



Patient Copay Schedule

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PRODUCT: D0034853 (UHC Healthplex ASO Custom NY Only Plan 72P80)

| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| D2962 | labial veneer (porcelain laminate) - indirect | \$395.00 |
| 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 |



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| ADA | Description | MEMBER PAYS |
|---------------------------------|--|-------------|
| 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 |
| 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 | \$55.00 |
| 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 |
| 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 | \$275.00 |
| 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 | \$175.00 |
| D4270 | pedicle soft tissue graft procedure | \$130.00 |
| D4277 | free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth | \$275.00 |
| D4278 | free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position | \$275.00 |
| 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 |
| Prostodontics, 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 |



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|-----------------------------|--|-------------|
| 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 | \$62.00 |
| D5850 | tissue conditioning, maxillary | \$62.00 |
| Prostodontics, Fixed | | |
| D6210 | pontic - cast high noble metal | \$0.00 |
| D6211 | pontic - cast predominantly base metal | \$0.00 |
| D6212 | pontic - cast noble metal | \$0.00 |



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| 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 |
| 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 |
| 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 |
| 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 |
| Oral Surgery | | |
| 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 |
| 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 |
| D7320 | alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$0.00 |
| D7510 | incision and drainage of abscess - intraoral soft tissue | \$0.00 |
| D7970 | excision of hyperplastic tissue - per arch | \$0.00 |
| Orthodontics | | |
| D8080 | comprehensive orthodontic treatment of the adolescent dentition | \$0.00 |
| D8210 | removable appliance therapy | \$375.00 |



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| D8220 | fixed appliance therapy | \$395.00 |
| D8670 | periodic orthodontic treatment visit | \$0.00 |
| Adjunctive General Services | | |
| 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 |
| D9310 | consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) | \$0.00 |
| D9951 | occlusal adjustment - limited | \$0.00 |
| D9952 | occlusal adjustment - complete | \$0.00 |
| D9974 | internal bleaching-per tooth | \$150.00 |