

Partial Schedule of Co-Payments For Contracted General Dentists

Co-Payment schedules are based on contracted provider's zip code. (TX-1 - San Antonio; TX-2 Austin; TX-3 - Houston, Dallas, El Paso)

Code	Procedure Description	Platinum						Gold					
		TX-1		TX-2		TX-3		TX-1		TX-2		TX-3	
		Patient Contracted Provider Co-Pay	Non-Contracted D.S. Payment	Patient Contracted Provider Co-Pay	Non-Contracted D.S. Payment	Patient Contracted Provider Co-Pay	Non-Contracted D.S. Payment	Patient Contracted Provider Co-Pay	Non-Contracted D.S. Payment	Patient Contracted Provider Co-Pay	Non-Contracted D.S. Payment	Patient Contracted Provider Co-Pay	Non-Contracted D.S. Payment
PREVENTIVE													
D120	Periodic oral examination	0	25	0	26	0	27	0	18	0	20	0	21
D150	Comprehensive oral exam	0	30	0	32	0	34	0	16	0	17	0	18
D210	Intraoral - complete series	0	59	0	60	0	61	0	41	0	42	0	44
D220	Intraoral - Periapical-first film	0	14	0	14	0	15	0	6	0	7	0	8
D272	Bitewings - two films	0	22	0	23	0	23	0	10	0	11	0	12
D274	Bitewings - four films	0	29	0	30	0	31	0	17	0	18	0	18
D330	Panoramic film	0	50	0	52	0	54	0	40	0	42	0	43
D1110	Prophylaxis - adult	0	51	0	51	0	53	0	43	0	44	0	45
BASIC													
D140	Limited oral examination	0	28	0	30	0	32	0	13	0	14	0	15
D1351	Sealant - per tooth (age 14 and under)	12	16	12	17	13	18	10	13	10	14	11	15
Amalgam (Silver Fillings)													
D2140	Amalgam - 1 surface	0	54	0	56	0	59	0	43	0	45	0	46
D2150	Amalgam - 2 surface	0	68	0	70	0	72	0	52	0	55	0	56
D2160	Amalgam - 3 surface	0	78	0	80	0	82	0	60	0	62	0	64
D2161	Amalgam - 4 or more surfaces	0	89	0	95	0	100	0	66	0	68	0	70
Anterior Composite (White) Fillings													
D2330	Resin - 1 surface anterior	22	53	23	54	24	55	17	39	18	40	19	41
D2331	Resin - 2 surface anterior	30	55	31	56	32	57	28	46	29	46	31	47
D2332	Resin - 3 surface anterior	38	65	39	66	40	67	32	49	34	50	35	52
D2335	Resin - 4 or more surf or invl. incisal angle ant.	47	72	47	74	48	75	35	52	37	53	38	55
Posterior Composite (White) Fillings													
D2391	Resin - 1 surface posterior	33	51	33	51	34	52	27	42	31	44	34	45
D2392	Resin - 2 surface posterior	43	68	43	68	43	70	37	56	42	57	42	59
D2393	Resin - 3 surface posterior	55	79	55	79	55	81	44	62	50	66	54	68
D2394	Resin - 4 or more surf. posterior	59	82	59	82	60	83	50	67	57	72	60	73
CROWNS													
D2750	Crown - porc. hi noble metal	340	212	346	216	349	218	302	186	302	195	310	200
D2751	Crown - porc predom base metal	327	207	329	207	332	209	277	170	281	174	284	179
D2752	Crown - porc noble metal	328	213	330	213	332	215	287	178	292	182	296	184
ENDODONTICS (ROOT CANALS)													
D3310	Root canal therapy - ant.	222	108	234	113	238	114	175	82	177	85	180	87
D3320	Root canal therapy - bicuspid excl. final rest.	273	137	280	140	288	145	214	104	217	106	219	107
D3330	Root canal therapy - molar excl. final rest.	380	164	381	164	392	168	267	116	269	119	272	122
PERIODONTICS													
D4341	Perio. root planing 4+per quad	88	26	93	28	99	29	84	19	85	20	86	20
D4910	Perio maint. proc. after active therapy	54	20	59	22	61	22	52	17	53	17	54	18
PROSTHODONTICS (DENTURES)													
D5110	Complete denture - upper	691	187	702	189	710	192	412	118	417	120	422	125
D5120	Complete denture - lower	691	187	702	189	710	192	412	118	417	120	422	125
ORAL SURGERY													
D7210	Surgical removal of erupted tooth	75	41	78	43	80	44	60	31	60	34	60	41
D7220	Removal impacted tooth-soft tissue	96	53	102	58	106	59	65	35	68	37	71	40
D7230	Rem. impact. tooth - part. bony	121	60	130	63	137	66	89	42	92	44	94	47
D7240	Rem. impact tooth - compl. bony	148	60	150	73	155	74	105	48	107	50	111	52
MISCELLANEOUS													
D0999	OSHA infection and sterilization	0	0	0	0	0	0	11	0	11	0	11	0
D9430	Office visit observ. sched. hrs - no other serv.	23	0	24	0	25	0	21	0	22	0	24	0
D9440	Office visit - after regular scheduled hours	37	0	38	0	39	0	37	0	38	0	39	0

* For services rendered by out-of-network providers the patient is responsible for the difference between the plan payment and the provider's standard fee. No balance billing for services rendered by an in-network provider.

This is not a complete list of procedures. You will receive the complete version with your plan ID card. Any procedure not listed is available on a fee for service basis, no discount will apply. This sample of fees is valid through June 30, 2010.