



## 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: D0032609 (UHC Healthplex ASO Custom NY Only Plan 73P49)

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
D0180	comprehensive periodontal evaluation - new or established 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
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
D0470	diagnostic casts	\$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
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



## 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: D0032609 (UHC Healthplex ASO Custom NY Only Plan 73P49)

ADA	Description	MEMBER PAYS
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	\$0.00
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	\$0.00
<b>Restorative</b>		
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
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
D2642	onlay - porcelain/ceramic - two surfaces	\$0.00
D2643	onlay - porcelain/ceramic - three surfaces	\$0.00
D2644	onlay - porcelain/ceramic - four 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
D2663	onlay - composite/resin - three 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
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
D2783	crown, 3/4 porcelain/ceramic	\$0.00
D2790	crown - full cast high 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: D0032609 (UHC Healthplex ASO Custom NY Only Plan 73P49)

ADA	Description	MEMBER PAYS
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
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
D2950	Core buildup, including any pins when required	\$0.00
D2951	pin retention - per tooth, in addition to restoration	\$0.00
D2952	cast post and core in addition to crown	\$0.00
D2954	prefabricated post and core in addition to crown	\$0.00
D2962	labial veneer (porcelain laminate) - indirect	\$0.00
D2990	resin infiltration of incipient smooth surface lesions	\$0.00
<b>Endodontics</b>		
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
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
D3450	root amputation - 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



## 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: D0032609 (UHC Healthplex ASO Custom NY Only Plan 73P49)**

ADA	Description	MEMBER PAYS
D3911	intraorifice barrier	\$0.00
D3920	hemisection (including any root removal), not including root canal therapy	\$0.00
<b>Periodontics</b>		
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
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
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
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
D4910	periodontal maintenance	\$0.00
<b>Prosthodontics, Removable</b>		
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



## 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: D0032609 (UHC Healthplex ASO Custom NY Only Plan 73P49)

ADA	Description	MEMBER PAYS
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
D5660	add clasp to existing partial denture - per tooth	\$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
D5850	tissue conditioning, maxillary	\$0.00
D5851	tissue conditioning, mandibular	\$0.00
D5863	Overdenture-complete maxillary	\$0.00
D5864	Overdenture-partial maxillary	\$0.00
D5865	Overdenture - complete mandibular	\$0.00
D5866	Overdenture-partial mandibular	\$0.00
<b>Prosthodontics, Fixed</b>		
D6210	pontic - cast high noble metal	\$0.00
D6211	pontic - cast predominantly base metal	\$0.00
D6212	pontic - cast noble metal	\$0.00
D6214	pontic - titanium and titanium alloys	\$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: D0032609 (UHC Healthplex ASO Custom NY Only Plan 73P49)

ADA	Description	MEMBER PAYS
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
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	\$0.00
D6549	resin retainer - for resin bonded fixed prosthesis	\$0.00
D6600	retainer inlay-porcelain/ceramic, two surfaces	\$0.00
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	\$0.00
D6608	retainer onlay - porcelain/ceramic, two surfaces	\$0.00
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	\$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
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$0.00
D6780	retainer crown - 3/4 cast high noble metal	\$0.00
D6781	retainer crown-3/4 cast predominantly based metal	\$0.00
D6782	retainer crown-3/4 cast noble metal	\$0.00
D6783	retainer crown-3/4 porcelain/ceramic	\$0.00
D6784	retainer crown 3/4 - 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
D6794	retainer crown - titanium and titanium alloys	\$0.00
D6930	recement or re-bond fixed partial denture	\$0.00
<b>Oral Surgery</b>		
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



## 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: D0032609 (UHC Healthplex ASO Custom NY Only Plan 73P49)

ADA	Description	MEMBER PAYS
D7260	oroantral fistula closure	\$0.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$0.00
D7280	exposure of an unerupted tooth	\$0.00
D7283	placement of device to facilitate eruption of impacted tooth	\$0.00
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	\$0.00
D7286	incisional biopsy of oral tissue - soft (all others)	\$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
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
<b>Orthodontics</b>		
D8070	comprehensive orthodontic treatment of the transitional dentition	\$450.00
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$450.00
D8090	comprehensive orthodontic treatment of the adult dentition	\$450.00
D8220	fixed appliance therapy	\$357.50
D8660	pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8670	periodic orthodontic treatment visit	\$72.71
<b>Adjunctive General Services</b>		
D9110	palliative treatment of dental pain - per visit	\$0.00
D9222	deep sedation/general anesthesia - first 15 minutes	\$0.00
D9223	deep sedation/general anesthesia-each 15 minute increment	\$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
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$0.00
D9951	occlusal adjustment - limited	\$0.00
D9952	occlusal adjustment - complete	\$0.00