



## 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: D0033373 (Uniformed Sanitationmen's Assn. Retiree Plan 14161)

| 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      |
| 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      |
| 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      |
| D0270              | bitewing - single radiographic image  | \$0.00      |
| D0272              | bitewings - two radiographic images   | \$0.00      |
| D0274              | bitewings - four radiographic images  | \$0.00      |
| D0330              | panoramic radiographic image  | \$0.00      |
| D0340              | 2D cephalometric radiographic images - acquisition, measurement and analysis                          | \$0.00      |
| D0372              | intraoral tomosynthesis - comprehensive series of radiographic images                                 | \$0.00      |
| D0373              | intraoral tomosynthesis - bitewing radiographic image   | \$0.00      |
| D0374              | intraoral tomosynthesis - periapical radiographic image   | \$0.00      |
| D0387              | intraoral tomosynthesis - comprehensive series of radiographic images - image capture only            | \$0.00      |
| D0388              | intraoral tomosynthesis - bitewing radiographic image - image capture only                            | \$0.00      |
| D0389              | intraoral tomosynthesis - periapical radiographic image - image capture only                          | \$0.00      |
| D0470              | diagnostic casts  | \$0.00      |
| D0601              | caries risk assessment and documentation, with a finding of low risk                                  | \$0.00      |
| D0602              | caries risk assessment and documentation, with a finding of moderate risk                             | \$0.00      |
| D0603              | caries risk assessment and documentation, with a finding of high risk                                 | \$0.00      |
| <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      |
| D1330              | oral hygiene instructions   | \$0.00      |
| D1999              | Unspecified preventive procedure, by report   | \$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      |



## 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: D0033373 (Uniformed Sanitationmen's Assn. Retiree Plan 14161)

| ADA                | Description  | MEMBER PAYS |
|--------------------|--|-------------|
| D2332              | resin-based composite - three surfaces, anterior   | \$0.00      |
| 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      |
| D2720              | crown - resin with high noble metal  | \$250.00    |
| D2721              | crown - resin with predominantly base metal  | \$250.00    |
| D2722              | crown - resin with noble metal   | \$250.00    |
| D2740              | crown - porcelain/ceramic  | \$250.00    |
| D2750              | crown - porcelain fused to high noble metal  | \$250.00    |
| D2751              | crown - porcelain fused to predominantly base metal  | \$250.00    |
| D2752              | crown - porcelain fused to noble metal   | \$250.00    |
| D2753              | crown - porcelain fused to titanium and titanium alloys  | \$250.00    |
| D2780              | crown, 3/4 cast high noble metal   | \$250.00    |
| D2790              | crown - full cast high noble metal   | \$250.00    |
| D2791              | crown - full cast predominantly base metal   | \$250.00    |
| D2792              | crown - full cast noble metal  | \$250.00    |
| D2910              | recement or re-bond inlay, onlay, veneer or partial coverage restoration   | \$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  | \$75.00     |
| D2931              | prefabricated stainless steel crown - permanent tooth  | \$75.00     |
| D2951              | pin retention - per tooth, in addition to restoration  | \$0.00      |
| D2952              | cast post and core in addition to crown  | \$90.00     |
| D2953              | each additional indirectly fabricated post, same tooth   | \$90.00     |
| D2954              | prefabricated post and core in addition to crown   | \$90.00     |
| D2989              | excavation of a tooth resulting in the determination of non-restorability  | \$0.00      |
| <b>Endodontics</b> |  |             |
| D3110              | pulp cap - direct (excluding final restoration)  | \$10.00     |
| D3120              | pulp cap - indirect (excluding final restoration)  | \$10.00     |
| D3220              | therapeutic pulpotomy (excluding final restoration)  | \$20.00     |
| D3230              | pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)                        | \$20.00     |
| D3240              | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)                       | \$20.00     |
| D3310              | endodontic therapy, anterior tooth (excluding final restoration)   | \$75.00     |
| D3320              | endodontic therapy, premolar tooth (excluding final restoration)   | \$150.00    |
| D3330              | endodontic therapy, molar tooth (excluding final restoration)  | \$250.00    |
| D3346              | retreatment of previous root canal therapy - anterior  | \$75.00     |
| D3347              | retreatment of previous root canal therapy - bicuspid  | \$150.00    |
| D3348              | retreatment of previous root canal therapy - molar   | \$250.00    |
| D3351              | Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc) | \$0.00      |
| D3410              | Apicoectomy - anterior   | \$90.00     |
| D3421              | Apicoectomy - premolar (first root)  | \$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: D0033373 (Uniformed Sanitationmen's Assn. Retiree Plan 14161)

| ADA                              | Description   | MEMBER PAYS |
|----------------------------------|---|-------------|
| D3425                            | Apicoectomy - molar (first root)  | \$90.00     |
| D3426                            | Apicoectomy (each additional root)  | \$0.00      |
| D3430                            | retrograde filling - per root   | \$0.00      |
| D3471                            | surgical repair of root resorption - anterior   | \$90.00     |
| D3472                            | surgical repair of root resorption - premolar   | \$0.00      |
| D3473                            | surgical repair of root resorption - molar  | \$90.00     |
| D3501                            | surgical exposure of root surface without apicoectomy or repair of root resorption - anterior                             | \$90.00     |
| D3502                            | surgical exposure of root surface without apicoectomy or repair of root resorption - premolar                             | \$90.00     |
| D3503                            | surgical exposure of root surface without apicoectomy or repair of root resorption - molar                                | \$90.00     |
| 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                        | \$90.00     |
| D4211                            | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant                        | \$0.00      |
| D4260                            | osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant   | \$275.00    |
| D4261                            | osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant   | \$137.50    |
| 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      |
| D4910                            | periodontal maintenance   | \$0.00      |
| <b>Prosthodontics, Removable</b> |   |             |
| D5110                            | complete denture - maxillary  | \$275.00    |
| D5120                            | complete denture - mandibular   | \$275.00    |
| D5130                            | immediate denture - maxillary   | \$275.00    |
| D5140                            | immediate denture - mandibular  | \$275.00    |
| D5211                            | maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)                         | \$275.00    |
| D5212                            | mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)                        | \$275.00    |
| D5213                            | maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests) | \$275.00    |
| D5214                            | mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest) | \$275.00    |
| D5221                            | immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)                | \$275.00    |
| D5222                            | immediate mandibular partial denture - resin base   | \$275.00    |
| D5223                            | immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materi  | \$275.00    |
| D5224                            | Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater  | \$275.00    |
| D5225                            | maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)                      | \$275.00    |
| D5226                            | mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)                 | \$275.00    |
| D5227                            | immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)                               | \$275.00    |
| D5228                            | immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)                              | \$275.00    |
| 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      |



## 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: D0033373 (Uniformed Sanitationmen's Assn. Retiree Plan 14161)

| ADA                          | Description  | MEMBER PAYS |
|------------------------------|--|-------------|
| D5421                        | adjust partial denture - maxillary   | \$0.00      |
| D5422                        | adjust partial denture - mandibular  | \$0.00      |
| D5511                        | repair broken complete denture base, mandibular  | \$110.00    |
| D5512                        | repair broken complete denture base, maxillary   | \$110.00    |
| D5520                        | replace missing or broken teeth - complete denture (each tooth)                                      | \$40.00     |
| D5611                        | repair resin partial denture base, mandibular  | \$110.00    |
| D5612                        | repair resin partial denture base, maxillary   | \$110.00    |
| D5621                        | repair cast partial framework, mandibular  | \$110.00    |
| D5622                        | repair cast partial framework, maxillary   | \$110.00    |
| D5630                        | repair or replace broken retentive/clasping materials - per tooth                                    | \$35.00     |
| D5640                        | replace broken teeth - per tooth   | \$40.00     |
| D5650                        | add tooth to existing partial denture  | \$40.00     |
| D5660                        | add clasp to existing partial denture - per tooth  | \$50.00     |
| D5710                        | rebase complete maxillary denture  | \$110.00    |
| D5711                        | rebase complete mandibular denture   | \$110.00    |
| D5720                        | rebase maxillary partial denture   | \$110.00    |
| D5721                        | rebase mandibular partial denture  | \$110.00    |
| D5725                        | rebase hybrid prosthesis   | \$110.00    |
| D5730                        | reline complete maxillary denture (direct)   | \$60.00     |
| D5731                        | reline complete mandibular denture (direct)  | \$60.00     |
| D5740                        | reline maxillary partial denture (direct)  | \$60.00     |
| D5741                        | reline mandibular partial denture (direct)   | \$60.00     |
| D5750                        | reline complete maxillary denture (indirect)   | \$110.00    |
| D5751                        | reline complete mandibular denture (indirect)  | \$110.00    |
| D5760                        | reline maxillary partial denture (indirect)  | \$110.00    |
| D5761                        | reline mandibular partial denture (indirect)   | \$110.00    |
| <b>Prosthodontics, Fixed</b> |  |             |
| D6210                        | pontic - cast high noble metal   | \$250.00    |
| D6211                        | pontic - cast predominantly base metal   | \$250.00    |
| D6212                        | pontic - cast noble metal  | \$250.00    |
| D6240                        | pontic - porcelain fused to high noble metal   | \$250.00    |
| D6241                        | pontic - porcelain fused to predominantly base metal   | \$250.00    |
| D6242                        | pontic - porcelain fused to noble metal  | \$250.00    |
| D6243                        | pontic - porcelain fused to titanium and titanium alloys   | \$250.00    |
| D6245                        | pontic-porcelain/ceramic   | \$250.00    |
| D6250                        | pontic - resin with high noble metal   | \$250.00    |
| D6251                        | pontic - resin with predominantly base metal   | \$250.00    |
| D6252                        | pontic - resin with noble metal  | \$250.00    |
| D6545                        | retainer - cast metal for resin bonded fixed prosthesis  | \$0.00      |
| D6610                        | retainer onlay - cast high noble metal, two surfaces   | \$0.00      |
| D6710                        | retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown) | \$250.00    |
| D6720                        | retainer crown - resin with high noble metal   | \$250.00    |
| D6721                        | retainer crown - resin with predominantly base metal   | \$250.00    |

### 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: D0033373 (Uniformed Sanitationmen's Assn. Retiree Plan 14161)**

| ADA                 | Description  | MEMBER PAYS |
|---------------------|--|-------------|
| D6722               | retainer crown - resin with noble metal  | \$250.00    |
| D6740               | retainer crown-porcelain/ceramic   | \$250.00    |
| D6750               | retainer crown - porcelain fused to high noble metal   | \$250.00    |
| D6751               | retainer crown - porcelain fused to predominantly base metal   | \$250.00    |
| D6752               | retainer crown - porcelain fused to noble metal  | \$250.00    |
| D6753               | retainer crown - porcelain fused to titanium and titanium alloys   | \$250.00    |
| D6790               | retainer crown - full cast high noble metal  | \$250.00    |
| D6791               | retainer crown - full cast predominantly base metal  | \$250.00    |
| D6792               | retainer crown - full cast noble metal   | \$250.00    |
| 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 | \$55.00     |
| D7220               | removal of impacted tooth - soft tissue  | \$125.00    |
| D7230               | removal of impacted tooth - partially bony   | \$175.00    |
| D7240               | removal of impacted tooth - completely bony  | \$175.00    |
| D7241               | removal of impacted tooth - completely bony, with unusual surgical   | \$175.00    |
| D7250               | removal of residual tooth roots (cutting procedure)  | \$0.00      |
| D7251               | coronectomy - intentional partial tooth removal, impacted teeth only   | \$175.00    |
| D7260               | oroantral fistula closure  | \$0.00      |
| D7280               | exposure of an unerupted tooth   | \$0.00      |
| D7282               | mobilization of erupted or malpositioned tooth to aid eruption   | \$0.00      |
| D7283               | placement of device to facilitate eruption of impacted 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             | \$55.00     |
| D7340               | vestibuloplasty - ridge extension (secondary epithelialization)  | \$0.00      |
| D7410               | excision of benign lesion up to 1.25 cm  | \$0.00      |
| D7411               | excision of benign lesion greater than 1.25 cm   | \$0.00      |
| 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                                      | \$0.00      |
| D7451               | removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm                               | \$0.00      |
| D7460               | removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm                                   | \$0.00      |
| D7461               | removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm                            | \$0.00      |
| D7471               | removal of lateral exostosis (maxilla or mandible)   | \$0.00      |
| D7473               | removal of torus mandibularis  | \$0.00      |
| D7509               | marsupialization of odontogenic cyst   | \$150.00    |
| 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      |



## 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: D0033373 (Uniformed Sanitationmen's Assn. Retiree Plan 14161)

| ADA                                | Description  | MEMBER PAYS |
|------------------------------------|--|-------------|
| D7970                              | excision of hyperplastic tissue - per arch   | \$0.00      |
| D7971                              | excision of pericoronal gingiva  | \$0.00      |
| <b>Orthodontics</b>                |  |             |
| D8070                              | comprehensive orthodontic treatment of the transitional dentition  | \$300.00    |
| D8080                              | comprehensive orthodontic treatment of the adolescent dentition  | \$300.00    |
| D8090                              | comprehensive orthodontic treatment of the adult dentition   | \$300.00    |
| D8660                              | pre-orthodontic treatment examination to monitor growth and development  | \$0.00      |
| D8670                              | periodic orthodontic treatment visit   | \$168.75    |
| D8680                              | orthodontic retention (removal of appliances, construction and placement of retainer(s))                       | \$0.00      |
| D8695                              | removal of fixed orthodontic appliances for reasons other than completion of treatment                         | \$0.00      |
| D8999                              | unspecified orthodontic procedure, by report   | \$0.00      |
| <b>Adjunctive General Services</b> |  |             |
| D9110                              | palliative treatment of dental pain - per visit  | \$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      |
| D9230                              | inhalation of nitrous oxide/anxiolysis analgesia   | \$0.00      |
| D9310                              | consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) | \$0.00      |
| D9430                              | office visit for observation (during regularly scheduled hours) - no other services performed                  | \$0.00      |
| D9912                              | pre-visit patient screening  | \$0.00      |
| D9951                              | occlusal adjustment - limited  | \$0.00      |
| D9952                              | occlusal adjustment - complete   | \$0.00      |
| D9995                              | teledentistry - synchronous; real-time encounter   | \$0.00      |
| D9996                              | teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review                  | \$0.00      |