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PRODUCT: D0037335 (UHC Healthplex ASO Custom NY Only Plan 71P94)HEALTHPLEX 4A

ADA	Description	MEMBER PAYS
Diagnos	stic	
D0120	periodic oral evaluation	\$4.50
D0140	limited oral evaluation - problem focused	\$4.50
D0150	comprehensive oral evaluation - new or established patient	\$10.00
D0160	detailed and extensive oral evaluation - problem-focused, by report	\$4.50
D0210	intraoral - comprehensive series of radiographic images	\$14.50
D0220	intraoral - periapical first radiographic image	\$3.80
D0230	intraoral - periapical each additional radiographic image	\$1.30
D0240	intraoral - occlusal radiographic image	\$6.50
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	\$39.00
D0270	bitewing - single radiographic image	\$3.80
D0272	bitewings - two radiographic images	\$4.60
D0273	bitewings - three radiographic images	\$4.65
D0274	bitewings - four radiographic images	\$4.70
D0310	sialography	\$0.00
D0330	panoramic radiographic image	\$19.00
D0340	2D cephalometric radiographic imagae - acquisition, measurement and analysis	\$19.00
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	\$0.00
D0351	3D photographic image	\$0.00
D0470	diagnostic casts	\$13.00
Prevent	ive	
D1110	prophylaxis - adult	\$13.50
D1120	prophylaxis - child	\$2.00
D1206	topical application of fluoride varnish	\$17.00
D1208	Topical application of fluoride - excluding varnish	\$17.00
D1351	sealant - per tooth	\$10.00
D1352	preventive resin restoration - permanent tooth	\$10.00
D1353	sealant repair - per tooth	\$10.00
D1354	application of caries arresting medicament application - per tooth	\$10.00
D1355	caries preventive medicament application - per tooth	\$10.00
D1510	space maintainer - fixed, unilateral - per quadrant	\$51.50
D1516	space maintainer - fixed - bilateral, maxillary	\$106.50
D1517	space maintainer - fixed - bilateral, mandibular	\$106.50
D1520	space maintainer - removable, unilateral - per quadrant	\$85.00
D1526	space maintainer - removable - bilateral, maxillary	\$85.00
D1527	space maintainer - removable - bilateral, mandibular	\$85.00
D1551	re-cement or re-bond bilateral space maintainer - maxillary	\$10.25
D1552	re-cement or re-bond bilateral space maintainer - mandibular	\$10.25
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	\$10.25



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PRODUCT: D0037335 (UHC Healthplex ASO Custom NY Only Plan 71P94)CAPITAL

ADA	Description	MEMBER PAYS
Restora	itive	
D2140	amalgam - one surface, primary or permanent	\$15.50
D2150	amalgam - two surfaces, primary or permanent	\$19.50
D2160	amalgam - three surfaces, primary or permanent	\$23.50
D2161	amalgam - four or more surfaces, primary or permanent	\$34.50
D2330	resin-based composite - one surface, anterior	\$4.00
D2331	resin-based composite - two surfaces, anterior	\$20.50
D2332	resin-based composite - three surfaces, anterior	\$37.00
D2335	resin-based composite - four or more surfaces (anterior)	\$32.00
D2391	resin-based composite - one surface, posterior	\$15.50
D2392	resin-based composite - two surfaces, posterior	\$19.50
D2393	resin-based composite - three surfaces, posterior	\$23.50
D2510	inlay - metallic - one surface	\$96.00
D2520	inlay - metallic - two surfaces	\$98.00
D2530	inlay - metallic - three or more surfaces	\$137.00
D2610	inlay - porcelain/ceramic - one surface	\$14.50
D2620	inlay - porcelain/ceramic - two surfaces	\$5.50
D2630	inlay - porcelain/ceramic - three or more surfaces	\$0.00
D2642	onlay - porcelain/ceramic - two surfaces	\$300.00
D2643	onlay - porcelain/ceramic - three surfaces	\$422.00
D2644	onlay - porcelain/ceramic - four or more surfaces	\$422.00
D2710	crown,resin-based composite (indirect)	\$58.00
D2720	crown - resin with high noble metal	\$227.50
D2721	crown - resin with predominantly base metal	\$145.00
D2722	crown - resin with noble metal	\$145.00
D2740	crown - porcelain/ceramic	\$70.00
D2750	crown - porcelain fused to high noble metal	\$209.50
D2751	crown - porcelain fused to predominantly base metal	\$132.50
D2752	crown - porcelain fused to noble metal	\$132.50
D2753	crown - porcelain fused to titanium and titanium alloys	\$209.50
D2780	crown, 3/4 cast high noble metal	\$25.00
D2790	crown - full cast high noble metal	\$177.50
D2791	crown - full cast predominantly base metal	\$95.00
D2792	crown - full cast noble metal	\$95.00
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$18.00
D2920	recement or re-bond crown	\$12.50
D2921	reattachment of tooth fragment, incisal edge or cusp	\$12.50
D2930	prefabricated stainless steel crown - primary tooth	\$39.00
D2931	prefabricated stainless steel crown - permanent tooth	\$39.00
D2940	protective restoration	\$16.25
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ADA	Description	MEMBER PAYS
D2950	Core buildup, including any pins when required	\$38.20
D2951	pin retention - per tooth, in addition to restoration	\$12.00
D2952	cast post and core in addition to crown	\$73.50
D2953	each additional indirectly fabricated post, same tooth	\$73.50
D2954	prefabricated post and core in addition to crown	\$13.50
D2960	labial veneer (resin laminate) - direct	\$0.00
D2962	labial veneer (porcelain laminate) - indirect	\$165.50
Endodo	ntics	
D3110	pulp cap - direct (excluding final restoration)	\$11.00
D3120	pulp cap - indirect (excluding final restoration)	\$11.00
D3220	therapeutic pulpotomy (excluding final restoration)	\$14.50
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$100.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$80.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$122.50
D3346	retreatment of previous root canal therapy - anterior	\$176.00
D3347	retreatment of previous root canal therapy - bicuspid	\$189.00
D3348	retreatment of previous root canal therapy - molar	\$249.00
D3410	Apicoectomy - anterior	\$0.00
D3421	Apicoectomy - premolar (first root)	\$0.00
D3425	Apicoectomy - molar (first root)	\$14.50
D3426	Apicoectomy (each additional root)	\$19.00
D3430	retrograde filling - per root	\$0.00
D3450	root amputation - per root	\$12.50
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	\$14.50
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	\$59.50
Periodo	ntics	
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	\$100.00
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	\$112.50
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per	\$56.25
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
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	\$0.00
	DPL-56 (v1.0)	Runtime: 9/24/2024



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PRODUCT: D0037335 (UHC Healthplex ASO Custom NY Only Plan 71P94)CAPITAL

ADA	Description	MEMBER PAYS
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$0.00
D4270	pedicle soft tissue graft procedure	\$0.00
D4273	autogenous connective tissue graft procedure, per first tooth, implant or endentulous tooth position in graft	\$0.00
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous	\$104.50
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous	\$104.50
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$47.50
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$23.75
D4346	scaling in presence of generalized moderate or severe gingival inflammation	\$13.50
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$0.00
D4910	periodontal maintenance	\$36.00
Prostho	odontics, Removable	
D5110	complete denture - maxillary	\$222.50
D5120	complete denture - mandibular	\$222.50
D5130	immediate denture - maxillary	\$250.00
D5140	immediate denture - mandibular	\$250.00
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$134.50
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$134.50
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials,	\$242.50
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping	\$242.50
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$134.50
D5222	immediate mandibular partial denture - resin base	\$134.50
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including	\$242.50
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including	\$242.50
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$242.50
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	\$242.50
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$134.50
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$134.50
D5282	removable unil partial denture - one piece cast metal (includ retentive/clasping materials, rests, and teeth),	\$303.50
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth),	\$303.50
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per	\$303.50
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$303.50
D5410	adjust complete denture - maxillary	\$8.00
D5411	adjust complete denture - mandibular	\$8.00
D5421	adjust partial denture - maxillary	\$8.00
D5422	adjust partial denture - mandibular	\$8.00
D5511	repair broken complete denture base, mandibular	\$14.50
D5512	repair broken complete denture base, maxillary	\$14.50
D5520	replace missing or broken teeth - complete denture (each tooth)	\$24.50
D5611	repair resin partial denture base, mandibular	\$14.50
D5612	repair resin partial denture base, maxillary	\$14.50
	DPL-56 (v1.0)	Runtime: 9/24/2024
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ADA	Description	MEMBER PAYS
D5621	repair cast partial framework, mandibular	\$32.00
D5622	repair cast partial framework, maxillary	\$32.00
D5630	repair or replace broken retentive/clasping materials - per tooth	\$8.00
D5640	replace broken teeth - per tooth	\$24.50
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	\$130.50
D5711	rebase complete mandibular denture	\$130.50
D5725	rebase hybrid prosthesis	\$130.50
D5730	reline complete maxillary denture (direct)	\$46.00
D5731	reline complete mandibular denture (direct)	\$46.00
D5740	reline maxillary partial denture (direct)	\$7.50
D5741	reline mandibular partial denture (direct)	\$46.00
D5750	reline complete maxillary denture (indirect)	\$57.50
D5751	reline complete mandibular denture (indirect)	\$101.50
D5760	reline maxillary partial denture (indirect)	\$52.00
D5761	reline mandibular partial denture (indirect)	\$85.00
D5765	soft liner for complete or partial removable denture - indirect	\$5.00
D5850	tissue conditioning, maxillary	\$5.00
D5851	tissue conditioning, mandibular	\$5.00
D5863	Overdenture-complete maxillary	\$377.50
D5864	Overdenture-partial maxillary	\$432.50
D5865	Overdenture - complete mandibular	\$377.50
D5866	Overdenture-partial mandibular	\$432.50
Prostho	dontics, Fixed	
D6210	pontic - cast high noble metal	\$227.50
D6211	pontic - cast predominantly base metal	\$145.00
D6212	pontic - cast noble metal	\$145.00
D6240	pontic - porcelain fused to high noble metal	\$229.50
D6241	pontic - porcelain fused to predominantly base metal	\$152.50
D6242	pontic - porcelain fused to noble metal	\$152.50
D6243	pontic - porcelain fused to titanium and titanium alloys	\$229.50
D6245	pontic-porcelain/ceramic	\$152.50
D6250	pontic - resin with high noble metal	\$227.50
D6251	pontic - resin with predominantly base metal	\$145.00
D6252	pontic - resin with noble metal	\$145.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$38.50
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	\$227.50
D6721	retainer crown - resin with predominantly base metal	\$145.00
	DPL-56 (v1.0)	Runtime: 9/24/2024



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ADA	Description	MEMBER PAYS
D6722	retainer crown - resin with noble metal	\$145.00
D6740	retainer crown-porcelain/ceramic	\$70.00
D6750	retainer crown - porcelain fused to high noble metal	\$204.50
D6751	retainer crown - porcelain fused to predominantly base metal	\$127.50
D6752	retainer crown - porcelain fused to noble metal	\$127.50
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$204.50
D6780	retainer crown - 3/4 cast high noble metal	\$35.00
D6784	retainer crown 3/4 - titanium and titanium alloys	\$35.00
D6790	retainer crown - full cast high noble metal	\$152.50
D6791	retainer crown - full cast predominantly base metal	\$70.00
D6792	retainer crown - full cast noble metal	\$70.00
D6930	recement or re-bond fixed partial denture	\$30.00
D6980	fixed partial denture repair, necessitated by restorative material failure	\$0.00
Oral Su	gery	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$10.50
D7210	extraction, erupted tooth req removal of bone, sectioning of tooth and including elevation of mucoperiosteal flap	\$38.50
D7220	removal of impacted tooth - soft tissue	\$62.50
D7230	removal of impacted tooth - partially bony	\$45.00
D7240	removal of impacted tooth - completely bony	\$64.50
D7241	removal of impacted tooth - completely bony, with unusual surgical	\$97.50
D7250	removal of residual tooth roots (cutting procedure)	\$22.50
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$64.50
D7260	oroantral fistula closure	\$204.50
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$8.50
D7280	exposure of an unerupted tooth	\$92.50
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	\$12.50
D7286	incisional biopsy of oral tissue - soft (all others)	\$19.00
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$22.00
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$11.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$22.00
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	\$82.50
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0.00
D7471	removal of lateral exostosis (maxilla or mandible)	\$15.00
D7510	incision and drainage of abscess - intraoral soft tissue	\$16.50
D7520	incision and drainage of abscess - extraoral soft tissue	\$0.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$0.00
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	\$0.00
D7961	buccal / labial frenectomy (frenulectomy)	\$91.00
D7962	lingual frenectomy (frenulectomy)	\$91.00
	DDL-56 (v.1.0)	Puntime: 9/24/2024



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## PRODUCT: D0037335 (UHC Healthplex ASO Custom NY Only Plan 71P94)CAPITAL

ADA	Description	MEMBER PAYS
D7970	excision of hyperplastic tissue - per arch	\$0.00
D7971	excision of pericoronal gingiva	\$0.00
Orthodo	ntics	
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$250.00
D8210	removable appliance therapy	\$375.00
D8220	fixed appliance therapy	\$395.00
D8670	periodic orthodontic treatment visit	\$12.29
Adjuncti	ive General Services	
D9110	palliative treatment of dental pain - per visit	\$12.50
D9222	deep sedation/general anesthesia - first 15 minutes	\$16.33
D9223	deep sedation/general anesthesia-each 15 minute increment	\$16.33
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$13.50
D9610	therapeutic parenteral drug, single administration	\$0.00
D9613	infiltration of sustained release therapeutic drug per quadrant	\$0.00
D9630	drugs or medicaments, dispensed in the office for home use	\$0.00
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$0.00
D9941	fabrication of athletic mouthguard	\$0.00
D9944	occlusal guard - hard appliance, full arch	\$0.00
D9945	occlusal guard - soft appliance, full arch	\$0.00
D9946	occlusal guard - hard appliance, partial arch	\$0.00
D9951	occlusal adjustment - limited	\$36.50
D9952	occlusal adjustment - complete	\$60.50