

2022 SECURECARE DENTAL

COPAY PLAN AZ500 - 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	\$0	\$23	Prophylaxis Cleaning - Child	D1120	\$0	\$26
Limited Oral Evaluation - Problem Focused	D0140	\$0	\$48	Fluoride - Topical Application of Fluoride Varnish	D1206	\$0	\$42
Oral Evaluation - under 3 years old	D0145	\$0	\$58	Fluoride - Topical Application Fluoride excl Varnish	D1208	\$0	\$24
Comprehensive Oral Evaluation	D0150	\$0	\$51	Sealant - Per Tooth	D1351	\$17	\$48
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$0	\$134	Preventive Resin Restoration (Including Sealant)	D1352	\$19	\$67
Re-evaluation - Limited - Problem Focused	D0170	\$0	\$35	Sealant Repair - Per Tooth	D1353	\$18	\$68
Re-evaluation Post-Operative Office Visit	D0171	\$0	\$0	Space Maintainer; Fixed Unilateral - per quad	D1510	\$111	\$289
Comprehensive Periodontal Evaluation	D0180	\$0	\$62	Upper Space Maintainer; Fixed Bilateral	D1516	\$117	\$366
Intraoral - Complete Series of Images	D0210	\$11	\$96	Lower Space Maintainer; Fixed Bilateral	D1517	\$117	\$366
Intraoral - Periapical - 1st Image	D0220	\$6	\$21	Space Maintainer; Removable Unilateral - per quad	D1520	\$84	\$266
Intraoral - Periapical - Each Additional Image	D0230	\$6	\$22	Upper Space Maintainer; Removable Bilateral	D1526	\$84	\$392
Intraoral - Occlusal Image	D0240	\$6	\$37	Lower Space Maintainer; Removable Bilateral	D1527	\$84	\$392
Extraoral - 2D Image	D0250	\$6	\$34	Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$20	\$20
Extraoral - Posterior Image	D0251	\$13	\$42	Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$20	\$20
Bitewing - 1 Image	D0270	\$6	\$20	Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$20	\$20
Bitewing - 2 Images	D0272	\$6	\$32	Distal Shoe Space Maintainer - Fixed - Unilateral - per quad	D1575	\$107	\$309
Bitewing - 3 Images	D0273	\$6	\$38				
Bitewing - 4 Images	D0274	\$6	\$44				
Vertical Bitewings - 7 to 8 Images	D0277	\$6	\$59				
Panoramic Image	D0330	\$11	\$116				
Pulp Vitality Tests	D0460	\$0	\$57				
Diagnostic Casts	D0470	\$11	\$89				
Panoramic Image - Image Capture Only	D0701	\$11	\$114				
Intraoral - Occlusal Image - Image Capture Only	D0706	\$6	\$36				
Intraoral - Periapical image - Image Capture Only	D0707	\$6	\$21				
Intraoral - Bitewing Image - Image Capture Only	D0708	\$6	\$21				
Intraoral - Complete Series - Image Capture Only	D0709	\$11	\$93				
Type I - Preventive Services							
Prophylaxis Cleaning - Adult	D1110	\$0	\$34				

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	\$103	\$213
Inlay - Metallic - 1 Surface	D2510	\$219	\$583	Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$17	\$27
Inlay - Metallic - 2 Surfaces	D2520	\$278	\$670	Cast Post and Core - in Addition to Crown	D2952	\$143	\$335
Inlay - Metallic - 3+ Surfaces	D2530	\$354	\$766	Cast Post and Core - Each Additional - same tooth	D2953	\$97	\$141
Onlay - Metallic - 2 Surfaces	D2542	\$346	\$809	Prefabricated Post and Core - in Addition to Crown	D2954	\$113	\$260
Onlay - Metallic - 3 Surfaces	D2543	\$363	\$745	Post Removal	D2955	\$0	\$0
Onlay - Metallic - 4+ Surfaces	D2544	\$363	\$600	Each Additional Prefabricated Post - same tooth	D2957	\$43	\$59
Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$177	\$177	Labial Veneer (resin laminate) - Chairside	D2960	\$219	\$658
Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$273	\$273	Labial Veneer (resin laminate) - Laboratory	D2961	\$380	\$755
Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$327	\$729	Labial Veneer (porcelain laminate) - Laboratory	D2962	\$344	\$712
Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$300	\$752	Crown Repair	D2980	\$68	\$152
Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$311	\$737	Inlay Repair	D2981	\$68	\$151
Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$422	\$710	Onlay Repair	D2982	\$68	\$151
Inlay - Resin Composite - 1 Surface	D2650	\$128	\$369	Veneer Repair	D2983	\$68	\$151
Inlay - Resin Composite - 2 Surfaces	D2651	\$178	\$461	Type III - Endodontics			
Inlay - Resin Composite - 3+ Surfaces	D2652	\$235	\$494	Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$21	\$75
Onlay - Resin Composite - 2 Surfaces	D2662	\$229	\$405	Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$17	\$56
Onlay - Resin Composite - 3 Surfaces	D2663	\$295	\$541	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$49	\$161
Onlay - Resin Composite - 4+ Surfaces	D2664	\$362	\$618	Pulpal Debridement - Primary/Permanent	D3221	\$51	\$206
Crown - Resin Based Composite - Indirect	D2710	\$161	\$221	Partial Pulpotomy for Apexogenesis	D3222	\$51	\$169
Crown - ¾ Resin Based Composite - Indirect	D2712	\$150	\$331	Pulpal Therapy Anterior - Primary	D3230	\$68	\$168
Crown - Resin with High Noble Metal	D2720	\$447	\$805	Pulpal Therapy Posterior - Primary	D3240	\$60	\$185
Crown - Resin with Base Metal	D2721	\$432	\$794	Root Canal - Anterior (Excluding Final Restoration)	D3310	\$194	\$484
Crown - Resin with Noble Metal	D2722	\$438	\$812	Root Canal - Premolar (Excluding Final Restoration)	D3320	\$266	\$634
Crown - Porcelain/Ceramic	D2740	\$422	\$776	Root Canal - Molar (Excluding Final Restoration)	D3330	\$422	\$907
Crown - Porcelain with High Noble Metal	D2750	\$422	\$777	Treatment of Root Canal Obstruction - non surgical	D3331	\$152	\$259
Crown - Porcelain with Predominantly Base Metal	D2751	\$389	\$728	Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$202	\$515
Crown - Porcelain With Noble Metal	D2752	\$400	\$747	Internal Root Repair of Perforation Defects	D3333	\$194	\$240
Crown - Porcelain with Titanium	D2753	\$389	\$728	Retreatment of Previous RCT - Anterior	D3346	\$340	\$836
Crown - ¾ Cast High Noble Metal	D2780	\$411	\$788	Retreatment of Previous RCT - Premolar	D3347	\$345	\$898
Crown - ¾ Cast Predominantly Base Metal	D2781	\$375	\$702	Retreatment of Previous RCT - Molar	D3348	\$355	\$1,153
Crown - ¾ Cast Noble Metal	D2782	\$389	\$741	Apexification/Recalcification - Initial Visit	D3351	\$51	\$309
Crown - ¾ Porcelain/Ceramic	D2783	\$404	\$808	Apexification/Recalcification - Interim Visit	D3352	\$51	\$144
Crown - Full Cast High Noble Metal	D2790	\$400	\$780	Apexification/Recalcification - Final Visit	D3353	\$51	\$432
Crown - Full Cast Predominantly Base Metal	D2791	\$386	\$743	Apicoectomy - Anterior	D3410	\$225	\$679
Crown - Full Cast Noble Metal	D2792	\$393	\$754	Apicoectomy - Premolar - 1st Root	D3421	\$245	\$785
Crown - Titanium	D2794	\$400	\$836	Apicoectomy - Molar - 1st Root	D3425	\$383	\$1,040
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$20	\$40	Apicoectomy - Each Additional Root	D3426	\$51	\$177
Re-cement/Re-bond Crown	D2920	\$52	\$70	Retrograde Filling - Per Root	D3430	\$51	\$191
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$158	\$280	Root Amputation - Per Root	D3450	\$113	\$450
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$158	\$280	Hemisection (Including any Root Removal)	D3920	\$113	\$390
Prefabricated Stainless Steel Crown - Primary	D2930	\$109	\$248	Canal Preparation/Post Fitting	D3950	\$0	\$0
Prefabricated Stainless Steel Crown - Permanent	D2931	\$70	\$220	Type III - Periodontics			
Prefabricated Resin Crown	D2932	\$97	\$305	Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$245	\$825
Protective Restoration	D2940	\$9	\$47				

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Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$68	\$337	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$286	\$611
Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$39	\$256	Removable Resin Unilateral Partial Denture - per quad	D5286	\$286	\$611
Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$312	\$974	Adjust Complete Denture - Upper	D5410	\$26	\$69
Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$202	\$605	Adjust Complete Denture - Lower	D5411	\$26	\$69
Crown Lengthening - Hard Tissue	D4249	\$344	\$1,054	Adjust Partial Denture - Upper	D5421	\$26	\$30
Osseous Surgery - 4+ teeth/quad	D4260	\$422	\$1,748	Adjust Partial Denture - Lower	D5422	\$26	\$30
Osseous Surgery - 1-3 teeth/quad	D4261	\$233	\$797	Repair Broken Complete Denture Base - Mandibular	D5511	\$61	\$143
Pedicle Soft Tissue Graft Procedure	D4270	\$110	\$1,255	Repair Broken Complete Denture Base - Maxillary	D5512	\$61	\$143
Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$375	\$1,387	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$51	\$120
Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$303	\$836	Repair Resin Partial Denture Base - Mandibular	D5611	\$51	\$138
Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$360	\$1,065	Repair Resin Partial Denture Base - Maxillary	D5612	\$51	\$138
Combined Connective Tissue/Pedicle Graft	D4276	\$565	\$1,644	Repair Cast Partial Framework - Mandibular	D5621	\$60	\$136
Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$220	\$1,232	Repair Cast Partial Framework - Maxillary	D5622	\$60	\$136
Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$220	\$324	Repair or Replace Broken Clasp - per tooth	D5630	\$60	\$197
Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$375	\$1,151	Replace Broken Teeth - Per Tooth	D5640	\$60	\$138
Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$360	\$889	Add Tooth to Existing Partial Denture	D5650	\$60	\$174
Provisional Intracoronaral Splint; Natural or Prosthetic Teeth	D4322	\$120	\$412	Add Clasp to Existing Partial Denture - per tooth	D5660	\$60	\$195
Provisional Extracoronaral Splint; Natural or Prosthetic Teeth	D4323	\$118	\$383	Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$211	\$476
Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$95	\$221	Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$211	\$476
Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$52	\$130	Rebase Complete Upper Denture	D5710	\$110	\$396
Scaling - Full Mouth - After Oral Evaluation	D4346	\$49	\$121	Rebase Complete Lower Denture	D5711	\$110	\$363
Full Mouth Debridement	D4355	\$56	\$166	Rebase Upper Partial Denture	D5720	\$110	\$398
Periodontal Maintenance Procedures	D4910	\$60	\$145	Rebase Lower Partial Denture	D5721	\$110	\$398
				Rebase Hybrid Prosthesis	D5725	\$253	\$504
				Reline Complete Upper Denture (Chairside)	D5730	\$110	\$241
				Reline Complete Lower Denture (Chairside)	D5731	\$110	\$241
				Reline Upper Partial Denture (Chairside)	D5740	\$110	\$210
				Reline Lower Partial Denture (Chairside)	D5741	\$110	\$210
				Reline Complete Upper Denture (Laboratory)	D5750	\$110	\$318
				Reline Complete Lower Denture (Laboratory)	D5751	\$110	\$318
				Reline Upper Partial Denture (Laboratory)	D5760	\$110	\$324
				Reline Lower Partial Denture (Laboratory)	D5761	\$110	\$324
				Tissue Conditioning - Upper	D5850	\$28	\$763
				Tissue Conditioning - Lower	D5851	\$26	\$826
Type III - Removable Prosthetics				Type III - Implants			
Complete Denture - Upper	D5110	\$416	\$1,291	Surgical Placement of Implant Body - Endosteal	D6010	\$941	\$2,447
Complete Denture - Lower	D5120	\$400	\$1,275	Surgical Placement of Mini Implant	D6013	\$941	\$2,437
Immediate Denture - Upper	D5130	\$416	\$1,474	Prefabricated Abutment - includes modification & placement	D6056	\$253	\$504
Immediate Denture - Lower	D5140	\$416	\$1,474	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$601	\$1,374
Upper Partial Denture - Resin Base	D5211	\$354	\$1,226	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$593	\$1,356
Lower Partial Denture - Resin Base	D5212	\$354	\$1,471	Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$523	\$1,298
Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$461	\$1,544	Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$558	\$1,316
Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$461	\$1,544	Crown - Abutment Supp. Cast High Noble Metal	D6062	\$562	\$1,306
Upper Immediate Partial Denture - Resin Base	D5221	\$553	\$1,346	Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$446	\$1,158
Lower Immediate Partial Denture - Resin Base	D5222	\$553	\$1,612				
Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$725	\$1,734				
Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$725	\$1,734				
Upper Partial Denture - Flexible Base	D5225	\$461	\$1,544				
Lower Partial Denture - Flexible Base	D5226	\$461	\$1,544				
Upper Immediate Partial Denture - Flexible Base	D5227	\$461	\$1,544				
Lower Immediate Partial Denture - Flexible Base	D5228	\$461	\$1,544				
Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$286	\$884				
Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$286	\$884				

COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY	COVERED SERVICES	ADA CODE	GENERAL DENTIST COPAY	SPECIALIST DENTIST COPAY
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$303	\$8,621	III - Occlusal Adjustment - Complete * Covered only when performed in conjunction with covered oral surgery.	D9952	\$128	\$754
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$320	\$1,213				
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$194	\$1,481				
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$346	\$1,251				
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$404	\$1,680				
Removal of Lateral Exostosis - Per Site	D7471	\$105	\$1,592				
Removal of Torus Palatinus	D7472	\$270	\$1,906				
Removal of Torus Mandibularus	D7473	\$270	\$1,797				
Reduction of Osseous Tuberosity	D7485	\$270	\$1,600				
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$63	\$416				
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$134	\$2,179				
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$63	\$803				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$134	\$832				
Sequestrectomy for Osteomyelitis	D7550	\$63	\$475				
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$586	\$4,095				
Suture of Recent Small Wounds up to 5cm	D7910	\$63	\$716				
Buccal/Labial Frenectomy (Frenulectomy)	D7961	\$118	\$531				
Lingual Frenectomy (Frenulectomy)	D7962	\$118	\$531				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$113	\$817				
Excision of Pericoronal Gingiva	D7971	\$89	\$308				
Surgical Reduction of Fibrous Tuberosity	D7972	\$337	\$1,164				
Non-Surgical Sialolithotomy	D7979	\$295	\$295				
Surgical Sialolithotomy	D7980	\$295	\$1,134				
Closure of Salivary Fistula	D7983	\$779	\$2,681				
Type - Miscellaneous Services							
I - Palliative (Emergency) Treatment of Pain	D9110	\$20	\$95				
I - Evaluation for Deep Sedation/General Anesthesia	D9219	\$0	\$95				
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$53	\$246				
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$53	\$179				
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$20	\$47				
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$44	\$203				
III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$44	\$153				
III - Non-Intravenous Conscious Sedation*	D9248	\$70	\$107				
I - Consultation	D9310	\$0	\$99				
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	\$429				
III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$100	\$429				
III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$100	\$429				
III - Occlusal Adjustment - Limited	D9951	\$53	\$142				