

### Schedule of Member Fees

**General Dentist:** Fees listed are your prices when services are performed by a contracted General Dentist. Prices include gold/precious metal and lab fees.

**Specialists:** If the services of a contracted Specialist are required, you are responsible for the Specialist's usual fee less a 10 - 25% SecureOne contractual discount.

Discounts apply only when treatment is performed by a contracted dental office. Procedures not listed are available at a 20% discount from the contracted dentist's usual fee. Fees are subject to change without written notice to members.

For SecureOne Plan customer service call  
(602) 234-3266 or toll free (888) 256-3266.

Schedule effective 01/01/2021

Visit our website at [www.secureoneplan.com](http://www.secureoneplan.com)

COVERED SERVICES	ADA CODE	YOU PAY	COVERED SERVICES	ADA CODE	YOU PAY
<b>Type I - Diagnostic/Evaluation Services</b>			Distal Shoe Space Maintainer - Fixed - Unilateral - per quad		
Periodic Oral Evaluation	D0120	\$24		D1575	\$146
Limited Oral Evaluation - Problem Focused	D0140	\$25	<b>Type II - Restorative Dentistry</b>		
Oral Evaluation - under 3 years old	D0145	\$12	Amalgam - 1 Surface - Primary or Permanent	D2140	\$46
Comprehensive Oral Evaluation	D0150	\$30	Amalgam - 2 Surfaces - Primary or Permanent	D2150	\$57
Detailed and Extensive Oral Eval - Problem Focused	D0160	\$35	Amalgam - 3 Surfaces - Primary or Permanent	D2160	\$63
Re-evaluation - Limited - Problem Focused	D0170	\$23	Amalgam - 4+ Surfaces - Primary or Permanent	D2161	\$83
Re-evaluation Post-Operative Office Visit	D0171	No Chrg	Resin Composite - 1 Surface - Anterior	D2330	\$57
Comprehensive Periodontal Evaluation	D0180	\$18	Resin Composite - 2 Surfaces - Anterior	D2331	\$77
Intraoral - Complete Series of Images	D0210	\$53	Resin Composite - 3 Surfaces - Anterior	D2332	\$90
Intraoral - Periapical - 1st Image	D0220	\$8	Resin Composite - 4+ Surfaces - Anterior	D2335	\$100
Intraoral - Periapical - Each Additional Image	D0230	\$7	Resin Composite Crown - Anterior	D2390	\$135
Intraoral - Occlusal Image	D0240	\$12	Resin Composite - 1 Surface - Posterior	D2391	\$73
Extraoral - 2D Image	D0250	\$23	Resin Composite - 2 Surfaces - Posterior	D2392	\$90
Extraoral - Posterior Image	D0251	\$20	Resin Composite - 3 Surfaces - Posterior	D2393	\$114
Bitewing - 1 Image	D0270	\$10	Resin Composite - 4+ Surfaces - Posterior	D2394	\$128
Bitewing - 2 Images	D0272	\$16	<b>Type III - Onlays Crowns and Bridges</b>		
Bitewing - 3 Images	D0273	\$20	Inlay - Metallic - 1 Surface	D2510	\$329
Bitewing - 4 Images	D0274	\$22	Inlay - Metallic - 2 Surfaces	D2520	\$409
Vertical Bitewings - 7 to 8 Images	D0277	\$40	Inlay - Metallic - 3+ Surfaces	D2530	\$490
Panoramic Image	D0330	\$38	Onlay - Metallic - 2 Surfaces	D2542	\$427
Pulp Vitality Tests	D0460	No Chrg	Onlay - Metallic - 3 Surfaces	D2543	\$509
Diagnostic Casts	D0470	\$43	Onlay - Metallic - 4+ Surfaces	D2544	\$693
Panoramic Image - Image Capture Only	D0701	\$43	Inlay - Porcelain/Ceramic - 1 Surface	D2610	\$336
Intraoral - Occlusal Image - Image Capture Only	D0706	\$13	Inlay - Porcelain/Ceramic - 2 Surfaces	D2620	\$437
Intraoral - Periapical image - Image Capture Only	D0707	\$12	Inlay - Porcelain/Ceramic - 3+ Surfaces	D2630	\$507
Intraoral - Bitewing Image - Image Capture Only	D0708	\$12	Onlay - Porcelain/Ceramic - 2 Surfaces	D2642	\$441
Intraoral - Complete Series - Image Capture Only	D0709	\$53	Onlay - Porcelain/Ceramic - 3 Surfaces	D2643	\$527
<b>Type I - Preventive Services</b>			Onlay - Porcelain/Ceramic - 4+ Surfaces	D2644	\$720
Prophylaxis Cleaning - Adult	D1110	\$50	Inlay - Resin Composite - 1 Surface	D2650	\$289
Prophylaxis Cleaning - Child	D1120	\$34	Inlay - Resin Composite - 2 Surfaces	D2651	\$348
Fluoride - Topical Application of Fluoride Varnish	D1206	\$11	Inlay - Resin Composite - 3+ Surfaces	D2652	\$398
Fluoride - Topical Application Fluoride excl Varnish	D1208	\$10	Onlay - Resin Composite - 2 Surfaces	D2662	\$387
Sealant - Per Tooth	D1351	\$25	Onlay - Resin Composite - 3 Surfaces	D2663	\$423
Preventive Resin Restoration (Including Sealant)	D1352	\$24	Onlay - Resin Composite - 4+ Surfaces	D2664	\$486
Sealant Repair - Per Tooth	D1353	\$26	Crown - Resin Based Composite - Indirect	D2710	\$326
Space Maintainer; Fixed Unilateral - per quad	D1510	\$126	Crown - ¾ Resin Based Composite - Indirect	D2712	20% Off
Upper Space Maintainer; Fixed Bilateral	D1516	\$194	Crown - Resin with High Noble Metal	D2720	\$625
Lower Space Maintainer; Fixed Bilateral	D1517	\$194	Crown - Resin with Base Metal	D2721	\$564
Space Maintainer; Removable Unilateral - per quad	D1520	\$155	Crown - Resin with Noble Metal	D2722	\$574
Upper Space Maintainer; Removable Bilateral	D1526	\$230	Crown - Porcelain/Ceramic	D2740	\$710
Lower Space Maintainer; Removable Bilateral	D1527	\$230	Crown - Porcelain with High Noble Metal	D2750	\$710
Re-cement or Re-bond Bilateral Upper Space Maintainer	D1551	\$50	Crown - Porcelain with Predominantly Base Metal	D2751	\$650
Re-cement or Re-bond Bilateral Lower Space Maintainer	D1552	\$50	Crown - Porcelain with Noble Metal	D2752	\$665
Re-cement or Re-bond Unilateral Space Maintainer - per quad	D1553	\$50	Crown - Porcelain with Titanium	D2753	\$627
			Crown - ¾ Cast High Noble Metal	D2780	\$609
			Crown - ¾ Cast Predominantly Base Metal	D2781	\$602

## SECURE ONE INDIVIDUAL HEALTH PLAN - Schedule of Member Fees

COVERED SERVICES	ADA CODE	YOU PAY	COVERED SERVICES	ADA CODE	YOU PAY
Crown - ¾ Cast Noble Metal	D2782	\$631	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$51
Crown - ¾ Porcelain/Ceramic	D2783	\$590	Gingival Flap-Incl. Root Planing - 4+ teeth/quad	D4240	\$331
Crown - Full Cast High Noble Metal	D2790	\$615	Gingival Flap-Incl. Root Planing - 1 to 3 teeth/quad	D4241	\$200
Crown - Full Cast Predominantly Base Metal	D2791	\$552	Crown Lengthening - Hard Tissue	D4249	\$388
Crown - Full Cast Noble Metal	D2792	\$570	Osseous Surgery - 4+ teeth/quad	D4260	\$380
Crown - Titanium	D2794	\$594	Osseous Surgery - 1-3 teeth/quad	D4261	\$310
Re-cement/Re-bond Inlay/Onlay/Partial Restoration	D2910	\$85	Pedicle Soft Tissue Graft Procedure	D4270	\$135
Re-cement/Re-bond Crown	D2920	\$81	Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4273	\$512
Prefabricated Porcelain/Ceramic Crown - Permanent	D2928	\$248	Mesial/Distal Wedge Procedure - Single Tooth	D4274	\$316
Prefabricated Porcelain/Ceramic Crown - Primary	D2929	\$250	Non-Autogenous Connective Tissue Graft - 1st Tooth (excl implants)	D4275	\$420
Prefabricated Stainless Steel Crown - Primary	D2930	\$111	Combined Connective Tissue/Double Pedicle Graft	D4276	\$599
Prefabricated Stainless Steel Crown - Permanent	D2931	\$138	Free Soft Tissue Graft Procedure - 1st Tooth (excl implants)	D4277	\$307
Prefabricated Resin Crown	D2932	\$133	Free Soft Tissue Graft Procedure - Each Addl Tooth (excl implants)	D4278	\$307
Protective Restoration	D2940	\$74	Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4283	\$597
Core Build Up - Including any Pins when required	D2950	\$110	Non-Autogenous Connective Tissue Graft - Each Addl Tooth (excl implants)	D4285	\$390
Pin Retention - Per Tooth - in Addition to Restoration	D2951	\$68	Provisional Intracoronal Splint	D4320	\$133
Cast Post and Core - in Addition to Crown	D2952	\$170	Provisional Extracoronal Splint	D4321	\$121
Cast Post and Core - Each Additional - same tooth	D2953	\$139	Perio. Scaling & Root Planing - 4+ teeth/quad	D4341	\$110
Prefabricated Post and Core - in Addition to Crown	D2954	\$150	Perio. Scaling & Root Planing - 1 to 3 teeth/quad	D4342	\$56
Post Removal	D2955	20% Off	Scaling - Full Mouth - After Oral Evaluation	D4346	\$67
Each Additional Prefabricated Post - same tooth	D2957	\$127	Full Mouth Debridement	D4355	\$55
Labial Veneer (resin laminate) - Chairside	D2960	\$309	Periodontal Maintenance Procedures	D4910	\$60
Labial Veneer (resin laminate) - Laboratory	D2961	\$455	<b>Type III - Removable Prosthetics</b>		
Labial Veneer (porcelain laminate) - Laboratory	D2962	\$552	Complete Denture - Upper	D5110	\$820
Crown Repair	D2980	\$99	Complete Denture - Lower	D5120	\$820
Inlay Repair	D2981	\$99	Immediate Denture - Upper	D5130	\$799
Onlay Repair	D2982	\$99	Immediate Denture - Lower	D5140	\$799
Veneer Repair	D2983	\$99	Upper Partial Denture - Resin Base	D5211	\$505
<b>Type III - Endodontics</b>			Lower Partial Denture - Resin Base	D5212	\$505
Pulp Cap - Direct (Excluding Final Restoration)	D3110	\$15	Upper Partial Denture - Cast Metal Frame - Resin Base	D5213	\$800
Pulp Cap - Indirect (Excluding Final Restoration)	D3120	\$18	Lower Partial Denture - Cast Metal Frame - Resin Base	D5214	\$800
Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$60	Upper Immediate Partial Denture - Resin Base	D5221	\$771
Pulpal Debridement - Primary/Permanent	D3221	\$51	Lower Immediate Partial Denture - Resin Base	D5222	\$771
Partial Pulpotomy for Apexogenesis	D3222	\$81	Upper Immediate Partial Denture - Cast Metal with Resin	D5223	\$1,028
Pulpal Therapy Anterior - Primary	D3230	\$71	Lower Immediate Partial Denture - Cast Metal with Resin	D5224	\$1,028
Pulpal Therapy Posterior - Primary	D3240	\$64	Upper Partial Denture - Flexible Base	D5225	\$797
Root Canal - Anterior (Excluding Final Restoration)	D3310	\$325	Lower Partial Denture - Flexible Base	D5226	\$797
Root Canal - Premolar (Excluding Final Restoration)	D3320	\$425	Upper Removable Unilateral Partial Denture - Cast Metal	D5282	\$500
Root Canal - Molar (Excluding Final Restoration)	D3330	\$525	Lower Removable Unilateral Partial Denture - Cast Metal	D5283	\$500
Treatment of Root Canal Obstruction - non surgical	D3331	\$148	Removable Flexible Unilateral Partial Denture - per quad	D5284	\$500
Incomplete Endodontic Therapy - Inoperable/Fractured	D3332	\$188	Removable Resin Unilateral Partial Denture - per quad	D5286	\$500
Internal Root Repair of Perforation Defects	D3333	\$119	Adjust Complete Denture - Upper	D5410	\$73
Retreatment of Previous RCT - Anterior	D3346	\$274	Adjust Complete Denture - Lower	D5411	\$73
Retreatment of Previous RCT - Premolar	D3347	\$375	Adjust Partial Denture - Upper	D5421	\$79
Retreatment of Previous RCT - Molar	D3348	\$300	Adjust Partial Denture - Lower	D5422	\$79
Apexification/Recalcification - Initial Visit	D3351	\$79	Repair Broken Complete Denture Base - Mandibular	D5511	\$103
Apexification/Recalcification - Interim Visit	D3352	\$79	Repair Broken Complete Denture Base - Maxillary	D5512	\$103
Apexification/Recalcification - Final Visit	D3353	\$79			
Apicoectomy - Anterior	D3410	\$231			
Apicoectomy - Premolar - 1st Root	D3421	\$288			
Apicoectomy - Molar - 1st Root	D3425	\$250			
Apicoectomy - Each Additional Root	D3426	\$192			
Retrograde Filling - Per Root	D3430	\$71			
Root Amputation - Per Root	D3450	\$170			
Hemisection (Including any Root Removal)	D3920	\$111			
Canal Preparation/Post Fitting	D3950	No Chrg			
<b>Type III - Periodontics</b>					
Gingivectomy/Gingivoplasty - 4+ teeth/quad	D4210	\$179			
Gingivectomy/Gingivoplasty - 1 to 3 teeth/quad	D4211	\$62			

## SECURE ONE INDIVIDUAL HEALTH PLAN - Schedule of Member Fees

COVERED SERVICES	ADA CODE	YOU PAY	COVERED SERVICES	ADA CODE	YOU PAY
Replace Missing or Broken Teeth - Complete Denture - Per Tooth	D5520	\$106	<b>Type III - Pontics and Retainers</b>		
Repair Resin Partial Denture Base - Mandibular	D5611	\$113	Pontic - Cast High Noble Metal	D6210	\$627
Repair Resin Partial Denture Base - Maxillary	D5612	\$113	Pontic - Cast Predominantly Base Metal	D6211	\$528
Repair Cast Partial Framework - Mandibular	D5621	\$138	Pontic - Cast Noble Metal	D6212	\$581
Repair Cast Partial Framework - Maxillary	D5622	\$138	Pontic - Titanium	D6214	\$665
Repair or Replace Broken Clasp - per tooth	D5630	\$119	Pontic - Porcelain Fused to High Noble Metal	D6240	\$655
Replace Broken Teeth - Per Tooth	D5640	\$99	Pontic - Porcelain Fused to Predominantly Base Metal	D6241	\$607
Add Tooth to Existing Partial Denture	D5650	\$111	Pontic - Porcelain Fused to Noble Metal	D6242	\$629
Add Clasp to Existing Partial Denture - per tooth	D5660	\$135	Pontic - Porcelain Fused to Titanium	D6243	\$594
Replace Teeth/Acrylic on Cast Metal Framework (Upper)	D5670	\$383	Pontic - Porcelain/Ceramic	D6245	\$701
Replace Teeth/Acrylic on Cast Metal Framework (Lower)	D5671	\$383	Pontic - Resin with High Noble Metal	D6250	\$523
Rebase Complete Upper Denture	D5710	\$373	Pontic - Resin with Predominantly Base Metal	D6251	\$476
Rebase Complete Lower Denture	D5711	\$373	Pontic - Resin with Noble Metal	D6252	\$556
Rebase Upper Partial Denture	D5720	\$336	Retainer - Cast Metal or Resin Bonded Fixed Prosthesis	D6545	\$407
Rebase Lower Partial Denture	D5721	\$336	Retainer - Porcelain/Ceramic/Resin Bonded Fixed Prosthesis	D6548	\$393
Reline Complete Upper Denture (Chairside)	D5730	\$236	Retainer - Resin for Resin Bonded Fixed Prosthesis	D6549	\$282
Reline Complete Lower Denture (Chairside)	D5731	\$228	Retainer Inlay - Porcelain/Ceramic - 2 Surfaces	D6600	\$477
Reline Upper Partial Denture (Chairside)	D5740	\$238	Retainer Inlay - Porcelain/Ceramic - 3+ Surfaces	D6601	\$534
Reline Lower Partial Denture (Chairside)	D5741	\$238	Retainer Inlay - Cast High Noble Metal - 2 Surfaces	D6602	\$525
Reline Complete Upper Denture (Laboratory)	D5750	\$318	Retainer Inlay - Cast High Noble Metal - 3+ Surfaces	D6603	\$587
Reline Complete Lower Denture (Laboratory)	D5751	\$318	Retainer Inlay - Cast Predom. Base Metal - 2 Surfaces	D6604	\$485
Reline Upper Partial Denture (Laboratory)	D5760	\$306	Retainer Inlay - Cast Predom. Base Metal - 3+ Surfaces	D6605	\$527
Reline Lower Partial Denture (Laboratory)	D5761	\$306	Retainer Inlay - Cast Noble Metal - 2 Surfaces	D6606	\$513
Tissue Conditioning - Upper	D5850	\$110	Retainer Inlay - Cast Noble Metal - 3+ Surfaces	D6607	\$569
Tissue Conditioning - Lower	D5851	\$110	Retainer Onlay - Porcelain/Ceramic - 2 Surfaces	D6608	\$613
<b>Type III - Implants</b>			Retainer Onlay - Porcelain/Ceramic - 3+ Surfaces	D6609	\$625
Surgical Placement of Implant Body - Endosteal	D6010	\$1,339	Retainer Onlay - Cast High Noble Metal - 2 Surfaces	D6610	\$525
Surgical Placement of Mini Implant	D6013	\$1,339	Retainer Onlay - Cast High Noble Metal - 3+ Surfaces	D6611	\$628
Prefabricated Abutment - includes modification & placement	D6056	\$360	Retainer Onlay - Cast Predom. Base Metal - 2 Surfaces	D6612	\$478
Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$855	Retainer Onlay - Cast Predom. Base Metal - 3+ Surfaces	D6613	\$595
Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$843	Retainer Onlay - Cast Noble Metal - 2 Surfaces	D6614	\$513
Crown - Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$744	Retainer Onlay - Cast Noble Metal - 3+ Surfaces	D6615	\$328
Crown - Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$794	Retainer Inlay - Titanium	D6624	\$494
Crown - Abutment Supp. Cast High Noble Metal	D6062	\$800	Retainer Onlay - Titanium	D6634	\$524
Crown - Abutment Supp. Cast Predominantly Base Metal	D6063	\$635	Retainer Crown - Resin With High Noble Metal	D6720	\$586
Crown - Abutment Supp. Cast Noble Metal	D6064	\$682	Retainer Crown - Resin With Base Metal	D6721	\$525
Crown - Implant Supp. Porcelain/Ceramic Crown	D6065	\$824	Retainer Crown - Resin With Noble Metal	D6722	\$551
Crown - Implant Supp. Porcelain Fused to High Noble Alloy	D6066	\$803	Retainer Crown - Porcelain/Ceramic Substrate	D6740	\$710
Crown - Implant Supp. High Noble Alloy	D6067	\$750	Retainer Crown - Porcelain With High Noble Metal	D6750	\$710
Crown - Implant Supp. - Porcelain Fused to Predom. Base Alloy	D6082	\$748	Retainer Crown - Porcelain With Predominantly Base Metal	D6751	\$650
Crown - Implant Supp. - Porcelain Fused to Noble Alloy	D6083	\$793	Retainer Crown - Porcelain With Noble Metal	D6752	\$665
Crown - Implant Supp. - Porcelain Fused to Titanium	D6084	\$793	Retainer Crown - Porcelain Fused to Titanium	D6753	\$632
Crown - Implant Supp. - Predom. Base Alloy	D6086	\$638	Retainer Crown - ¾ Cast High Noble Metal	D6780	\$631
Crown - Implant Supp. - Noble Alloy	D6087	\$681	Retainer Crown - ¾ Cast Predominantly Base Metal	D6781	\$602
Crown - Implant Supp. - Titanium	D6088	\$747	Retainer Crown - ¾ Cast Noble Metal	D6782	\$631
Re-cement or Re-bond Implant/Abutment Supported Crown	D6092	\$54	Retainer Crown - ¾ Porcelain/Ceramic	D6783	\$625
Crown - Abutment Supp. Titanium	D6094	\$830	Retainer Crown ¾ -Titanium	D6784	\$642
Repair Implant Abutment - By Report	D6095	20% Off	Retainer Crown - Full Cast High Noble Metal	D6790	\$627
Remove Broken Implant Retaining Screw	D6096	\$45	Retainer Crown - Full Cast Predominantly Base Metal	D6791	\$528
Crown - Abutment Supp. Porcelain Fused to Titanium	D6097	\$802	Retainer Crown - Full Cast Noble Metal	D6792	\$581
			Retainer Crown - Titanium	D6794	\$594
			Re-cement or Re-bond Fixed Partial Denture	D6930	\$85
			Stress Breaker	D6940	\$198
			Fixed Partial Denture Repair - by Report	D6980	20% Off
			<b>Type II - Oral Surgery</b>		

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COVERED SERVICES	ADA CODE	YOU PAY	COVERED SERVICES	ADA CODE	YOU PAY
Extraction - Coronal Remnants - Primary Tooth	D7111	20% Off	III - Intravenous Moderate Sedation/Analgesia - Each Additional 15 Min*	D9243	\$67
Extraction - Erupted Tooth or Exposed Root	D7140	\$68	III - Non-Intravenous Conscious Sedation*	D9248	\$49
Extraction - Erupted Tooth	D7210	\$105	I - Consultation	D9310	\$45
Removal of Impacted Tooth - Soft Tissue	D7220	\$115	I - Office Visit for Observ During Regular Scheduled Hours	D9430	No Chrg
Removal of Impacted Tooth - Partially Bony	D7230	\$145	II - Therapeutic Drug Injection (Antibiotics)	D9610	\$57
Removal of Impacted Tooth - Completely Bony	D7240	\$165	II - Treatment of Complications (Post Surgical)	D9930	\$53
Removal of Residual Tooth Roots	D7250	\$90	III - Occlusal Guard - Hard Appliance; Full Arch (for Bruxism)	D9944	\$222
Coronectomy - Intentional Partial Tooth Removal	D7251	\$143	III - Occlusal Guard - Soft Appliance; Full Arch (for Bruxism)	D9945	\$222
Oroantral Fistula Closure	D7260	20% Off	III - Occlusal Guard - Hard Appliance; Partial Arch (for Bruxism)	D9946	\$222
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$255	III - Occlusal Adjustment - Limited	D9951	\$44
Tooth Transplantation	D7272	20% Off	III - Occlusal Adjustment - Complete	D9952	20% Off
Exposure of an Unerupted Tooth	D7280	\$185			
Incisional Biopsy of Oral Tissue - Hard (Bone - Tooth)	D7285	\$75			
Incisional Biopsy of Oral Tissue - Soft (All Others)	D7286	\$75			
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$72			
Alveoplasty in Conjunction w/Extract- 1 to 3 Teeth/Per Quad	D7311	\$61			
Alveoplasty not in Conjunct w/Extract- 4+ Teeth/Per Quad	D7320	\$111			
Alveoplasty not in Conjunct w/Extract- 1 to 3 Teeth/Per Quad	D7321	\$85			
Vestibuloplasty-Ridge Ext (2nd Epithelialization)	D7340	\$225			
Vestibuloplasty-Ridge Ext (Grafts - Hypertissue)	D7350	\$371			
Removal of Odontogenic Cyst/Tumor <=1.25cm	D7450	\$344			
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$419			
Removal of Nonodontogenic Cyst/Tumor<=1.25cm	D7460	\$344			
Removal of Nonodontogenic Cyst/Tumor> 1.25cm	D7461	\$439			
Removal of Lateral Exostosis - Per Site	D7471	\$118			
Removal of Torus Palatinus	D7472	\$251			
Removal of Torus Mandibularis	D7473	\$251			
Reduction of Osseous Tuberosity	D7485	\$251			
Incision/Drain of Abscess Intraoral Soft Tissue	D7510	\$58			
Incision/Drain of Abscess Extraoral Soft Tissue	D7520	\$166			
Removal of Foreign Body - Skin or Subc. Areolar Tissue	D7530	\$58			
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$166			
Sequestrectomy for Osteomyelitis	D7550	20% Off			
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	20% Off			
Suture of Recent Small Wounds up to 5cm	D7910	\$44			
Buccal/Labial Frenectomy (Frenulectomy)	D7961				
Lingual Frenectomy (Frenulectomy)	D7962				
Excision of Hyperplastic Tissue - Per Arch	D7970	\$104			
Excision of Pericoronal Gingiva	D7971	\$92			
Surgical Reduction of Fibrous Tuberosity	D7972	\$337			
Non-Surgical Sialolithotomy	D7979	\$486			
Surgical Sialolithotomy	D7980	20% Off			
Closure of Salivary Fistula	D7983	20% Off			
<b>Type - Miscellaneous Services</b>					
I - Palliative (Emergency) Treatment of Pain	D9110	\$33			
I - Evaluation for Deep Sedation/General Anesthesia	D9219	No Chrg			
III - Deep Sedation/General Anesthesia - First 15 Min*	D9222	\$81			
III - Deep Sedation/General Anesthesia - Each Additional 15 Min*	D9223	\$81			
III - Analgesia - Anxiolysis - Inhal Nitrous Oxide*	D9230	\$28			
III - Intravenous Moderate Sedation/Analgesia - First 15 Min*	D9239	\$67			

**Disclosures: THIS PLAN IS NOT INSURANCE.** The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. You may access a list of participating health care providers online at the website printed on your membership ID card.

Discount Medical Plan Organization and administrator: **SecureOne Plan**, 777 E Missouri Ave, Suite 121, Phoenix, AZ 85014; phone 888-429-0914.

The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers.