
SECURE PLAN COPAYMENT SCHEDULE

SECTION I: PLAN DENTIST SERVICES (Subject to Exclusions and Limitations Listed in Agreement)

Plan Benefits are provided for the dental services listed in this **Plan Dentist Services** Section of the Copayment Schedule only when services are provided by Member's selected Plan Dentist. Limited benefits for Emergency Services from other Plan Dentists are provided as specifically stated in the **EMERGENCY SERVICES** Article of the Evidence of Coverage. Plan Benefits are not available for dental services that do not appear on the Copayment Schedule. To fully understand the benefits, exclusions and limitations of this plan, Member should consult the Evidence of Coverage.

Member is responsible for paying the amount listed in the **Member Copayment** column, plus any additional laboratory ("lab") fees for certain dental services. Payment may be due at the time the service is received or in accordance with Plan Dentist's billing procedures. Lab fees may apply to asterisked (*) services. For such a service, the lab fee is that Plan Dentist's normal retail lab fee for that service.

The most current dental terminology may not be reflected in the Copayment Schedule. However, Plan Benefits will be based on the most current dental terminology. Company reserves the right to update the Copayment Schedule to reflect the most current dental terminology, with at least thirty (30) days written notice to Group.

The Plan Dentist selected by Member may not perform all listed services. To fully understand payment responsibility for dental services, Member should discuss availability of services, the proposed treatment, and cost with selected Plan Dentist prior to treatment. Availability of any specific general dentist as a Plan Dentist is not guaranteed.

Payment for all services received from a Non-Plan Dentist (at the Non-Plan Dentist's entire normal retail charge) is the responsibility of Member, except for limited benefits for Emergency Services as specifically stated in the EMERGENCY SERVICES Article of Agreement.

ADA Code**	Service Description**	Member Copayment
<u>Appointments</u>		
None	Office visit - during regularly scheduled hours***	10.00
9440	Office visit - after regularly scheduled hours	40.00
None	Missed appointment without 24-hour notice***	25.00
0120	Periodic oral evaluation (once in any six calendar months)	No Charge
0140	Limited oral evaluation, problem focused	25.00
0150	Comprehensive oral evaluation - new or established patient (once in any six calendar mo.)	No Charge
0160	Detailed and extensive oral evaluation - problem focused	20.00
0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)	20.00
0180	Comprehensive periodontal evaluation - new or established patient	20.00
9310	Consultation (diagnostic service by dentist other than practitioner providing treatment)	70.00
<u>Diagnostic Dentistry</u>		
0210	X-ray: intraoral - complete series (including bitewings) (once in any three calendar years)	5.00
0220	X-ray: intraoral - periapical first film	No Charge
0230	X-ray: intraoral - periapical each additional film	No Charge
0240	X-ray: intraoral - occlusal film	No Charge
0250	X-ray: extraoral - first film	No Charge
0260	X-ray: extraoral - each additional film	No Charge
0270	X-ray: bitewing - single film	No Charge
0272	X-ray: bitewings - two films (once in any six calendar months)	No Charge
0274	X-ray: bitewing - four films (once in any six calendar months)	No Charge
0277	X-ray: vertical bitewings - 7 to 8 films	No Charge
0330	X-ray: panoramic film (once in any three calendar years)	5.00
0415	Bacteriologic studies for determination of pathologic agents	No Charge
0425	Caries susceptibility tests	No Charge
0460	Pulp vitality tests	No Charge

Preventive Dentistry

ADA Code**	Service Description**	Member Copayment
1110	Prophylaxis - adult (once in any six calendar months)	5.00
1120	Prophylaxis – child (once in any six calendar months)	5.00
1203	Topical application of fluoride (prophylaxis not included) - child	No Charge
1310	Nutritional counseling for control of dental disease	No Charge
1330	Oral hygiene instructions	No Charge
1351	Sealant - per tooth	15.00
1510*	Space maintainer - fixed - unilateral	70.00
1515*	Space maintainer - fixed - bilateral	70.00
1520*	Space maintainer - removable - unilateral	95.00
1525*	Space maintainer - removable - bilateral	115.00
1550	Re-cementation of space maintainer	20.00
None	Additional prophylaxis***	30.00
9940*	Occlusal guard	90.00
9951	Occlusal adjustment - limited	40.00
9952	Occlusal adjustment - complete	165.00
<u>Restorative Dentistry</u>		
2140	Amalgam - one surface, primary or permanent	20.00
2150	Amalgam - two surfaces, primary or permanent	25.00
2160	Amalgam - three surfaces, primary or permanent	50.00
2161	Amalgam - four or more surfaces, primary or permanent	60.00
2330	Resin-based composite - one surface, anterior	45.00
2331	Resin-based composite - two surfaces, anterior	55.00
2332	Resin-based composite - three surfaces, anterior	75.00
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	90.00
2391	Resin-based composite - one surface, posterior	80.00
2392	Resin-based composite - two surfaces, posterior	90.00
2393	Resin-based composite - three surfaces, posterior	100.00
2394	Resin-based composite - four or more surfaces, posterior	130.00
2510*	Inlay - metallic - one surface	155.00
2520*	Inlay - metallic - two surfaces	160.00
2530*	Inlay - metallic - three or more surfaces	225.00
2542*	Onlay - metallic - two surfaces	215.00
2543*	Onlay - metallic - three surfaces	225.00
2544*	Onlay - metallic - four or more surfaces	225.00
2610*	Inlay - porcelain/ceramic - one surface	220.00
2620*	Inlay - porcelain/ceramic - two surfaces	230.00
2630*	Inlay - porcelain/ceramic - three or more surfaces	245.00
2740*	Crown - porcelain/ceramic substrate	280.00
2750*	Crown - porcelain fused to high noble metal	280.00
2751*	Crown - porcelain fused to predominantly base metal	280.00
2752*	Crown - porcelain fused to noble metal	280.00
2790*	Crown - full cast high noble metal	280.00
2791*	Crown - full cast predominantly base metal	280.00
2792*	Crown - full cast noble metal	280.00
2910	Recement inlay	15.00
2920	Recement crown	15.00
2930	Prefabricated stainless steel crown - primary tooth	100.00
2940	Sedative filling	20.00
2950	Core buildup, including any pins	85.00
2951	Pin retention - per tooth, in addition to restoration	20.00
2952*	Cast post and core in addition to crown	110.00
2954	Prefabricated post and core in addition to crown	90.00
2962*	Labial veneer (porcelain laminate) - laboratory	325.00
2980	Crown repair	30.00
None	Temporary filling***	20.00
<u>Endodontics</u>		
3110	Pulp cap - direct (excluding final restoration)	20.00
3120	Pulp cap - indirect (excluding final restoration)	20.00
3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	50.00
3310	Root canal therapy: anterior (excluding final restoration)	155.00
3320	Root canal therapy: bicuspid (excluding final restoration)	225.00
3330	Root canal therapy: molar (excluding final restoration)	275.00

ADA Code**	Service Description**	Member Copayment
3346	Retreatment of previous root canal therapy - anterior	340.00
3347	Retreatment of previous root canal therapy - bicuspid	390.00
3348	Retreatment of previous root canal therapy - molar	480.00
3410	Apicoectomy/periradicular surgery - anterior	155.00
3421	Apicoectomy/periradicular surgery - bicuspid (first root)	200.00
3425	Apicoectomy/periradicular surgery - molar (first root)	300.00
3426	Apicoectomy/periradicular surgery (each additional root)	115.00
3430	Retrograde filling - per root	85.00
3450	Root amputation - per root	125.00
3920	Hemisection (including any root removal), not including root canal therapy	95.00
<u>Periodontics</u>		
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	150.00
4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	75.00
4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	170.00
4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	130.00
4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	425.00
4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	246.00
4320	Provisional splinting - intracoronal	165.00
4321	Provisional splinting - extracoronal	145.00
4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	55.00
4342	Periodontal scaling and root planing - one to three teeth, per quadrant	30.00
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	85.00
4910	Periodontal maintenance	55.00
None	Periodontal hygiene instructions***	5.00
<u>Removable Prosthodontics (Removable Dentures)</u>		
5110*	Complete denture - maxillary	325.00
5120*	Complete denture - mandibular	410.00
5130*	Immediate denture - maxillary	450.00
5140*	Immediate denture - mandibular	450.00
5211*	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	390.00
5212*	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	390.00
5213*	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	420.00
5214*	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	420.00
5410	Adjust complete denture - maxillary	15.00
5411	Adjust complete denture - mandibular	15.00
5421	Adjust partial denture - maxillary	15.00
5422	Adjust partial denture - mandibular	15.00
5510*	Repair broken complete denture base	50.00
5610*	Repair resin denture base	55.00
5620*	Repair cast framework	55.00
5630*	Repair or replace broken clasp	55.00
5640*	Replace broken teeth - per tooth	55.00
5650*	Add tooth to existing partial denture	55.00
5730	Reline complete maxillary denture (chairside)	60.00
5731	Reline complete mandibular denture (chairside)	60.00
5740	Reline maxillary partial denture (chairside)	60.00
5741	Reline mandibular partial denture (chairside)	60.00
5750*	Reline complete maxillary denture (laboratory)	95.00
5751*	Reline complete mandibular denture (laboratory)	95.00
5760*	Reline maxillary partial denture (laboratory)	95.00
5761*	Reline mandibular partial denture (laboratory)	95.00
5850	Tissue conditioning, maxillary	30.00
5851	Tissue conditioning, mandibular	30.00
5862	Precision attachment	160.00

Fixed Prosthodontics (Bridges or Fixed Partial Dentures)

ADA Code**	Service Description**	Member Copayment
6210*	Pontic - cast high noble metal	280.00
6211*	Pontic - cast predominantly base metal	280.00
6212*	Pontic - cast noble metal	280.00
6240*	Pontic - porcelain fused to high noble metal	280.00
6241*	Pontic - porcelain fused to predominantly base metal	280.00
6242*	Pontic - porcelain fused to noble metal	280.00
6251*	Pontic - resin with predominantly base metal	280.00
6545*	Retainer - cast metal for resin bonded fixed prosthesis	165.00
6721*	Crown - resin with predominantly base metal	280.00
6750*	Crown - porcelain fused to high noble metal	280.00
6751*	Crown - porcelain fused to predominantly base metal	280.00
6752*	Crown - porcelain fused to noble metal	280.00
6780*	Crown - 3/4 cast high noble metal	280.00
6790*	Crown - full cast high noble metal	280.00
6791*	Crown - full cast predominantly base metal	280.00
6792*	Crown - full cast noble metal	280.00
6930	Recement fixed partial denture	15.00
6940	Stress breaker	150.00
6950	Precision attachment	230.00
6980*	Fixed partial denture repair	55.00
None*	Resin bonded bridge pontic, per unit***	245.00
<u>Oral Surgery</u>		
7111	Extraction, coronal remnants - deciduous tooth	30.00
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	60.00
7220	Removal of impacted tooth - soft tissue	75.00
7230	Removal of impacted tooth - partially bony	100.00
7240	Removal of impacted tooth - completely bony	140.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	170.00
7250	Surgical removal of residual tooth roots (cutting procedure)	65.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	145.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	115.00
7310	Alveoloplasty in conjunction with extractions - per quadrant	75.00
7320	Alveoloplasty not in conjunction with extractions - per quadrant	140.00
7510	Incision and drainage of abscess - intraoral soft tissue	65.00
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	150.00
<u>Bleaching</u>		
9972	External bleaching - per arch	175.00
<u>Anesthesia, Analgesia, and Sedation</u>		
9220	Deep sedation/general anesthesia - first 30 minutes	180.00
9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00
9241	Intravenous conscious sedation/analgesia - first 30 minutes	175.00
9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	40.00

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*** Service does not have an American Dental Association current dental terminology code or nomenclature/descriptor.