

SECURECARE DENTAL

COPAY PLAN NV100 - 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							
Periodic Oral Evaluation	D0120	\$0	\$0	Prophylaxis Cleaning - Child	D1120	\$0	\$0
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$0	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$0
Oral Evaluation - under 3 years old	D0145	\$0	\$0	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$0
Comprehensive Oral Evaluation	D0150	\$0	\$0	Sealant - Per Tooth	D1351	\$0	\$0
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$0	Preventive Resin Restoration (Including Sealant)	D1352	\$0	\$0
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$0	Sealant Repair - Per Tooth	D1353	\$0	\$0
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Space Maintainer; Fixed Unilateral - per quad	D1510	\$0	\$0
Comprehensive Periodontal Evaluation	D0180	\$0	\$0	Upper Space Maintainer; Fixed Bilateral	D1516	\$0	\$0
Intraoral - Complete Series of Images	D0210	\$0	\$0	Lower Space Maintainer; Fixed Bilateral	D1517	\$0	\$0
Intraoral - Periapical - 1st Image	D0220	\$0	\$0	Space Maintainer; Removable Unilateral - per quad	D1520	\$0	\$0
Intraoral - Periapical - Each Additional Image	D0230	\$0	\$0	Upper Space Maintainer; Removable Bilateral	D1526	\$0	\$0
Intraoral - Occlusal Image	D0240	\$0	\$0	Lower Space Maintainer; Removable Bilateral	D1527	\$0	\$0
Extraoral - 2D Image	D0250	\$0	\$0	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$0	\$0
Extraoral - Posterior Image	D0251	\$0	\$0	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$0	\$0
Bitewing - 1 Image	D0270	\$0	\$0	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$0	\$0
Bitewing - 2 Images	D0272	\$0	\$0	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$0	\$0
Bitewing - 3 Images	D0273	\$0	\$0	Type II - Restorative Dentistry			
Bitewing - 4 Images	D0274	\$0	\$0	Amalgam - 1 Surface - Primary or Permanent	D2140	\$76	\$129
Vertical Bitewings - 7 to 8 Images	D0277	\$0	\$0	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$88	\$167
Panoramic Image	D0330	\$0	\$0	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$103	\$202
Pulp Vitality Tests	D0460	\$0	\$0	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$129	\$246
Diagnostic Casts	D0470	\$0	\$0	Resin Composite - 1 Surface - Anterior	D2330	\$80	\$154
Panoramic Image - Image Capture Only	D0701	\$0	\$0	Resin Composite - 2 Surfaces - Anterior	D2331	\$95	\$185
Intraoral - Occlusal Image - Image Capture Only	D0706	\$0	\$0	Resin Composite - 3 Surfaces - Anterior	D2332	\$114	\$223
Intraoral - Periapical image - Image Capture Only	D0707	\$0	\$0	Resin Composite - 4+ Surfaces - Anterior	D2335	\$147	\$264
Intraoral - Bitewing Image - Image Capture Only	D0708	\$0	\$0	Resin Composite Crown - Anterior	D2390	\$195	\$292
Intraoral - Complete Series - Image Capture Only	D0709	\$0	\$0	Resin Composite - 1 Surface - Posterior	D2391	\$87	\$165
				Resin Composite - 2 Surfaces - Posterior	D2392	\$102	\$220
Type I - Preventive Services				Resin Composite - 3 Surfaces - Posterior	D2393	\$146	\$259
Prophylaxis Cleaning - Adult	D1110	\$0	\$0	Resin Composite - 4+ Surfaces - Posterior	D2394	\$175	\$333

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Type III - Onlays Crowns and Bridges				Core Build Up - Including any Pins when required	D2950	\$152	\$230
Inlay - Metallic - 1 Surface	D2510	\$425	\$732	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$49	\$52
Inlay - Metallic - 2 Surfaces	D2520	\$564	\$831	Cast Post and Core - in Addition to Crown	D2952	\$235	\$363
Inlay - Metallic - 3+ Surfaces	D2530	\$670	\$957	Cast Post and Core - Each Additional - same tooth	D2953	\$155	\$181
Onlay - Metallic - 2 Surfaces	D2542	\$576	\$939	Prefabricated Post and Core - in Addition to Crown	D2954	\$207	\$290
Onlay - Metallic - 3 Surfaces	D2543	\$693	\$982	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$965	\$1,021	Each Additional Prefabricated Post - same tooth	D2957	\$167	\$145
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$436	\$861	Labial Veneer (resin laminate) - Chairside	D2960	\$395	\$701
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$575	\$909	Labial Veneer (resin laminate) - Laboratory	D2961	\$608	\$795
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$703	\$968	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$684	\$864
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$605	\$941	Crown Repair	D2980	\$110	\$169
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$735	\$1,015	Inlay Repair	D2981	\$111	\$169
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$997	\$1,077	Onlay Repair	D2982	\$111	\$169
Inlay - Resin Composite - 1 Surface	D2650	\$368	\$566	Veneer Repair	D2983	\$111	\$169
Inlay - Resin Composite - 2 Surfaces	D2651	\$453	\$674	Type III - Endodontics			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$524	\$709	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$41	\$88
Onlay - Resin Composite - 2 Surfaces	D2662	\$510	\$615	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$44	\$70
Onlay - Resin Composite - 3 Surfaces	D2663	\$559	\$724	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$88	\$180
Onlay - Resin Composite - 4+ Surfaces	D2664	\$609	\$775	Pulpal Debridement - Primary/Permanent	D3221	\$82	\$197
Crown - Resin Based Composite - Indirect	D2710	\$422	\$428	Partial Pulpotomy for Apexogenesis	D3222	\$102	\$183
Crown - ¾ Resin Based Composite - Indirect	D2712	\$286	\$428	Pulpal Therapy Anterior - Primary	D3230	\$99	\$180
Crown - Resin with High Noble Metal	D2720	\$850	\$1,055	Pulpal Therapy Posterior - Primary	D3240	\$115	\$222
Crown - Resin with Base Metal	D2721	\$762	\$989	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$470	\$708
Crown - Resin with Noble Metal	D2722	\$779	\$1,011	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$525	\$867
Crown - Porcelain/Ceramic	D2740	\$825	\$1,113	Root Canal - Molar (Excluding Final Restoration)	D3330	\$687	\$1,075
Crown - Porcelain with High Noble Metal	D2750	\$801	\$1,068	Treatment of Root Canal Obstruction - non surgical	D3331	\$211	\$277
Crown - Porcelain with Predominantly Base Metal	D2751	\$754	\$995	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$271	\$527
Crown - Porcelain With Noble Metal	D2752	\$775	\$1,019	Internal Root Repair of Perforation Defects	D3333	\$245	\$243
Crown - Porcelain with Titanium	D2753	\$754	\$1,048	Retreatment of Previous RCT - Anterior	D3346	\$389	\$943
Crown - ¾ Cast High Noble Metal	D2780	\$813	\$1,025	Retreatment of Previous RCT - Premolar	D3347	\$533	\$1,110
Crown - ¾ Cast Predominantly Base Metal	D2781	\$780	\$965	Retreatment of Previous RCT - Molar	D3348	\$760	\$1,373
Crown - ¾ Cast Noble Metal	D2782	\$809	\$996	Apexification/Recalcification - Initial Visit	D3351	\$179	\$434
Crown - ¾ Porcelain/Ceramic	D2783	\$793	\$1,054	Apexification/Recalcification - Interim Visit	D3352	\$115	\$195
Crown - Full Cast High Noble Metal	D2790	\$724	\$1,031	Apexification/Recalcification - Final Visit	D3353	\$214	\$599
Crown - Full Cast Predominantly Base Metal	D2791	\$650	\$977	Apicoectomy - Anterior	D3410	\$409	\$861
Crown - Full Cast Noble Metal	D2792	\$706	\$995	Apicoectomy - Premolar - 1st Root	D3421	\$430	\$959
Crown - Titanium	D2794	\$715	\$1,055	Apicoectomy - Molar - 1st Root	D3425	\$512	\$1,086
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$87	\$87	Apicoectomy - Each Additional Root	D3426	\$274	\$367
Re-cement/Re-bond Crown	D2920	\$74	\$88	Retrograde Filling - Per Root	D3430	\$134	\$270
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$299	\$391	Root Amputation - Per Root	D3450	\$245	\$562
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$299	\$349	Hemisection (Including any Root Removal)	D3920	\$159	\$427
Prefabricated Stainless Steel Crown - Primary	D2930	\$188	\$241	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$183	\$272	Type III - Periodontics			
Prefabricated Resin Crown	D2932	\$176	\$290	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$257	\$800
Protective Restoration	D2940	\$69	\$92				

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Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$133	\$355	Adjust Complete Denture - Upper	D5410	\$57	\$82
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$92	\$284	Adjust Complete Denture - Lower	D5411	\$57	\$82
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$522	\$1,013	Adjust Partial Denture - Upper	D5421	\$99	\$82
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$283	\$586	Adjust Partial Denture - Lower	D5422	\$99	\$82
Crown Lengthening - Hard Tissue	D4249	\$470	\$1,111	Repair Broken Complete Denture Base - Mandibular	D5511	\$125	\$163
Osseous Surgery - 4+ teeth/quad	D4260	\$679	\$1,688	Repair Broken Complete Denture Base - Maxillary	D5512	\$125	\$163
Osseous Surgery - 1-3 teeth/quad	D4261	\$408	\$906	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$105	\$136
Pedicle Soft Tissue Graft Procedure	D4270	\$196	\$1,200	Repair Resin Partial Denture Base - Mandibular	D5611	\$136	\$177
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$585	\$1,466	Repair Resin Partial Denture Base - Maxillary	D5612	\$136	\$177
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$448	\$832	Repair Cast Partial Framework - Mandibular	D5621	\$171	\$191
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$599	\$1,102	Repair Cast Partial Framework - Maxillary	D5622	\$171	\$191
Combined Connective Tissue/Double Pedicle Graft	D4276	\$860	\$1,644	Repair or Replace Broken Clasp - per tooth	D5630	\$155	\$231
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$414	\$1,244	Replace Broken Teeth - Per Tooth	D5640	\$111	\$150
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$414	\$409	Add Tooth to Existing Partial Denture	D5650	\$142	\$204
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$585	\$1,249	Add Clasp to Existing Partial Denture - per tooth	D5660	\$178	\$245
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$599	\$940	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$502	\$599
Provisional Intracoronal Splint	D4320	\$192	\$414	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$502	\$599
Provisional Extracoronal Splint	D4321	\$172	\$376	Rebase Complete Upper Denture	D5710	\$490	\$606
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$136	\$257	Rebase Complete Lower Denture	D5711	\$490	\$578
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$82	\$138	Rebase Upper Partial Denture	D5720	\$436	\$572
Scaling - Full Mouth - After Oral Evaluation	D4346	\$74	\$71	Rebase Lower Partial Denture	D5721	\$436	\$572
Full Mouth Debridement	D4355	\$63	\$163	Reline Complete Upper Denture (Chairside)	D5730	\$294	\$342
Periodontal Maintenance Procedures	D4910	\$80	\$144	Reline Complete Lower Denture (Chairside)	D5731	\$294	\$342
Type III - Removable Prosthetics				Reline Upper Partial Denture (Chairside)	D5740	\$296	\$313
Complete Denture - Upper	D5110	\$982	\$1,492	Reline Lower Partial Denture (Chairside)	D5741	\$259	\$276
Complete Denture - Lower	D5120	\$982	\$1,492	Reline Complete Upper Denture (Laboratory)	D5750	\$372	\$456
Immediate Denture - Upper	D5130	\$1,014	\$1,627	Reline Complete Lower Denture (Laboratory)	D5751	\$372	\$456
Immediate Denture - Lower	D5140	\$1,014	\$1,627	Reline Upper Partial Denture (Laboratory)	D5760	\$354	\$449
Upper Partial Denture - Resin Base	D5211	\$622	\$1,259	Reline Lower Partial Denture (Laboratory)	D5761	\$354	\$449
Lower Partial Denture - Resin Base	D5212	\$622	\$1,463	Tissue Conditioning - Upper	D5850	\$142	\$143
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$993	\$1,648	Tissue Conditioning - Lower	D5851	\$142	\$143
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$993	\$1,648	Type III - Implants			
Upper Immediate Partial Denture - Resin Base	D5221	\$873	\$1,373	Surgical Placement of Implant Body - Endosteal	D6010	\$1,583	\$2,492
Lower Immediate Partial Denture - Resin Base	D5222	\$873	\$1,595	Surgical Placement of Mini Implant	D6013	\$1,598	\$2,492
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,186	\$1,797	Prefabricated Abutment - includes modification & placement	D6056	\$396	\$517
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,186	\$1,797	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$1,022	\$1,435
Upper Partial Denture - Flexible Base	D5225	\$993	\$1,917	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$997	\$1,416
Lower Partial Denture - Flexible Base	D5226	\$993	\$1,917	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$888	\$1,338
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$628	\$961	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$939	\$1,365
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$628	\$961	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$946	\$1,360
Removable Flexible Unilateral Partial Denture - per quad	D5284	\$628	\$1,066	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$757	\$1,184
Removable Resin Unilateral Partial Denture - per quad	D5286	\$628	\$1,066	Crown - Abutment Supp. Cast Noble Metal	D6064	\$807	\$1,239
				Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$974	\$1,412
				Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$950	\$1,375

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
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				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$238	\$572				
Lingual Frenectomy (Frenulectomy)	D7962	\$238	\$572				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$205	\$722				
Excision of Pericoronal Gingiva	D7971	\$140	\$271				
Surgical Reduction of Fibrous Tuberosity	D7972	\$511	\$1,011				
Non-Surgical Sialolithotomy	D7979	\$605	\$1,137				
Surgical Sialolithotomy	D7980	\$605	\$1,137				
Closure of Salivary Fistula	D7983	\$1,376	\$2,581				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$68	\$132				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$0				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$82	\$219				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$82	\$219				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$42	\$81				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$66	\$185				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$66	\$185				
III - Non-Intravenous Conscious Sedation*	D9248	\$99	\$118				
I - Consultation	D9310	\$64	\$164				
I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0				
II - Therapeutic Drug Injection (Antibiotics)	D9610	\$81	\$81				
II - Treatment of Complications (Post Surgical)	D9930	\$75	\$75				
III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$255	\$462				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$255	\$462				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$255	\$462				
III - Occlusal Adjustment - Limited	D9951	\$63	\$135				
III - Occlusal Adjustment - Complete	D9952	\$204	\$638				
* Covered only when performed in conjunction with covered oral surgery.							