



## Patient Copay Schedule

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### PRODUCT: D0034908 (UPSE Benefit Plan - F DHMO Plan 14130)

| ADA               | Description                                                                                           | MEMBER PAYS |
|-------------------|-------------------------------------------------------------------------------------------------------|-------------|
| <b>Diagnostic</b> |                                                                                                       |             |
| 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                                               | \$10.00     |
| D0387             | intraoral tomosynthesis - comprehensive series of radiographic images - image capture only            | \$56.00     |
| D0388             | intraoral tomosynthesis - bitewing radiographic image - image capture only                            | \$21.00     |
| D0389             | intraoral tomosynthesis - periapical radiographic image - image capture only                          | \$10.00     |
| 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      |
| <b>Preventive</b> |                                                                                                       |             |
| 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      |



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| 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      |
| <b>Restorative</b> |                                                                           |             |
| 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      |
| <b>Endodontics</b> |                                                                           |             |
| D3110              | pulp cap - direct (excluding final restoration)                           | \$0.00      |



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|----------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------|
| 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      |
| <b>Periodontics</b>              |                                                                                                                          |             |
| 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      |
| <b>Prosthodontics, Removable</b> |                                                                                                                          |             |
| 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      |



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|-------|--------------------------------------------------------------------------------------------------------------------------|-------------|
| 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 |



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|---------------------|------------------------------------------------------------------------------------------------------------------|-------------|
| 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      |
| <b>Oral Surgery</b> |                                                                                                                  |             |
| 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      |



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| 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                                                                           | \$150.00    |
| 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      |
| <b>Orthodontics</b>                |                                                                                                                |             |
| D8080                              | comprehensive orthodontic treatment of the adolescent dentition                                                | \$0.00      |
| D8090                              | comprehensive orthodontic treatment of the adult dentition                                                     | \$0.00      |
| D8091                              | comprehensive orthodontic treatment with orthognathic surgery                                                  | \$0.00      |
| D8660                              | pre-orthodontic treatment examination to monitor growth and development                                        | \$0.00      |
| 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      |
| <b>Adjunctive General Services</b> |                                                                                                                |             |
| 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      |