



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, exclusions, alternate benefits, or frequency limitations. To obtain benefits not listed, or to confirm alternate benefits, 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: D0034905 (UPSE Benefit Plan - U Plan 14132)

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 image - 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
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



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, exclusions, alternate benefits, or frequency limitations. To obtain benefits not listed, or to confirm alternate benefits, 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: D0034905 (UPSE Benefit Plan - U Plan 14132)

ADA	Description	MEMBER PAYS
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
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
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	\$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



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, exclusions, alternate benefits, or frequency limitations. To obtain benefits not listed, or to confirm alternate benefits, 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: D0034905 (UPSE Benefit Plan - U Plan 14132)

ADA	Description	MEMBER PAYS
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/calccific 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
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	\$300.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$150.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$50.00
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$25.00
D4346	scaling in presence of generalized moderate or severe gingival inflammation	\$50.00
D4910	periodontal maintenance	\$0.00
Prosthodontics, 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



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, exclusions, alternate benefits, or frequency limitations. To obtain benefits not listed, or to confirm alternate benefits, 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: D0034905 (UPSE Benefit Plan - U Plan 14132)

ADA	Description	MEMBER PAYS
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 per 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 missing or broken teeth - partial denture - per tooth	\$0.00
D5650	add tooth to existing partial denture - per tooth	\$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	\$200.00
D6211	pontic - cast predominantly base metal	\$200.00



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, exclusions, alternate benefits, or frequency limitations. To obtain benefits not listed, or to confirm alternate benefits, 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: D0034905 (UPSE Benefit Plan - U Plan 14132)

ADA	Description	MEMBER PAYS
D6212	pontic - cast noble metal	\$200.00
D6240	pontic - porcelain fused to high noble metal	\$200.00
D6241	pontic - porcelain fused to predominantly base metal	\$200.00
D6242	pontic - porcelain fused to noble metal	\$200.00
D6243	pontic - porcelain fused to titanium and titanium alloys	\$200.00
D6245	pontic-porcelain/ceramic	\$200.00
D6250	pontic - resin with high noble metal	\$200.00
D6251	pontic - resin with predominantly base metal	\$200.00
D6252	pontic - resin with noble metal	\$200.00
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)	\$200.00
D6720	retainer crown - resin with high noble metal	\$200.00
D6721	retainer crown - resin with predominantly base metal	\$200.00
D6722	retainer crown - resin with noble metal	\$200.00
D6740	retainer crown-porcelain/ceramic	\$200.00
D6750	retainer crown - porcelain fused to high noble metal	\$200.00
D6751	retainer crown - porcelain fused to predominantly base metal	\$200.00
D6752	retainer crown - porcelain fused to noble metal	\$200.00
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$200.00
D6790	retainer crown - full cast high noble metal	\$200.00
D6791	retainer crown - full cast predominantly base metal	\$200.00
D6792	retainer crown - full cast noble metal	\$200.00
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
D7252	partial extraction for immediate implant placement	\$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



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, exclusions, alternate benefits, or frequency limitations. To obtain benefits not listed, or to confirm alternate benefits, 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: D0034905 (UPSE Benefit Plan - U Plan 14132)

ADA	Description	MEMBER PAYS
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		
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
D8091	comprehensive orthodontic treatment with orthognathic surgery	\$300.00
D8660	pre-orthodontic treatment examination to monitor growth and development	\$0.00
D8670	periodic orthodontic treatment visit	\$106.25
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	\$106.25
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



Patient Copay Schedule

Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, exclusions, alternate benefits, or frequency limitations. To obtain benefits not listed, or to confirm alternate benefits, 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: D0034905 (UPSE Benefit Plan - U Plan 14132)

ADA	Description	MEMBER PAYS
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	\$0.00