



Patient Copay Schedule

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PRODUCT: D0036048 (International Union Of Operating Local 15 DHMO Plan 14171)

| ADA | Description | MEMBER PAYS |
|--------------------|---|-------------|
| Diagnostic | | |
| 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 |
| Preventive | | |
| 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 |
| Restorative | | |
| 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 |



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| D2332 | resin-based composite - three surfaces, anterior | \$0.00 |
| D2335 | resin-based composite - four or more surfaces (anterior) | \$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 |
| 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 | 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 | \$0.00 |
| D2931 | prefabricated stainless steel crown - permanent tooth | \$0.00 |
| D2951 | pin retention - per tooth, in addition to restoration | \$0.00 |
| D2952 | cast post and core in addition to crown | \$0.00 |
| D2953 | each additional indirectly fabricated post, same tooth | \$0.00 |
| D2954 | prefabricated post and core in addition to crown | \$0.00 |
| D2989 | excavation of a tooth resulting in the determination of non-restorability | \$0.00 |
| Endodontics | | |
| 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 |
| D3351 | Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc) | \$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 |
| D3471 | surgical repair of root resorption - anterior | \$0.00 |



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| 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 |
| D3920 | hemisection (including any root removal), not including root canal therapy | \$0.00 |
| Periodontics | | |
| 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 |
| 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 |
| 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 |
| Prosthetics, Removable | | |
| 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 |
| 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 |



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|------------------------------|--|-------------|
| 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 |
| Prosthodontics, Fixed | | |
| 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 |
| 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) | \$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 |



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| 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 |
| Oral Surgery | | |
| 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 | \$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 | \$0.00 |
| 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 | \$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 |
| D7970 | excision of hyperplastic tissue - per arch | \$0.00 |
| D7971 | excision of pericoronal gingiva | \$0.00 |
| Orthodontics | | |



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| 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 | \$25.00 |
| 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 |
| D8999 | unspecified orthodontic procedure, by report | \$0.00 |
| Adjunctive General Services | | |
| 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 |