



## Patient Copay Schedule

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### PRODUCT: D0032603 (UHC Healthplex ASO Custom NY Only Plan 71P08)

ADA	Description	MEMBER PAYS
<b>Diagnostic</b>		
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
D0180	comprehensive periodontal evaluation - new or established patient	\$0.00
D0190	Screening of a patient	\$0.00
D0191	Assessment of a patient	\$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
D0240	intraoral - occlusal radiographic image	\$0.00
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	\$0.00
D0251	extra-oral posterior dental radiographic image	\$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
D0310	sialography	\$0.00
D0320	temporomandibular joint arthrogram, including injection	\$0.00
D0321	other temporomandibular joint radiographic images, by report	\$0.00
D0322	tomographic survey	\$0.00
D0330	panoramic radiographic image	\$0.00
D0340	2D cephalometric radiographic images - acquisition, measurement and analysis	\$0.00
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	\$0.00
D0351	3D photographic image	\$0.00
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	\$0.00
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$0.00
D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$0.00
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$0.00
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	\$0.00
D0369	maxillofacial MRI capture and interpretation	\$0.00
D0370	maxillofacial ultrasound capture and interpretation	\$0.00
D0371	sialoendoscopy capture and interpretation	\$0.00
D0380	cone beam CT image capture with limited field of view - less than one whole jaw	\$0.00
D0381	cone beam CT image capture with field of view of one full dental arch - mandible	\$0.00
D0382	cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	\$0.00
D0383	cone beam CT image capture with field of view of both jaws, with or without cranium	\$0.00
D0384	cone beam CT image capture for TMJ series including two or more exposures	\$0.00



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D0385	maxillofacial MRI image capture	\$0.00
D0386	maxillofacial ultrasound image capture	\$0.00
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image	\$0.00
D0393	virtual treatment simulation using 3D image volume or surface scan	\$0.00
D0394	digital subtraction of two or more images or image volumes of the same modality	\$0.00
D0395	fusion of two or more 3D image volumes of one or more modalities	\$0.00
D0411	HbA1c in office point of service testing	\$0.00
D0412	blood glucose level test - in-office using a glucose meter	\$0.00
D0414	Lab processing of microbial specimen to include culture and sensitivity studies.	\$0.00
D0415	collection of microorganisms for culture and sensitivity	\$0.00
D0416	viral culture	\$0.00
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	\$0.00
D0418	analysis of saliva sample	\$0.00
D0419	assessment of salivary flow by measurement	\$0.00
D0422	collection and preparation of genetic sample material for laboratory analysis and report	\$0.00
D0423	genetic test for susceptibility to diseases-specimen analysis	\$0.00
D0425	caries susceptibility tests	\$0.00
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesi	\$0.00
D0460	pulp vitality tests	\$0.00
D0470	diagnostic casts	\$0.00
D0472	accession of tissue, gross examination, prep and transmission of written report	\$0.00
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	\$0.00
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	\$0.00
D0475	decalcification procedure	\$0.00
D0476	special stains for microorganisms	\$0.00
D0477	special stains, not for microorganisms	\$0.00
D0478	immunohistochemical stains	\$0.00
D0479	tissue in-situ hybridization, including interpretation	\$0.00
D0480	processing and interpretation of exfoliative cytological smears, including preparation and transmission of written report	\$0.00
D0481	electron microscopy	\$0.00
D0482	direct immunofluorescence	\$0.00
D0483	indirect immunofluorescence	\$0.00
D0484	consultation on slides prepared elsewhere	\$0.00
D0485	consultation, including preparation of slides from biopsy materials supplied by referring source	\$0.00
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	\$0.00
D0502	other oral pathology procedures, by report	\$0.00
D0600	non-ionizing diagnostic procedure	\$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
D0604	antigen testing for a public health related pathogen, including coronavirus	\$0.00
D0605	antibody testing for a public health related pathogen, including coronavirus	\$0.00
D0606	molecular testing for public health related pathogen, including coronavirus	\$0.00



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D0701	panoramic radiographic image - image capture only	\$0.00
D0702	2-D cephalometric radiographic image - image capture only	\$0.00
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	\$0.00
D0704	3-D photographic image - image capture only	\$0.00
D0705	extra-oral posterior dental radiographic image - image capture only	\$0.00
D0706	intraoral - occlusal radiographic image - image capture only	\$0.00
D0707	intraoral - periapical radiographic image - image capture only	\$0.00
D0708	intraoral - bitewing radiographic image - image capture only	\$0.00
D0709	intraoral - comprehensive series of radiographic images - image capture only	\$0.00
D0999	unspecified diagnostic procedure, by report	\$0.00
<b>Preventive</b>		
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
D1310	nutritional counseling for control of dental disease	\$0.00
D1320	tobacco counseling for the control and prevention of oral disease	\$0.00
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with	\$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
D1551	re-cement or re-bond bilateral space maintainer - maxillary	\$0.00
D1552	re-cement or re-bond bilateral space maintainer - mandibular	\$0.00
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	\$0.00
D1556	removal of fixed unilateral space maintainer - per quadrant	\$0.00
D1557	removal of fixed bilateral space maintainer - maxillary	\$0.00
D1558	removal of fixed bilateral space maintainer - mandibular	\$0.00
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	\$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
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



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ADA	Description	MEMBER PAYS
D1707	Janssen Covid-19 vaccine administration	\$0.00
D1999	Unspecified preventive procedure, by report	\$0.00
<b>Restorative</b>		
D2140	amalgam - one surface, primary or permanent	\$45.00
D2150	amalgam - two surfaces, primary or permanent	\$60.00
D2160	amalgam - three surfaces, primary or permanent	\$75.00
D2161	amalgam - four or more surfaces, primary or permanent	\$85.00
D2330	resin-based composite - one surface, anterior	\$50.00
D2331	resin-based composite - two surfaces, anterior	\$70.00
D2332	resin-based composite - three surfaces, anterior	\$88.00
D2335	resin-based composite - four or more surfaces (anterior)	\$95.00
D2390	resin-based composite crown, anterior	\$95.00
D2391	resin-based composite - one surface, posterior	\$75.00
D2392	resin-based composite - two surfaces, posterior	\$110.00
D2393	resin-based composite - three surfaces, posterior	\$148.00
D2394	resin-based composite - four or more surfaces, posterior	\$155.00
D2410	gold foil - one surface	\$165.00
D2420	gold foil - two surfaces	\$200.00
D2430	gold foil - three surfaces	\$240.00
D2510	inlay - metallic - one surface	\$250.00
D2520	inlay - metallic - two surfaces	\$300.00
D2530	inlay - metallic - three or more surfaces	\$360.00
D2542	onlay metallic, two surfaces	\$300.00
D2543	onlay-metallic-three surfaces	\$360.00
D2544	onlay-metallic-four or more surfaces	\$360.00
D2610	inlay - porcelain/ceramic - one surface	\$220.00
D2620	inlay - porcelain/ceramic - two surfaces	\$220.00
D2630	inlay - porcelain/ceramic - three or more surfaces	\$220.00
D2642	onlay - porcelain/ceramic - two surfaces	\$220.00
D2643	onlay - porcelain/ceramic - three surfaces	\$220.00
D2644	onlay - porcelain/ceramic - four or more surfaces	\$220.00
D2650	inlay - composite/resin - one surface	\$220.00
D2651	inlay - composite/resin - two surfaces	\$220.00
D2652	inlay - composite/resin - three or more surfaces	\$220.00
D2662	onlay - composite/resin - two surfaces	\$220.00
D2663	onlay - composite/resin - three surfaces	\$220.00
D2664	onlay - composite/resin - four or more surfaces	\$220.00
D2710	crown, resin-based composite (indirect)	\$200.00
D2712	crown - 3/4 resin-based composite (indirect)	\$200.00
D2720	crown - resin with high noble metal	\$525.00
D2721	crown - resin with predominantly base metal	\$425.00
D2722	crown - resin with noble metal	\$425.00
D2740	crown - porcelain/ceramic	\$425.00



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D2750	crown - porcelain fused to high noble metal	\$595.00
D2751	crown - porcelain fused to predominantly base metal	\$525.00
D2752	crown - porcelain fused to noble metal	\$525.00
D2753	crown - porcelain fused to titanium and titanium alloys	\$595.00
D2780	crown, 3/4 cast high noble metal	\$310.00
D2781	crown, 3/4 cast predominantly base metal	\$310.00
D2782	crown, 3/4 cast noble metal	\$310.00
D2783	crown, 3/4 porcelain/ceramic	\$310.00
D2790	crown - full cast high noble metal	\$525.00
D2791	crown - full cast predominantly base metal	\$425.00
D2792	crown - full cast noble metal	\$425.00
D2794	crown - titanium and titanium alloys	\$425.00
D2799	provisional crown - further treatment or completion of diagnosis necessary prior to final impression	\$0.00
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$36.00
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	\$36.00
D2920	recement or re-bond crown	\$38.00
D2921	reattachment of tooth fragment, incisal edge or cusp	\$38.00
D2928	prefabricated porcelain/ceramic crown - permanent tooth	\$110.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$110.00
D2930	prefabricated stainless steel crown - primary tooth	\$110.00
D2931	prefabricated stainless steel crown - permanent tooth	\$110.00
D2932	prefabricated resin crown	\$75.00
D2933	prefabricated stainless steel crown with resin window	\$110.00
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	\$110.00
D2940	protective restoration	\$45.00
D2941	interim therapeutic restoration-primary dentition	\$0.00
D2949	restorative foundation for an indirect restoration	\$0.00
D2950	Core buildup, including any pins when required	\$100.00
D2951	pin retention - per tooth, in addition to restoration	\$25.00
D2952	cast post and core in addition to crown	\$165.00
D2953	each additional indirectly fabricated post, same tooth	\$0.00
D2954	prefabricated post and core in addition to crown	\$105.00
D2955	post removal	\$105.00
D2957	each additional prefabricated post, same tooth	\$0.00
D2960	labial veneer (resin laminate) - direct	\$125.00
D2961	labial veneer (resin laminate) - indirect	\$125.00
D2962	labial veneer (porcelain laminate) - indirect	\$395.00
D2971	additional procedures to customize a crown to fit under an existing partial dental framework	\$0.00
D2975	coping	\$0.00
D2980	crown repair necessitated by restorative material failure	\$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



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D2990	resin infiltration of incipient smooth surface lesions	\$30.00
D2999	unspecified restorative procedure, by report	\$0.00
D6085	interim implant crown	\$0.00
D6096	remove broken implant retaining screw	\$0.00
<b>Endodontics</b>		
D3110	pulp cap - direct (excluding final restoration)	\$25.00
D3120	pulp cap - indirect (excluding final restoration)	\$25.00
D3220	therapeutic pulpotomy (excluding final restoration)	\$65.00
D3221	pulpal debridement, primary and permanent teeth	\$35.00
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$0.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$65.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$65.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$350.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$425.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$500.00
D3331	treatment of root canal obstruction, non-surgical access	\$0.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$0.00
D3333	internal root repair of perforation defects	\$0.00
D3346	retreatment of previous root canal therapy - anterior	\$385.00
D3347	retreatment of previous root canal therapy - bicuspid	\$465.00
D3348	retreatment of previous root canal therapy - molar	\$550.00
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	\$125.00
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	\$0.00
D3353	apexification/recalcification - final visit (includes completed root)	\$0.00
D3355	Pupal regeneration-initial visit	\$0.00
D3356	Pulpal regeneration-interim medicament replacement	\$0.00
D3357	Pulpal regeneration-completion of treatment	\$0.00
D3410	Apicoectomy - anterior	\$210.00
D3421	Apicoectomy - premolar (first root)	\$210.00
D3425	Apicoectomy - molar (first root)	\$235.00
D3426	Apicoectomy (each additional root)	\$125.00
D3428	bone graft in conjunction with periradicular surgery-per tooth, single site	\$0.00
D3429	bone graft in conjunction with periradicular surgery -each additional contiguous tooth in same surgical site	\$0.00
D3430	retrograde filling - per root	\$55.00
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$0.00
D3432	guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	\$0.00
D3450	root amputation - per root	\$150.00
D3460	endodontic endosseous implant	\$0.00
D3470	intentional reimplantation (including necessary splinting)	\$0.00
D3471	surgical repair of root resorption - anterior	\$210.00
D3472	surgical repair of root resorption - premolar	\$210.00
D3473	surgical repair of root resorption - molar	\$235.00
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$210.00



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D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$210.00
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$210.00
D3910	surgical procedure for isolation of tooth with rubber dam	\$0.00
D3911	intraorifice barrier	\$75.00
D3920	hemisection (including any root removal), not including root canal therapy	\$150.00
D3921	decoronation or submergence of an erupted tooth	\$0.00
D3950	canal preparation and fitting of preformed dowel or post	\$0.00
D3999	unspecified endodontic procedure, by report	\$0.00
<b>Periodontics</b>		
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$180.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$90.00
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$0.00
D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4231	anatomical crown exposure - one to three 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	\$275.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound spaces per quadrant	\$137.50
D4245	apically positioned flap	\$0.00
D4249	clinical crown lengthening - hard tissue	\$325.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$460.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$230.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$175.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$125.00
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	\$130.00
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	\$130.00
D4274	mesial/distal wedge procedure single tooth(when not performed in conjunction with surgical procedures in the same area	\$130.00
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	\$130.00
D4276	combined connective tissue and pedicle graft, per tooth	\$130.00
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	\$275.00
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	\$275.00
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	\$0.00
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	\$0.00
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	\$0.00
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	\$0.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$90.00
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$45.00
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	\$70.00
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$60.00
D4910	periodontal maintenance	\$72.50



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D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00
D4921	gingival irrigation with a medicinal agent - per quadrant	\$0.00
D4999	unspecified periodontal procedure, by report	\$0.00
<b>Prosthodontics, Removable</b>		
D5110	complete denture - maxillary	\$650.00
D5120	complete denture - mandibular	\$650.00
D5130	immediate denture - maxillary	\$675.00
D5140	immediate denture - mandibular	\$675.00
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$450.00
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$450.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	\$695.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	\$695.00
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$450.00
D5222	immediate mandibular partial denture - resin base	\$450.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materi	\$695.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	\$695.00
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$695.00
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	\$695.00
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$450.00
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$450.00
D5282	removable unil partial denture - one piece cast metal (includ retentive/clasping materials, rests, and teeth), maxillary	\$515.00
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	\$515.00
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$515.00
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$515.00
D5410	adjust complete denture - maxillary	\$25.00
D5411	adjust complete denture - mandibular	\$25.00
D5421	adjust partial denture - maxillary	\$25.00
D5422	adjust partial denture - mandibular	\$25.00
D5511	repair broken complete denture base, mandibular	\$65.00
D5512	repair broken complete denture base, maxillary	\$65.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$55.00
D5611	repair resin partial denture base, mandibular	\$65.00
D5612	repair resin partial denture base, maxillary	\$65.00
D5621	repair cast partial framework, mandibular	\$100.00
D5622	repair cast partial framework, maxillary	\$100.00
D5630	repair or replace broken retentive/clasping materials - per tooth	\$90.00
D5640	replace broken teeth - per tooth	\$55.00
D5650	add tooth to existing partial denture	\$55.00
D5660	add clasp to existing partial denture - per tooth	\$90.00
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	\$250.00
D5711	rebase complete mandibular denture	\$250.00





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### PRODUCT: D0032603 (UHC Healthplex ASO Custom NY Only Plan 71P08)

ADA	Description	MEMBER PAYS
D5720	rebase maxillary partial denture	\$210.00
D5721	rebase mandibular partial denture	\$210.00
D5725	rebase hybrid prosthesis	\$250.00
D5730	reline complete maxillary denture (direct)	\$135.00
D5731	reline complete mandibular denture (direct)	\$135.00
D5740	reline maxillary partial denture (direct)	\$92.00
D5741	reline mandibular partial denture (direct)	\$92.00
D5750	reline complete maxillary denture (indirect)	\$150.00
D5751	reline complete mandibular denture (indirect)	\$200.00
D5760	reline maxillary partial denture (indirect)	\$145.00
D5761	reline mandibular partial denture (indirect)	\$180.00
D5765	soft liner for complete or partial removable denture - indirect	\$62.00
D5810	interim complete denture (maxillary)	\$0.00
D5811	interim complete denture (mandibular)	\$0.00
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), (maxillary)	\$0.00
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), (mandibular)	\$0.00
D5850	tissue conditioning, maxillary	\$62.00
D5851	tissue conditioning, mandibular	\$62.00
D5862	precision attachment, by report	\$0.00
D5863	Overdenture-complete maxillary	\$625.00
D5864	Overdenture-partial maxillary	\$675.00
D5865	Overdenture - complete mandibular	\$625.00
D5866	Overdenture-partial mandibular	\$675.00
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
D6118	implant/abutment supported interim fixed denture for edentulous arch, mandibular	\$0.00
D6119	implant/abutment supported interim fixed denture for edentulous arch, maxillary	\$0.00
<b>Maxillofacial Prosthetics</b>		
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



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ADA	Description	MEMBER PAYS
D5928	orbital prosthesis, replacement	\$0.00
D5929	facial prosthesis, replacement	\$0.00
D5931	obturator prosthesis, surgical	\$0.00
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
D5991	Vesiculobullous disease medicament carrier	\$0.00
D5992	adjust maxillofacial prosthetic appliance, by report	\$0.00
D5993	maintenance and cleaning of a maxillofacial prosthesis	\$0.00
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	\$0.00
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	\$0.00
D5999	unspecified maxillofacial prosthesis, by report	\$0.00
<b>Implant Services</b>		
D6010	Surgical placement of implant body: endosteal implant	\$0.00
D6011	surgical access to an implant body (second stage implant surgery)	\$0.00
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$0.00
D6013	surgical placement of mini-implant	\$0.00
D6040	surgical placement: epostal implant	\$0.00
D6050	surgical placement: transosteal implant	\$0.00
D6051	Interim abutment	\$0.00
D6055	connecting bar - implant supported or abutment supported	\$0.00
D6056	prefabricated abutment - includes modification and placement	\$0.00
D6057	custom fabricated abutment - includes placement	\$0.00
D6058	abutment supported porcelain/ceramic crown	\$0.00
D6059	abutment supported porcelain fused to metal crown (high noble metal)	\$0.00



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ADA	Description	MEMBER PAYS
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	\$0.00
D6061	abutment supported porcelain fused to metal crown (noble metal)	\$0.00
D6062	abutment supported cast metal crown (high noble metal)	\$0.00
D6063	abutment supported cast metal crown (predominantly base metal)	\$0.00
D6064	abutment supported cast metal crown (noble metal)	\$0.00
D6065	implant supported porcelain/ceramic crown	\$0.00
D6066	implant supported - porcelain fused to high noble alloys	\$0.00
D6067	implant supported crown - high noble alloys	\$0.00
D6068	abutment supported retainer for porcelain/ceramic FPD	\$0.00
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$0.00
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$0.00
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$0.00
D6072	abutment supported retainer for cast metal FPD (high noble metal)	\$0.00
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	\$0.00
D6074	abutment supported retainer for cast metal FPD (noble metal)	\$0.00
D6075	implant supported retainer for ceramic FPD	\$0.00
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	\$0.00
D6077	implant supported retainer for metal FPD - high noble alloys	\$0.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted	\$0.00
D6081	scaling and debridement in the presence of inflammation or mucositis of a single a implant	\$0.00
D6082	implant supported crown - porcelain fused to predominantly base alloys	\$0.00
D6083	implant supported crown - porcelain fused to noble alloys	\$0.00
D6084	implant supported crown - porcelain fused to titanium and titanium alloys .	\$0.00
D6086	implant supported crown - predominantly base alloys	\$0.00
D6087	implant supported crown - noble alloys	\$0.00
D6088	implant supported crown - titanium and titanium alloys	\$0.00
D6090	repair implant supported prosthesis, by report	\$0.00
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment	\$0.00
D6092	re cement or re-bond implant/abutment supported crown	\$0.00
D6093	re cement or re-bond implant/abutment supported fixed partial denture	\$0.00
D6094	abutment supported crown - titanium and titanium alloys	\$0.00
D6095	repair implant abutment, by report	\$0.00
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$0.00
D6098	implant supported retainer - porcelain fused to predominantly base alloys	\$0.00
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	\$0.00
D6100	surgical removal of implant body	\$0.00
D6101	debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$0.00
D6102	debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and fl	\$0.00
D6103	bone graft for repair of periimplant defect not include flap entry and closure.	\$0.00
D6104	bone graft at time of implant placement	\$0.00
D6110	implant/abutment supported removable denture for edentulous arch - maxillary	\$0.00
D6111	implant/abutment supported removable denture for edentulous arch - mandibular	\$0.00
D6112	implant/abutment supported removable denture for partially edentulous arch - maxillary	\$0.00



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### PRODUCT: D0032603 (UHC Healthplex ASO Custom NY Only Plan 71P08)

ADA	Description	MEMBER PAYS
D6113	implant/abutment supported removable denture for partially edentulous arch - mandibular	\$0.00
D6114	implant /abutment supported fixed denture for edentulous arch - maxillary	\$0.00
D6115	implant/abutment supported fixed denture for edentulous arch - mandibular	\$0.00
D6116	implant/abutment supported fixed denture for partially edentulous arch-maxillary	\$0.00
D6117	implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$0.00
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	\$0.00
D6121	implant supported retainer for metal FPD - predominantly base alloys	\$0.00
D6122	implant supported retainer for metal FPD - noble alloys	\$0.00
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	\$0.00
D6190	radiographic/surgical implant index, by report	\$0.00
D6191	semi-precision abutment - placement	\$0.00
D6192	semi-precision attachment - placement	\$0.00
D6194	abutment supported retainer crown for FPD - titanium and titanium alloys	\$0.00
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	\$0.00
D6198	remove interim implant component	\$0.00
D6199	unspecified implant procedure, by report	\$0.00
<b>Prosthetics, Fixed</b>		
D6205	pontic - indirect resin based composite	\$0.00
D6210	pontic - cast high noble metal	\$525.00
D6211	pontic - cast predominantly base metal	\$425.00
D6212	pontic - cast noble metal	\$425.00
D6214	pontic - titanium and titanium alloys	\$425.00
D6240	pontic - porcelain fused to high noble metal	\$595.00
D6241	pontic - porcelain fused to predominantly base metal	\$525.00
D6242	pontic - porcelain fused to noble metal	\$525.00
D6243	pontic - porcelain fused to titanium and titanium alloys	\$595.00
D6245	pontic-porcelain/ceramic	\$425.00
D6250	pontic - resin with high noble metal	\$525.00
D6251	pontic - resin with predominantly base metal	\$425.00
D6252	pontic - resin with noble metal	\$425.00
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	\$0.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$225.00
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	\$225.00
D6549	resin retainer - for resin bonded fixed prosthesis	\$225.00
D6600	retainer inlay-porcelain/ceramic, two surfaces	\$220.00
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	\$220.00
D6602	retainer inlay - cast high noble metal, two surfaces	\$300.00
D6603	retainer inlay - cast high noble metal, three or more surfaces	\$360.00
D6604	retainer inlay - cast predominantly base metal, two surfaces	\$300.00
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	\$360.00
D6606	retainer inlay - cast noble metal, two surfaces	\$300.00
D6607	retainer inlay - cast noble metal, three or more surfaces	\$360.00
D6608	retainer onlay - porcelain/ceramic, two surfaces	\$220.00



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### PRODUCT: D0032603 (UHC Healthplex ASO Custom NY Only Plan 71P08)

ADA	Description	MEMBER PAYS
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	\$220.00
D6610	retainer onlay - cast high noble metal, two surfaces	\$300.00
D6611	retainer onlay - cast high noble metal, three or more surfaces	\$360.00
D6612	retainer onlay - cast predominantly base metal, two surfaces	\$300.00
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	\$360.00
D6614	retainer onlay - cast noble metal, two surfaces	\$300.00
D6615	retainer onlay - cast noble metal, three or more surfaces	\$360.00
D6624	retainer inlay - titanium	\$360.00
D6634	retainer onlay - titanium	\$360.00
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	\$525.00
D6721	retainer crown - resin with predominantly base metal	\$425.00
D6722	retainer crown - resin with noble metal	\$425.00
D6740	retainer crown-porcelain/ceramic	\$425.00
D6750	retainer crown - porcelain fused to high noble metal	\$595.00
D6751	retainer crown - porcelain fused to predominantly base metal	\$525.00
D6752	retainer crown - porcelain fused to noble metal	\$525.00
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$595.00
D6780	retainer crown - 3/4 cast high noble metal	\$310.00
D6781	retainer crown-3/4 cast predominantly based metal	\$310.00
D6782	retainer crown-3/4 cast noble metal	\$310.00
D6783	retainer crown-3/4 porcelain/ceramic	\$310.00
D6784	retainer crown 3/4 - titanium and titanium alloys	\$310.00
D6790	retainer crown - full cast high noble metal	\$525.00
D6791	retainer crown - full cast predominantly base metal	\$425.00
D6792	retainer crown - full cast noble metal	\$425.00
D6793	interim retainer crown-further treatment or completion of diagnosis necessary prior to final impression	\$0.00
D6794	retainer crown - titanium and titanium alloys	\$425.00
D6920	connector bar	\$0.00
D6930	re-cement or re-bond fixed partial denture	\$62.00
D6940	stress breaker	\$0.00
D6950	precision attachment	\$0.00
D6980	fixed partial denture repair, necessitated by restorative material failure	\$55.00
D6985	pediatric partial denture, fixed	\$0.00
D6999	unspecified, fixed prosthodontic procedure, by report	\$0.00
<b>Oral Surgery</b>		
D7111	extraction, coronal remnants - primary tooth	\$56.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$66.00
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	\$110.00
D7220	removal of impacted tooth - soft tissue	\$155.00
D7230	removal of impacted tooth - partially bony	\$188.00
D7240	removal of impacted tooth - completely bony	\$240.00
D7241	removal of impacted tooth - completely bony, with unusual surgical	\$275.00



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### PRODUCT: D0032603 (UHC Healthplex ASO Custom NY Only Plan 71P08)

ADA	Description	MEMBER PAYS
D7250	removal of residual tooth roots (cutting procedure)	\$90.00
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$90.00
D7260	oroantral fistula closure	\$395.00
D7261	primary closure of a sinus perforation	\$190.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$120.00
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$0.00
D7280	exposure of an unerupted tooth	\$225.00
D7282	mobilization of erupted or malpositioned tooth to aid eruption	\$0.00
D7283	placement of device to facilitate eruption of impacted tooth	\$50.00
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	\$90.00
D7286	incisional biopsy of oral tissue - soft (all others)	\$75.00
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	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$62.00
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$31.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$125.00
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$62.50
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	\$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	\$140.00
D7411	excision of benign lesion greater than 1.25 cm	\$190.00
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
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	\$150.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$275.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$150.00
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$275.00
D7465	destruction of lesion(s) by physical or chemical method, by report	\$0.00



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### PRODUCT: D0032603 (UHC Healthplex ASO Custom NY Only Plan 71P08)

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D7471	removal of lateral exostosis (maxilla or mandible)	\$180.00
D7472	removal of torus palatinus	\$180.00
D7473	removal of torus mandibularis	\$180.00
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	\$80.00
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$80.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$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
D7858	joint reconstruction	\$0.00
D7860	arthrotomy	\$0.00
D7865	arthroplasty	\$0.00
D7870	arthrocentesis	\$0.00



## Patient Copay Schedule

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### PRODUCT: D0032603 (UHC Healthplex ASO Custom NY Only Plan 71P08)

ADA	Description	MEMBER PAYS
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)	\$190.00
D7962	lingual frenectomy (frenulectomy)	\$190.00
D7963	frenuloplasty	\$0.00
D7970	excision of hyperplastic tissue - per arch	\$180.00
D7971	excision of pericoronal gingiva	\$60.00
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
D7982	sialodochoplasty	\$0.00
D7983	closure of salivary fistula	\$0.00
D7990	emergency tracheotomy	\$0.00
D7991	coronoidectomy	\$0.00





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### PRODUCT: D0032603 (UHC Healthplex ASO Custom NY Only Plan 71P08)

ADA	Description	MEMBER PAYS
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
D7998	intraoral placement of a fixation device not in conjunction with a fracture	\$0.00
D7999	unspecified oral surgery procedure, by report	\$0.00
<b>Orthodontics</b>		
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
D8040	limited orthodontic treatment of the adult dentition	\$0.00
D8070	comprehensive orthodontic treatment of the transitional dentition	\$750.00
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$750.00
D8090	comprehensive orthodontic treatment of the adult dentition	\$0.00
D8210	removable appliance therapy	\$375.00
D8220	fixed appliance therapy	\$395.00
D8660	pre-orthodontic treatment examination to monitor growth and development	\$50.00
D8670	periodic orthodontic treatment visit	\$90.00
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$0.00
D8681	removable orthodontic retainer adjustment	\$0.00
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$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
<b>Adjunctive General Services</b>		
D9110	palliative treatment of dental pain - per visit	\$30.00
D9120	fixed partial denture sectioning	\$125.00
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	\$0.00
D9210	local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9211	regional block anesthesia	\$0.00
D9212	trigeminal division block anesthesia	\$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	\$56.67
D9223	deep sedation/general anesthesia-each 15 minute increment	\$56.67



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ADA	Description	MEMBER PAYS
D9230	inhalation of nitrous oxide/anxiolysis analgesia	\$0.00
D9239	intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$56.67
D9243	intravenous moderate (conscious) sedation/analgesia-each 15 minute increment	\$56.67
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
D9420	hospital or ambulatory surgical center call	\$0.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$0.00
D9440	office visit - after regularly scheduled hours	\$0.00
D9450	case presentation, subsequent to detailed and extensive treatment planning	\$0.00
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
D9630	drugs or medicaments, dispensed in the office for home use	\$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
D9944	occlusal guard - hard appliance, full arch	\$0.00
D9945	occlusal guard - soft appliance, full arch	\$0.00
D9946	occlusal guard - hard appliance, partial arch	\$0.00
D9947	custom sleep apnea appliance fabrication and placement	\$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	\$55.00
D9952	occlusal adjustment - complete	\$150.00
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	\$150.00
D9974	internal bleaching-per tooth	\$150.00
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	\$0.00



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**PRODUCT: D0032603 (UHC Healthplex ASO Custom NY Only Plan 71P08)**

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<b>ADA</b>	<b>Description</b>	<b>MEMBER PAYS</b>
D9985	Sales tax	\$0.00
D9986	missed appointment	\$0.00
D9987	cancelled appointment	\$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