

2022 SECURECARE DENTAL

COPAY SCHEDULE AZ400 - 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	\$7	\$30	Panoramic Image - Image Capture Only	D0701	\$22	\$125
Limited Oral Evaluation - Problem Focused	D0140	\$7	\$55	Intraoral - Occlusal Image - Image Capture Only	D0706	\$7	\$37
Oral Evaluation - under 3 years old	D0145	\$7	\$65	Intraoral - Periapical image - Image Capture Only	D0707	\$7	\$22
Comprehensive Oral Evaluation	D0150	\$7	\$58	Intraoral - Bitewing Image - Image Capture Only	D0708	\$7	\$22
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$7	\$141	Intraoral - Complete Series - Image Capture Only	D0709	\$22	\$104
Re-evaluation - Limited - Problem Focused	D0170	\$7	\$42	Type I - Preventive Services			
Re-evaluation Post-Operative Office Visit	D0171	\$7	\$42	Prophylaxis Cleaning - Adult	D1110	\$7	\$41
Comprehensive Periodontal Evaluation	D0180	\$7	\$69	Prophylaxis Cleaning - Child	D1120	\$7	\$33
Intraoral - Complete Series of Images	D0210	\$22	\$107	Fluoride - Topical Application of Fluoride Varnish	D1206	\$6	\$48
Intraoral - Periapical - 1st Image	D0220	\$7	\$22	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$6	\$30
Intraoral - Periapical - Each Additional Image	D0230	\$7	\$23	Sealant - Per Tooth	D1351	\$17	\$48
Intraoral - Occlusal Image	D0240	\$7	\$38	Preventive Resin Restoration (Including Sealant)	D1352	\$18	\$66
Extraoral - 2D Image	D0250	\$7	\$35	Sealant Repair - Per Tooth	D1353	\$18	\$68
Extraoral - Posterior Image	D0251	\$14	\$43	Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$289
Bitewing - 1 Image	D0270	\$7	\$21	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$366
Bitewing - 2 Images	D0272	\$7	\$33	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$366
Bitewing - 3 Images	D0273	\$7	\$39	Space Maintainer; Removable Unilateral - per quad	D1520	\$85	\$267
Bitewing - 4 Images	D0274	\$7	\$45	Upper Space Maintainer; Removable Bilateral	D1526	\$85	\$393
Vertical Bitewings - 7 to 8 Images	D0277	\$7	\$60	Lower Space Maintainer; Removable Bilateral	D1527	\$85	\$393
Panoramic Image	D0330	\$22	\$127	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Pulp Vitality Tests	D0460	\$0	\$57	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Diagnostic Casts	D0470	\$22	\$100	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20

COPAY SCHEDULE AZ400 - 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
Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$108	\$310	Crown - Porcelain with Predominantly Base Metal	D2751	\$389	\$728
Type II - Restorative Dentistry				Crown - Porcelain With Noble Metal	D2752	\$400	\$747
Amalgam - 1 Surface - Primary or Permanent	D2140	\$44	\$139	Crown - Porcelain with Titanium	D2753	\$389	\$728
Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$44	\$171	Crown - ¾ Cast High Noble Metal	D2780	\$415	\$792
Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$44	\$205	Crown - ¾ Cast Predominantly Base Metal	D2781	\$390	\$717
Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$50	\$238	Crown - ¾ Cast Noble Metal	D2782	\$400	\$752
Resin Composite - 1 Surface - Anterior	D2330	\$50	\$133	Crown - ¾ Porcelain/Ceramic	D2783	\$412	\$816
Resin Composite - 2 Surfaces - Anterior	D2331	\$53	\$152	Crown - Full Cast High Noble Metal	D2790	\$400	\$780
Resin Composite - 3 Surfaces - Anterior	D2332	\$64	\$191	Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$743
Resin Composite - 4+ Surfaces - Anterior	D2335	\$81	\$242	Crown - Full Cast Noble Metal	D2792	\$393	\$754
Resin Composite Crown - Anterior	D2390	\$56	\$204	Crown - Titanium	D2794	\$400	\$836
Resin Composite - 1 Surface - Posterior	D2391	\$54	\$143	Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$40
Resin Composite - 2 Surfaces - Posterior	D2392	\$71	\$193	Re-cement/Re-bond Crown	D2920	\$33	\$51
Resin Composite - 3 Surfaces - Posterior	D2393	\$79	\$232	Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$158	\$280
Resin Composite - 4+ Surfaces - Posterior	D2394	\$79	\$277	Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$158	\$280
Type III - Onlays Crowns and Bridges				Prefabricated Stainless Steel Crown - Primary	D2930	\$109	\$248
Inlay - Metallic - 1 Surface	D2510	\$223	\$587	Prefabricated Stainless Steel Crown - Permanent	D2931	\$72	\$222
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$670	Prefabricated Resin Crown	D2932	\$98	\$306
Inlay - Metallic - 3+ Surfaces	D2530	\$360	\$772	Protective Restoration	D2940	\$9	\$47
Onlay - Metallic - 2 Surfaces	D2542	\$352	\$815	Core Build Up - Including any Pins when required	D2950	\$103	\$213
Onlay - Metallic - 3 Surfaces	D2543	\$370	\$752	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$17	\$27
Onlay - Metallic - 4+ Surfaces	D2544	\$370	\$607	Cast Post and Core - in Addition to Crown	D2952	\$143	\$335
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Cast Post and Core - Each Additional - same tooth	D2953	\$98	\$142
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$260
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$729	Post Removal	D2955	\$0	\$0
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$752	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$59
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$737	Labial Veneer (resin laminate) - Chairside	D2960	\$223	\$662
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$710	Labial Veneer (resin laminate) - Laboratory	D2961	\$386	\$761
Inlay - Resin Composite - 1 Surface	D2650	\$130	\$371	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$712
Inlay - Resin Composite - 2 Surfaces	D2651	\$181	\$464	Crown Repair	D2980	\$69	\$153
Inlay - Resin Composite - 3+ Surfaces	D2652	\$240	\$499	Inlay Repair	D2981	\$69	\$152
Onlay - Resin Composite - 2 Surfaces	D2662	\$232	\$408	Onlay Repair	D2982	\$69	\$152
Onlay - Resin Composite - 3 Surfaces	D2663	\$301	\$547	Veneer Repair	D2983	\$69	\$152
Onlay - Resin Composite - 4+ Surfaces	D2664	\$340	\$596	Type III - Endodontics			
Crown - Resin Based Composite - Indirect	D2710	\$163	\$223	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$22	\$76
Crown - ¾ Resin Based Composite - Indirect	D2712	\$149	\$330	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$56
Crown - Resin with High Noble Metal	D2720	\$455	\$813	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$161
Crown - Resin with Base Metal	D2721	\$438	\$800	Pulpal Debridement - Primary/Permanent	D3221	\$51	\$206
Crown - Resin with Noble Metal	D2722	\$446	\$820	Partial Pulpotomy for Apexogenesis	D3222	\$50	\$168
Crown - Porcelain/Ceramic	D2740	\$422	\$776	Pulpal Therapy Anterior - Primary	D3230	\$69	\$169
Crown - Porcelain with High Noble Metal	D2750	\$422	\$777	Pulpal Therapy Posterior - Primary	D3240	\$61	\$186
				Root Canal - Anterior (Excluding Final Restoration)	D3310	\$194	\$484

COPAY SCHEDULE AZ400 - 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
Root Canal - Premolar (Excluding Final Restoration)	D3320	\$266	\$634	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$221
Root Canal - Molar (Excluding Final Restoration)	D3330	\$422	\$907	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$130
Treatment of Root Canal Obstruction - non surgical	D3331	\$154	\$261	Scaling - Full Mouth - After Oral Evaluation	D4346	\$50	\$122
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$205	\$518	Full Mouth Debridement	D4355	\$56	\$166
Internal Root Repair of Perforation Defects	D3333	\$198	\$244	Periodontal Maintenance Procedures	D4910	\$60	\$145
Retreatment of Previous RCT - Anterior	D3346	\$360	\$856				
Retreatment of Previous RCT - Premolar	D3347	\$370	\$923	Type III - Removable Prosthetics			
Retreatment of Previous RCT - Molar	D3348	\$380	\$1,178	Complete Denture - Upper	D5110	\$416	\$1,291
Apexification/Recalcification - Initial Visit	D3351	\$51	\$309	Complete Denture - Lower	D5120	\$400	\$1,275
Apexification/Recalcification - Interim Visit	D3352	\$51	\$144	Immediate Denture - Upper	D5130	\$416	\$1,474
Apexification/Recalcification - Final Visit	D3353	\$51	\$432	Immediate Denture - Lower	D5140	\$416	\$1,474
Apicoectomy - Anterior	D3410	\$229	\$683	Upper Partial Denture - Resin Base	D5211	\$360	\$1,232
Apicoectomy - Premolar - 1st Root	D3421	\$250	\$790	Lower Partial Denture - Resin Base	D5212	\$360	\$1,477
Apicoectomy - Molar - 1st Root	D3425	\$390	\$1,047	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$461	\$1,544
Apicoectomy - Each Additional Root	D3426	\$51	\$177	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$461	\$1,544
Retrograde Filling - Per Root	D3430	\$51	\$191	Upper Immediate Partial Denture - Resin Base	D5221	\$554	\$1,347
Root Amputation - Per Root	D3450	\$115	\$452	Lower Immediate Partial Denture - Resin Base	D5222	\$554	\$1,613
Hemisection (Including any Root Removal)	D3920	\$115	\$392	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$731	\$1,740
Canal Preparation/Post Fitting	D3950	\$0	\$0	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$731	\$1,740
				Upper Partial Denture - Flexible Base	D5225	\$461	\$1,544
Type III - Periodontics				Lower Partial Denture - Flexible Base	D5226	\$461	\$1,544
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$250	\$830	Upper Immediate Partial Denture - Flexible Base	D5227	\$461	\$1,544
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$69	\$338	Lower Immediate Partial Denture - Flexible Base	D5228	\$461	\$1,544
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$256	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$292	\$890
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$317	\$979	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$292	\$890
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$205	\$608	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$292	\$617
Crown Lengthening - Hard Tissue	D4249	\$344	\$1,054	Removable Resin Unilateral Partial Denture - per quad	D5286	\$292	\$617
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,748	Adjust Complete Denture - Upper	D5410	\$27	\$70
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$797	Adjust Complete Denture - Lower	D5411	\$27	\$70
Pedicle Soft Tissue Graft Procedure	D4270	\$112	\$1,257	Adjust Partial Denture - Upper	D5421	\$27	\$31
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$385	\$1,397	Adjust Partial Denture - Lower	D5422	\$27	\$31
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$309	\$842	Repair Broken Complete Denture Base - Mandibular	D5511	\$62	\$144
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$375	\$1,080	Repair Broken Complete Denture Base - Maxillary	D5512	\$62	\$144
Combined Connective Tissue/Pedicle Graft	D4276	\$575	\$1,654	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$120
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$230	\$1,242	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$138
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$230	\$334	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$138
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$385	\$1,161	Repair Cast Partial Framework - Mandibular	D5621	\$61	\$137
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$375	\$904	Repair Cast Partial Framework - Maxillary	D5622	\$61	\$137
Provisional Intracoronal Splint; Natural or Prosthetic Teeth	D4322	\$122	\$414	Repair or Replace Broken Clasp - per tooth	D5630	\$61	\$198
Provisional Extracoronal Splint; Natural or Prosthetic Teeth	D4323	\$120	\$385	Replace Broken Teeth - Per Tooth	D5640	\$61	\$139
				Add Tooth to Existing Partial Denture	D5650	\$61	\$175
				Add Clasp to Existing Partial Denture - per tooth	D5660	\$61	\$196

COPAY SCHEDULE AZ400 - 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	
Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$215	\$480	Type III - Pontics and Retainers				
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$215	\$480					
Rebase Complete Upper Denture	D5710	\$112	\$398		Pontic - Cast High Noble Metal	D6210	\$438	\$792
Rebase Complete Lower Denture	D5711	\$112	\$365		Pontic - Cast Predominantly Base Metal	D6211	\$412	\$815
Rebase Upper Partial Denture	D5720	\$112	\$400		Pontic - Cast Noble Metal	D6212	\$428	\$810
Rebase Lower Partial Denture	D5721	\$112	\$400		Pontic - Titanium	D6214	\$438	\$769
Rebase Hybrid Prothesis	D5725	\$252	\$503		Pontic - Porcelain Fused to High Noble Metal	D6240	\$355	\$701
Reline Complete Upper Denture (Chairside)	D5730	\$130	\$261		Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$355	\$668
Reline Complete Lower Denture (Chairside)	D5731	\$130	\$261		Pontic - Porcelain Fused to Noble Metal	D6242	\$355	\$709
Reline Upper Partial Denture (Chairside)	D5740	\$130	\$230		Pontic - Porelain Fused to Titanium	D6243	\$355	\$668
Reline Lower Partial Denture (Chairside)	D5741	\$130	\$230		Pontic - Porcelain/Ceramic	D6245	\$502	\$790
Reline Complete Upper Denture (Laboratory)	D5750	\$130	\$338		Pontic - Resin with High Noble Metal	D6250	\$400	\$857
Reline Complete Lower Denture (Laboratory)	D5751	\$130	\$338		Pontic - Resin with Predominantly Base Metal	D6251	\$345	\$773
Reline Upper Partial Denture (Laboratory)	D5760	\$130	\$344		Pontic - Resin with Noble Metal	D6252	\$389	\$824
Reline Lower Partial Denture (Laboratory)	D5761	\$130	\$344		Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$274	\$274
Tissue Conditioning - Upper	D5850	\$28	\$763		Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$258	\$258
Tissue Conditioning - Lower	D5851	\$27	\$827		Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$270	\$270
					Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$377	\$588
Type III - Implants					Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$394	\$576
Surgical Placement of Implant Body - Endosteal	D6010	\$936	\$2,442		Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$377	\$584
Surgical Placement of Mini Implant	D6013	\$936	\$2,432	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$438	\$655	
Prefabricated Abutment - includes modification & placement	D6056	\$252	\$503	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$343	\$582	
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$597	\$1,370	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$394	\$631	
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$588	\$1,351	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$386	\$578	
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$519	\$1,294	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$428	\$642	
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$555	\$1,313	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$428	\$546	
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$558	\$1,302	Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$446	\$585	
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$444	\$1,156	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$370	\$643	
Crown - Abutment Supp. Cast Noble Metal	D6064	\$476	\$1,206	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$455	\$690	
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$576	\$1,355	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$343	\$667	
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$561	\$1,320	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$428	\$653	
Crown - Implant Supp. High Noble Alloy	D6067	\$524	\$1,292	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$360	\$623	
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$519	\$1,338	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$463	\$624	
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$555	\$1,324	Retainer Inlay - Titanium	D6624	\$275	\$552	
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$555	\$1,324	Retainer Onlay - Titanium	D6634	\$292	\$578	
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$444	\$1,360	Retainer Crown - Resin With High Noble Metal	D6720	\$428	\$771	
Crown - Implant Supp. - Noble Alloy	D6087	\$476	\$1,320	Retainer Crown - Resin With Base Metal	D6721	\$404	\$766	
Crown - Implant Supp. - Titanium	D6088	\$519	\$1,290	Retainer Crown - Resin With Noble Metal	D6722	\$412	\$761	
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$33	\$1,580	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$427	\$754	
Crown - Abutment Supp. Titanium	D6094	\$519	\$1,037	Retainer Crown - Porcelain With High Noble Metal	D6750	\$353	\$652	
Repair Implant Abutment - By Report	D6095	\$174	\$174	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$331	\$620	
Remove Broken Implant Retaining Screw	D6096	\$30	\$30	Retainer Crown - Porcelain With Noble Metal	D6752	\$353	\$648	
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$561	\$1,320	Retainer Crown - Porcelain Fused to Titanium	D6753	\$331	\$620	

COPAY SCHEDULE AZ400 - 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
Retainer Crown - ¾ Cast High Noble Metal	D6780	\$485	\$739	Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$64	\$417
Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$404	\$692	Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$138	\$2,183
Retainer Crown - ¾ Cast Noble Metal	D6782	\$412	\$615	Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$64	\$804
Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$412	\$745	Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$138	\$836
Retainer Crown ¾ -Titanium	D6784	\$404	\$692	Sequestrectomy for Osteomyelitis	D7550	\$64	\$476
Retainer Crown - Full Cast High Noble Metal	D6790	\$428	\$740	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$584	\$4,093
Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$421	\$796	Suture of Recent Small Wounds up to 5cm	D7910	\$64	\$717
Retainer Crown - Full Cast Noble Metal	D6792	\$446	\$794	Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$120	\$533
Retainer Crown - Titanium	D6794	\$400	\$744	Lingual Frenectomy (Frenulectomy)	D7962	\$120	\$533
Re-cement or Re-bond Fixed Partial Denture	D6930	\$17	\$103	Excision of Hyperplastic Tissue - Per Arch	D7970	\$115	\$819
Stress Breaker	D6940	\$57	\$187	Excision of Pericoronal Gingiva	D7971	\$90	\$309
Fixed Partial Denture Repair - by Report	D6980	\$112	\$112	Surgical Reduction of Fibrous Tuberosity	D7972	\$343	\$1,170
Type II - Oral Surgery				Non-Surgical Sialolithotomy	D7979	\$301	\$301
Extraction - Coronal Remnants - Primary Tooth	D7111	\$43	\$112	Surgical Sialolithotomy	D7980	\$301	\$1,140
Extraction - Erupted Tooth or Exposed Root	D7140	\$63	\$144	Closure of Salivary Fistula	D7983	\$777	\$2,679
Extraction - Erupted Tooth	D7210	\$94	\$226	Type - Miscellaneous Services			
Removal of Impacted Tooth - Soft Tissue	D7220	\$102	\$287	I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$95
Removal of Impacted Tooth - Partially Bony	D7230	\$120	\$374	I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$95
Removal of Impacted Tooth - Completely Bony	D7240	\$171	\$479	III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$54	\$247
Removal of Residual Tooth Roots	D7250	\$81	\$237	III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$54	\$180
Coronectomy - Intentional Partial Tooth Removal	D7251	\$101	\$490	III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$47
Oroantral Fistula Closure	D7260	\$123	\$1,691	III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$46	\$205
Tooth Reimplantation and/or Stabilization of Accidentally Erupted or Displaced Teeth/Alveolus	D7270	\$258	\$507	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$46	\$155
Tooth Transplantation	D7272	\$258	\$612	III - Non-Intravenous Conscious Sedation*	D9248	\$72	\$109
Exposure of an Unerupted Tooth	D7280	\$198	\$479	I - Consultation	D9310	\$0	\$99
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$69	\$993	I - Office Visit for Observ During Regular Scheduled Hours	D9430	\$0	\$0
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$69	\$405	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$51	\$51
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$103	\$423	II - Treatment of Complications (Post Surgical)	D9930	\$17	\$17
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$43	\$343	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$100	\$429
Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$154	\$710	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$429
Alveoplasty not in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$60	\$553	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$429
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$205	\$2,948	III - Occlusal Adjustment - Limited	D9951	\$54	\$143
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$309	\$8,627	III - Occlusal Adjustment - Complete	D9952	\$130	\$756
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$325	\$1,218				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$198	\$1,485	* Covered only when performed in conjunction with covered oral surgery.			
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$352	\$1,257				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$412	\$1,688				
Removal of Lateral Exostosis - Per Site	D7471	\$108	\$1,595				
Removal of Torus Palatinus	D7472	\$274	\$1,910				
Removal of Torus Mandibularus	D7473	\$274	\$1,801				
Reduction of Osseous Tuberosity	D7485	\$274	\$1,604				