | D6606 | \$386 | \$543 | Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth) | D7285 | \$69 | \$904 |
| Retainer Inlay - Cast Noble Metal - 3+ Surfaces | D6607 | \$428 | \$603 | Incisional Biopsy of Oral Tissue - Soft (All Others) | D7286 | \$69 | \$367 |
| Retainer Onlay - Porcelain/Ceramic - 2 Surfaces | D6608 | \$428 | \$509 | Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad | D7310 | \$103 | \$353 |
| Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces | D6609 | \$446 | \$547 | Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad | D7311 | \$43 | \$282 |
| Retainer Onlay - Cast High Noble Metal - 2 Surfaces | D6610 | \$370 | \$604 | Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad | D7320 | \$154 | \$598 |
| Retainer Onlay - Cast High Noble Metal - 3+ Surfaces | D6611 | \$455 | \$647 | Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad | D7321 | \$60 | \$457 |
| Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces | D6612 | \$343 | \$628 | Vestibuloplasty-Ridge Ext (2nd Epithelialization) | D7340 | \$205 | \$2,470 |
| Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces | D6613 | \$428 | \$613 | Vestibuloplasty-Ridge Ext (Grafts - Hypertissue) | D7350 | \$309 | \$7,236 |
| Retainer Onlay - Cast Noble Metal - 2 Surfaces | D6614 | \$360 | \$585 | Removal of Odontogenic Cyst/Tumor <=1.25cm | D7450 | \$325 | \$1,010 |
| Retainer Onlay - Cast Noble Metal - 3+ Surfaces | D6615 | \$463 | \$585 | Removal of Odontogenic Cyst/Tumor > 1.25cm | D7451 | \$198 | \$1,200 |
| Retainer Inlay - Titanium | D6624 | \$275 | \$517 | Removal of Nonodontogenic Cyst/Tumor<=1.25cm | D7460 | \$352 | \$1,049 |
| Retainer Onlay - Titanium | D6634 | \$292 | \$540 | Removal of Nonodontogenic Cyst/Tumor> 1.25cm | D7461 | \$412 | \$1,403 |
| Retainer Crown - Resin With High Noble Metal | D6720 | \$428 | \$726 | Removal of Lateral Exostosis - Per Site | D7471 | \$108 | \$1,336 |
| Retainer Crown - Resin With Base Metal | D6721 | \$404 | \$723 | Removal of Torus Palatinus | D7472 | \$274 | \$1,603 |
| Retainer Crown - Resin With Noble Metal | D6722 | \$412 | \$718 | Removal of Torus Mandibularus | D7473 | \$274 | \$1,511 |
| Retainer Crown - Porcelain/Ceramic Substrate | D6740 | \$427 | \$707 | Reduction of Osseous Tuberosity | D7485 | \$274 | \$1,345 |
| Retainer Crown - Porcelain With High Noble Metal | D6750 | \$353 | \$606 | Incision/Drain of Abscess Intraoral Soft Tissue | D7510 | \$64 | \$342 |
| Retainer Crown - Porcelain With Predominantly Base Metal | D6751 | \$331 | \$577 | Incision/Drain of Abscess Extraoral Soft Tissue | D7520 | \$138 | \$1,827 |
| Retainer Crown - Porcelain With Noble Metal | D6752 | \$353 | \$604 | | | | |

| COVERED SERVICES | ADA CODE | GENERAL DENTIST COPAY | SPECIALIST DENTIST COPAY | COVERED SERVICES | ADA CODE | GENERAL DENTIST COPAY | SPECIALIST DENTIST COPAY |
|-------------------------------------------------------------------------|----------|-----------------------|--------------------------|------------------|----------|-----------------------|--------------------------|
| Removal of Foreign Body - Skin or Subc. Areolar Tissue | D7530 | \$64 | \$676 | | | | |
| Removal of Reaction Producing Foreign Bodies - Musculoskeletal System | D7540 | \$138 | \$694 | | | | |
| Sequestrectomy for Osteomyelitis | D7550 | \$64 | \$388 | | | | |
| Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body | D7560 | \$584 | \$3,389 | | | | |
| Suture of Recent Small Wounds up to 5cm | D7910 | \$64 | \$603 | | | | |
| Frenulectomy (Frenectomy or Frenotomy) | D7960 | \$120 | \$407 | | | | |
| Excision of Hyperplastic Tissue - Per Arch | D7970 | \$115 | \$680 | | | | |
| Excision of Pericoronal Gingiva | D7971 | \$90 | \$257 | | | | |
| Surgical Reduction of Fibrous Tuberosity | D7972 | \$343 | \$975 | | | | |
| Non-Surgical Sialolithotomy | D7979 | \$301 | \$921 | | | | |
| Surgical Sialolithotomy | D7980 | \$301 | \$921 | | | | |
| Closure of Salivary Fistula | D7983 | \$777 | \$2,181 | | | | |
| Type - Miscellaneous Services | | | | | | | |
| I - Palliative (Emergency) Treatment of Pain | D9110 | \$20 | \$86 | | | | |
| I - Evaluation for Deep Sedation/General Anesthesia | D9219 | \$0 | \$87 | | | | |
| III - Deep Sedation/General Anesthesia - First 15 Min* | D9222 | \$54 | \$163 | | | | |
| III - Deep Sedation/General Anesthesia - Each Additional 15 Min* | D9223 | \$54 | \$163 | | | | |
| III - Analgesia - Anxiolysis - Inhal Nitrous Oxide* | D9230 | \$20 | \$40 | | | | |
| III - Intravenous Moderate Sedation/Analgesia - First 15 Min* | D9239 | \$46 | \$140 | | | | |
| III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min* | D9243 | \$46 | \$140 | | | | |
| III - Non-Intravenous Conscious Sedation* | D9248 | \$72 | \$100 | | | | |
| I - Consultation | D9310 | \$0 | \$113 | | | | |
| I - Office Visit for Observ During Regular Scheduled Hours | D9430 | \$0 | \$0 | | | | |
| II - Therapeutic Drug Injection (Antibiotics) | D9610 | \$51 | \$51 | | | | |
| II - Treatment of Complications (Post Surgical) | D9930 | \$17 | \$17 | | | | |
| III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism) | D9944 | \$100 | \$399 | | | | |
| III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism) | D9945 | \$100 | \$399 | | | | |
| III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism) | D9946 | \$100 | \$399 | | | | |
| III - Occlusal Adjustment - Limited | D9951 | \$54 | \$134 | | | | |
| III - Occlusal Adjustment - Complete | D9952 | \$130 | \$714 | | | | |
| * Covered only when performed in conjunction with covered oral surgery. | | | | | | | |