

# Denticare

Prepaid Dental Plan from Assurant Employee Benefits  
Secure Choice Individual Copayment Schedule

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**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.**

<b>ADA Code**</b>	<b>Service Description**</b>	<b>Member Copayment</b>
<b><u>Appointments</u></b>		
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)	70.00

ADA Code**	Service Description**	Member Copayment
<b><u>Diagnostic Dentistry</u></b>		
D0210	X-ray: intraoral - complete series (including bitewings) (ADA Code D0210 may only be obtained once in any three calendar years.)	5.00
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)	5.00
D0415	Collection of micro-organisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
<b><u>Preventive Dentistry</u></b>		
D1110	Prophylaxis - adult (once in any six calendar months)	5.00
D1120	Prophylaxis - child (once in any six calendar months)	5.00
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	15.00
D1510*	Space maintainer - fixed - unilateral	70.00
D1515*	Space maintainer - fixed - bilateral	70.00
D1520*	Space maintainer - removable - unilateral	95.00
D1525*	Space maintainer - removable - bilateral	115.00
D1550	Re-cementation of space maintainer	20.00
None	Additional prophylaxis***	30.00
D9940*	Occlusal guard	90.00
D9951	Occlusal adjustment - limited	40.00
D9952	Occlusal adjustment - complete	165.00
<b><u>Restorative Dentistry</u></b>		
D2140	Amalgam - one surface, primary or permanent	20.00
D2150	Amalgam - two surfaces, primary or permanent	25.00
D2160	Amalgam - three surfaces, primary or permanent	50.00
D2161	Amalgam - four or more surfaces, primary or permanent	60.00
D2330	Resin-based composite - one surface, anterior	45.00
D2331	Resin-based composite - two surfaces, anterior	55.00
D2332	Resin-based composite - three surfaces, anterior	75.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	90.00
D2391	Resin-based composite - one surface, posterior	80.00
D2392	Resin-based composite - two surfaces, posterior	90.00
D2393	Resin-based composite - three surfaces, posterior	100.00
D2394	Resin-based composite - four or more surfaces, posterior	130.00
D2510*	Inlay - metallic - one surface	155.00
D2520*	Inlay - metallic - two surfaces	160.00
D2530*	Inlay - metallic - three or more surfaces	225.00
D2542*	Onlay - metallic - two surfaces	215.00
D2543*	Onlay - metallic - three surfaces	225.00
D2544*	Onlay - metallic - four or more surfaces	225.00
D2610*	Inlay - porcelain/ceramic - one surface	220.00
D2620*	Inlay - porcelain/ceramic - two surfaces	230.00
D2630*	Inlay - porcelain/ceramic - three or more surfaces	245.00
D2740*	Crown - porcelain/ceramic substrate	280.00
D2750*	Crown - porcelain fused to high noble metal	280.00

ADA Code**	Service Description**	Member Copayment
D2751*	Crown - porcelain fused to predominantly base metal	280.00
D2752*	Crown - porcelain fused to noble metal	280.00
D2790*	Crown - full cast high noble metal	280.00
D2791*	Crown - full cast predominantly base metal	280.00
D2792*	Crown - full cast noble metal	280.00
D2910	Recement inlay, onlay or partial coverage restoration	15.00
D2920	Recement crown	15.00
D2930	Prefabricated stainless steel crown - primary tooth	100.00
D2940	Sedative filling	20.00
D2950	Core buildup, including any pins	85.00
D2951	Pin retention - per tooth, in addition to restoration	20.00
D2952*	Cast post and core in addition to crown	110.00
D2954	Prefabricated post and core in addition to crown	90.00
D2962*	Labial veneer (porcelain laminate) - laboratory	325.00
D2980	Crown repair	30.00
D2999	Temporary filling	20.00
<b><u>Endodontics</u></b>		
D3110	Pulp cap - direct (excluding final restoration)	20.00
D3120	Pulp cap - indirect (excluding final restoration)	20.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	50.00
D3310	Root canal therapy: anterior (excluding final restoration)	155.00
D3320	Root canal therapy: bicuspid (excluding final restoration)	225.00
D3330	Root canal therapy: molar (excluding final restoration)	275.00
D3346	Retreatment of previous root canal therapy - anterior	340.00
D3347	Retreatment of previous root canal therapy - bicuspid	390.00
D3348	Retreatment of previous root canal therapy - molar	480.00
D3410	Apicoectomy/periradicular surgery - anterior	155.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	200.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	300.00
D3426	Apicoectomy/periradicular surgery (each additional root)	115.00
D3430	Retrograde filling - per root	85.00
D3450	Root amputation - per root	125.00
D3920	Hemisection (including any root removal), not including root canal therapy	95.00
<b><u>Periodontics</u></b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	150.00
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	425.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces, per quadrant	246.00
D4320	Provisional splinting - intracoronal	165.00
D4321	Provisional splinting - extracoronal	145.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	55.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	30.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	85.00
D4910	Periodontal maintenance	55.00
None	Periodontal hygiene instructions***	5.00

ADA Code**	Service Description**	Member Copayment
<b><u>Removable Prosthodontics (Removable Dentures)</u></b>		
D5110*	Complete denture - maxillary	325.00
D5120*	Complete denture - mandibular	410.00
D5130*	Immediate denture - maxillary	450.00
D5140*	Immediate denture - mandibular	450.00
D5211*	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	390.00
D5212*	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	390.00
D5213*	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	420.00
D5214*	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	420.00
D5410	Adjust complete denture - maxillary	15.00
D5411	Adjust complete denture - mandibular	15.00
D5421	Adjust partial denture - maxillary	15.00
D5422	Adjust partial denture - mandibular	15.00
D5510*	Repair broken complete denture base	50.00
D5610*	Repair resin denture base	55.00
D5620*	Repair cast framework	55.00
D5630*	Repair or replace broken clasp	55.00
D5640*	Replace broken teeth - per tooth	55.00
D5650*	Add tooth to existing partial denture	55.00
D5730	Reline complete maxillary denture (chairside)	60.00
D5731	Reline complete mandibular denture (chairside)	60.00
D5740	Reline maxillary partial denture (chairside)	60.00
D5741	Reline mandibular partial denture (chairside)	60.00
D5750*	Reline complete maxillary denture (laboratory)	95.00
D5751*	Reline complete mandibular denture (laboratory)	95.00
D5760*	Reline maxillary partial denture (laboratory)	95.00
D5761*	Reline mandibular partial denture (laboratory)	95.00
D5850	Tissue conditioning, maxillary	30.00
D5851	Tissue conditioning, mandibular	30.00
D5862	Precision attachment	160.00
<b><u>Fixed Prosthodontics (Bridges or Fixed Partial Dentures)</u></b>		
D6210*	Pontic - cast high noble metal	280.00
D6211*	Pontic - cast predominantly base metal	280.00
D6212*	Pontic - cast noble metal	280.00
D6240*	Pontic - porcelain fused to high noble metal	280.00
D6241*	Pontic - porcelain fused to predominantly base metal	280.00
D6242*	Pontic - porcelain fused to noble metal	280.00
D6251*	Pontic - resin with predominantly base metal	280.00
D6545*	Retainer - cast metal for resin bonded fixed prosthesis	165.00
D6721*	Crown - resin with predominantly base metal	280.00
D6750*	Crown - porcelain fused to high noble metal	280.00
D6751*	Crown - porcelain fused to predominantly base metal	280.00
D6752*	Crown - porcelain fused to noble metal	280.00
D6780*	Crown - 3/4 cast high noble metal	280.00
D6790*	Crown - full cast high noble metal	280.00
D6791*	Crown - full cast predominantly base metal	280.00
D6792*	Crown - full cast noble metal	280.00
D6930	Recement fixed partial denture	15.00
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

ADA Code**	Service Description**	Member Copayment
<b><u>Oral Surgery</u></b>		
D7111	Extraction, coronal remnants - deciduous tooth	30.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	60.00
D7220	Removal of impacted tooth - soft tissue	75.00
D7230	Removal of impacted tooth - partially bony	100.00
D7240	Removal of impacted tooth - completely bony	140.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	170.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	65.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	145.00
D7280	Surgical access of an unerupted tooth	115.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	75.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	140.00
D7510	Incision and drainage of abscess - intraoral soft tissue	65.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	150.00
<b><u>Bleaching</u></b>		
D9972	External bleaching - per arch	175.00
<b><u>Anesthesia, Analgesia, and Sedation</u></b>		
D9220	Deep sedation/general anesthesia - first 30 minutes	180.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	175.00
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.