

SECURE CHOICE INDIVIDUAL COPAYMENT SCHEDULE

SECTION I: PLAN DENTIST SERVICES
(Subject to Exclusions and Limitations Listed in Agreement)

Plan Benefits are provided for the dental services listed in this **Plan Dentist Services** Section of the Copayment Schedule only when services are provided by Member's selected Plan Dentist. Limited benefits for Emergency Services from other Plan Dentists are provided as specifically stated in the **EMERGENCY SERVICES** Article of Agreement. Plan Benefits are not available for dental services that do not appear on the Copayment Schedule.

Member is responsible for paying the amount listed in the **Member Copayment** column, plus any additional laboratory ("lab") fees for certain dental services. Payment may be due at the time the service is received or in accordance with Plan Dentist's billing procedures. Lab fees may apply to asterisked (*) services. For such a service, the lab fee is that Plan Dentist's normal retail lab fee for that service.

The most current dental terminology may not be reflected in the Copayment Schedule. However, Plan Benefits will be based on the most current dental terminology. Company reserves the right to update the Copayment Schedule to reflect the most current dental terminology, with at least thirty (30) days written notice to Subscriber.

The Plan Dentist selected by Member may not perform all listed services. To fully understand payment responsibility for dental services, Member should discuss availability of services, the proposed treatment, and cost with selected Plan Dentist prior to treatment. Availability of any specific general dentist as a Plan Dentist is not guaranteed.

Payment for all services received from a Non-Plan Dentist (at the Non-Plan Dentist's entire normal retail charge) is the responsibility of Member, except for limited benefits for Emergency Services as specifically stated in the EMERGENCY SERVICES Article of Agreement.

| ADA Service | Member |
|---|------------------|
| Code** Description** | Copayment |
| <u>Appointments</u> | |
| None Office visit - during regularly scheduled hours*** | 10.00 |
| D9440 Office visit - after regularly scheduled hours | 40.00 |
| None Missed appointment without 24-hour notice*** | 25.00 |
| D0120 Periodic oral evaluation (once in any six calendar months) | No Charge |
| D0140 Limited oral evaluation, problem focused | 25.00 |
| D0150 Comprehensive oral evaluation - new or established patient (once in any six calendar mo.) | No Charge |
| D0160 Detailed and extensive oral evaluation - problem focused | 20.00 |
| D0170 Re-evaluation - limited, problem focused (established patient, not post-operative visit) | 20.00 |
| D0180 Comprehensive periodontal evaluation - new or established patient | 20.00 |
| D9310 Consultation (diagnostic service by dentist other than practitioner providing treatment) | 80.00 |

| ADA Code** | Service Description** | Member Copayment |
|-------------------------------------|---|------------------|
| <u>Diagnostic Dentistry</u> | | |
| D0210 | X-ray: intraoral - complete series (including bitewings) (ADA Code D0210 may only be obtained once in any three calendar years.) | 10.00 |
| D0220 | X-ray: intraoral - periapical first film | No Charge |
| D0230 | X-ray: intraoral - periapical each additional film | No Charge |
| D0240 | X-ray: intraoral - occlusal film | No Charge |
| D0250 | X-ray: extraoral - first film | No Charge |
| D0260 | X-ray: extraoral - each additional film | No Charge |
| D0270 | X-ray: bitewing - single film | No Charge |
| D0272 | X-ray: bitewings - two films (once in any six calendar months) | No Charge |
| D0274 | X-ray: bitewing - four films (once in any six calendar months) | No Charge |
| D0277 | X-ray: vertical bitewings - 7 to 8 films | No Charge |
| D0330 | X-ray: panoramic film (once in any three calendar years) | 10.00 |
| D0415 | Collection of micro-organisms for culture and sensitivity | No Charge |
| D0425 | Caries susceptibility tests | No Charge |
| D0460 | Pulp vitality tests | No Charge |
| <u>Preventive Dentistry</u> | | |
| D1110 | Prophylaxis - adult (once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist) | 10.00 |
| D1120 | Prophylaxis – child (once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist) | 10.00 |
| D1203 | Topical application of fluoride (prophylaxis not included) - child | No Charge |
| D1310 | Nutritional counseling for control of dental disease | No Charge |
| D1330 | Oral hygiene instructions | No Charge |
| D1351 | Sealant - per tooth | 20.00 |
| D1510* | Space maintainer - fixed - unilateral | 85.00 |
| D1515* | Space maintainer - fixed - bilateral | 85.00 |
| D1520* | Space maintainer - removable - unilateral | 110.00 |
| D1525* | Space maintainer - removable - bilateral | 135.00 |
| D1550 | Re-cementation of space maintainer | 25.00 |
| None | Additional prophylaxis*** | 35.00 |
| D9940* | Occlusal guard | 95.00 |
| D9951 | Occlusal adjustment - limited | 55.00 |
| D9952 | Occlusal adjustment - complete | 280.00 |
| <u>Restorative Dentistry</u> | | |
| D2140 | Amalgam - one surface, primary or permanent | 25.00 |
| D2150 | Amalgam - two surfaces, primary or permanent | 30.00 |
| D2160 | Amalgam - three surfaces, primary or permanent | 45.00 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | 55.00 |
| D2330 | Resin-based composite - one surface, anterior | 50.00 |
| D2331 | Resin-based composite - two surfaces, anterior | 65.00 |
| D2332 | Resin-based composite - three surfaces, anterior | 80.00 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | 110.00 |
| D2391 | Resin-based composite - one surface, posterior | 85.00 |
| D2392 | Resin-based composite - two surfaces, posterior | 100.00 |
| D2393 | Resin-based composite - three surfaces, posterior | 105.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | 130.00 |
| D2510* | Inlay - metallic - one surface | 245.00 |

| ADA Service | Member |
|---|------------------|
| Code** Description** | Copayment |
| D2520* Inlay - metallic - two surfaces | 275.00 |
| D2530* Inlay - metallic - three or more surfaces | 315.00 |
| D2542* Onlay - metallic - two surfaces | 305.00 |
| D2543* Onlay - metallic - three surfaces | 325.00 |
| D2544* Onlay - metallic - four or more surfaces | 340.00 |
| D2610* Inlay - porcelain/ceramic - one surface | 280.00 |
| D2620* Inlay - porcelain/ceramic - two surfaces | 310.00 |
| D2630* Inlay - porcelain/ceramic - three or more surfaces | 330.00 |
| D2740* Crown - porcelain/ceramic substrate | 295.00 |
| D2750* Crown - porcelain fused to high noble metal | 295.00 |
| D2751* Crown - porcelain fused to predominantly base metal | 295.00 |
| D2752* Crown - porcelain fused to noble metal | 295.00 |
| D2790* Crown - full cast high noble metal | 295.00 |
| D2791* Crown - full cast predominantly base metal | 295.00 |
| D2792* Crown - full cast noble metal | 295.00 |
| D2910 Recement inlay, onlay or partial coverage restoration | 30.00 |
| D2920 Recement crown | 30.00 |
| D2930 Prefabricated stainless steel crown - primary tooth | 105.00 |
| D2940 Sedative filling | 35.00 |
| D2950 Core buildup, including any pins | 55.00 |
| D2951 Pin retention - per tooth, in addition to restoration | 25.00 |
| D2952* Cast post and core in addition to crown | 135.00 |
| D2954 Prefabricated post and core in addition to crown | 105.00 |
| D2962* Labial veneer (porcelain laminate) - laboratory | 330.00 |
| D2980 Crown repair | 30.00 |
| D2999 Temporary filling | 25.00 |
| <u>Endodontics</u> | |
| D3110 Pulp cap - direct (excluding final restoration) | 25.00 |
| D3120 Pulp cap - indirect (excluding final restoration) | 22.00 |
| D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | 60.00 |
| D3310 Root canal therapy: anterior (excluding final restoration) | 145.00 |
| D3320 Root canal therapy: bicuspid (excluding final restoration) | 225.00 |
| D3330 Root canal therapy: molar (excluding final restoration) | 295.00 |
| D3346 Retreatment of previous root canal therapy - anterior | 335.00 |
| D3347 Retreatment of previous root canal therapy - bicuspid | 395.00 |
| D3348 Retreatment of previous root canal therapy - molar | 480.00 |
| D3410 Apicoectomy/periradicular surgery - anterior | 270.00 |

| ADA Code** | Service Description** | Member Copayment |
|---|--|------------------|
| D3421 | Apicoectomy/periradicular surgery - bicuspid (first root) | 300.00 |
| D3425 | Apicoectomy/periradicular surgery - molar (first root) | 335.00 |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | 115.00 |
| D3430 | Retrograde filling - per root | 85.00 |
| D3450 | Root amputation - per root | 175.00 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | 145.00 |
| <u>Periodontics</u> | | |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant | 175.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three teeth, per quadrant | 75.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant | 170.00 |
| D4241 | Gingival flap procedure including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant | 130.00 |
| D4260 | Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant | 490.00 |
| D4261 | Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces, per quadrant | 284.00 |
| D4320 | Provisional splinting - intracoronal | 170.00 |
| D4321 | Provisional splinting - extracoronal | 150.00 |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant | 90.00 |
| D4342 | Periodontal scaling and root planing - one to three teeth, per quadrant | 57.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | 90.00 |
| D4910 | Periodontal maintenance | 55.00 |
| None | Periodontal hygiene instructions*** | 5.00 |
| <u>Removable Prosthodontics (Removable Dentures)</u> | | |
| D5110* | Complete denture - maxillary | 385.00 |
| D5120* | Complete denture - mandibular | 385.00 |
| D5130* | Immediate denture - maxillary | 480.00 |
| D5140* | Immediate denture - mandibular | 480.00 |
| D5211* | Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth) | 410.00 |
| D5212* | Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth) | 410.00 |
| D5213* | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) | 495.00 |
| D5214* | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) | 495.00 |
| D5410 | Adjust complete denture - maxillary | 35.00 |
| D5411 | Adjust complete denture - mandibular | 35.00 |
| D5421 | Adjust partial denture - maxillary | 35.00 |
| D5422 | Adjust partial denture - mandibular | 35.00 |

| ADA Service | Member |
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| Code** Description** | Copayment |
| D5510* Repair broken complete denture base | 70.00 |
| D5610* Repair resin denture base | 80.00 |
| D5620* Repair cast framework | 80.00 |
| D5630* Repair or replace broken clasp | 100.00 |
| D5640* Replace broken teeth - per tooth | 65.00 |
| D5650* Add tooth to existing partial denture | 90.00 |
| D5730 Reline complete maxillary denture (chairside) | 150.00 |
| D5731 Reline complete mandibular denture (chairside) | 150.00 |
| D5740 Reline maxillary partial denture (chairside) | 140.00 |
| D5741 Reline mandibular partial denture (chairside) | 140.00 |
| D5750* Reline complete maxillary denture (laboratory) | 150.00 |
| D5751* Reline complete mandibular denture (laboratory) | 150.00 |
| D5760* Reline maxillary partial denture (laboratory) | 150.00 |
| D5761* Reline mandibular partial denture (laboratory) | 150.00 |
| D5850 Tissue conditioning, maxillary | 60.00 |
| D5851 Tissue conditioning, mandibular | 60.00 |
| D5862 Precision attachment | 160.00 |
| <u>Fixed Prosthodontics (Bridges or Fixed Partial Dentures)</u> | |
| D6210* Pontic - cast high noble metal | 340.00 |
| D6211* Pontic - cast predominantly base metal | 340.00 |
| D6212* Pontic - cast noble metal | 340.00 |
| D6240* Pontic - porcelain fused to high noble metal | 340.00 |
| D6241* Pontic - porcelain fused to predominantly base metal | 340.00 |
| D6242* Pontic - porcelain fused to noble metal | 340.00 |
| D6251* Pontic - resin with predominantly base metal | 340.00 |
| D6545* Retainer - cast metal for resin bonded fixed prosthesis | 165.00 |
| D6721* Crown - resin with predominantly base metal | 340.00 |
| D6750* Crown - porcelain fused to high noble metal | 340.00 |
| D6751* Crown - porcelain fused to predominantly base metal | 340.00 |
| D6752* Crown - porcelain fused to noble metal | 340.00 |
| D6780* Crown - 3/4 cast high noble metal | 340.00 |
| D6790* Crown - full cast high noble metal | 340.00 |

| ADA Service | Member |
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| Code** Description** | Copayment |
| D6791* Crown - full cast predominantly base metal | 340.00 |
| D6792* Crown - full cast noble metal | 340.00 |
| D6930 Recement fixed partial denture | 55.00 |
| D6940 Stress breaker | 150.00 |
| D6950 Precision attachment | 230.00 |
| D6980* Fixed partial denture repair | 55.00 |
| None* Resin bonded bridge pontic, per unit*** | 245.00 |
| <u>Oral Surgery</u> | |
| D7111 Extraction, coronal remnants - deciduous tooth | 25.00 |
| D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 25.00 |
| D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | 85.00 |
| D7220 Removal of impacted tooth - soft tissue | 105.00 |
| D7230 Removal of impacted tooth - partially bony | 140.00 |
| D7240 Removal of impacted tooth - completely bony | 165.00 |
| D7241 Removal of impacted tooth - completely bony, with unusual surgical complications | 205.00 |
| D7250 Surgical removal of residual tooth roots (cutting procedure) | 85.00 |
| D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 175.00 |
| D7280 Surgical access of an unerupted tooth | 165.00 |
| D7310 Alveoloplasty in conjunction with extractions - per quadrant | 95.00 |
| D7320 Alveoloplasty not in conjunction with extractions - per quadrant | 140.00 |
| D7510 Incision and drainage of abscess - intraoral soft tissue | 95.00 |
| D7960 Frenulectomy (frenectomy or frenotomy) - separate procedure | 205.00 |
| <u>Bleaching</u> | |
| D9972 External bleaching - per arch | 185.00 |
| <u>Anesthesia, Analgesia, and Sedation</u> | |
| D9220 Deep sedation/general anesthesia - first 30 minutes | 185.00 |
| D9230 Analgesia, anxiolysis, inhalation of nitrous oxide | 20.00 |
| D9241 Intravenous conscious sedation/analgesia - first 30 minutes | 180.00 |
| D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes | 40.00 |

SECTION II: PLAN SPECIALIST SERVICES
(Subject to Exclusions and Limitations Listed in Agreement)

If Member requires dental specialty services that cannot be provided by selected Plan Dentist, Member may obtain such services from a Plan Specialist. No referral from Member's selected Plan Dentist is needed. There is no applicable copayment schedule for Plan Specialist services. Instead, the following reductions in charges apply. A 15% reduction from that Plan Specialist's normal retail charges applies to services obtained from a Plan Specialist who is an endodontist. A 25% reduction from that Plan Specialist's normal retail charges applies to services obtained from any other Plan Specialist (including, but not limited to, a Plan Specialist who is an orthodontist). Member is responsible for paying the entire reduced charge either at the time the service is received or in accordance with Plan Specialist's billing procedures.

To fully understand payment responsibility for dental specialty services, Member should discuss the proposed treatment and its cost with the Plan Specialist prior to treatment. Availability of specific types of specialty services from Plan Specialists depends on which types of dentists are Plan Specialists. Company cannot guarantee the availability of any specific dentist, or any specific type of dentist, as a Plan Specialist. Types of dentists who are Plan Specialists may vary from time to time in different parts of the Service Area.

Payment for all services received from a Non-Plan Specialist (at the Non-Plan Specialist's entire normal retail charge) is the responsibility of Member, except for limited benefits for Emergency Services as specifically stated in the EMERGENCY SERVICES Article of Agreement.

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*** Service does not have an American Dental Association current dental terminology code or nomenclature/descriptor.