



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: D0032601 (UHC Healthplex ASO Custom NY Only Plan 71P14)

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
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
D0277	vertical bitewings - 7 to 8 radiographic images	\$0.00
D0330	panoramic radiographic image	\$0.00
D0340	2D cephalometric radiographic images - acquisition, measurement and analysis	\$0.00
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	\$0.00
D0460	pulp vitality tests	\$0.00
D0470	diagnostic casts	\$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
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
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



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: D0032601 (UHC Healthplex ASO Custom NY Only Plan 71P14)

ADA	Description	MEMBER PAYS
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
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
D2620	inlay - porcelain/ceramic - two surfaces	\$0.00
D2630	inlay - porcelain/ceramic - three 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
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
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	\$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
D2940	protective restoration	\$0.00
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
D2953	each additional indirectly fabricated post, same tooth	\$0.00
D2954	prefabricated post and core in addition to crown	\$0.00
D2960	labial veneer (resin laminate) - direct	\$395.00
D2980	crown repair necessitated by restorative material failure	\$0.00

Endodontics



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: D0032601 (UHC Healthplex ASO Custom NY Only Plan 71P14)

ADA	Description	MEMBER PAYS
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
D3221	pulpal debridement, primary and permanent teeth	\$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
D3410	Apicoectomy - anterior	\$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	\$0.00
D3471	surgical repair of root resorption - anterior	\$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
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
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound spaces per quadrant	\$0.00
D4249	clinical crown lengthening - hard tissue	\$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
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$0.00
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	\$0.00
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	\$0.00
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	\$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
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$0.00
D4910	periodontal maintenance	\$0.00
Prostodontics, Removable		
D5110	complete denture - maxillary	\$0.00
D5120	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: D0032601 (UHC Healthplex ASO Custom NY Only Plan 71P14)

ADA	Description	MEMBER PAYS
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
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
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
D5765	soft liner for complete or partial removable denture - indirect	\$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: D0032601 (UHC Healthplex ASO Custom NY Only Plan 71P14)

ADA	Description	MEMBER PAYS
D5850	tissue conditioning, maxillary	\$0.00
D5862	precision attachment, by report	\$0.00
Implant Services		
D6010	Surgical placement of implant body: endosteal implant	\$678.50
D6056	prefabricated abutment - includes modification and placement	\$550.00
D6057	custom fabricated abutment - includes placement	\$650.00
D6058	abutment supported porcelain/ceramic crown	\$369.00
D6059	abutment supported porcelain fused to metal crown (high noble metal)	\$519.00
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	\$419.00
D6061	abutment supported porcelain fused to metal crown (noble metal)	\$519.00
D6062	abutment supported cast metal crown (high noble metal)	\$419.00
D6063	abutment supported cast metal crown (predominantly base metal)	\$0.00
D6064	abutment supported cast metal crown (noble metal)	\$0.00
D6065	implant supported porcelain/ceramic crown	\$719.00
D6066	implant supported - porcelain fused to high noble alloys	\$519.00
D6067	implant supported crown - high noble alloys	\$19.00
D6068	abutment supported retainer for porcelain/ceramic FPD	\$0.00
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$0.00
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$0.00
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$0.00
D6072	abutment supported retainer for cast metal FPD (high noble metal)	\$0.00
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	\$0.00
D6074	abutment supported retainer for cast metal FPD (noble metal)	\$0.00
D6075	implant supported retainer for ceramic FPD	\$0.00
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	\$0.00
D6077	implant supported retainer for metal FPD - high noble alloys	\$0.00
D6082	implant supported crown - porcelain fused to predominantly base alloys	\$519.00
D6083	implant supported crown - porcelain fused to noble alloys	\$519.00
D6084	implant supported crown - porcelain fused to titanium and titanium alloys	\$519.00
D6086	implant supported crown - predominantly base alloys	\$19.00
D6087	implant supported crown - noble alloys	\$19.00
D6088	implant supported crown - titanium and titanium alloys	\$19.00
D6098	implant supported retainer - porcelain fused to predominantly base alloys	\$0.00
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	\$0.00
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	\$0.00
D6121	implant supported retainer for metal FPD - predominantly base alloys	\$0.00
D6122	implant supported retainer for metal FPD - noble alloys	\$0.00
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	\$0.00
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	\$0.00
Prosthodontics, Fixed		
D6210	pontic - cast high noble metal	\$0.00
D6211	pontic - cast predominantly base metal	\$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: D0032601 (UHC Healthplex ASO Custom NY Only Plan 71P14)

ADA	Description	MEMBER PAYS
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
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
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
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
D6950	precision attachment	\$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
D7280	exposure of an unerupted tooth	\$0.00
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
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



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: D0032601 (UHC Healthplex ASO Custom NY Only Plan 71P14)

ADA	Description	MEMBER PAYS
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
D7510	incision and drainage of abscess - intraoral soft tissue	\$0.00
D7880	occlusal orthotic device, by report	\$0.00
D7953	Bone replacement graft for ridge preservation - per site	\$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		
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$0.00
D8660	pre-orthodontic treatment examination to monitor growth and development	\$0.00
D8670	periodic orthodontic treatment visit	\$0.00
Adjunctive General Services		
D9110	palliative treatment of dental pain - per visit	\$0.00
D9120	fixed partial denture sectioning	\$0.00
D9210	local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9222	deep sedation/general anesthesia - first 15 minutes	\$18.33
D9223	deep sedation/general anesthesia-each 15 minute increment	\$18.33
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)	\$0.00
D9630	drugs or medicaments, dispensed in the office for home use	\$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	\$0.00
D9952	occlusal adjustment - complete	\$0.00