



ORTHODONTIC SERVICES

SecureCare Dental Plan members are covered by the following non-insured Orthodontic Services Schedule. These benefits are available only through a SecureCare Dental Participating Dentist at the specific addresses listed in your Provider Directory.

Dentists have agreed that any treatment initiated under this plan shall be completed, at the election of the member, under the terms, conditions and fees provided herein should the member become ineligible prior to completion of treatment. This non-insured Orthodontic Services Schedule and the fees herein cannot be used in conjunction with or coordinated with an insured orthodontic benefit. Orthodontic payments listed on this schedule will change from time to time as the fees paid to participating orthodontists change.

STANDARD ORTHODONTIC CARE PROGRAM

MEMBER PAYS

Services Included In Orthodontic Care

Under Age 19 Age 19 & Over

COMPLETE ORTHODONTIC SURVEY FOLLOWED BY BANDING

D9310 - Consultation	D0330 - Panoramic Image		
D0350 - Oral/Facial Images	D9310 - Cephalometric Image	\$450.00	\$450.00
D0201 - Intraoral Images	D0470 - Diagnostic Casts		

ACTIVE COMPREHENSIVE ORTHODONTIC TREATMENT (BANDING)

D8070/D8080/D8090 (Class I, II, or III) Treatment up to 24 months following Complete Orthodontic Survey	\$2,900.00*	\$3,150.00*
--	-------------	-------------

ORTHODONTIC RETENTION

D8680 - Removal of appliances, construction and placement of retainer(s)	\$300.00	\$300.00
--	----------	----------

TOTAL STANDARD CARE FEE

\$3,650.00	\$3,900.00
------------	------------

MORE
REASONS TO SMILE

ORTHODONTIC SERVICES

COVERED SERVICES NOT INCLUDED IN STANDARD CARE PROGRAM FEE **

MEMBER PAYS

Screening Exam/Consultation - D9310	No Charge
Diagnostic Work-up and X-rays (if not done in conjunction with complete treatment - otherwise see “Complete Orthodontic Survey” on other side.)	
D0201 - Intraoral Images D9310 - Cephalometric Image	\$250.00
D0350 - Oral/Facial Images D0470 - Diagnostic Casts	
D0330 - Panoramic Image	
Retainer (each arch) - New, lost or replacement ****	\$240.00
Final Records (Includes Radiographs and Diagnostic Casts)	\$205.00
Space Maintainer - Unilateral - Fixed/Removable - D1520/D1525	\$126 / \$140
Space Maintainer - Bilateral - Fixed/Removable - D1515/D1525	\$187 / \$189
Reattach Brackets and Bands (Limit 3x)	No Charge
Replace Broken Ligature Wires (Limit 3x)	No Charge

*Patients that require more than 24 months of active banding may have an increase to the Total Standard Care Program Fee based on a prorated increase of the Banding charge. For example, if a 30 month treatment period (6 months longer than the Standard Orthodontic Care Program) were required, there would be a 25% increase in the fee for “Banding.”

*Patients assumed after treatment has begun by another dentist and requires shorter than 24 months of active banding may have a prorated decrease to the treatment fee based on the “Banding” charge. (e.g. An 18 month treatment period would be a 25% decrease in the “Banding”. “Diagnostic Work Up and X-rays”, “Orthodontic Retention” Fees may apply.)

** May be charged in addition to the “Standard Care Program.”

****If a only a retainer is needed and the dentist providing the new or replacement retainer did not provide a previous retainer or study models, then he/she may charge, the retainer fee plus no more than the “Complete Orthodontic Survey” fee above.

Services not shown are provided at a 20% discount from the dentist’s usual fees.

SECURE CARE GROUP INSURANCE

4745 N 7th Street Ste 120
 Phoenix, AZ 85014
 1-888-429-0914
 f: 800-275-4064

www.mysecurecare.com