



## Patient Copay Schedule

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**PRODUCT: D0032623 (UHC Healthplex ASO Custom NY Only Plan 73P40)**

| ADA                | Description   | MEMBER PAYS |
|--------------------|---|-------------|
| <b>Diagnostic</b>  |   |             |
| D0120              | periodic oral evaluation  | \$0.00      |
| D0140              | limited oral evaluation - problem focused   | \$0.00      |
| D0150              | comprehensive oral evaluation - new or established patient  | \$0.00      |
| D0160              | detailed and extensive oral evaluation - problem-focused, by report                                   | \$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      |
| D0330              | panoramic radiographic image  | \$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      |
| 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      |



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| D2335              | resin-based composite - four or more surfaces (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      |
| D2510              | inlay - metallic - one surface                                   | \$0.00      |
| D2520              | inlay - metallic - two surfaces                                  | \$0.00      |
| D2530              | inlay - metallic - three 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      |
| 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      |
| 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      |
| D2920              | recement or re-bond crown  | \$0.00      |
| D2921              | reattachment of tooth fragment, incisal edge or cusp             | \$0.00      |
| D2930              | prefabricated stainless steel crown - primary tooth              | \$0.00      |
| D2931              | prefabricated stainless steel crown - permanent tooth            | \$0.00      |
| D2940              | protective 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      |
| D2955              | post removal   | \$0.00      |
| D2961              | labial veneer (resin laminate) - indirect                        | \$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      |
| 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      |



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|---------------------------------|---|-------------|
| 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      |
| 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      |
| 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      |
| 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>Prostodontics, 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      |



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| ADA                         | Description  | MEMBER PAYS |
|-----------------------------|--|-------------|
| 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      |
| 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      |
| <b>Prostodontics, 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      |
| 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      |
| D6250                       | pontic - resin with high noble metal   | \$0.00      |



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| ADA                                | Description  | MEMBER PAYS |
|------------------------------------|--|-------------|
| 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      |
| 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      |
| 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      |
| D6980                              | fixed partial denture repair, necessitated by restorative material failure                                       | \$0.00      |
| <b>Oral Surgery</b>                |  |             |
| 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      |
| D7260                              | oroantral fistula closure  | \$0.00      |
| D7280                              | exposure of an unerupted 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                              | alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant                 | \$0.00      |
| D7320                              | alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant             | \$0.00      |
| D7410                              | excision of benign lesion up to 1.25 cm  | \$0.00      |
| D7450                              | removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm                                      | \$0.00      |
| D7471                              | removal of lateral exostosis (maxilla or mandible)   | \$0.00      |
| D7510                              | incision and drainage of abscess - intraoral soft tissue   | \$0.00      |
| D7520                              | incision and drainage of abscess - extraoral soft tissue   | \$0.00      |
| D7961                              | buccal / labial frenectomy (frenulectomy)  | \$0.00      |
| D7962                              | lingual frenectomy (frenulectomy)  | \$0.00      |
| <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      |



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|------------|--|--------------------|
| 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             |