

Summary Schedule of Copayments

For Contracted General Dentists and Specialists
Effective January 1, 2025



DentalSelect Platinum Network - Texas Region 1-3

This summary includes a list of the most common procedures.

| This summary includes a list of the most common procedures. | | Member Copay | |
|---|--|-----------------|--------------------|
| ADA Code | Procedure Description | General Dentist | Specialist Dentist |
| Preventive | | | |
| D0120 | Periodic oral examination | 0 | 0 |
| D0150 | Comprehensive oral examination | 0 | 0 |
| D0210 | X-rays, complete set | 0 | 0 |
| D0220 | X-rays, periapical, 1st film | 0 | 0 |
| D0272 | X-rays, bitewing, 2 films | 0 | 0 |
| D0274 | X-rays, bitewing, 4 films | 0 | 0 |
| D0330 | X-rays, panoramic film | 0 | 0 |
| D1110 | Cleaning - adult | 0 | 0 |
| Basic | | | |
| D0140 | Limited oral examination | 0 | 0 |
| D1351 | Sealant - per tooth (age 15 & under) | 15 | 24 |
| Amalgam (Silver) Fillings | | | |
| D2140 | Amalgam - 1 surface | 0 | 0 |
| D2150 | Amalgam - 2 surface | 0 | 0 |
| D2160 | Amalgam - 3 surface | 0 | 0 |
| D2161 | Amalgam - 4+ surfaces | 0 | 0 |
| Anterior Composite (White) Fillings | | | |
| D2330 | Composite - 1 surface anterior | 26 | 52 |
| D2331 | Composite - 2 surface anterior | 39 | 74 |
| D2332 | Composite - 3 surface anterior | 51 | 88 |
| D2335 | Composite - 4+ surfaces anterior | 62 | 107 |
| Posterior Composite (White) Fillings | | | |
| D2391 | Composite - 1 surface posterior | 41 | 71 |
| D2392 | Composite - 2 surface posterior | 50 | 91 |
| D2393 | Composite - 3 surface posterior | 62 | 105 |
| D2394 | Composite - 4+ surfaces posterior | 73 | 129 |
| Crowns | | | |
| D2750 | Crown - porcelain, high noble metal | 400 | 607 |
| D2751 | Crown - porcelain, predominantly base metal | 368 | 567 |
| D2752 | Crown - porcelain, noble metal | 373 | 564 |
| Endodontics (Root Canals) | | | |
| D3310 | Pulp cap - direct, excluding final restoration | 284 | 427 |
| D3320 | Root canal - bicuspid, excluding final restoration | 338 | 514 |
| D3330 | Root canal - molar, excluding final restoration | 476 | 640 |
| Periodontics | | | |
| D4341 | Periodontal root planing, 4+ per quad | 104 | 153 |
| D4910 | Periodontal maintenance procedure | 67 | 89 |
| Prosthodontics (Dentures) | | | |
| D5110 | Complete denture - upper | 594 | 870 |
| D5120 | Complete denture - lower | 594 | 870 |
| Oral Surgery | | | |
| D7210 | Surgical extraction | 101 | 161 |
| D7220 | Surgical extraction, impacted | 124 | 198 |
| D7230 | Surgical extraction, partial bony | 174 | 272 |
| D7240 | Surgical extraction, completely bony | 203 | 319 |
| Miscellaneous | | | |
| D9440 | Office visit for observation - after hours | 66 | 90 |

Region 1-3: DFW / Houston / El Paso / Austin

In Texas, our dental network and plans are referred to as the Ameritas Dental Network.

Copay amounts are subject to change. This sample of fees is representative of the listed metro city and actual fees may vary based on 3-digit zip code service location.

Ameritas, the bison design, "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2025 Ameritas Mutual Holding Company.