



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
Diagnostic		
D0120	periodic oral evaluation	\$0.00
D0140	limited oral evaluation - problem focused	\$0.00
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0.00
D0150	comprehensive oral evaluation - new or established patient	\$0.00
D0160	detailed and extensive oral evaluation - problem-focused, by report	\$0.00
D0170	re-evaluation, limited, problem focused	\$0.00
D0171	re-evaluation - post-operative office visit	\$0.00
D0210	intraoral - comprehensive series of radiographic images	\$0.00
D0220	intraoral - periapical first radiographic image	\$0.00
D0230	intraoral - periapical each additional radiographic image	\$0.00
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	\$0.00
D0270	bitewing - single radiographic image	\$0.00
D0272	bitewings - two radiographic images	\$0.00
D0273	bitewings - three radiographic images	\$0.00
D0274	bitewings - four radiographic images	\$0.00
D0277	vertical bitewings - 7 to 8 radiographic images	\$0.00
D0330	panoramic radiographic image	\$0.00
D0470	diagnostic casts	\$0.00
D0601	caries risk assessment and documentation, with a finding of low risk	\$0.00
D0602	caries risk assessment and documentation, with a finding of moderate risk	\$0.00
D0603	caries risk assessment and documentation, with a finding of high risk	\$0.00
Preventive		
D1110	prophylaxis - adult	\$0.00
D1120	prophylaxis - child	\$0.00
D1206	topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride - excluding varnish	\$0.00
D1330	oral hygiene instructions	\$0.00
D1351	sealant - per tooth	\$0.00
D1352	preventive resin restoration - permanent tooth	\$0.00
D1353	sealant repair - per tooth	\$0.00
D1354	application of caries arresting medicament application - per tooth	\$0.00
D1355	caries preventive medicament application - per tooth	\$0.00
D1510	space maintainer - fixed, unilateral - per quadrant	\$0.00
D1516	space maintainer - fixed - bilateral, maxillary	\$0.00
D1517	space maintainer - fixed - bilateral, mandibular	\$0.00
D1520	space maintainer - removable, unilateral - per quadrant	\$0.00
D1526	space maintainer - removable - bilateral, maxillary	\$0.00
D1527	space maintainer - removable - bilateral, mandibular	\$0.00
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	\$0.00
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	\$0.00
D1703	Moderna Covid-19 vaccine administration - first dose	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D1704	Moderna Covid-19 vaccine administration - second dose	\$0.00
D1705	AstraZeneca Covid-19 vaccine administration - first dose	\$0.00
D1706	AstraZeneca Covid-19 vaccine administration - second dose	\$0.00
D1707	Janssen Covid-19 vaccine administration	\$0.00
D1999	Unspecified preventive procedure, by report	\$0.00
Restorative		
D2140	amalgam - one surface, primary or permanent	\$0.00
D2150	amalgam - two surfaces, primary or permanent	\$0.00
D2160	amalgam - three surfaces, primary or permanent	\$0.00
D2161	amalgam - four or more surfaces, primary or permanent	\$0.00
D2330	resin-based composite - one surface, anterior	\$0.00
D2331	resin-based composite - two surfaces, anterior	\$0.00
D2332	resin-based composite - three surfaces, anterior	\$0.00
D2335	resin-based composite - four or more surfaces (anterior)	\$0.00
D2390	resin-based composite crown, anterior	\$0.00
D2391	resin-based composite - one surface, posterior	\$0.00
D2392	resin-based composite - two surfaces, posterior	\$0.00
D2393	resin-based composite - three surfaces, posterior	\$0.00
D2394	resin-based composite - four or more surfaces, posterior	\$0.00
D2410	gold foil - one surface	\$0.00
D2420	gold foil - two surfaces	\$0.00
D2430	gold foil - three surfaces	\$0.00
D2520	inlay - metallic - two surfaces	\$0.00
D2530	inlay - metallic - three or more surfaces	\$0.00
D2542	onlay metallic, two surfaces	\$0.00
D2543	onlay-metallic-three surfaces	\$0.00
D2544	onlay-metallic-four or more surfaces	\$0.00
D2610	inlay - porcelain/ceramic - one surface	\$0.00
D2620	inlay - porcelain/ceramic - two surfaces	\$0.00
D2630	inlay - porcelain/ceramic - three or more surfaces	\$0.00
D2650	inlay - composite/resin - one surface	\$0.00
D2651	inlay - composite/resin - two surfaces	\$0.00
D2652	inlay - composite/resin - three or more surfaces	\$0.00
D2662	onlay - composite/resin - two surfaces	\$0.00
D2664	onlay - composite/resin - four or more surfaces	\$0.00
D2710	crown, resin-based composite (indirect)	\$0.00
D2712	crown - 3/4 resin-based composite (indirect)	\$0.00
D2720	crown - resin with high noble metal	\$0.00
D2721	crown - resin with predominantly base metal	\$0.00
D2722	crown - resin with noble metal	\$0.00
D2740	crown - porcelain/ceramic	\$0.00
D2750	crown - porcelain fused to high noble metal	\$0.00
D2751	crown - porcelain fused to predominantly base metal	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D2752	crown - porcelain fused to noble metal	\$0.00
D2753	crown - porcelain fused to titanium and titanium alloys	\$0.00
D2780	crown, 3/4 cast high noble metal	\$0.00
D2781	crown, 3/4 cast predominantly base metal	\$0.00
D2782	crown, 3/4 cast noble metal	\$0.00
D2790	crown - full cast high noble metal	\$0.00
D2791	crown - full cast predominantly base metal	\$0.00
D2792	crown - full cast noble metal	\$0.00
D2794	crown - titanium and titanium alloys	\$0.00
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0.00
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	\$0.00
D2920	recement or re-bond crown	\$0.00
D2921	reattachment of tooth fragment, incisal edge or cusp	\$0.00
D2928	prefabricated porcelain/ceramic crown - permanent tooth	\$0.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$0.00
D2930	prefabricated stainless steel crown - primary tooth	\$0.00
D2931	prefabricated stainless steel crown - permanent tooth	\$0.00
D2932	prefabricated resin crown	\$0.00
D2933	prefabricated stainless steel crown with resin window	\$0.00
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	\$0.00
D2940	protective restoration	\$0.00
D2941	interim therapeutic restoration-primary dentition	\$0.00
D2949	restorative foundation for an indirect restoration	\$0.00
D2951	pin retention - per tooth, in addition to restoration	\$0.00
D2952	cast post and core in addition to crown	\$0.00
D2953	each additional indirectly fabricated post, same tooth	\$0.00
D2954	prefabricated post and core in addition to crown	\$0.00
D2955	post removal	\$0.00
D2957	each additional prefabricated post, same tooth	\$0.00
D2960	labial veneer (resin laminate) - direct	\$0.00
D2961	labial veneer (resin laminate) - indirect	\$0.00
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	\$0.00
D2975	coping	\$0.00
D2981	inlay repair necessitated by restorative material failure	\$0.00
D2982	onlay repair necessitated by restorative material failure	\$0.00
D2983	veneer repair necessitated by restorative material failure	\$0.00
D2990	resin infiltration of incipient smooth surface lesions	\$0.00
D2999	unspecified restorative procedure, by report	\$0.00
D6085	interim implant crown	\$0.00
Endodontics		
D3110	pulp cap - direct (excluding final restoration)	\$0.00
D3120	pulp cap - indirect (excluding final restoration)	\$0.00
D3220	therapeutic pulpotomy (excluding final restoration)	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$0.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$0.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$0.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$0.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$0.00
D3346	retreatment of previous root canal therapy - anterior	\$0.00
D3347	retreatment of previous root canal therapy - bicuspid	\$0.00
D3348	retreatment of previous root canal therapy - molar	\$0.00
D3410	Apicoectomy - anterior	\$0.00
D3421	Apicoectomy - premolar (first root)	\$0.00
D3425	Apicoectomy - molar (first root)	\$0.00
D3426	Apicoectomy (each additional root)	\$0.00
D3430	retrograde filling - per root	\$0.00
D3471	surgical repair of root resorption - anterior	\$0.00
D3472	surgical repair of root resorption - premolar	\$0.00
D3473	surgical repair of root resorption - molar	\$0.00
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$0.00
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$0.00
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$0.00
D3911	intraorifice barrier	\$0.00
D3921	decoration or submergence of an erupted tooth	\$0.00
Periodontics		
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound spaces per quadrant	\$0.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound spaces per quadrant	\$0.00
D4245	apically positioned flap	\$0.00
D4249	clinical crown lengthening - hard tissue	\$0.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$0.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$0.00
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	\$0.00
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	\$0.00
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$0.00
D4268	surgical revision procedure, per tooth	\$0.00
D4270	pedicle soft tissue graft procedure	\$0.00
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	\$0.00
D4274	mesial/distal wedge procedure single tooth(when not perormed in conjunction with surgical procedures in the same area	\$0.00
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	\$0.00
D4276	combined connective tissue and pedicle graft, per tooth	\$0.00
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	\$0.00
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	\$0.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$0.00
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$0.00
D4346	scaling in presence of generalized moderate or severe gingival inflammation	\$0.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$0.00
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$0.00
D4910	periodontal maintenance	\$0.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00
Prosthetics, Removable		
D5110	complete denture - maxillary	\$0.00
D5120	complete denture - mandibular	\$0.00
D5130	immediate denture - maxillary	\$0.00
D5140	immediate denture - mandibular	\$0.00
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	\$0.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	\$0.00
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$0.00
D5222	immediate mandibular partial denture - resin base	\$0.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materi	\$0.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	\$0.00
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	\$0.00
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$0.00
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$0.00
D5282	removable unil partial denture - one piece cast metal (includ retentive/clasping materials, rests, and teeth), maxillary	\$0.00
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	\$0.00
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$0.00
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$0.00
D5410	adjust complete denture - maxillary	\$0.00
D5411	adjust complete denture - mandibular	\$0.00
D5421	adjust partial denture - maxillary	\$0.00
D5422	adjust partial denture - mandibular	\$0.00
D5511	repair broken complete denture base, mandibular	\$0.00
D5512	repair broken complete denture base, maxillary	\$0.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$0.00
D5611	repair resin partial denture base, mandibular	\$0.00
D5612	repair resin partial denture base, maxillary	\$0.00
D5621	repair cast partial framework, mandibular	\$0.00
D5622	repair cast partial framework, maxillary	\$0.00
D5630	repair or replace broken retentive/clasping materials - per tooth	\$0.00
D5640	replace broken teeth - per tooth	\$0.00
D5650	add tooth to existing partial denture	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D5660	add clasp to existing partial denture - per tooth	\$0.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$0.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$0.00
D5710	rebase complete maxillary denture	\$0.00
D5711	rebase complete mandibular denture	\$0.00
D5720	rebase maxillary partial denture	\$0.00
D5721	rebase mandibular partial denture	\$0.00
D5725	rebase hybrid prosthesis	\$0.00
D5730	reline complete maxillary denture (direct)	\$0.00
D5731	reline complete mandibular denture (direct)	\$0.00
D5740	reline maxillary partial denture (direct)	\$0.00
D5741	reline mandibular partial denture (direct)	\$0.00
D5750	reline complete maxillary denture (indirect)	\$0.00
D5751	reline complete mandibular denture (indirect)	\$0.00
D5760	reline maxillary partial denture (indirect)	\$0.00
D5761	reline mandibular partial denture (indirect)	\$0.00
D5765	soft liner for complete or partial removable denture - indirect	\$0.00
D5810	interim complete denture (maxillary)	\$0.00
D5811	interim complete denture (mandibular)	\$0.00
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), (mandibular)	\$0.00
D5850	tissue conditioning, maxillary	\$0.00
D5851	tissue conditioning, mandibular	\$0.00
D5867	replacement of replaceable part of semi-precision or precision attachment per attachment	\$0.00
D5875	modification of removable prosthesis following implant surgery	\$0.00
D5876	add metal substructure to acrylic full denture (per arch)	\$0.00
D5899	unspecified removable prosthodontic procedure, by report	\$0.00
Maxillofacial Prosthetics		
D5911	facial moulage (sectional)	\$0.00
D5912	facial moulage (complete)	\$0.00
D5913	nasal prosthesis	\$0.00
D5914	auricular prosthesis	\$0.00
D5915	orbital prosthesis	\$0.00
D5916	ocular prosthesis	\$0.00
D5919	facial prosthesis	\$0.00
D5922	nasal septal prosthesis	\$0.00
D5923	ocular prosthesis, interim	\$0.00
D5924	cranial prosthesis	\$0.00
D5925	facial augmentation implant prosthesis	\$0.00
D5926	nasal prosthesis, replacement	\$0.00
D5927	auricular prosthesis, replacement	\$0.00
D5928	orbital prosthesis, replacement	\$0.00
D5929	facial prosthesis, replacement	\$0.00
D5931	obturator prosthesis, surgical	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D5932	obturator prosthesis, definitive	\$0.00
D5933	obturator prosthesis, modification	\$0.00
D5934	mandibular resection prosthesis with guide flange	\$0.00
D5935	mandibular resection prosthesis without guide flange	\$0.00
D5936	obturator prosthesis, interim	\$0.00
D5937	trismus appliance (not for TMD treatment)	\$0.00
D5951	feeding aid	\$0.00
D5952	speech aid prosthesis, pediatric	\$0.00
D5953	speech aid prosthesis, adult	\$0.00
D5954	palatal augmentation prosthesis	\$0.00
D5955	palatal lift prosthesis, definitive	\$0.00
D5958	palatal lift prosthesis, interim	\$0.00
D5959	palatal lift prosthesis, modification	\$0.00
D5960	speech aid prosthesis, modification	\$0.00
D5982	surgical stent	\$0.00
D5983	radiation carrier	\$0.00
D5984	radiation shield	\$0.00
D5985	radiation cone locator	\$0.00
D5986	fluoride gel carrier	\$0.00
D5987	commissure splint	\$0.00
D5988	surgical splint	\$0.00
Prosthodontics, Fixed		
D6210	pontic - cast high noble metal	\$0.00
D6211	pontic - cast predominantly base metal	\$0.00
D6212	pontic - cast noble metal	\$0.00
D6240	pontic - porcelain fused to high noble metal	\$0.00
D6241	pontic - porcelain fused to predominantly base metal	\$0.00
D6242	pontic - porcelain fused to noble metal	\$0.00
D6243	pontic - porcelain fused to titanium and titanium alloys	\$0.00
D6245	pontic-porcelain/ceramic	\$0.00
D6250	pontic - resin with high noble metal	\$0.00
D6251	pontic - resin with predominantly base metal	\$0.00
D6252	pontic - resin with noble metal	\$0.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$0.00
D6610	retainer onlay - cast high noble metal, two surfaces	\$0.00
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	\$0.00
D6720	retainer crown - resin with high noble metal	\$0.00
D6721	retainer crown - resin with predominantly base metal	\$0.00
D6722	retainer crown - resin with noble metal	\$0.00
D6740	retainer crown-porcelain/ceramic	\$0.00
D6750	retainer crown - porcelain fused to high noble metal	\$0.00
D6751	retainer crown - porcelain fused to predominantly base metal	\$0.00
D6752	retainer crown - porcelain fused to noble metal	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$0.00
D6790	retainer crown - full cast high noble metal	\$0.00
D6791	retainer crown - full cast predominantly base metal	\$0.00
D6792	retainer crown - full cast noble metal	\$0.00
D6930	recement or re-bond fixed partial denture	\$0.00
Oral Surgery		
D7111	extraction, coronal remnants - primary tooth	\$0.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0.00
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	\$0.00
D7220	removal of impacted tooth - soft tissue	\$0.00
D7230	removal of impacted tooth - partially bony	\$0.00
D7240	removal of impacted tooth - completely bony	\$0.00
D7241	removal of impacted tooth - completely bony, with unusual surgical	\$0.00
D7250	removal of residual tooth roots (cutting procedure)	\$0.00
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$0.00
D7261	primary closure of a sinus perforation	\$0.00
D7280	exposure of an unerupted tooth	\$0.00
D7283	placement of device to facilitate eruption of impacted tooth	\$0.00
D7287	exfoliative cytological sample collection	\$0.00
D7288	brush biopsy - transepithelial sample collection	\$0.00
D7290	surgical repositioning of teeth	\$0.00
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	\$0.00
D7292	placement of temporary anchorage device (screw retained plate) requiring flap	\$0.00
D7293	placement of temporary anchorage device requiring flap	\$0.00
D7294	placement of temporary anchorage device without flap	\$0.00
D7295	harvest of bone for use in autogenous grafting procedures	\$0.00
D7296	corticotomy, one to three teeth or tooth spaces, per quadrant	\$0.00
D7297	corticotomy, four or more teeth or tooth spaces, per quadrant	\$0.00
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	\$0.00
D7299	removal of temporary anchorage device, requiring flap	\$0.00
D7300	removal of temporary anchorage device without flap	\$0.00
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00
D7311	alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$0.00
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00
D7321	alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$0.00
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment	\$0.00
D7410	excision of benign lesion up to 1.25 cm	\$0.00
D7411	excision of benign lesion greater than 1.25 cm	\$0.00
D7412	excision of benign lesion, complicated	\$0.00
D7413	excision of malignant lesion up to 1.25 cm	\$0.00
D7414	excision of malignant lesion greater than 1.25 cm	\$0.00
D7415	excision of malignant lesion, complicated	\$0.00
D7440	excision of malignant tumor-lesion diameter up to 1.25 cm	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	\$0.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$0.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0.00
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$0.00
D7471	removal of lateral exostosis (maxilla or mandible)	\$0.00
D7472	removal of torus palatinus	\$0.00
D7473	removal of torus mandibularis	\$0.00
D7485	reduction of osseous tuberosity	\$0.00
D7490	radical resection of maxilla or mandible	\$0.00
D7510	incision and drainage of abscess - intraoral soft tissue	\$0.00
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$0.00
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$0.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$0.00
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	\$0.00
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	\$0.00
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	\$0.00
D7610	maxilla - open reduction (teeth immobilized, if present)	\$0.00
D7620	maxilla - closed reduction (teeth immobilized, if present)	\$0.00
D7630	mandible - open reduction (teeth immobilized, if present)	\$0.00
D7640	mandible - closed reduction (teeth immobilized, if present)	\$0.00
D7650	malar and/or zygomatic arch - open reduction	\$0.00
D7660	malar and/or zygomatic arch - closed reduction	\$0.00
D7670	alveolus - closed reduction, may include stabilization of teeth	\$0.00
D7671	alveolus - open reduction, may include stabilization of teeth	\$0.00
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	\$0.00
D7710	maxilla - open reduction	\$0.00
D7720	maxilla - closed reduction	\$0.00
D7730	mandible - open reduction	\$0.00
D7740	mandible - closed reduction	\$0.00
D7750	malar and/or zygomatic arch - open reduction	\$0.00
D7760	malar and/or zygomatic arch - closed reduction	\$0.00
D7770	alveolus, open reduction stabilization of teeth	\$0.00
D7771	alveolus, closed reduction stabilization of teeth	\$0.00
D7780	facial bones - complicated reduction with fixation and multiple approaches	\$0.00
D7810	open reduction of dislocation	\$0.00
D7820	closed reduction of dislocation	\$0.00
D7830	manipulation under anesthesia	\$0.00
D7840	condylectomy	\$0.00
D7850	surgical discectomy, with/without implant	\$0.00
D7852	disc repair	\$0.00
D7854	synovectomy	\$0.00
D7856	myotomy	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D7858	joint reconstruction	\$0.00
D7860	arthrotomy	\$0.00
D7865	arthroplasty	\$0.00
D7870	arthrocentesis	\$0.00
D7871	non-arthroscopic lysis and lavage	\$0.00
D7872	arthroscopy - diagnosis, with or without biopsy	\$0.00
D7873	arthroscopy: lavage and lysis of adhesions	\$0.00
D7874	arthroscopy: disc repositioning and stabilization	\$0.00
D7875	arthroscopy: synovectomy	\$0.00
D7876	arthroscopy: discectomy	\$0.00
D7877	arthroscopy: debridement	\$0.00
D7880	occlusal orthotic device, by report	\$0.00
D7881	occlusal orthotic device adjustment	\$0.00
D7899	unspecified TMD therapy, by report	\$0.00
D7910	suture of recent small wounds up to 5 cm	\$0.00
D7911	complicated suture - up to 5 cm	\$0.00
D7912	complicated suture - greater than 5 cm	\$0.00
D7920	skin graft (identify defect covered, location and type of graft)	\$0.00
D7921	collection and application of autologous blood concentrate product	\$0.00
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0.00
D7940	osteoplasty - for orthognathic deformities	\$0.00
D7941	osteotomy - mandibular rami	\$0.00
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$0.00
D7944	osteotomy - segmented or subapical - per sextant or quadrant	\$0.00
D7945	osteotomy - body of mandible	\$0.00
D7946	LeFort I (maxilla - total)	\$0.00
D7947	LeFort I (maxilla - segmented)	\$0.00
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft	\$0.00
D7949	LeFort II or LeFort III - with bone graft	\$0.00
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$0.00
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	\$0.00
D7952	sinus augmentation via a vertical approach	\$0.00
D7953	Bone replacement graft for ridge preservation - per site	\$0.00
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$0.00
D7961	buccal / labial frenectomy (frenulectomy)	\$0.00
D7962	lingual frenectomy (frenulectomy)	\$0.00
D7963	frenuloplasty	\$0.00
D7970	excision of hyperplastic tissue - per arch	\$0.00
D7971	excision of pericoronal gingiva	\$0.00
D7972	surgical reduction of fibrous tuberosity	\$0.00
D7979	non-surgical sialolithotomy	\$0.00
D7980	surgical sialolithotomy	\$0.00
D7981	excision of salivary gland, by report	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D7982	sialodochoplasty	\$0.00
D7983	closure of salivary fistula	\$0.00
D7990	emergency tracheotomy	\$0.00
D7991	coronoidectomy	\$0.00
D7993	surgical placement of craniofacial implant - extra oral	\$0.00
D7994	surgical placement: zygomatic implant	\$0.00
D7995	synthetic graft - mandible or facial bones, by report	\$0.00
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	\$0.00
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	\$0.00
D7999	unspecified oral surgery procedure, by report	\$0.00
Orthodontics		
D8010	limited orthodontic treatment of the primary dentition	\$0.00
D8020	limited orthodontic treatment of the transitional dentition	\$0.00
D8030	limited orthodontic treatment of the adolescent dentition	\$0.00
D8070	comprehensive orthodontic treatment of the transitional dentition	\$0.00
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$0.00
D8681	removable orthodontic retainer adjustment	\$0.00
D8696	repair of orthodontic appliance - maxillary	\$0.00
D8697	repair of orthodontic appliance - mandibular	\$0.00
D8698	re-cement or re-bond fixed retainer - maxillary	\$0.00
D8699	re-cement or re-bond fixed retainer - mandibular	\$0.00
D8701	repair of fixed retainer, includes reattachment - maxillary	\$0.00
D8702	repair of fixed retainer, includes reattachment - mandibular	\$0.00
D8703	replacement of lost or broken retainer - maxillary	\$0.00
D8704	replacement of lost or broken retainer - mandibular	\$0.00
D8999	unspecified orthodontic procedure, by report	\$0.00
Adjunctive General Services		
D9110	palliative treatment of dental pain - per visit	\$0.00
D9120	fixed partial denture sectioning	\$0.00
D9215	local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	\$0.00
D9222	deep sedation/general anesthesia - first 15 minutes	\$0.00
D9223	deep sedation/general anesthesia-each 15 minute increment	\$0.00
D9230	inhalation of nitrous oxide/anxiolysis analgesia	\$0.00
D9239	intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$0.00
D9243	intravenous moderate (conscious) sedation/analgesia-each 15 minute increment	\$0.00
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	\$0.00
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$0.00
D9311	consultation with a medical health care professional	\$0.00
D9410	house/extended care facility call	\$0.00
D9440	office visit - after regularly scheduled hours	\$0.00
D9450	case presentation, subsequent to detailed and extensive treatment planning	\$0.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Healthplex.

PRODUCT: D0032094 (UHC Healthplex ASO Custom NY Only Plan 72P06)

ADA	Description	MEMBER PAYS
D9610	therapeutic parenteral drug, single administration	\$0.00
D9612	therapeutic parenteral drugs, two or more administrations, different medications	\$0.00
D9613	infiltration of sustained release therapeutic drug per quadrant	\$0.00
D9910	application of desensitizing medicament	\$0.00
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	\$0.00
D9912	pre-visit patient screening	\$0.00
D9920	behavior management, by report	\$0.00
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$0.00
D9932	cleaning and inspection of removable complete denture, maxillary	\$0.00
D9933	cleaning and inspection of removable complete denture, mandibular	\$0.00
D9934	cleaning and inspection of removable partial denture, maxillary	\$0.00
D9935	cleaning and inspection of removable partial denture, mandibular	\$0.00
D9941	fabrication of athletic mouthguard	\$0.00
D9942	repair and/or reline of occlusal guards	\$0.00
D9943	occlusal guard adjustment	\$0.00
D9948	adjustment of custom sleep apnea appliance	\$0.00
D9949	repair of custom sleep apnea appliance	\$0.00
D9950	occlusion analysis - mounted case	\$0.00
D9951	occlusal adjustment - limited	\$0.00
D9952	occlusal adjustment - complete	\$0.00
D9961	duplicate/copy patient's records	\$0.00
D9970	enamel microabrasion	\$0.00
D9971	odontoplasty - per tooth	\$0.00
D9972	external bleaching-per arch-performed in office	\$0.00
D9973	external bleaching-per tooth	\$0.00
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	\$0.00
D9985	Sales tax	\$0.00
D9986	missed appointment	\$0.00
D9987	cancelled appointment	\$0.00
D9990	certified translation or sign-language services - per visit	\$0.00
D9991	dental case management-addressing appointment compliance barriers	\$0.00
D9992	dental case management-care coordination	\$0.00
D9993	dental case management-motivational interviewing	\$0.00
D9994	dental case management-patient education to improve oral health literacy	\$0.00
D9995	teledentistry - synchronous; real-time encounter	\$0.00
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00
D9997	dental case management - patients with special health care needs	\$0.00
D9999	unspecified adjunctive procedure, by report	\$0.00