

SECURECARE DENTAL

COPAY SCHEDULE NV300 - 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							
Periodic Oral Evaluation	D0120	\$13	\$29	Panoramic Image - Image Capture Only	D0701	\$21	\$134
Limited Oral Evaluation - Problem Focused	D0140	\$13	\$42	Intraoral - Occlusal Image - Image Capture Only	D0706	\$7	\$34
Oral Evaluation - under 3 years old	D0145	\$13	\$57	Intraoral - Periapical image - Image Capture Only	D0707	\$7	\$20
Comprehensive Oral Evaluation	D0150	\$13	\$44	Intraoral - Bitewing Image - Image Capture Only	D0708	\$7	\$21
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$13	\$124	Intraoral - Complete Series - Image Capture Only	D0709	\$21	\$98
Re-evaluation - Limited - Problem Focused	D0170	\$13	\$39	Type I - Preventive Services			
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Prophylaxis Cleaning - Adult	D1110	\$13	\$35
Comprehensive Periodontal Evaluation	D0180	\$13	\$63	Prophylaxis Cleaning - Child	D1120	\$13	\$27
Intraoral - Complete Series of Images	D0210	\$21	\$75	Fluoride - Topical Application of Fluoride Varnish	D1206	\$5	\$57
Intraoral - Periapical - 1st Image	D0220	\$7	\$17	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$5	\$18
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$19	Sealant - Per Tooth	D1351	\$21	\$32
Intraoral - Occlusal Image	D0240	\$7	\$26	Preventive Resin Restoration (Including Sealant)	D1352	\$21	\$46
Extraoral - 2D Image	D0250	\$7	\$23	Sealant Repair - Per Tooth	D1353	\$17	\$47
Extraoral - Posterior Image	D0251	\$21	\$38	Space Maintainer; Fixed Unilateral - per quad	D1510	\$106	\$220
Bitewing - 1 Image	D0270	\$7	\$13	Upper Space Maintainer; Fixed Bilateral	D1516	\$111	\$306
Bitewing - 2 Images	D0272	\$7	\$19	Lower Space Maintainer; Fixed Bilateral	D1517	\$111	\$306
Bitewing - 3 Images	D0273	\$7	\$27	Space Maintainer; Removable Unilateral - per quad	D1520	\$83	\$181
Bitewing - 4 Images	D0274	\$7	\$34	Upper Space Maintainer; Removable Bilateral	D1526	\$83	\$273
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$43	Lower Space Maintainer; Removable Bilateral	D1527	\$83	\$273
Panoramic Image	D0330	\$21	\$73	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$22	\$62
Pulp Vitality Tests	D0460	\$0	\$56	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$22	\$62
Diagnostic Casts	D0470	\$21	\$99	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$22	\$62

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Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$134	\$146	Crown - Porcelain with Predominantly Base Metal	D2751	\$378	\$619
Type II - Restorative Dentistry				Crown - Porcelain With Noble Metal	D2752	\$382	\$626
Amalgam - 1 Surface - Primary or Permanent	D2140	\$52	\$105	Crown - Porcelain with Titanium	D2753	\$318	\$672
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$53	\$132	Crown - ¾ Cast High Noble Metal	D2780	\$425	\$637
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$52	\$151	Crown - ¾ Cast Predominantly Base Metal	D2781	\$386	\$571
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$58	\$175	Crown - ¾ Cast Noble Metal	D2782	\$394	\$581
Resin Composite - 1 Surface - Anterior	D2330	\$58	\$132	Crown - ¾ Porcelain/Ceramic	D2783	\$393	\$654
Resin Composite - 2 Surfaces - Anterior	D2331	\$61	\$151	Crown - Full Cast High Noble Metal	D2790	\$418	\$725
Resin Composite - 3 Surfaces - Anterior	D2332	\$72	\$181	Crown - Full Cast Predominantly Base Metal	D2791	\$382	\$709
Resin Composite - 4+ Surfaces - Anterior	D2335	\$88	\$205	Crown - Full Cast Noble Metal	D2792	\$395	\$684
Resin Composite Crown - Anterior	D2390	\$64	\$161	Crown - Titanium	D2794	\$382	\$722
Resin Composite - 1 Surface - Posterior	D2391	\$63	\$141	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$17	\$17
Resin Composite - 2 Surfaces - Posterior	D2392	\$78	\$196	Re-cement/Re-bond Crown	D2920	\$32	\$46
Resin Composite - 3 Surfaces - Posterior	D2393	\$86	\$199	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$194	\$286
Resin Composite - 4+ Surfaces - Posterior	D2394	\$86	\$244	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$194	\$244
Type III - Onlays Crowns and Bridges				Prefabricated Stainless Steel Crown - Primary	D2930	\$65	\$118
Inlay - Metallic - 1 Surface	D2510	\$218	\$525	Prefabricated Stainless Steel Crown - Permanent	D2931	\$63	\$152
Inlay - Metallic - 2 Surfaces	D2520	\$280	\$547	Prefabricated Resin Crown	D2932	\$85	\$199
Inlay - Metallic - 3+ Surfaces	D2530	\$353	\$640	Protective Restoration	D2940	\$8	\$31
Onlay - Metallic - 2 Surfaces	D2542	\$340	\$703	Core Build Up - Including any Pins when required	D2950	\$99	\$177
Onlay - Metallic - 3 Surfaces	D2543	\$360	\$649	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$16	\$19
Onlay - Metallic - 4+ Surfaces	D2544	\$360	\$416	Cast Post and Core - in Addition to Crown	D2952	\$137	\$265
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$240	\$665	Cast Post and Core - Each Additional - same tooth	D2953	\$93	\$119
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$343	\$677	Prefabricated Post and Core - in Addition to Crown	D2954	\$108	\$191
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$313	\$578	Post Removal	D2955	\$0	\$224
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$286	\$622	Each Additional Prefabricated Post - same tooth	D2957	\$38	\$16
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$297	\$577	Labial Veneer (resin laminate) - Chairside	D2960	\$215	\$521
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$403	\$483	Labial Veneer (resin laminate) - Laboratory	D2961	\$369	\$556
Inlay - Resin Composite - 1 Surface	D2650	\$126	\$324	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$329	\$509
Inlay - Resin Composite - 2 Surfaces	D2651	\$176	\$397	Crown Repair	D2980	\$67	\$126
Inlay - Resin Composite - 3+ Surfaces	D2652	\$230	\$415	Inlay Repair	D2981	\$59	\$117
Onlay - Resin Composite - 2 Surfaces	D2662	\$222	\$327	Onlay Repair	D2982	\$59	\$117
Onlay - Resin Composite - 3 Surfaces	D2663	\$287	\$452	Veneer Repair	D2983	\$59	\$117
Onlay - Resin Composite - 4+ Surfaces	D2664	\$348	\$514	Type III - Endodontics			
Crown - Resin Based Composite - Indirect	D2710	\$158	\$164	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$19	\$66
Crown - ¾ Resin Based Composite - Indirect	D2712	\$186	\$328	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$15	\$41
Crown - Resin with High Noble Metal	D2720	\$393	\$598	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$48	\$140
Crown - Resin with Base Metal	D2721	\$378	\$605	Pulpal Debridement - Primary/Permanent	D3221	\$46	\$161
Crown - Resin with Noble Metal	D2722	\$386	\$618	Partial Pulpotomy for Apexogenesis	D3222	\$65	\$146
Crown - Porcelain/Ceramic	D2740	\$403	\$691	Pulpal Therapy Anterior - Primary	D3230	\$59	\$140
Crown - Porcelain with High Noble Metal	D2750	\$413	\$680	Pulpal Therapy Posterior - Primary	D3240	\$59	\$166
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$191	\$429

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Root Canal - Premolar (Excluding Final Restoration)	D3320	\$265	\$607	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$216
Root Canal - Molar (Excluding Final Restoration)	D3330	\$419	\$807	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$47	\$103
Treatment of Root Canal Obstruction - non surgical	D3331	\$149	\$215	Scaling - Full Mouth - After Oral Evaluation	D4346	\$53	\$50
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$177	\$433	Full Mouth Debridement	D4355	\$53	\$153
Internal Root Repair of Perforation Defects	D3333	\$171	\$169	Periodontal Maintenance Procedures	D4910	\$58	\$122
Retreatment of Previous RCT - Anterior	D3346	\$350	\$904				
Retreatment of Previous RCT - Premolar	D3347	\$360	\$937	Type III - Removable Prosthetics			
Retreatment of Previous RCT - Molar	D3348	\$370	\$983	Complete Denture - Upper	D5110	\$403	\$913
Apexification/Recalcification - Initial Visit	D3351	\$46	\$301	Complete Denture - Lower	D5120	\$403	\$913
Apexification/Recalcification - Interim Visit	D3352	\$46	\$126	Immediate Denture - Upper	D5130	\$408	\$1,021
Apexification/Recalcification - Final Visit	D3353	\$46	\$431	Immediate Denture - Lower	D5140	\$408	\$1,021
Apicoectomy - Anterior	D3410	\$239	\$691	Upper Partial Denture - Resin Base	D5211	\$378	\$1,015
Apicoectomy - Premolar - 1st Root	D3421	\$255	\$784	Lower Partial Denture - Resin Base	D5212	\$378	\$1,219
Apicoectomy - Molar - 1st Root	D3425	\$366	\$940	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$451	\$1,106
Apicoectomy - Each Additional Root	D3426	\$46	\$139	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$451	\$1,106
Retrograde Filling - Per Root	D3430	\$46	\$182	Upper Immediate Partial Denture - Resin Base	D5221	\$610	\$1,110
Root Amputation - Per Root	D3450	\$99	\$416	Lower Immediate Partial Denture - Resin Base	D5222	\$610	\$1,332
Hemisection (Including any Root Removal)	D3920	\$99	\$367	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$819	\$1,430
Canal Preparation/Post Fitting	D3950	\$0	\$195	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$819	\$1,430
				Upper Partial Denture - Flexible Base	D5225	\$451	\$1,375
Type III - Periodontics				Lower Partial Denture - Flexible Base	D5226	\$451	\$1,375
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$215	\$758	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$280	\$613
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$59	\$281	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$280	\$613
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$42	\$234	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$251	\$718
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$275	\$766	Removable Resin Unilateral Partial Denture - per quad	D5286	\$251	\$718
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$177	\$480	Adjust Complete Denture - Upper	D5410	\$22	\$47
Crown Lengthening - Hard Tissue	D4249	\$297	\$938	Adjust Complete Denture - Lower	D5411	\$22	\$47
Osseous Surgery - 4+ teeth/quad	D4260	\$391	\$1,400	Adjust Partial Denture - Upper	D5421	\$22	\$5
Osseous Surgery - 1-3 teeth/quad	D4261	\$211	\$709	Adjust Partial Denture - Lower	D5422	\$22	\$5
Pedicle Soft Tissue Graft Procedure	D4270	\$96	\$1,100	Repair Broken Complete Denture Base - Mandibular	D5511	\$60	\$98
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$422	\$1,303	Repair Broken Complete Denture Base - Maxillary	D5512	\$60	\$98
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$268	\$652	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$49	\$80
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$430	\$933	Repair Resin Partial Denture Base - Mandibular	D5611	\$49	\$90
Combined Connective Tissue/Double Pedicle Graft	D4276	\$497	\$1,281	Repair Resin Partial Denture Base - Maxillary	D5612	\$49	\$90
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$250	\$1,080	Repair Cast Partial Framework - Mandibular	D5621	\$57	\$77
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$250	\$245	Repair Cast Partial Framework - Maxillary	D5622	\$57	\$77
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$422	\$1,086	Repair or Replace Broken Clasp - per tooth	D5630	\$57	\$133
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$430	\$771	Replace Broken Teeth - Per Tooth	D5640	\$57	\$96
Provisional Intracoronal Splint	D4320	\$105	\$327	Add Tooth to Existing Partial Denture	D5650	\$57	\$119
Provisional Extracoronal Splint	D4321	\$103	\$307	Add Clasp to Existing Partial Denture - per tooth	D5660	\$57	\$124
				Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$201	\$298
				Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$201	\$298

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COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST DENTIST COPAY
Rebase Complete Upper Denture	D5710	\$109	\$225	Pontic - Cast Predominantly Base Metal	D6211	\$356	\$694
Rebase Complete Lower Denture	D5711	\$109	\$197	Pontic - Cast Noble Metal	D6212	\$371	\$675
Rebase Upper Partial Denture	D5720	\$109	\$245	Pontic - Titanium	D6214	\$378	\$615
Rebase Lower Partial Denture	D5721	\$109	\$245	Pontic - Porcelain Fused to High Noble Metal	D6240	\$382	\$647
Reline Complete Upper Denture (Chairside)	D5730	\$110	\$158	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$360	\$590
Reline Complete Lower Denture (Chairside)	D5731	\$110	\$158	Pontic - Porcelain Fused to Noble Metal	D6242	\$371	\$635
Reline Upper Partial Denture (Chairside)	D5740	\$110	\$127	Pontic - Porcelain Fused to Titanium	D6243	\$360	\$612
Reline Lower Partial Denture (Chairside)	D5741	\$110	\$127	Pontic - Porcelain/Ceramic	D6245	\$435	\$612
Reline Complete Upper Denture (Laboratory)	D5750	\$109	\$193	Pontic - Resin with High Noble Metal	D6250	\$495	\$929
Reline Complete Lower Denture (Laboratory)	D5751	\$109	\$193	Pontic - Resin with Predominantly Base Metal	D6251	\$425	\$832
Reline Upper Partial Denture (Laboratory)	D5760	\$110	\$205	Pontic - Resin with Noble Metal	D6252	\$459	\$866
Reline Lower Partial Denture (Laboratory)	D5761	\$110	\$205	Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$262	\$112
Tissue Conditioning - Upper	D5850	\$27	\$28	Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$246	\$155
Tissue Conditioning - Lower	D5851	\$25	\$26	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$231	\$181
Type III - Implants				Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$360	\$492
Surgical Placement of Implant Body - Endosteal	D6010	\$1,105	\$2,014	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$376	\$463
Surgical Placement of Mini Implant	D6013	\$1,105	\$1,999	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$360	\$477
Prefabricated Abutment - includes modification & placement	D6056	\$298	\$419	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$419	\$526
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$713	\$1,126	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$328	\$487
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$695	\$1,114	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$376	\$521
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$614	\$1,064	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$369	\$473
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$656	\$1,082	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$409	\$520
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$660	\$1,074	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$409	\$413
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$524	\$951	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$426	\$450
Crown - Abutment Supp. Cast Noble Metal	D6064	\$563	\$995	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$353	\$535
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$679	\$1,117	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$435	\$550
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$663	\$1,088	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$328	\$572
Crown - Implant Supp. High Noble Alloy	D6067	\$619	\$1,067	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$409	\$524
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$614	\$1,210	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$343	\$517
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$656	\$1,231	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$442	\$484
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$656	\$1,231	Retainer Inlay - Titanium	D6624	\$321	\$584
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$524	\$1,332	Retainer Onlay - Titanium	D6634	\$340	\$610
Crown - Implant Supp. - Noble Alloy	D6087	\$563	\$1,129	Retainer Crown - Resin With High Noble Metal	D6720	\$409	\$644
Crown - Implant Supp. - Titanium	D6088	\$614	\$972	Retainer Crown - Resin With Base Metal	D6721	\$386	\$656
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$40	\$92	Retainer Crown - Resin With Noble Metal	D6722	\$393	\$642
Crown - Abutment Supp. Titanium	D6094	\$614	\$850	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$398	\$660
Repair Implant Abutment - By Report	D6095	\$207	\$207	Retainer Crown - Porcelain With High Noble Metal	D6750	\$371	\$619
Remove Broken Implant Retaining Screw	D6096	\$40	\$40	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$317	\$541
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$663	\$1,237	Retainer Crown - Porcelain With Noble Metal	D6752	\$371	\$598
				Retainer Crown - Porcelain Fused to Titanium	D6753	\$317	\$574
				Retainer Crown - ¾ Cast High Noble Metal	D6780	\$485	\$620
Type III - Pontics and Retainers				Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$435	\$611
Pontic - Cast High Noble Metal	D6210	\$378	\$642	Retainer Crown - ¾ Cast Noble Metal	D6782	\$450	\$534

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Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$356	\$578	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$135	\$621
Retainer Crown ¾ -Titanium	D6784	\$356	\$644	Sequestrectomy for Osteomyelitis	D7550	\$62	\$358
Retainer Crown - Full Cast High Noble Metal	D6790	\$410	\$606	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$723	\$3,343
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$403	\$688	Suture of Recent Small Wounds up to 5cm	D7910	\$62	\$588
Retainer Crown - Full Cast Noble Metal	D6792	\$406	\$651	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$116	\$450
Retainer Crown - Titanium	D6794	\$382	\$666	Lingual Frenectomy (Frenulectomy)	D7962	\$116	\$450
Re-cement or Re-bond Fixed Partial Denture	D6930	\$16	\$64	Excision of Hyperplastic Tissue - Per Arch	D7970	\$112	\$629
Stress Breaker	D6940	\$55	\$80	Excision of Pericoronal Gingiva	D7971	\$87	\$218
Fixed Partial Denture Repair - by Report	D6980	\$108	\$100	Surgical Reduction of Fibrous Tuberosity	D7972	\$330	\$830
Type II - Oral Surgery				Non-Surgical Sialolithotomy	D7979	\$290	\$822
Extraction - Coronal Remnants - Primary Tooth	D7111	\$41	\$73	Surgical Sialolithotomy	D7980	\$290	\$822
Extraction - Erupted Tooth or Exposed Root	D7140	\$42	\$106	Closure of Salivary Fistula	D7983	\$960	\$2,165
Extraction - Erupted Tooth	D7210	\$90	\$184	Type - Miscellaneous Services			
Removal of Impacted Tooth - Soft Tissue	D7220	\$98	\$231	I - Palliative (Emergency) Treatment of Pain	D9110	\$17	\$81
Removal of Impacted Tooth - Partially Bony	D7230	\$114	\$298	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$96
Removal of Impacted Tooth - Completely Bony	D7240	\$163	\$381	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$54	\$191
Removal of Residual Tooth Roots	D7250	\$77	\$178	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$54	\$191
Coronectomy - Intentional Partial Tooth Removal	D7251	\$124	\$435	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$17	\$56
Oroantral Fistula Closure	D7260	\$152	\$1,452	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$43	\$162
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$246	\$511	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$43	\$162
Tooth Transplantation	D7272	\$246	\$477	III - Non-Intravenous Conscious Sedation*	D9248	\$70	\$89
Exposure of an Unerrupted Tooth	D7280	\$171	\$334	I - Consultation	D9310	\$0	\$100
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$67	\$830	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$67	\$324	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$49	\$46
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$99	\$343	II - Treatment of Complications (Post Surgical)	D9930	\$15	\$15
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$53	\$279	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$95	\$302
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$149	\$577	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$95	\$302
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$74	\$449	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$95	\$302
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$177	\$2,335	III - Occlusal Adjustment - Limited	D9951	\$53	\$125
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$268	\$6,952	III - Occlusal Adjustment - Complete	D9952	\$124	\$558
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$311	\$862				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$189	\$1,025	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$370	\$931				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$400	\$1,214				
Removal of Lateral Exostosis - Per Site	D7471	\$105	\$1,267				
Removal of Torus Palantinus	D7472	\$265	\$1,478				
Removal of Torus Mandibularus	D7473	\$265	\$1,387				
Reduction of Osseous Tuberosity	D7485	\$265	\$1,225				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$62	\$313				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$135	\$1,731				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$62	\$640				