

Summary Schedule of Copayments

DentalSelect

For Contracted General Dentists
Effective January 1, 2023

GOLD NETWORK - TEXAS REGION 1-2

This summary includes a list of the most common procedures.

| ADA CODE | PROCEDURE DESCRIPTION | GENERAL DENTIST | | SPECIALIST DENTIST | |
|---|--|-----------------|----------------------------|--------------------|----------------------------|
| | | MEMBER COPAY | *NON-CONTRACTED DS PAYMENT | MEMBER COPAY | *NON-CONTRACTED DS PAYMENT |
| PREVENTIVE | | | | | |
| D0120 | PERIODIC ORAL EXAMINATION | 0 | 23 | 0 | 37 |
| D0150 | COMPREHENSIVE ORAL EXAMINATION | 0 | 30 | 0 | 57 |
| D0210 | X-RAYS, COMPLETE SET | 0 | 59 | 0 | 98 |
| D0220 | X-RAYS, PERIAPICAL, 1ST FILM | 0 | 13 | 0 | 21 |
| D0272 | X-RAYS, BITEWING, 2 FILMS | 0 | 20 | 0 | 33 |
| D0274 | X-RAYS, BITEWING, 4 FILMS | 0 | 26 | 0 | 46 |
| D0330 | X-RAYS, PANORAMIC FILM | 0 | 49 | 0 | 86 |
| D1110 | CLEANING - ADULT | 0 | 47 | 0 | 67 |
| BASIC | | | | | |
| D0140 | LIMITED ORAL EXAMINATION | 0 | 29 | 0 | 54 |
| D1351 | SEALANT - PER TOOTH (AGE 15 & UNDER) | 12 | 15 | 26 | 15 |
| AMALGAM (SILVER) FILLINGS | | | | | |
| D2140 | AMALGAM - 1 SURFACE | 0 | 49 | 0 | 89 |
| D2150 | AMALGAM - 2 SURFACE | 0 | 65 | 0 | 114 |
| D2160 | AMALGAM - 3 SURFACE | 0 | 78 | 0 | 134 |
| D2161 | AMALGAM - 4+ SURFACES | 0 | 95 | 0 | 153 |
| ANTERIOR COMPOSITE (WHITE) FILLINGS | | | | | |
| D2330 | COMPOSITE - 1 SURFACE ANTERIOR | 24 | 42 | 68 | 42 |
| D2331 | COMPOSITE - 2 SURFACE ANTERIOR | 41 | 46 | 93 | 46 |
| D2332 | COMPOSITE - 3 SURFACE ANTERIOR | 43 | 53 | 113 | 53 |
| D2335 | COMPOSITE - 4+ SURFACES ANTERIOR | 52 | 67 | 129 | 67 |
| POSTERIOR COMPOSITE (WHITE) FILLINGS | | | | | |
| D2391 | COMPOSITE - 1 SURFACE POSTERIOR | 41 | 44 | 84 | 44 |
| D2392 | COMPOSITE - 2 SURFACE POSTERIOR | 51 | 60 | 103 | 60 |
| D2393 | COMPOSITE - 3 SURFACE POSTERIOR | 62 | 70 | 120 | 70 |
| D2394 | COMPOSITE - 4+ SURFACES POSTERIOR | 68 | 67 | 158 | 67 |
| CROWNS | | | | | |
| D2750 | CROWN - PORCELAIN, HIGH NOBLE METAL | 325 | 183 | 632 | 183 |
| D2751 | CROWN - PORCELAIN, PREDOMINANTLY BASE METAL | 317 | 179 | 580 | 179 |
| D2752 | CROWN - PORCELAIN, NOBLE METAL | 313 | 192 | 585 | 192 |
| ENDODONTICS (ROOT CANALS) | | | | | |
| D3310 | PULP CAP - DIRECT, EXCLUDING FINAL RESTORATION | 229 | 94 | 437 | 94 |
| D3320 | ROOT CANAL - BICUSPID, EXCLUDING FINAL RESTORATION | 274 | 123 | 529 | 123 |
| D3330 | ROOT CANAL - MOLAR, EXCLUDING FINAL RESTORATION | 346 | 134 | 674 | 134 |
| PERIODONTICS | | | | | |
| D4341 | PERIODONTAL ROOT PLANING, 4+ PER QUAD | 99 | 22 | 158 | 22 |
| D4910 | PERIODONTAL MAINTENANCE PROCEDURE | 61 | 18 | 90 | 18 |
| PROSTHODONTICS (DENTURES) | | | | | |
| D5110 | COMPLETE DENTURE - UPPER | 464 | 123 | 885 | 123 |
| D5120 | COMPLETE DENTURE - LOWER | 464 | 123 | 885 | 123 |
| ORAL SURGERY | | | | | |
| D7210 | SURGICAL EXTRACTION | 85 | 38 | 164 | 38 |
| D7220 | SURGICAL EXTRACTION, IMPACTED | 97 | 46 | 206 | 46 |
| D7230 | SURGICAL EXTRACTION, PARTIAL BONY | 135 | 55 | 281 | 55 |
| D7240 | SURGICAL EXTRACTION, COMPLETELY BONY | 159 | 65 | 329 | 65 |
| MISCELLANEOUS | | | | | |
| D9440 | OFFICE VISIT FOR OBSERVATION - AFTER HOURS | 55 | 0 | 88 | 0 |

*For services rendered by non-contracted 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 a contracted provider. This sample is not a complete list of procedures.

Horario Resumen de Costos

DentalSelect

Para los Dentistas Contratados y Especialistas
Efectivo January 1, 2023

Este resumen incluye una lista de los procedimientos más comunes.

GOLD NETWORK - TEXAS REGIÓN 1-2

| CÓDIGO DE PROCEDIMIENTO | DESCRIPCIÓN DE PROCEDIMIENTO | DENTISTAS CONTRATADO | | DENTISTAS ESPECIALES | |
|--|---|----------------------|-----------------------------------|----------------------|-----------------------------------|
| | | COPAGO DE MIEMBRO | PAGO DENTAL SELECT NO CONTRATADO* | COPAGO DE MIEMBRO | PAGO DENTAL SELECT NO CONTRATADO* |
| PREVENTIVOS | | | | | |
| D0120 | EXAMEN ORAL PERIÓDICO | 0 | 23 | 0 | 37 |
| D0150 | EXAMEN ORAL COMPLETO | 0 | 30 | 0 | 57 |
| D0210 | INTRAORAL - SERIE COMPLETA, MORDIDA INCLUIDA | 0 | 59 | 0 | 98 |
| D0220 | INTRAORAL - PERIAPICALES - PRIMERA PLACA | 0 | 13 | 0 | 21 |
| D0272 | MORDIDA - DOS PLACAS | 0 | 20 | 0 | 33 |
| D0274 | MORDIDA - CUATRO PLACAS | 0 | 26 | 0 | 46 |
| D0330 | PLACA PANORÁMICA | 0 | 49 | 0 | 86 |
| D1110 | PROFILAXIS - ADULTOS | 0 | 47 | 0 | 67 |
| BASICOS | | | | | |
| D0140 | EXAMEN ORAL LIMITADO | 0 | 29 | 0 | 54 |
| D1351 | SELLADOR - POR DIENTE (15 AÑOS Y MENORES) | 12 | 15 | 26 | 15 |
| EMPASTES AMALGAMA (PLATA) | | | | | |
| D2140 | AMALGAMA - 1 SUPERFICIE PRIMARIA O PERMANENTE | 0 | 49 | 0 | 89 |
| D2150 | AMALGAMA - 2 SUPERFICIES PRIMARIA O PERMANENTE | 0 | 65 | 0 | 114 |
| D2160 | AMALGAMA - 3 SUPERFICIES PRIMARIA O PERMANENTE | 0 | 78 | 0 | 134 |
| D2161 | AMALGAMA - MÁS DE 4 SUPERFICIES PRIMARIA O PERMANENTE | 0 | 95 | 0 | 153 |
| ANTERIOR EMPASTES COMPUESTO (BLANCO) | | | | | |
| D2330 | RESINA - 1 SUPERFICIE ANTERIOR | 24 | 42 | 68 | 42 |
| D2331 | RESINA - 2 SUPERFICIES ANTERIOR | 41 | 46 | 93 | 46 |
| D2332 | RESINA - 3 SUPERFICIES ANTERIOR | 43 | 53 | 113 | 53 |
| D2335 | RESINA - MÁS DE 4 SUPERFICIES O QUE IMPLIQUE EL ÁNGULO INCISAL ANTERIOR | 52 | 67 | 129 | 67 |
| POSTERIOR EMPASTES COMPUESTO (BLANCO) | | | | | |
| D2391 | COMPOSITE - 1 SUPERFICIE POSTERIOR | 41 | 44 | 84 | 44 |
| D2392 | COMPOSITE - 2 SUPERFICIES POSTERIOR | 51 | 60 | 103 | 60 |
| D2393 | COMPOSITE - 3 SUPERFICIES POSTERIOR | 62 | 70 | 120 | 70 |
| D2394 | COMPOSITE - MÁS DE 4 SUPERFICIES POSTERIOR | 68 | 67 | 158 | 67 |
| CORONAS | | | | | |
| D2750 | CORONA - FUSIÓN DE PORCELANA CON METAL DE ALTA NOBLEZA | 325 | 183 | 632 | 183 |
| D2751 | CORONA - FUSIÓN DE PORCELANA CON BASE DE METAL PREDOMINANTEMENTE | 317 | 179 | 580 | 179 |
| D2752 | CORONA - FUSIÓN DE PORCELANA CON METAL NOBLE | 313 | 192 | 585 | 192 |
| ENDODONCISTAS (CONDUCTO RADICULAR) | | | | | |
| D3310 | CONDUCTO RADICULAR - ANTERIOR EXCLUYENDO RESTAURACIÓN FINAL | 229 | 94 | 437 | 94 |
| D3320 | CONDUCTO RADICULAR - BICÚSPIDE EXCLUYENDO RESTAURACIÓN FINAL | 274 | 123 | 529 | 123 |
| D3330 | CONDUCTO RADICULAR - MOLAR EXCLUYENDO RESTAURACIÓN FINAL | 346 | 134 | 674 | 134 |
| PERIODONCISTAS | | | | | |
| D4341 | RASPADO Y ALISADO PERIODONTAL DE RAÍZ - MÁS DE 4 DIENTES POR CUADRANTE | 99 | 22 | 158 | 22 |
| D4910 | PROCEDIMIENTOS DE MANTENIMIENTO PERIODONTAL DESPUÉS DE TERAPIA ACTIVA | 61 | 18 | 90 | 18 |
| PROSTODONCISTAS (DENTADURAS) | | | | | |
| D5110 | DENTADURA COMPLETA - SUPERIOR | 464 | 123 | 885 | 123 |
| D5120 | DENTADURA COMPLETA - INFERIOR | 464 | 123 | 885 | 123 |
| CIRUGIA ORAL | | | | | |
| D7210 | EXTRACCIÓN QUIRÚRGICA DE DIENTE BROTDADO | 85 | 38 | 164 | 38 |
| D7220 | EXTRACCIÓN DE DIENTE IMPACTADO - TEJIDO BLANDO | 97 | 46 | 206 | 46 |
| D7230 | EXTRACCIÓN DE DIENTE IMPACTADO - PARCIALMENTE CUBIERTO POR HEUSO | 135 | 55 | 281 | 55 |
| D7240 | EXTRACCIÓN DE DIENTE IMPACTADO - COMPLETAMENTE CUBIERTO POR HEUSO | 159 | 65 | 329 | 65 |
| VARIOS | | | | | |
| D9440 | VISITA AL CONSULTORIO - DESPUÉS DE LAS HORAS REGULARES PROGRAMADAS | 55 | 0 | 88 | 0 |

*Por los servicios prestados por proveedores fuera de la red, el paciente es responsable por la diferencia entre el pago del plan y la tarifa estandar del proveedor. No hay cobro de saldo por los servicios prestados por un proveedor de la red. Esto ejemplo no es una lista completa de los procedimientos.