



## Patient Copay Schedule

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### PRODUCT: D0034858 (UHC Healthplex ASO Custom NY Only Plan 72P98)

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
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
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
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$0.00
D0460	pulp vitality tests	\$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
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	\$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



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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
D2391	resin-based composite - one surface, posterior	\$0.00
D2392	resin-based composite - two surfaces, posterior	\$0.00
D2393	resin-based composite - three surfaces, posterior	\$0.00
D2394	resin-based composite - four or more surfaces, posterior	\$0.00
D2410	gold foil - one surface	\$165.00
D2510	inlay - metallic - one surface	\$0.00
D2520	inlay - metallic - two surfaces	\$0.00
D2530	inlay - metallic - three or more surfaces	\$0.00
D2542	onlay metallic, two surfaces	\$0.00
D2543	onlay-metallic-three surfaces	\$0.00
D2544	onlay-metallic-four or more surfaces	\$0.00
D2610	inlay - porcelain/ceramic - one surface	\$0.00
D2620	inlay - porcelain/ceramic - two surfaces	\$0.00
D2630	inlay - porcelain/ceramic - three or more surfaces	\$0.00
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
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
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
D2791	crown - full cast predominantly base metal	\$0.00
D2792	crown - full cast noble metal	\$0.00
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0.00



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ADA	Description	MEMBER PAYS
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
D2940	protective restoration	\$45.00
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
D2955	post removal	\$105.00
D2960	labial veneer (resin laminate) - direct	\$125.00
D2962	labial veneer (porcelain laminate) - indirect	\$395.00
<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	\$350.00
D3347	retreatment of previous root canal therapy - bicuspid	\$425.00
D3348	retreatment of previous root canal therapy - molar	\$500.00
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	\$150.00
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	\$150.00
<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	\$275.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound spaces per quadrant	\$175.00
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	\$0.00



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ADA	Description	MEMBER PAYS
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	\$175.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$125.00
D4270	pedicle soft tissue graft procedure	\$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
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	\$0.00
<b>Prosthodontics, Removable</b>		
D5110	complete denture - maxillary	\$0.00
D5120	complete denture - mandibular	\$0.00
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)	\$0.00
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	\$0.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	\$0.00
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$0.00
D5222	immediate mandibular partial denture - resin base	\$0.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materi	\$0.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	\$0.00
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$0.00
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	\$0.00
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$0.00
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$0.00
D5282	removable unil partial denture - one piece cast metal (includ retentive/clasping materials, rests, and teeth), maxillary	\$0.00
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	\$0.00
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$0.00
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$0.00
D5410	adjust complete denture - maxillary	\$0.00
D5411	adjust complete denture - mandibular	\$0.00
D5421	adjust partial denture - maxillary	\$0.00
D5422	adjust partial denture - mandibular	\$0.00
D5511	repair broken complete denture base, mandibular	\$0.00
D5512	repair broken complete denture base, maxillary	\$0.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$0.00
D5611	repair resin partial denture base, mandibular	\$0.00
D5612	repair resin partial denture base, maxillary	\$0.00
D5621	repair cast partial framework, mandibular	\$0.00
D5622	repair cast partial framework, maxillary	\$0.00



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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	\$210.00
D5721	rebase mandibular partial denture	\$210.00
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>Implant Services</b>		
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$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
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
D6600	retainer inlay-porcelain/ceramic, two surfaces	\$0.00
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	\$0.00
D6602	retainer inlay - cast high noble metal, two surfaces	\$0.00



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D6603	retainer inlay - cast high noble metal, three or more surfaces	\$0.00
D6604	retainer inlay - cast predominantly base metal, two surfaces	\$0.00
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	\$0.00
D6606	retainer inlay - cast noble metal, two surfaces	\$0.00
D6607	retainer inlay - cast noble metal, 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
D6610	retainer onlay - cast high noble metal, two surfaces	\$0.00
D6611	retainer onlay - cast high noble metal, three or more surfaces	\$0.00
D6612	retainer onlay - cast predominantly base metal, two surfaces	\$0.00
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	\$0.00
D6614	retainer onlay - cast noble metal, two surfaces	\$0.00
D6615	retainer onlay - cast noble metal, 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
D6930	re-cement 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
D7260	oroantral fistula closure	\$395.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$120.00
D7280	exposure of an unerupted tooth	\$0.00



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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
D7311	alveoloplasty in conjunction with extraction - one to three 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
D7321	alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$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
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
D7510	incision and drainage of abscess - intraoral soft tissue	\$0.00
D7961	buccal / labial frenectomy (frenulectomy)	\$0.00
D7962	lingual frenectomy (frenulectomy)	\$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	\$0.00
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$0.00
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	\$0.00
D8670	periodic orthodontic treatment visit	\$0.00
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
<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)	\$50.00
D9951	occlusal adjustment - limited	\$0.00
D9952	occlusal adjustment - complete	\$0.00