

SECURECARE DENTAL
The Copay Plan • Plan 150
Schedule of Benefits – Copayments

GENERAL DENTISTS

Copays in the column entitled “**Network General Dentist Copay**” apply to services performed by **SECURECARE DENTAL** participating general dentists only and are all that you will pay when you visit a participating general dentist at the specific addresses listed in your **SECURECARE DENTAL** Provider Directory.

When visiting a non-network dentist or a dentist who is not contracted with **SECURECARE DENTAL** for this plan, **SECURECARE DENTAL** will pay a limited benefit for covered services for which you are eligible. Please remember that The Copay Plan is designed for you to visit a contracted, in-network provider, in order to limit your out-of-pocket costs and balance billing.

SPECIALISTS

SECURECARE DENTAL has contracted specialists of oral surgery, endodontics, periodontics, pediatric dentists and prosthodontics. Prior authorization is **NOT** required to see a specialist. You do not need a referral to go to a specialist. You may call directly and make an appointment. See Provider Directory for a list of participating specialists. Please note that Pediatric Dentists are Specialists. Specialist Copays apply when seeking treatment from a Pediatric Dentist.

All that you, as a **SECURECARE DENTAL** member will pay when you visit a network specialist at the specific addresses listed in your Provider Directory, is the copay listed in the “**Network Specialist Copay**” column. The “**Network Specialist Copay**” is a significant benefit because you will pay higher fees for non-network specialists, who are not contracted with **SECURECARE DENTAL**.

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, as well as services determined to be unnecessary by the member’s general dentists or specialist, are not covered.

By Report - Indicates that there is no established fee for the procedure, because actual treatment plans may vary. Based on the treatment plan, the dentist will assign the appropriate fee.

ORTHODONTICS

Please refer to the “Orthodontic Attachment” (a non-insurance benefit) for specific coverage. No Referral is necessary to see an orthodontist.

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY
Type I – Diagnostic/Evaluation Services			
Office Visit	D0999	See ID card	See ID card
Periodic Oral Exam	D0120	No Charge	\$ 10.00
Limited Oral Exam – Problem Focused	D0140	No Charge	\$ 32.00
Comprehensive Oral Exam — under 3 years old	D0145	No Charge	\$ 45.00
Comprehensive Oral Exam	D0150	No Charge	\$ 31.00
Extensive Oral Exam – Problem Focused	D0160	No Charge	\$ 110.00
Reevaluation – Limited, Problem Focused, New or Estab. Patient	D0170	No Charge	\$ 8.00
Comprehensive Periodontal Exam, New or Estab. Patient	D0180	No Charge	\$ 39.00
Intraoral – Complete Series (includes bitewings)	D0210	\$ 10.00	\$ 56.00
Intraoral – Periapical – 1 st film	D0220	\$ 5.00	\$ 15.00
Intraoral – Periapical – Each Additional Film	D0230	\$ 5.00	\$ 12.00
Intraoral – Occlusal Film	D0240	\$ 5.00	\$ 21.00
Extraoral – 1 st Film	D0250	\$ 5.00	\$ 19.00
Extraoral – Each Additional Film	D0260	\$ 5.00	\$ 22.00
Bitewing – 1 Film	D0270	\$ 5.00	\$ 12.00
Bitewing – 2 Films	D0272	\$ 5.00	\$ 19.00
Bitewing – 3 Films	D0273	\$ 5.00	\$ 22.00
Bitewing – 4 Films	D0274	\$ 5.00	\$ 26.00
Vertical Bitewings – 7 to 8 films	D0277	\$ 5.00	\$ 29.00
Panoramic Film	D0330	\$ 10.00	\$ 48.00
Pulp Vitality Tests	D0460	\$ 10.00	\$ 48.00
Type I – Preventative Services			
Prophylaxis – Adult	D1110	No Charge	\$ 7.00
Prophylaxis – Child	D1120	No Charge	\$ 7.00
Fluoride (Prophylaxis Not Included) – Child	D1203	No Charge	\$ 20.00
Fluoride (Prophylaxis Not Included) – Adult (up to age 16)	D1204	No Charge	\$ 19.00
Fluoride Topical Varnish, moderate to high risk	D1206	No Charge	\$ 26.00
Sealant, per tooth (up to age 16)	D1351	\$ 15.00	\$ 25.00
Space Maintainer – Fixed – Unilateral	D1510	\$ 100.00	\$ 210.00
Space Maintainer – Fixed – Bilateral	D1515	\$ 105.00	\$ 227.00
Space Maintainer – Removable – Unilateral	D1520	\$ 76.00	\$ 200.00
Space Maintainer – Removable – Bilateral	D1525	\$ 76.00	\$ 262.00
Re-cementation of Space Maintainer	D1550	\$ 23.00	\$ 53.00
Type II - Restorative Dentistry			
Amalgam – 1 Surface, Permanent	D2140	\$ 35.00	\$ 101.00
Amalgam – 2 Surfaces, Permanent	D2150	\$ 35.00	\$ 122.00
Amalgam – 3 Surfaces, Permanent	D2160	\$ 35.00	\$ 145.00
Amalgam – 4+ Surfaces, Permanent	D2161	\$ 40.00	\$ 169.00
Resin-Based Composite – 1 Surface, Anterior	D2330	\$ 45.00	\$ 96.00
Resin-Based Composite – 2 Surfaces, Anterior	D2331	\$ 48.00	\$ 106.00
Resin-Based Composite – 3 Surfaces, Anterior	D2332	\$ 58.00	\$ 135.00
Resin-Based Composite – 4+ Surfaces, Anterior	D2335	\$ 73.00	\$ 174.00
Resin-Based Composite Crown, Anterior	D2390	\$ 50.00	\$ 135.00
Resin-Based Composite – 1 Surface, Posterior	D2391	\$ 49.00	\$ 102.00
Resin-Based Composite – 2 Surfaces, Posterior	D2392	\$ 64.00	\$ 138.00
Resin-Based Composite – 3 Surfaces, Posterior	D2393	\$ 71.00	\$ 169.00
Resin-Based Composite – 4+ Surfaces, Posterior	D2394	\$ 71.00	\$ 199.00

COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY
Type III – Onlays, Crowns and Bridges				Type III – Endodontics			
Inlay – Metallic – 1 Surface	D2510	\$ 197.00	\$ 375.00	Pulp Cap – Direct (Excluding Final Restoration)	D3110	\$ 19.00	\$ 55.00
Inlay – Metallic – 2 Surfaces	D2520	\$ 250.00	\$ 433.00	Pulp Cap – Indirect (Excluding Final Restoration)	D3120	\$ 15.00	\$ 39.00
Inlay – Metallic – 3+ Surfaces	D2530	\$ 319.00	\$ 493.00	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$ 44.00	\$ 93.00
Onlay – Metallic – 2 Surfaces	D2542	\$ 312.00	\$ 537.00	Pulpal Debridement, Primary and Permanent Teeth	D3221	\$ 46.00	\$ 128.00
Onlay – Metallic – 3 Surfaces	D2543	\$ 327.00	\$ 466.00	Pulpal Therapy Anterior, Primary Tooth	D3230	\$ 61.00	\$ 117.00
Onlay – Metallic – 4+ Surfaces	D2544	\$ 327.00	\$ 328.00	Pulpal Therapy Posterior, Primary Tooth	D3240	\$ 54.00	\$ 127.00
Inlay – Porcelain/Ceramic – 1 Surface	D2610	\$ 221.00	\$ 485.00	Root Canal – Anterior (Excluding Final Restoration)	D3310	\$ 175.00	\$ 313.00
Inlay – Porcelain/Ceramic – 2 Surfaces	D2620	\$ 319.00	\$ 511.00	Root Canal – Bicuspid (Excluding Final Restoration)	D3320	\$ 240.00	\$ 418.00
Inlay – Porcelain/Ceramic – 3+ Surfaces	D2630	\$ 295.00	\$ 455.00	Root Canal – Molar (Excluding Final Restoration)	D3330	\$ 380.00	\$ 659.00
Onlay – Porcelain/Ceramic – 2 Surfaces	D2642	\$ 270.00	\$ 481.00	Treatment of Root Canal Obstruction, non-surgical	D3331	\$ 137.00	\$ 163.00
Onlay – Porcelain/Ceramic – 3 Surfaces	D2643	\$ 280.00	\$ 452.00	Incomplete Endodontic Therapy, Inoperable or Fractured Tooth	D3332	\$ 182.00	\$ 385.00
Onlay – Porcelain/Ceramic – 4+ Surfaces	D2644	\$ 380.00	\$ 392.00	Internal Root Repair of Perforation Defects	D3333	\$ 175.00	\$ 210.00
Inlay – Resin-Based Composite – 1 Surface	D2650	\$ 115.00	\$ 217.00	Retreatment of Previous Root Canal Therapy – Anterior	D3346	\$ 319.00	\$ 733.00
Inlay – Resin-Based Composite – 2 Surfaces	D2651	\$ 160.00	\$ 277.00	Retreatment of Previous Root Canal Therapy – Bicuspid	D3347	\$ 433.00	\$ 865.00
Inlay – Resin-Based Composite – 3+ Surfaces	D2652	\$ 212.00	\$ 300.00	Retreatment of Previous Root Canal Therapy – Molar	D3348	\$ 310.00	\$ 907.00
Onlay – Resin-Based Composite – 2 Surfaces	D2662	\$ 206.00	\$ 239.00	Apexification/Recalcification – Initial Visit	D3351	\$ 46.00	\$ 259.00
Onlay – Resin-Based Composite – 3 Surfaces	D2663	\$ 266.00	\$ 339.00	Apexification/Recalcification – Interim Visit	D3352	\$ 46.00	\$ 92.00
Onlay – Resin Based Composite-4+ Surfaces	D2664	\$ 326.00	\$ 391.00	Apexification/Recalcification – Final Visit	D3353	\$ 46.00	\$ 399.00
Crown - Resin – Laboratory	D2710	\$ 145.00	\$ 218.00	Apicoectomy/Periradicular – Anterior	D3410	\$ 221.00	\$ 574.00
Crown – Resin Fused to High Noble Metal	D2720	\$ 403.00	\$ 515.00	Apicoectomy/Periradicular – Bicuspid, 1st Root	D3421	\$ 203.00	\$ 552.00
Crown – Resin Fused to Base Metal	D2721	\$ 389.00	\$ 518.00	Apicoectomy/Periradicular – Molar, 1st Root	D3425	\$ 345.00	\$ 734.00
Crown – Resin Fused to Noble Metal	D2722	\$ 395.00	\$ 530.00	Apicoectomy/Periradicular – Each Additional Root	D3426	\$ 46.00	\$ 88.00
Crown – Porcelain/Ceramic Substrate	D2740	\$ 380.00	\$ 461.00	Retrograde Filling – Per Root	D3430	\$ 46.00	\$ 152.00
Crown – Porcelain Fused to High Noble Metal	D2750	\$ 380.00	\$ 455.00	Root Amputation – Per Root	D3450	\$ 102.00	\$ 289.00
Crown – Porcelain Fused to Predominantly Base Metal	D2751	\$ 350.00	\$ 426.00	Hemisection (Including any Root Removal), Not Including RCT	D3920	\$ 102.00	\$ 271.00
Crown – Porcelain Fused to Noble Metal	D2752	\$ 360.00	\$ 439.00	Canal Preparation/Post Fitting	D3950	No Charge	No Charge
Crown – ¾ Cast High Noble Metal	D2780	\$ 370.00	\$ 504.00				
Crown – ¾ Cast Predominantly Base Metal	D2781	\$ 364.00	\$ 435.00	Type III – Periodontics			
Crown – ¾ Cast Noble Metal	D2782	\$ 373.00	\$ 436.00	Gingivectomy/Gingivoplasty – 4+ teeth/quad	D4210	\$ 221.00	\$ 717.00
Crown – ¾ Porcelain/Ceramic	D2783	\$ 364.00	\$ 513.00	Gingivectomy/Gingivoplasty – 1-3 teeth/quad	D4211	\$ 61.00	\$ 283.00
Crown – Full Cast High Noble Metal	D2790	\$ 360.00	\$ 493.00	Gingival Flap – Including Root Planing, 4+ teeth/quad	D4240	\$ 281.00	\$ 740.00
Crown – Full Cast Predominantly Base Metal	D2791	\$ 360.00	\$ 483.00	Gingival Flap – Including Root Planing, 1-3 teeth/quad	D4241	\$ 182.00	\$ 391.00
Crown – Full Cast Noble Metal	D2792	\$ 360.00	\$ 501.00	Crown Lengthening, Hard Tissue (only when performed with Crown)	D4249	\$ 310.00	\$ 780.00
Re-cement Inlay	D2910	\$ 18.00	\$ 27.00	Osseous Surgery – 4+ teeth/quad	D4260	\$ 380.00	\$ 1,237.00
Re-cement Crown	D2920	\$ 47.00	\$ 71.00	Osseous Surgery – 1-3 teeth/quad	D4261	\$ 210.00	\$ 516.00
Prefabricated Stainless Steel Crown –Primary Tooth	D2930	\$ 98.00	\$ 172.00	Pedicle Soft Tissue Graft Procedure	D4270	\$ 99.00	\$ 916.00
Prefabricated Stainless Steel Crown –Permanent Tooth	D2931	\$ 63.00	\$ 140.00	Free Soft Tissue Graft Procedure	D4271	\$ 212.00	\$ 907.00
Prefabricated Resin Crown	D2932	\$ 87.00	\$ 184.00	Subepithelial Connective Tissue Graft Procedure	D4273	\$ 375.00	\$ 1,026.00
Sedative Filling	D2940	\$ 8.00	\$ 12.00	Distal/Proximal Wedge Procedure (no surgery)	D4274	\$ 273.00	\$ 410.00
Core Build Up, Including any Pins	D2950	\$ 93.00	\$ 142.00	Soft Tissue Allograft	D4275	\$ 379.00	\$ 551.00
Pin Retention – Per Tooth, in Addition to Restoration	D2951	\$ 15.00	\$ 23.00	Combined Connective Tissue/Double Pedicle Graft	D4276	\$ 509.00	\$ 764.00
Cast Post and Core, in Addition to Crown	D2952	\$ 129.00	\$ 224.00	Provisional Intracoronal Splint	D4320	\$ 108.00	\$ 313.00
Cast Post and Core, Each Additional (Same Tooth)	D2953	\$ 87.00	\$ 89.00	Provisional Extracoronal Splint	D4321	\$ 106.00	\$ 281.00
Prefabricated Post and Core, in Addition to Crown	D2954	\$ 102.00	\$ 172.00	Periodontal Scaling & Root Planing – 4+ teeth/quad	D4341	\$ 86.00	\$ 157.00
Post Removal, not in Conjunction with Root Canal Therapy	D2955	No Charge	No Charge	Periodontal Scaling & Root Planing – 1-3 teeth/quad	D4342	\$ 47.00	\$ 89.00
Each Additional Prefabricated Post, same tooth	D2957	\$ 39.00	\$ 59.00	Full Mouth Debridement	D4355	\$ 50.00	\$ 117.00
Labial Veneer (resin laminate) – Chairside	D2960	\$ 197.00	\$ 444.00	Periodontal Maintenance Procedures	D4910	\$ 54.00	\$ 101.00
Labial Veneer (resin laminate) – Laboratory	D2961	\$ 342.00	\$ 512.00				
Labial Veneer (porcelain laminate) – Laboratory	D2962	\$ 310.00	\$ 457.00				
Temporary Crown (fractured tooth)	D2970	No Charge	No Charge				
Crown Repair, By Report	D2980	\$ 61.00	\$ 92.00				

COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY
Type III – Removable Prosthetics				Type III – Pontics (continued)			
Complete Denture – Upper	D5110	\$ 375.00	\$ 753.00	Inlay – Cast Predominantly Base Metal, 3+ Surfaces	D6605	\$ 349.00	\$ 484.00
Complete Denture – Lower	D5120	\$ 375.00	\$ 753.00	Inlay – Cast Noble Metal, 2 Surfaces	D6606	\$ 342.00	\$ 442.00
Immediate Denture – Upper	D5130	\$ 375.00	\$ 882.00	Inlay – Cast Noble Metal, 3+ Surfaces	D6607	\$ 379.00	\$ 491.00
Immediate Denture – Lower	D5140	\$ 375.00	\$ 882.00	Onlay – Porcelain/Ceramic, 2 Surfaces	D6608	\$ 379.00	\$ 409.00
Upper Partial Denture – Resin Base	D5211	\$ 319.00	\$ 799.00	Onlay – Porcelain/Ceramic, 3+ Surfaces	D6609	\$ 395.00	\$ 441.00
Lower Partial Denture – Resin Base	D5212	\$ 319.00	\$ 964.00	Onlay – Cast High Noble Metal, 2 Surfaces	D6610	\$ 327.00	\$ 491.00
Upper Partial – Cast Metal Frame with Resin Base	D5213	\$ 415.00	\$ 937.00	Onlay – Cast High Noble Metal, 3+ Surfaces	D6611	\$ 403.00	\$ 525.00
Lower Partial – Cast Metal Frame with Resin Base	D5214	\$ 415.00	\$ 937.00	Onlay – Cast Predominantly Base Metal, 2 Surfaces	D6612	\$ 304.00	\$ 514.00
Removable Unilateral Partial – 1 Piece Cast Metal	D5281	\$ 258.00	\$ 535.00	Onlay – Cast Predominantly Base Metal, 3+ Surfaces	D6613	\$ 379.00	\$ 497.00
Adjust Complete Denture – Upper	D5410	\$ 23.00	\$ 35.00	Onlay – Cast Noble Metal, 2 Surfaces	D6614	\$ 319.00	\$ 476.00
Adjust Complete Denture – Lower	D5411	\$ 23.00	\$ 35.00	Onlay – Cast Noble Metal, 3+ Surfaces	D6615	\$ 410.00	\$ 473.00
Adjust Partial Denture – Upper	D5421	\$ 23.00	\$ 35.00	Crown – Resin Fused to High Noble Metal	D6720	\$ 379.00	\$ 593.00
Adjust Partial Denture – Lower	D5422	\$ 23.00	\$ 35.00	Crown – Resin Fused to Base Metal	D6721	\$ 357.00	\$ 592.00
Repair Broken Complete Denture Base	D5510	\$ 55.00	\$ 66.00	Crown – Resin Fused to Noble Metal	D6722	\$ 364.00	\$ 586.00
Replace Missing or Broken Teeth, Complete Denture – Per Tooth	D5520	\$ 46.00	\$ 69.00	Crown – Porcelain/Ceramic Substrate	D6740	\$ 385.00	\$ 553.00
Repair Resin Denture Base, Complete Denture	D5610	\$ 46.00	\$ 67.00	Crown – Porcelain Fused to High Noble Metal	D6750	\$ 318.00	\$ 463.00
Repair Cast Framework	D5620	\$ 54.00	\$ 71.00	Crown – Porcelain Fused to Predom. Base Metal	D6751	\$ 298.00	\$ 441.00
Repair or Replace Broken Clasp	D5630	\$ 54.00	\$ 115.00	Crown – Porcelain Fused to Noble Metal	D6752	\$ 318.00	\$ 465.00
Replace Broken Teeth, Complete Denture – Per Tooth	D5640	\$ 54.00	\$ 70.00	Crown – ¾ Cast High Noble Metal	D6780	\$ 429.00	\$ 566.00
Add Tooth to Existing Partial Denture	D5650	\$ 54.00	\$ 101.00	Crown – ¾ Cast Predominantly Base Metal	D6781	\$ 364.00	\$ 532.00
Add Clasp to Existing Partial Denture	D5660	\$ 54.00	\$ 109.00	Crown – ¾ Cast Noble Metal	D6782	\$ 357.00	\$ 437.00
Replace All Teeth and Acrylic on Cast Metal Frame (Upper)	D5670	\$ 190.00	\$ 267.00	Crown – Full Cast High Noble Metal	D6790	\$ 379.00	\$ 540.00
Replace All Teeth and Acrylic on Cast Metal Frame (Lower)	D5671	\$ 190.00	\$ 267.00	Crown – Full Cast Predominantly Base Metal	D6791	\$ 373.00	\$ 596.00
Rebase Complete Upper Denture	D5710	\$ 99.00	\$ 193.00	Crown – Full Cast Noble Metal	D6792	\$ 395.00	\$ 590.00
Rebase Complete Lower Denture	D5711	\$ 99.00	\$ 171.00	Re-cement Fixed Partial Denture	D6930	\$ 15.00	\$ 25.00
Rebase Upper Partial Denture	D5720	\$ 99.00	\$ 204.00	Cast Post and Core in Addition to Fixed Partial Denture Retainer	D6970	\$ 61.00	\$ 111.00
Rebase Lower Partial Denture	D5721	\$ 99.00	\$ 204.00	Prefabricated Post and Core in Addition to Fixed Partial Denture Repair	D6972	\$ 76.00	\$ 127.00
Reline Complete Upper Denture (Chairside)	D5730	\$ 99.00	\$ 125.00	Core Build Up for Retainer, Including any Pins	D6973	\$ 61.00	\$ 81.00
Reline Complete Lower Denture (Chairside)	D5731	\$ 99.00	\$ 133.00	Each Additional Cast Post – Same Tooth	D6976	\$ 91.00	\$ 137.00
Reline Upper Partial Denture (Chairside)	D5740	\$ 99.00	\$ 100.00	Each Additional Prefabricated Post – Same Tooth	D6977	\$ 84.00	\$ 126.00
Reline Lower Partial Denture (Chairside)	D5741	\$ 99.00	\$ 100.00	Fixed Partial Denture Repair - by Report	D6980	\$ 99.00	\$ 149.00
Reline Complete Upper Denture (Laboratory)	D5750	\$ 99.00	\$ 130.00	Type II – Oral Surgery			
Reline Complete Lower Denture (Laboratory)	D5751	\$ 99.00	\$ 130.00	Extraction Coronal Remnants – Deciduous Tooth	D7111	\$ 39.00	\$ 79.00
Reline Upper Partial Denture (Laboratory)	D5760	\$ 99.00	\$ 137.00	Extraction – Erupted Tooth or Exposed Root	D7140	\$ 57.00	\$ 95.00
Reline Lower Partial Denture (Laboratory)	D5761	\$ 99.00	\$ 137.00	Surgical Removal of Erupted Tooth	D7210	\$ 85.00	\$ 160.00
Tissue Conditioning – Upper	D5850	\$ 25.00	\$ 38.00	Removal of Impacted Tooth – Soft Tissue	D7220	\$ 92.00	\$ 199.00
Tissue Conditioning – Lower	D5851	\$ 23.00	\$ 35.00	Removal of Impacted Tooth – Partially Bony	D7230	\$ 108.00	\$ 253.00
Type III – Pontics				Removal of Impacted Tooth – Completely Bony	D7240	\$ 154.00	\$ 331.00
Pontic – Cast High Noble Metal	D6210	\$ 388.00	\$ 482.00	Surgical Removal of Residual Tooth Roots	D7250	\$ 73.00	\$ 166.00
Pontic – Cast Predominantly Base Metal	D6211	\$ 364.00	\$ 515.00	Oroantral Fistula Closure	D7260	\$ 266.00	\$ 1,857.00
Pontic – Cast Noble Metal	D6212	\$ 379.00	\$ 503.00	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Teeth/Alveolus	D7270	\$ 228.00	\$ 342.00
Pontic – Porcelain Fused to High Noble Metal	D6240	\$ 320.00	\$ 409.00	Tooth Transplantation and/or Stabilization	D7272	\$ 228.00	\$ 766.00
Pontic – Porcelain Fused to Predominantly Base Metal	D6241	\$ 320.00	\$ 395.00	Surg. Exp. Of Impact'd/Unerupt'd Tooth	D7280	\$ 175.00	\$ 307.00
Pontic – Porcelain Fused to Noble Metal	D6242	\$ 320.00	\$ 421.00	Surg. Exp. Of Impact'd/Unerupt'd Tooth-Aid Eruption	D7281	\$ 175.00	\$ 343.00
Pontic – Porcelain/Ceramic	D6245	\$ 444.00	\$ 474.00	Biopsy of Oral Tissue – Hard (Bone, Tooth)	D7285	\$ 61.00	\$ 664.00
Retainer – Cast Metal/Resin Bond Fixed Prosthesis	D6545	\$ 243.00	\$ 365.00	Biopsy of Oral Tissue – Soft (All Others)	D7286	\$ 61.00	\$ 290.00
Retainer – Porc/Ceramic/Resin Bond Fixed Prosthesis	D6548	\$ 228.00	\$ 342.00	Alveoplasty in Conjunction w/Extract – Per Quad	D7310	\$ 91.00	\$ 226.00
Inlay – Porcelain/Ceramic, 2 Surfaces	D6600	\$ 334.00	\$ 453.00	Alveoplasty not in Conjunction w/Extract – Per Quad	D7320	\$ 137.00	\$ 323.00
Inlay – Porcelain/Ceramic, 3+ Surfaces	D6601	\$ 349.00	\$ 439.00	Vestibuloplasty-Ridge Extension (2 nd Epithelialization)	D7340	\$ 182.00	\$ 1,628.00
Inlay – Cast High Noble Metal, 2 Surfaces	D6602	\$ 334.00	\$ 445.00	Vestibuloplasty-Ridge Extension (Grafts, Hypertissue)	D7350	\$ 273.00	\$ 5,144.00
Inlay – Cast High Noble Metal, 3+ Surfaces	D6603	\$ 388.00	\$ 501.00				
Inlay – Cast Predominantly Base Metal, 2 Surfaces	D6604	\$ 304.00	\$ 445.00				

COVERED SERVICES	ADA CODE	NETWORK GENERAL PATIENT COPAY	NETWORK SPECIALIST COPAY
Type II – Oral Surgery (continued)			
Excision of Malignant Tumor – up to 1.25 cm	D7440	\$ 206.00	\$ 1,068.00
Excision of Malignant Tumor – > than 1.25cm	D7441	\$ 266.00	\$ 1,745.00
Removal of Odontogenic Cyst/Tumor <= 1.25cm	D7450	\$ 288.00	\$ 594.00
Removal of Odontogenic Cyst/Tumor > 1.25cm	D7451	\$ 175.00	\$ 785.00
Removal of Nonodontogenic Cyst/Tmr<=1.25cm	D7460	\$ 312.00	\$ 618.00
Removal of Nonodontogenic Cyst/Tmr > 1.25 cm	D7461	\$ 364.00	\$ 980.00
Removal of Lateral Exostosis – Per Site	D7471	\$ 95.00	\$ 665.00
Removal of Toral Palatinus	D7472	\$ 243.00	\$ 803.00
Removal of Torus Mandibularus	D7473	\$ 243.00	\$ 757.00
Surgical Reduction of Osseous Tuberosity	D7485	\$ 243.00	\$ 672.00
Incision and Drainage of Abscess – Intraoral Soft Tissue	D7510	\$ 57.00	\$ 197.00
Incision and Drainage of Abscess – Extraoral Soft Tissue	D7520	\$ 121.00	\$ 903.00
Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	D7530	\$ 57.00	\$ 341.00
Removal of Reaction Producing Foreign Bodies – Musculoskeletal System	D7540	\$ 121.00	\$ 328.00
Sequestrectomy for Osteomyelitis	D7550	\$ 57.00	\$ 296.00
Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$ 57.00	\$ 1,952.00
Suture of Recent Small Wounds up to 5cm	D7910	\$ 57.00	\$ 317.00
Frenulectomy (Frenectomy or Frenotomy), Separate Procedure	D7960	\$ 106.00	\$ 312.00
Excision of Hyperplastic Tissue – Per Arch	D7970	\$ 102.00	\$ 404.00
Excision of Pericoronal Gingiva	D7971	\$ 80.00	\$ 127.00
Surgical Reduction of Fibrous Tuberosity	D7972	\$ 304.00	\$ 471.00
Sialolithotomy	D7980	\$ 266.00	\$ 856.00
Closure of Salivary Fistula	D7983	\$ 266.00	\$ 1,604.00
Type/Miscellaneous Services			
I – Diagnostic Casts	D0470	\$ 10.00	\$ 78.00
I – Palliative (Emergency) Treatment of Pain	D9110	\$ 18.00	\$ 50.00
III – General Anesthesia – First 30 Minutes	D9220	\$ 109.00	\$ 326.00
III – General Anesthesia – Each Additional 15 Minute	D9221	\$ 40.00	\$ 120.00
III – Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	D9230	\$ 18.00	\$ 27.00
III-IV – Sedation/Analgesia – First 30 Minutes	D9241	\$ 145.00	\$ 190.00
III-IV – Sedation/Analgesia – Each Additional 15 Minutes	D9242	\$ 39.00	\$ 107.00
III – Non-IV Conscious Sedation	D9248	\$ 63.00	\$ 66.00
I – Consultation	D9310	No Charge	\$ 122.00
II – Therapeutic Drug Injection (Only Antibiotics Are Covered)	D9610	\$ 46.00	\$ 69.00
II – Treatment of Complications (Post Surgical)	D9930	\$ 15.00	\$ 23.00
III – Occlusal Guard (For Bruxism)	D9940	\$ 90.00	\$ 147.00
III – Occlusal Adjustment - Limited	D9951	\$ 48.00	\$ 105.00
III – Occlusal Adjustment – Complete	D9952	\$ 115.00	\$ 548.00
Underwritten by American Fidelity Assurance Company Oklahoma City, Oklahoma			
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