

SECURECARE DENTAL
The Copay Plan • Plan 150
Schedule of Copayments

GENERAL DENTISTS

Copays in the column entitled “**Network General Dentist Copay**” apply to services performed by **SECURECARE DENTAL** contracted **general dentists** only. 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 at the specific addresses listed in your **SECURECARE DENTAL** Provider Directory.

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.

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 Pediatric Dentists are Specialists. 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 at the specific addresses listed in your Provider Directory, 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.

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

For a description of the Orthodontic Services available to you please see your policy.

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY
Type I – Diagnostic/Evaluation Services			
Office Visit (See your Schedule of Dental Benefits)	D0999	-----	-----
Periodic Oral Evaluation	D0120	No Charge	\$ 10.00
Limited Oral Evaluation – Problem Focused	D0140	No Charge	\$ 32.00
Oral Evaluation under age 3	D0145	No Charge	\$ 45.00
Comprehensive Oral Evaluation	D0150	No Charge	\$ 31.00
Detailed and Extensive Oral Evaluation – Problem Focused	D0160	No Charge	\$ 110.00
Re Evaluation – Limited, Problem Focused	D0170	No Charge	\$ 8.00

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY
Type I – Diagnostic/Evaluation Services cont.			
Re-Evaluation Post-Operative Office Visit	D0171	\$ 0.00	\$ 0.00
Comprehensive Periodontal Evaluations	D0180	\$ 0.00	\$ 39.00
Intraoral – Complete Series of Images	D0210	\$ 10.00	\$ 56.00
Intraoral – Periapical – 1 st Image	D0220	\$ 5.00	\$ 15.00
Intraoral – Periapical – Each Additional Image	D0230	\$ 5.00	\$ 12.00
Intraoral – Occlusal Image	D0240	\$ 5.00	\$ 21.00
Extraoral – 2D Image	D0250	\$ 5.00	\$ 19.00
Extraoral – Posterior Image	D0251	\$ 12.00	\$ 18.00
Bitewing – 1 Image	D0270	\$ 5.00	\$ 12.00
Bitewing – 2 Images	D0272	\$ 5.00	\$ 19.00
Bitewing- 3 Images	D0273	\$ 5.00	\$ 22.00
Bitewing – 4 Images	D0274	\$ 5.00	\$ 26.00
Vertical Bitewings – 7 to 8 Images	D0277	\$ 5.00	\$ 29.00
Panoramic Image	D0330	\$ 10.00	\$ 48.00
Pulp Vitality Tests	D0460	\$ 0.00	\$ 0.00
Diagnostic Casts	D0470	\$ 10.00	\$ 78.00
Type I – Preventive Services			
Prophylaxis Cleaning – Adult	D1110	\$ 0.00	\$ 7.00
Prophylaxis Cleaning – Child	D1120	\$ 0.00	\$ 7.00
Fluoride- Topical Application of Fluoride Varnish	D1206	\$ 0.00	\$ 26.00
Fluoride- Topical Application of Fluoride excluding Varnish	D1208	\$ 0.00	\$ 19.00
Sealant (One/3 yrs Permanent Molars Up to Age16)	D1351	\$ 15.00	\$ 25.00
Preventive Resin Restoration (Including Sealant)	D1352	\$ 17.00	\$ 45.00
Sealant Repair – Per Tooth	D1353	\$ 16.00	\$ 36.00
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-cement or Re-Bond Space Maintainer	D1550	\$ 23.00	\$ 53.00
Distal Shoe Space Maintainer – Fixed; Unilateral	D1575	\$ 96.00	\$ 200.00
Type II - Restorative Dentistry			
Amalgam – 1 Surface, Primary or Permanent	D2140	\$ 35.00	\$ 101.00
Amalgam – 2 Surfaces, Primary or Permanent	D2150	\$ 35.00	\$ 122.00
Amalgam – 3 Surfaces, Primary or Permanent	D2160	\$ 35.00	\$ 145.00
Amalgam – 4+ Surfaces, Primary or 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
Type III – Onlays, Crowns and Bridges			
Inlay – Metallic – 1 Surface	D2510	\$ 197.00	\$ 375.00
Inlay – Metallic – 2 Surfaces	D2520	\$ 250.00	\$ 433.00
Inlay – Metallic – 3+ Surfaces	D2530	\$ 319.00	\$ 493.00
Onlay – Metallic – 2 Surfaces	D2542	\$ 312.00	\$ 537.00
Onlay – Metallic – 3 Surfaces	D2543	\$ 327.00	\$ 466.00
Onlay – Metallic – 4+ Surfaces	D2544	\$ 327.00	\$ 328.00

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY
Type III – Onlays, Crowns & Bridges cont.				Type III – Endodontics			
Inlay – Porcelain/Ceramic – 1 Surface	D2610	\$ 221.00	\$ 485.00	Pulp Cap–Direct (Excluding Final Restoration)	D3110	\$ 19.00	\$ 55.00
Inlay – Porcelain/Ceramic – 2 Surfaces	D2620	\$ 319.00	\$ 511.00	Pulp Cap – Indirect (Excluding final Restoration)	D3120	\$ 15.00	\$ 39.00
Inlay – Porcelain/Ceramic – 3+ Surfaces	D2630	\$ 295.00	\$ 455.00	Therapeutic Pulpotomy (Excluding Final Restoration)	D3220	\$ 44.00	\$ 93.00
Onlay – Porcelain/Ceramic – 2 Surfaces	D2642	\$ 270.00	\$ 481.00	Pulpal Debridement, Primary and Permanent	D3221	\$ 46.00	\$ 128.00
Onlay – Porcelain/Ceramic – 3 Surfaces	D2643	\$ 280.00	\$ 452.00	Partial Pulpotomy for Apexogenesis	D3222	\$ 46.00	\$ 104.00
Onlay – Porcelain/Ceramic – 4+ Surfaces	D2644	\$ 380.00	\$ 392.00	Pulpal Therapy Anterior, Primary	D3230	\$ 61.00	\$ 117.00
Inlay – Resin-Based Composite – 1 Surface	D2650	\$ 115.00	\$ 217.00	Pulpal Therapy Posterior, Primary	D3240	\$ 54.00	\$ 127.00
Inlay – Resin-Based Composite – 2 Surfaces	D2651	\$ 160.00	\$ 277.00	Root Canal – Anterior (Excluding Final Restoration)	D3310	\$ 175.00	\$ 313.00
Inlay – Resin-Based Composite – 3+ Surfaces	D2652	\$ 212.00	\$ 300.00	Root Canal – Bicuspid (Excluding Final Restoration)	D3320	\$ 240.00	\$ 418.00
Onlay – Resin-Based Composite – 2 Surfaces	D2662	\$ 206.00	\$ 239.00	Root Canal – Molar (Excluding Final Restoration)	D3330	\$ 380.00	\$ 659.00
Onlay – Resin-Based Composite – 3 Surfaces	D2663	\$ 266.00	\$ 339.00	Treatment of Root Canal Obstruction, non surgical	D3331	\$ 137.00	\$ 163.00
Onlay- Resin Based Composite-4+ Surfaces	D2664	\$ 326.00	\$ 391.00	Incomplete Endodontic. Therapy, Inoperable, Fractured	D3332	\$ 182.00	\$ 385.00
Crown – Resin Based Composite, Indirect	D2710	\$ 145.00	\$ 218.00	Internal Root Repair of Perforation Defects	D3333	\$ 175.00	\$ 210.00
Crown – ¾ Resin Based Composite, Indirect	D2712	\$ 135.00	\$ 240.00	Retreatment of Previous RCT – Anterior	D3346	\$ 319.00	\$ 733.00
Crown – Resin Fused to High Noble Metal	D2720	\$ 403.00	\$ 515.00	Retreatment of Previous RCT – Bicuspid	D3347	\$ 433.00	\$ 865.00
Crown – Resin Fused to Predominantly Base Metal	D2721	\$ 389.00	\$ 518.00	Retreatment of Previous RCT – Molar	D3348	\$ 310.00	\$ 907.00
Crown – Resin Fused to Noble Metal	D2722	\$ 395.00	\$ 530.00	Apexification/Recalcification – Initial Visit	D3351	\$ 46.00	\$ 259.00
Crown – Porcelain/Ceramic Substrate	D2740	\$ 380.00	\$ 461.00	Apexification/Recalcification – Interim Visit	D3352	\$ 46.00	\$ 92.00
Crown – Porcelain Fused to High Noble Metal	D2750	\$ 380.00	\$ 455.00	Apexification/Recalcification – Final Visit	D3353	\$ 46.00	\$ 399.00
Crown – Porcelain Fused to Predominantly. Base Metal	D2751	\$ 350.00	\$ 426.00	Apicoectomy – Anterior	D3410	\$ 221.00	\$ 574.00
Crown – Porcelain Fused to Noble Metal	D2752	\$ 360.00	\$ 439.00	Apicoectomy – Bicuspid, 1st Root	D3421	\$ 203.00	\$ 552.00
Crown – ¾ Cast High Noble Metal	D2780	\$ 370.00	\$ 504.00	Apicoectomy – Molar, 1st Root	D3425	\$ 345.00	\$ 734.00
Crown – ¾ Cast Predominantly Base Metal	D2781	\$ 364.00	\$ 435.00	Apicoectomy – Each Additional. Root	D3426	\$ 46.00	\$ 88.00
Crown – ¾ Cast Noble Metal	D2782	\$ 373.00	\$ 436.00	Retrograde Filling – Per Root	D3430	\$ 46.00	\$ 152.00
Crown – ¾ Porcelain/Ceramic	D2783	\$ 364.00	\$ 513.00	Root Amputation – Per Root	D3450	\$ 102.00	\$ 289.00
Crown – Full Cast High Noble Metal	D2790	\$ 360.00	\$ 493.00	Hemisection (Incl any Root Removal)	D3920	\$ 102.00	\$ 271.00
Crown – Full Cast Predominantly Base Metal	D2791	\$ 360.00	\$ 483.00	Canal Preparation/Post Fitting	D3950	\$ 0.00	\$ 0.00
Crown – Full Cast Noble Metal	D2792	\$ 360.00	\$ 501.00				
Crown Titanium	D2794	\$ 360.00	\$ 493.00	Type III – Periodontics			
Re-cement/Re-bond Inlay, Onlay or Partial Coverage Restoration	D2910	\$ 18.00	\$ 27.00	Gingivectomy/Gingivoplasty – 4+ teeth/quad	D4210	\$ 221.00	\$ 717.00
Re-cement/Re-Bond Crown	D2920	\$ 47.00	\$ 71.00	Gingivectomy/Gingivoplasty – 1 to 3 teeth/quad	D4211	\$ 61.00	\$ 283.00
Prefabricated Porcelain/Ceramic Crown – Primary	D2929	\$ 142.00	\$ 241.00	Gingivectomy/Gingivoplasty for restorative procedure	D4212	\$ 35.00	\$ 283.00
Prefabricated Stainless Steel Crown –Primary	D2930	\$ 98.00	\$ 172.00	Gingival Flap-Inc. Root Planing - 4+ teeth/quad	D4240	\$ 281.00	\$ 740.00
Prefabricated Stainless Steel Crown –Permanent	D2931	\$ 63.00	\$ 140.00	Gingival Flap-Inc. Root Planing - 1 to 3 teeth/quad	D4241	\$ 182.00	\$ 391.00
Prefabricated Resin Crown	D2932	\$ 87.00	\$ 184.00	Crown Lengthening Hard Tissue	D4249	\$ 310.00	\$ 780.00
Protective Restoration	D2940	\$ 8.00	\$ 12.00	Osseous Surgery – 4+ teeth/quad	D4260	\$ 380.00	\$ 1,237.00
Core Build Up, Including any Pins when required	D2950	\$ 93.00	\$ 142.00	Osseous Surgery – 1 to 3 teeth/quad	D4261	\$ 210.00	\$ 516.00
Pin Retention–Per Tooth In Addition To Restoration	D2951	\$ 15.00	\$ 23.00	Pedicle Soft Tissue Graft Procedure	D4270	\$ 99.00	\$ 916.00
Cast Post and Core in Addition to Crown	D2952	\$ 129.00	\$ 224.00	Autogenous Connective Tissue Graft – 1 st Tooth (excluding Implants)	D4273	\$ 375.00	\$ 1,026.00
Each Additional Indirectly Fabricated Post - same tooth	D2953	\$ 87.00	\$ 89.00	Mesial/Distal Wedge Procedure – Single Tooth	D4274	\$ 273.00	\$ 410.00
Prefabricated Post and Core in Addition To Crown	D2954	\$ 102.00	\$ 172.00	Non-Autogenous Tissue Graft – 1 st Tooth (excluding Implants)	D4275	\$ 379.00	\$ 551.00
Post Removal	D2955	\$ 0.00	\$ 0.00	Comb. Connective Tissue/Double Pedicle Graft	D4276	\$ 509.00	\$ 764.00
Each Additional Prefabricated Post – same tooth	D2957	\$ 39.00	\$ 59.00	Free Soft Tissue Graft Procedure – 1 st Tooth (excluding Implants)	D4277	\$ 212.00	\$ 907.00
Labial Veneer (resin laminate) – Chairside	D2960	\$ 197.00	\$ 444.00	Free Soft Tissue Graft Procedure – Each Additional Tooth (excluding Implants)	D4278	\$ 212.00	\$ 907.00
Labial Veneer (resin laminate) – Laboratory	D2961	\$ 342.00	\$ 512.00	Autogenous Connective Tissue Graft – Each Additional Tooth (excluding Implants)	D4283	\$ 310.00	\$ 465.00
Labial Veneer (porcelain laminate) – Laboratory	D2962	\$ 310.00	\$ 457.00	Non-Autogenous Connective Tissue Graft – Each Additional Tooth (excluding Implants)	D4285	\$ 229.00	\$ 344.00
Crown Repair	D2980	\$ 61.00	\$ 92.00				
Inlay Repair	D2981	\$ 61.00	\$ 92.00				
Onlay Repair	D2982	\$ 61.00	\$ 92.00				
Veneer Repair	D2983	\$ 61.00	\$ 92.00				

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY
Type III – Periodontics Cont.				Type III – Implants			
Intracoronaral Splint	D4320	\$ 108.00	\$ 313.00	Surgical Placement of Implant Body – Endosteal	D6010	\$ 848.00	\$ 1,716.00
Extracoronaral Splint	D4321	\$ 106.00	\$ 281.00	Surgical Placement of Mini Implant Body	D6013	\$ 848.00	\$ 1,716.00
Perio. Scaling & Root Planing – 4+ teeth/quad	D4341	\$ 86.00	\$ 157.00	Prefabricated Abutment – includes modification, placement	D6056	\$ 228.00	\$ 326.00
Perio. Scaling & Root Planing – 1 to 3 teeth/quad	D4342	\$ 47.00	\$ 89.00	Crown - Abutment Supp. Porcelain/Ceramic	D6058	\$ 541.00	\$ 956.00
Scaling – Full Mouth	D4346	\$ 44.00	\$ 114.00	Crown - Abutment Supp. Porcelain Fused to High Noble Metal	D6059	\$ 534.00	\$ 944.00
Full Mouth Debridement	D4355	\$ 50.00	\$ 117.00	Crown – Abutment Supp. Porcelain Fused to Predom. Base Metal	D6060	\$ 471.00	\$ 912.00
Periodontal Maintenance Procedures	D4910	\$ 54.00	\$ 101.00	Crown – Abutment Supp. Porcelain Fused to Noble Metal	D6061	\$ 503.00	\$ 918.00
Type III – Removable Prosthetics				Crown – Abutment Supp. Cast High Noble Metal	D6062	\$ 506.00	\$ 910.00
Complete Denture – Upper	D5110	\$ 375.00	\$ 753.00	Crown – Abutment Supp. Cast Predom. Base Metal	D6063	\$ 402.00	\$ 816.00
Complete Denture – Lower	D5120	\$ 360.00	\$ 738.00	Crown – Abutment Supp. Cast Noble Metal	D6064	\$ 432.00	\$ 847.00
Immediate Denture – Upper	D5130	\$ 375.00	\$ 882.00	Crown – Implant Supp. Porcelain/Ceramic Crown	D6065	\$ 522.00	\$ 948.00
Immediate Denture – Lower	D5140	\$ 375.00	\$ 882.00	Crown – Implant Supp. Porcelain Fused to Metal	D6066	\$ 508.00	\$ 922.00
Upper Partial Denture – Resin Base	D5211	\$ 319.00	\$ 799.00	Crown – Implant Supp. Metal	D6067	\$ 475.00	\$ 906.00
Lower Partial Denture – Resin Base	D5212	\$ 319.00	\$ 964.00	Re-cement/Re-Bond Implant/Abutment Supported Crown	D6092	\$ 30.00	\$ 80.00
Upper Partial – Cast Metal with Resin Base	D5213	\$ 415.00	\$ 937.00	Crown – Abutment Supp. Titanium	D6094	\$ 470.00	\$ 721.00
Lower Partial – Cast Metal with Resin Base	D5214	\$ 415.00	\$ 937.00	Repair Implant Abutment, By Report	D6095	\$ 158.00	\$ 305.00
Upper Immediate Partial Denture - Resin Base	D5221	\$ 498.00	\$ 747.00	Type III – Pontics			
Lower Immediate Partial Denture - Resin Base	D5222	\$ 498.00	\$ 747.00	Pontic – Cast High Noble Metal	D6210	\$ 388.00	\$ 482.00
Upper Immediate Partial Denture – Cast Metal w/ResinBase	D5223	\$ 653.00	\$ 979.00	Pontic – Cast Predominantly Base Metal	D6211	\$ 364.00	\$ 515.00
Lower Immediate Partial Denture – Cast Metal w/ResinBase	D5224	\$ 653.00	\$ 979.00	Pontic – Cast Noble Metal	D6212	\$ 379.00	\$ 503.00
Removable Unilateral Partial – 1 Pc Cast Metal	D5281	\$ 258.00	\$ 535.00	Pontic – Titanium	D6214	\$ 388.00	\$ 482.00
Adjust Complete Denture – Upper	D5410	\$ 23.00	\$ 35.00	Pontic – Porcelain Fused to High Noble Metal	D6240	\$ 320.00	\$ 409.00
Adjust Complete Denture – Lower	D5411	\$ 23.00	\$ 35.00	Pontic – Porcelain Fused to Predominantly Base Metal	D6241	\$ 320.00	\$ 395.00
Adjust Partial Denture – Upper	D5421	\$ 23.00	\$ 35.00	Pontic – Porcelain Fused to Noble Metal	D6242	\$ 320.00	\$ 421.00
Adjust Partial Denture – Lower	D5422	\$ 23.00	\$ 35.00	Pontic – Porcelain/Ceramic	D6245	\$ 444.00	\$ 474.00
Repair Broken Complete Denture Base	D5510	\$ 55.00	\$ 66.00	Pontic – Resin with High Noble Metal	D6250	\$ 331.00	\$ 602.00
Replace Missing or Broken Teeth, Complete Denture – Per Tooth	D5520	\$ 46.00	\$ 69.00	Pontic – Resin with Predominantly Base Metal	D6251	\$ 301.00	\$ 558.00
Repair Resin Denture Base	D5610	\$ 46.00	\$ 67.00	Pontic – Resin with Noble Metal	D6252	\$ 352.00	\$ 553.00
Repair Cast Framework	D5620	\$ 54.00	\$ 71.00	Retainer – Cast Metal/Resin Bond Fixed Prosthesis	D6545	\$ 243.00	\$ 365.00
Repair or Replace Broken Clasp – Per Tooth	D5630	\$ 54.00	\$ 115.00	Retainer – Porcelain/Ceramic/Resin Bond Fixed Prosthesis	D6548	\$ 228.00	\$ 342.00
Replace Broken Teeth – Per Tooth	D5640	\$ 54.00	\$ 70.00	Retainer – Resin for Resin Bonded Fixed Prosthesis	D6549	\$ 239.00	\$ 359.00
Add Tooth to Existing Partial Denture	D5650	\$ 54.00	\$ 101.00	Retainer Inlay – Porcelain/Ceramic, 2 Surfaces	D6600	\$ 334.00	\$ 453.00
Add Clasp to Existing Partial Denture – Per Tooth	D5660	\$ 54.00	\$ 109.00	Retainer Inlay – Porcelain/Ceramic, 3+ Surfaces	D6601	\$ 349.00	\$ 439.00
Replace All Teeth and Acrylic on Cast Metal Frame (Upper)	D5670	\$ 190.00	\$ 267.00	Retainer Inlay – Cast High Noble Metal, 2 Surfaces	D6602	\$ 334.00	\$ 445.00
Replace All Teeth and Acrylic on Cast Metal Frame (Lower)	D5671	\$ 190.00	\$ 267.00	Retainer Inlay – Cast High Noble Metal, 3+ Surfaces	D6603	\$ 388.00	\$ 501.00
Rebase Complete Upper Denture	D5710	\$ 99.00	\$ 193.00	Retainer Inlay – Cast Predominantly Base Metal, 2 Surfaces	D6604	\$ 304.00	\$ 445.00
Rebase Complete Lower Denture	D5711	\$ 99.00	\$ 171.00	Retainer Inlay – Cast Predominantly Base Metal,3+ Surfaces	D6605	\$ 349.00	\$ 484.00
Rebase Upper Partial Denture	D5720	\$ 99.00	\$ 204.00	Retainer Inlay – Cast Noble Metal, 2 Surfaces	D6606	\$ 342.00	\$ 442.00
Rebase Lower Partial Denture	D5721	\$ 99.00	\$ 204.00	Retainer Inlay – Cast Noble Metal, 3+ Surfaces	D6607	\$ 379.00	\$ 491.00
Reline Complete Upper Denture (Chairside)	D5730	\$ 99.00	\$ 125.00	Retainer Onlay – Porcelain/Ceramic, 2 Surfaces	D6608	\$ 379.00	\$ 409.00
Reline Complete Lower Denture (Chairside)	D5731	\$ 99.00	\$ 133.00	Retainer Onlay – Porcelain/Ceramic, 3+ Surfaces	D6609	\$ 395.00	\$ 441.00
Reline Upper Partial Denture (Chairside)	D5740	\$ 99.00	\$ 100.00	Retainer Onlay – Cast High Noble Metal, 2 Surfaces	D6610	\$ 327.00	\$ 491.00
Reline Lower Partial Denture (Chairside)	D5741	\$ 99.00	\$ 100.00	Retainer Onlay – Cast High Noble Metal, 3+ Surfaces	D6611	\$ 403.00	\$ 525.00
Reline Complete Upper Denture (Laboratory)	D5750	\$ 99.00	\$ 130.00	Retainer Onlay – Cast Predominantly Base Metal, 2 Surfaces	D6612	\$ 304.00	\$ 514.00
Reline Complete Lower Denture (Laboratory)	D5751	\$ 99.00	\$ 130.00	Retainer Onlay – Cast Predominantly Base Metal,3+ Surface	D6613	\$ 379.00	\$ 497.00
Reline Upper Partial Denture (Laboratory)	D5760	\$ 99.00	\$ 137.00	Retainer Onlay – Cast Noble Metal, 2 Surfaces	D6614	\$ 319.00	\$ 476.00
Reline Lower Partial Denture (Laboratory)	D5761	\$ 99.00	\$ 137.00	Retainer Onlay – Cast Noble Metal, 3+ Surfaces	D6615	\$ 410.00	\$ 473.00
Tissue Conditioning – Upper	D5850	\$ 25.00	\$ 38.00	Retainer Inlay – Titanium	D6624	\$ 250.00	\$ 404.00
Tissue Conditioning – Lower	D5851	\$ 23.00	\$ 35.00	Retainer Onlay – Titanium	D6634	\$ 265.00	\$ 421.00
				Retainer Crown – Resin with High Noble Metal	D6720	\$ 379.00	\$ 593.00
				Retainer Crown – Resin with Predominantly Base Metal	D6721	\$ 357.00	\$ 592.00

COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY	COVERED SERVICES	ADA CODE	NETWORK GENERAL DENTIST COPAY	NETWORK SPECIALIST COPAY
Type III – Pontics Cont.				Type II – Oral Surgery Cont.			
Retainer Crown – Resin with Noble Metal	D6722	\$ 364.00	\$ 586.00	Sequestrectomy for Osteomyelitis	D7550	\$ 57.00	\$ 296.00
Retainer Crown – Porcelain/Ceramic Substrate	D6740	\$ 385.00	\$ 553.00	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	D7560	\$ 528.00	\$ 3,326.00
Retainer Crown – Porcelain Fused to High Noble Metal	D6750	\$ 318.00	\$ 463.00	Suture of Recent Small Wounds up to 5cm	D7910	\$ 57.00	\$ 317.00
Retainer Crown – Porcelain Fused to Predom. Base Metal	D6751	\$ 298.00	\$ 441.00	Frenulectomy (Frenectomy or Frenotomy)	D7960	\$ 106.00	\$ 312.00
Retainer Crown – Porcelain Fused to Noble Metal	D6752	\$ 318.00	\$ 465.00	Excision of Hyperplastic Tissue – Per Arch	D7970	\$ 102.00	\$ 404.00
Retainer Crown – ¾ Cast High Noble Metal	D6780	\$ 429.00	\$ 566.00	Excision of Pericoronal Gingiva	D7971	\$ 80.00	\$ 127.00
Retainer Crown – ¾ Cast Predominantly Base Metal	D6781	\$ 364.00	\$ 532.00	Surgical Reduction of Fibrous Tuberosity	D7972	\$ 304.00	\$ 471.00
Retainer Crown – ¾ Cast Noble Metal	D6782	\$ 357.00	\$ 437.00	Sialolithotomy	D7980	\$ 266.00	\$ 856.00
Retainer Crown – ¾ Porcelain/Ceramic	D6783	\$ 364.00	\$ 513.00	Closure of Salivary Fistula	D7983	\$ 702.00	\$ 2,162.00
Retainer Crown – Full Cast High Noble Metal	D6790	\$ 379.00	\$ 540.00	Type/Miscellaneous Services			
Retainer Crown – Full Cast High Noble Metal	D6791	\$ 373.00	\$ 596.00	I Palliative (Emergency) Treatment	D9110	\$ 18.00	\$ 50.00
Retainer Crown – Full Cast Predominantly Base Metal	D6792	\$ 395.00	\$ 590.00	I Evaluation for Deep Sedation/General Anesthesia	D9219	\$ 0.00	\$ 0.00
Retainer Crown – Full Cast Noble Metal	D6794	\$ 360.00	\$ 493.00	III Deep Sedation/General Anesthesia – Each 15 Minutes *	D9223	\$ 48.00	\$ 74.00
Re-cement/Re-Bond Fixed Partial Denture	D6930	\$ 15.00	\$ 25.00	III Analgesia, Anxiolysis, Inhal Nitrous Oxide*	D9230	\$ 18.00	\$ 27.00
Stress Breaker	D6940	\$ 50.00	\$ 67.00	III Intravenous Moderate Conscious Sedation - Each 15Min*	D9243	\$ 40.00	\$ 61.00
Fixed Partial Denture Repair	D6980	\$ 99.00	\$ 149.00	III Non-Intravenous Conscious Sedation *	D9248	\$ 63.00	\$ 66.00
Type II – Oral Surgery				I Consultation	D9310	\$ 0.00	\$ 122.00
Extraction, Coronal Remnants – Deciduous Tooth	D7111	\$ 39.00	\$ 79.00	I Office Visit for Observ- Dur. Reg Schd hrs	D9430	\$ 0.00	\$ 0.00
Extraction – Erupted Tooth or Exposed Root	D7140	\$ 57.00	\$ 95.00	II Therapeutic Drug Injection (Only Antibiotics are Covered)	D9610	\$ 46.00	\$ 69.00
Extraction - Erupted Tooth	D7210	\$ 85.00	\$ 160.00	II Treatment of Complications (Post Surgical)	D9930	\$ 15.00	\$ 23.00
Removal of Impacted Tooth – Soft Tissue	D7220	\$ 92.00	\$ 199.00	III Occlusal Guard (For Bruxism)	D9940	\$ 90.00	\$ 147.00
Removal of Impacted Tooth – Partially Bony	D7230	\$ 108.00	\$ 253.00	III Occlusal Adjustment - Limited	D9951	\$ 48.00	\$ 105.00
Removal of Impacted Tooth – Completely Bony	D7240	\$ 154.00	\$ 331.00	III Occlusal Adjustment – Complete	D9952	\$ 115.00	\$ 548.00
Removal of Residual Tooth Roots	D7250	\$ 73.00	\$ 166.00	* Covered only when performed in conjunction with covered oral surgery			
Coronectomy – Intentional partial tooth removal	D7251	\$ 91.00	\$ 368.00				
Oroantral Fistula Closure	D7260	\$ 111.00	\$ 1,207.00				
Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth/Alveolus	D7270	\$ 228.00	\$ 342.00				
Tooth Transplantation	D7272	\$ 228.00	\$ 766.00				
Exposure of an Unerupted Tooth	D7280	\$ 175.00	\$ 307.00				
Incisional Biopsy of Oral Tissue – Hard (Bone, Tooth)	D7285	\$ 61.00	\$ 664.00				
Incisional Biopsy of Oral Tissue – Soft (All Others)	D7286	\$ 61.00	\$ 290.00				
Alveoplasty in Conjunction w/Extract- 4+ Teeth/Per Quad	D7310	\$ 91.00	\$ 226.00				
Alveoplasty in Conjunction w/Extract – 1-3 Teeth/Per Quad	D7311	\$ 39.00	\$ 291.00				
Alveoplasty not in Conjunction w/Extract- 4+ Teeth/Per Quad	D7320	\$ 137.00	\$ 323.00				
Alveoplasty not in Conjunction w/Extract – 1-3 Teeth/Per Quad	D7321	\$ 54.00	\$ 461.00				
Vestibuloplasty-Ridge Ext (2 nd Epithelialization)	D7340	\$ 182.00	\$ 1,628.00				
Vestibuloplasty-Ridge Ext (Grafts, Hypertissue)	D7350	\$ 273.00	\$ 5,144.00				
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/Tumor<=1.25cm	D7460	\$ 312.00	\$ 618.00				
Removal of Nonodontogenic Cyst/Tumor > 1.25 cm	D7461	\$ 364.00	\$ 980.00				
Removal of Exostosis – Per Site	D7471	\$ 95.00	\$ 665.00				
Removal of Torus Palatinus	D7472	\$ 243.00	\$ 803.00				
Removal of Torus Mandibularis	D7473	\$ 243.00	\$ 757.00				
Reduction of Osseous Tuberosity	D7485	\$ 243.00	\$ 672.00				
I/D of Abscess – Intraoral Soft Tissue	D7510	\$ 57.00	\$ 197.00				
I/D of Abscess – Extraoral Soft Tissue	D7520	\$ 121.00	\$ 903.00				
Removal of F.B., Skin, or Subc. Areolar Tissue	D7530	\$ 57.00	\$ 341.00				
Removal of Reaction Producing Foreign Bodies - Musculoskeletal System	D7540	\$ 121.00	\$ 328.00				

Underwritten by American National Life Insurance Company of Texas

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