

A Southwest Preferred Dental Plan

QUALITY DENTAL CARE YOU CAN AFFORD

(602) 234-3266
or toll free at:
1-888-256-3266

For a Dentist Directory visit
www.secureoneplan.com



SECUREONE

Established in 1987, **SecureOne Plan** (A Southwest Preferred Dental Plan) was built on the belief that quality **fee-for-service** dental care should be as affordable and accessible as any other quality healthcare. For a low annual membership fee, SecureOne provides you and your family with preferred rates on all dental services.

EXCELLENT BENEFITS

You will enjoy these added benefits:

- Up to 50% Savings
- Lab Fees Included
- Use w/ Existing Insurance
- No Claim Forms
- No Processing Fee
- No Deductibles
- No Qualifying
- Easy to Enroll & Renew
- No Waiting Periods
- No Maximum Limits

CHOICE

SecureOne's dental network is one of the largest in the state! You will receive a list of participating general and specialist providers. Then it's up to you. Choose your own dentist. **SecureOne gives you the freedom to choose and change dentists at any time without notifying SecureOne.**

UTILIZE QUALITY DENTISTS

To ensure that you receive the highest quality dental care available, SecureOne maintains a rigorous **Quality Management Program** for each participating dental office. The program also includes strong member support to help you with any plan question you may have.

REAL SAVINGS

Your dental health is important to SecureOne. You will find SecureOne covers more services compared to other plans. Please refer to our savings illustration on the back page.

ELIGIBILITY

There is no waiting period! As soon as you receive your SecureOne member I.D. card you may make an appointment with a participating SecureOne dentist of your choice. If you have any questions, please call us!



CHIROPRACTIC BENEFITS

BENEFITS AT NO EXTRA CHARGE

When you enroll in SecureOne Plan, you automatically receive Chiropractic coverage through Chiropractic Arizona Network (CAN) at no extra charge.

HOW DOES IT WORK?

Follow the directions in the SecureOne brochure for enrolling. When we receive your enrollment form, we will mail you a SecureOne ID card which you will show when you visit a participating Chiropractor. You will also receive a Chiropractic provider directory with your dental plan packet. After you receive your SecureOne Plan card(s), you may see a Chiropractor immediately. See enclosed brochure for details. There is no waiting period. Here is an example of what you will save:

Discounts for a Visit at a CAN Doctor

Doctor Exam.....	25%
X-ray.....	25%
Manipulation.....	25%

VISION BENEFITS

AT NO EXTRA CHARGE

When you enroll in SecureOne Plan, you automatically receive vision coverage at participating National Vision Center Stores. A 10% discount will be given off frames, and lenses.

Payment Information

Credit Card Visa MasterCard Exp. Date _____
 Credit Card # _____

Other Payment Method Check Money Order
 How did you hear about SecureOne Plan?
 _____ Yellow Pages _____ Friend _____ Dentist _____ Other: _____

Agent Use Only (If applicable)
 Agent: _____ Agency _____
 Phone: _____ Tax ID Number: _____
 Address: _____

www.securecaredental.com

Name: Last _____ First _____ MI _____
 Address _____
 City _____ State _____ Zip _____
 Phone (W) _____ Phone (H) _____
 Email _____
 DOB _____ SS# _____
 Coverage: Individual (\$59) Ind. + 1 (\$88) Family (\$108)

Dependent(s) **Date of Birth**

Spouse _____	_____
Children _____	_____
_____	_____
_____	_____

Signature _____ Date _____

Enrollment period will be 12 months from date enrollment is signed



FEES

SecureOne has negotiated discounts of up to 50% or more on all participating providers' fees. This means that your first visit alone will likely save you more than what it cost you to join! Most dental services you will need are listed. However, any services not listed are covered at a 20% discount off the dentist's fees. Fees are subject to change at any time.

COMPARE & SAVE

SecureOne offers you real savings. Compare for yourself. **Start Saving On Your Dental Care!**

SecureOne Plan Appointment

Exam (0150)
 X-Rays (0210-0274)
 Cleaning (1110)
 \$ 133

Average Appointment

Exam
 X-Rays
 Cleaning
 \$ 271

SPECIALISTS

Our general dentists will be able to provide most of your dental services. However, if you should need the services of a specialist, you may select one from your SecureOne Dentist Directory. When visiting a specialist, you will be responsible for the specialist's fees less the contractual SecureOne 10-25% discount.

ANNUAL MEMBERSHIP FEES

These low membership rates are available year round!

Member Only	\$ 59 Per Year
Member + 1 Dependent	\$ 88 Per Year
Member + Family	\$108 Per Year

Membership fees are payable annually upon enrollment and renewal. There is no application fee with SecureOne.

ENROLL NOW! Here's How:

- Fill out the attached enrollment form.
- Include your credit card information, check or money order payable to SecureOne Plan. Mail to:



SecureOne Plan
 3625 North 16th Street, Suite 206
 Phoenix, Arizona 85016



Or fax to: (602) 285-0121

(602) 234-3266 • Fax (602) 285-0121

Or toll free at 1-888-256-3266

For a Dentist Directory visit
www.secureoneplan.com

Marketed by
SECURECARE DENTAL

Administered by
Southwest Preferred Dental Organization



INDIVIDUAL DENTAL PLAN

Welcome to the SecureOne individual and family dental plan!

SecureOne has negotiated discounts of up to 50% or more on all participating providers' fees. This means that your first visit alone will likely save you more than what it cost you to join!

Most dental services you will need are listed. However, any services not listed are covered at a 20% discount off the dentist's fees. Fees are subject to change at any time.

Our general dentists will be able to provide most of your dental services. However, if you should need the services of a specialist, you may select one from your SecureOne Specialist Directory.

When visiting a specialist, you will be responsible for the specialist's fees less the contractual SecureOne 10-25% discount.

Effective 5-1-08

DIAGNOSTIC & PREVENTATIVE *	ADA CODE	YOU PAY
Periodic Oral Exam	D0120	\$ 24
Limited Oral Exam – Problem Focused	D0140	\$ 25
Oral Evaluation under Age 3	D0145	\$ 12
Comprehensive Oral Exam	D0150	\$ 30
Extensive Oral Evaluation–Focused	D0160	\$ 35
Re Evaluation – Limited Focused	D0170	\$ 23
Comprehensive Periodontal Evaluations	D0180	\$ 18
Intraoral – Complete Series	D0210	\$ 53
Intraoral – Periapical – 1 st film	D0220	\$ 8
Intraoral – Periapical – Each Add Film	D0230	\$ 7
Intraoral – Occlusal Film	D0240	\$ 12
Extraoral – 1 st Film	D0250	\$ 23
Extraoral – Each Additional Film	D0260	\$ 17
Bitewing – 1 Film	D0270	\$ 10
Bitewing – 2 Films	D0272	\$ 16
Bitewing – 3 Films	D0273	\$ 20
Bitewing – 4 Films	D0274	\$ 22
Vertical Bitewings – 7 to 8 films	D0277	\$ 40
Panoramic Film	D0330	\$ 38
Pulp Vitality Tests	D0460	No Chrg
Diagnostic Casts	D0470	\$ 43
Prophy – Adult	D1110	\$ 50
Prophy – Child	D1120	\$ 34
Fluoride–(Prophy Not Included) Child	D1203	\$ 6
Fluoride–(Prophy Not Incl) Adult	D1204	\$ 5
Fluoride – Topical Varnish	D1206	\$ 11
Sealant (One/3 yrs Permanent Molars)	D1351	\$ 25
Space Maintainer – Fixed – Unilateral	D1510	\$ 126

DIAGNOSTIC & PREVENTATIVE * (Continued)	ADA CODE	YOU PAY
Space Maintainer – Fixed – Bilateral	D1515	\$ 187
Space Maintainer – Remov – Unilateral	D1520	\$ 155
Space Maintainer – Remov – Bilateral	D1525	\$ 209
Recementation of Space Maintainer	D1550	\$ 21
RESTORATIVE DENTISTRY *		
Amalgam – 1 Surface, Prim or Perm	D2140	\$ 46
Amalgam – 2 Surfaces, Prim or Perm	D2150	\$ 57
Amalgam – 3 Surfaces, Prim or Perm	D2160	\$ 63
Amalgam – 4+ Surfaces, Prim or Perm	D2161	\$ 83
Resin-Based Composite – 1 Surf, Ant	D2330	\$ 57
Resin-Based Composite – 2 Surf, Ant	D2331	\$ 77
Resin-Based Composite – 3 Surf, Ant	D2332	\$ 90
Resin-Based Composite – 4+ Surf, Ant	D2335	\$ 100
Resin-Based Composite Crown, Anterior	D2390	\$ 135
Resin-Based Composite – 1 Surf, Post	D2391	\$ 73
Resin-Based Composite – 2 Surf, Post	D2392	\$ 90
Resin-Based Composite – 3 Surf, Post	D2393	\$ 114
Resin-Based Composite – 4+ Surf, Post	D2394	\$ 128
INLAYS, ONLAYS, CROWNS, BRIDGES *		
Inlay – Metallic – 1 Surface	D2510	\$ 329
Inlay – Metallic – 2 Surfaces	D2520	\$ 409
Inlay – Metallic – 3+ Surfaces	D2530	\$ 490
Onlay – Metallic – 2 Surfaces	D2542	\$ 427
Onlay – Metallic – 3 Surfaces	D2543	\$ 509
Onlay – Metallic – 4+ Surfaces	D2544	\$ 693
Inlay – Porcelain/Ceramic – 1 Surface	D2610	\$ 336
Inlay – Porcelain/Ceramic – 2 Surfaces	D2620	\$ 437
Inlay – Porcelain/Ceramic – 3+ Surfaces	D2630	\$ 507
Onlay – Porcelain/Ceramic – 2 Surfaces	D2642	\$ 441
Onlay – Porcelain/Ceramic – 3 Surfaces	D2643	\$ 527
Onlay – Porcelain/Ceramic – 4+ Surfaces	D2644	\$ 720
Inlay – Resin Composite – 1 Surface	D2650	\$ 289
Inlay – Resin Composite – 2 Surfaces	D2651	\$ 348
Inlay – Resin Composite – 3+ Surf	D2652	\$ 398
Onlay – Resin Composite – 2 Surf	D2662	\$ 387
Onlay – Resin Composite – 3 Surf	D2663	\$ 423
Crown – Resin – Lab	D2710	\$ 326
Crown – Resin to High Noble Metal	D2720	\$ 625
Crown – Resin to Base Metal	D2721	\$ 564
Crown – Resin to Noble Metal	D2722	\$ 574
Crown – Porcelain/Ceramic Substrate	D2740	\$ 710
Crown – Porcelain to High Noble Metal	D2750	\$ 710
Crown – Porcelain to Pred Base Metal	D2751	\$ 650
Crown – Porcelain to Noble Metal	D2752	\$ 665
Crown – ¾ Cast High Noble Metal	D2780	\$ 609
Crown – ¾ Cast Base Metal	D2781	\$ 602
Crown – ¾ Cast Noble Metal	D2782	\$ 631
Crown – ¾ Porcelain/Ceramic	D2783	\$ 590
Crown – Full Cast High Noble Metal	D2790	\$ 615
Crown – Full Cast Base Metal	D2791	\$ 552
Crown – Full Cast Noble Metal	D2792	\$ 570
Recement Inlay	D2910	\$ 85
Recement Crown	D2920	\$ 81
Prefab Stainless Steel Crown –Primary	D2930	\$ 111

INLAYS, ONLAYS, CROWNS, BRIDGES * (Continued)	ADA CODE	YOU PAY
Prefab Stainless Steel Crown Permanent	D2931	\$ 138
Prefabricated Resin Crown	D2932	\$ 133
Sedative Filling	D2940	\$ 74
Core Build Up, Including any Pins	D2950	\$ 110
Pin Retention–Per Tooth	D2951	\$ 68
Cast Post and Core in Addition to Crown	D2952	\$ 170
Each Add. Indirectly Fab. Post – Same Tth	D2953	\$ 139
Prefab Post and Core in Add. To Crown	D2954	\$ 150
Post Removal	D2955	No Chrg
Each Add. Prefabricated Post	D2957	\$ 127
Labial Veneer (resin laminate)– Chairside	D2960	\$ 309
Labial Veneer (resin laminate) – Lab	D2961	\$ 455
Labial Veneer (porcelain laminate) – Lab	D2962	\$ 552
Temporary Crown (fractured tooth)	D2970	No Chrg
ENDODONTICS *		
Pulp Cap–Direct (Excl Final Restoration)	D3110	\$ 15
Pulp Cap–Indirect (Excl Restoration)	D3120	\$ 18
Therapeutic Pulpotomy (Ex Restoration)	D3220	\$ 60
Pulpal Debridement, Primary+ Permanent	D3221	\$ 51
Pulpal Therapy Anterior, Primary	D3230	\$ 71
Pulpal Therapy Posterior, Primary	D3240	\$ 64
Root Canal – Anterior (Excl Restoration)	D3310	\$ 325
Root Canal – Bicuspid (Excl Restoration)	D3320	\$ 425
Root Canal – Molar (Excl. Restoration)	D3330	\$ 525
Tx of Root Canal Obstruction, non surg.	D3331	\$ 148
Incomplete Endo Therapy	D3332	\$ 188
Internal Root Repair of Perforation	D3333	\$ 119
Retreatment of Previous RCT – Anterior	D3346	\$ 274
Retreatment of Previous RCT – Bicuspid	D3347	\$ 375
Retreatment of Previous RCT – Molar	D3348	\$ 300
Apexification/Recalcification – Initial Visit	D3351	\$ 79
Apexification/Recalcification – Med	D3352	\$ 79
Apexification/Recalcification – Final Visit	D3353	\$ 79
Apicoectomy/Periradicular – Anterior	D3410	\$ 231
Apicoectomy/Periradicular – Bicuspid, 1st	D3421	\$ 288
Apicoectomy/Periradicular – Molar, 1Root	D3425	\$ 250
Apicoectomy/Periradicular Each Add.	D3426	\$ 192
Retrograde Filling – Per Root	D3430	\$ 71
Root Amputation – Per Root	D3450	\$ 170
Hemisection (Incl any Root Rem)	D3920	\$ 111
Canal Preparation/Post Fitting	D3950	No Chrg
Gingivectomy/Gingivoplasty – 4+ teeth	D4210	\$ 179
Gingivectomy/Gingivoplasty – 1-3 teeth	D4211	\$ 62
Gingival Flap–Inc. Root Planing, 4+ teeth	D4240	\$ 331
Gingival Flap–Inc. Root Planing, 1-3 teeth	D4241	\$ 200
Crown Lengthening Hard Tissue	D4249	\$ 388
Osseous Surgery – 4+ teeth/quad	D4260	\$ 380
Osseous Surgery – 1-3 teeth/quad	D4261	\$ 310
Pedicle Soft Tissue Graft Procedure	D4270	\$ 135
Free Soft Tissue Graft Procedure	D4271	\$ 290
Subepithelial Connective Tissue Graft	D4273	\$ 512
Distal Wedge	D4274	\$ 316
Soft Tissue Allograft	D4275	\$ 420

PERIODONTICS *	ADA CODE	YOU PAY
Com Connective Tissue/Double Pedicle	D4276	\$ 599
Intracoronar Splint	D4320	\$ 133
Extracoronar Splint	D4321	\$ 121
Perio. Scaling & Root Planing – 4+ teeth	D4341	\$ 110
Perio. Scaling & Root Planing – 1-3 teeth	D4342	\$ 56
Full Mouth Debridement	D4355	\$ 55
Periodontal Maintenance Procedures	D4910	\$ 60
PROSTHETICS *		
Complete Denture – Upper	D5110	\$ 820
Complete Denture – Lower	D5120	\$ 820
Immediate Denture – Upper	D5130	\$ 799
Immediate Denture – Lower	D5140	\$ 799
Upper Partial Denture – Resin Base	D5211	\$ 505
Lower Partial Denture – Resin Base	D5212	\$ 505
Upper Partial – Cast Metal w Resin Base	D5213	\$ 800
Lower Partial – Cast Metal w Resin Base	D5214	\$ 800
Removable Unilateral Partial – 1 Pc Cast	D5281	\$ 470
Adjust Complete Denture – Upper	D5410	\$ 73
Adjust Complete Denture – Lower	D5411	\$ 73
Adjust Partial Denture – Upper	D5421	\$ 79
Adjust Partial Denture – Lower	D5422	\$ 79
Repair Broken Complete Denture Base	D5510	\$ 114
Replace Missing or Broken Teeth – each	D5520	\$ 106
Repair Resin Denture Base	D5610	\$ 115
Repair Cast Framework	D5620	\$ 129
Repair or Replace Broken Clasp	D5630	\$ 119
Replace Broken Teeth– Per Tooth	D5640	\$ 99
Add Tooth to Existing Partial Denture	D5650	\$ 111
Add Clasp to Existing Partial Denture	D5660	\$ 135
Replace Teeth+Acrylic Cast Frame Upper	D5670	\$ 383
Replace Teeth+Acrylic Cast Frame Lower	D5671	\$ 383
Rebase Complete Upper Denture	D5710	\$ 373
Rebase Complete Lower Denture	D5711	\$ 373
Rebase Upper Partial Denture	D5720	\$ 336
Rebase Lower Partial Denture	D5721	\$ 336
Reline Complete Upper Denture (Chair)	D5730	\$ 236
Reline Complete Lower Denture (Chair)	D5731	\$ 228
Reline Upper Partial Denture (Chairside)	D5740	\$ 238
Reline Lower Partial Denture (Chairside)	D5741	\$ 238
Reline Complete Upper Denture (Lab)	D5750	\$ 318
Reline Complete Lower Denture (Lab)	D5751	\$ 318
Reline Upper Partial Denture (Laboratory)	D5760	\$ 306
Reline Lower Partial Denture (Laboratory)	D5761	\$ 306
Tissue Conditioning – Upper	D5850	\$ 110
Tissue Conditioning – Lower	D5851	\$ 110
PONTICS *		
Pontic – Cast High Noble Metal	D6210	\$ 627
Pontic – Cast Predominantly Base Metal	D6211	\$ 528
Pontic – Cast Noble Metal	D6212	\$ 581
Pontic – Porcelain to High Noble Metal	D6240	\$ 655
Pontic – Porcelain to Predom. Base Metal	D6241	\$ 607
Pontic – Porcelain to Noble Metal	D6242	\$ 629
Pontic – Porcelain/Ceramic	D6245	\$ 701
Retainer – Cast Metal/Resin Bond Fxd	D6545	\$ 407

PONTICS * (Continued)	ADA CODE	YOU PAY
Retainer – Porc/Ceramic/Resin Bond Fxd	D6548	\$ 393
Inlay – Porcelain/Ceramic, 2 Surfaces	D6600	\$ 477
Inlay – Porcelain/Ceramic, 3+ Surfaces	D6601	\$ 534
Inlay – Cast High Noble Metal, 2 Surf	D6602	\$ 525
Inlay – Cast High Noble Metal, 3+ Surf	D6603	\$ 587
Inlay – Cast Predom. Base Metal, 2 Surf	D6604	\$ 485
Inlay – Cast Predom. Base Metal, 3+ Surf	D6605	\$ 527
Inlay – Cast Noble Metal, 2 Surfaces	D6606	\$ 513
Inlay – Cast Noble Metal, 3+ Surfaces	D6607	\$ 569
Onlay – Porcelain/Ceramic, 2 Surfaces	D6608	\$ 613
Onlay – Porcelain/Ceramic, 3+ Surfaces	D6609	\$ 625
Onlay – Cast High Noble Metal, 2 Surf	D6610	\$ 525
Onlay – Cast High Noble Metal, 3+ Surf	D6611	\$ 628
Onlay – Cast Pred. Base Metal, 2 Surf	D6612	\$ 478
Onlay – Cast Pred. Base Metal, 3+ Surf	D6613	\$ 595
Onlay – Cast Noble Metal, 2 Surfaces	D6614	\$ 513
Onlay – Cast Noble Metal, 3+ Surfaces	D6615	\$ 328
Crown – Resin to High Noble Metal	D6720	\$ 586
Crown – Resin to Base Metal	D6721	\$ 525
Crown – Resin to Noble Metal	D6722	\$ 551
Crown – Porcelain/Ceramic Substrate	D6740	\$ 710
Crown – Porcelain to High Noble Metal	D6750	\$ 710
Crown – Porcelain to Base Metal	D6751	\$ 650
Crown – Porcelain to Noble Metal	D6752	\$ 665
Crown – ¾ Cast High Noble Metal	D6780	\$ 631
Crown – ¾ Cast Base Metal	D6781	\$ 602
Crown – ¾ Cast Noble Metal	D6782	\$ 631
Crown – Full Cast High Noble Metal	D6790	\$ 627
Crown – Full Cast Base Metal	D6791	\$ 528
Crown – Full Cast Noble Metal	D6792	\$ 581
Recement Fixed Partial Denture	D6930	\$ 85
Stress Breaker	D6940	\$ 198
Cast Post and Core	D6970	\$ 214
Prefab Post & Core	D6972	\$ 164
Core Build Up for Retainer, Including Pins	D6973	\$ 152
Each Additional Cast Post – Same Tooth	D6976	\$ 146
Each Additional Prefabricated Post	D6977	\$ 139
Fixed Partial Denture Repair	D6980	20% Off
ORAL SURGERY *		
Coronal Remnants – Deciduous Tooth	D7111	\$ 38
Extraction – Erupted Tooth Exposed Root	D7140	\$ 68
Surgical Removal of Erupted Tooth	D7210	\$ 105
Removal of Impacted Tooth – Soft Tissue	D7220	\$ 115
Removal of Impacted Tooth Part Bony	D7230	\$ 145
Removal of Impacted Tooth Comp Bony	D7240	\$ 165
Surgical Removal Residual Tooth Roots	D7250	\$ 90
Oroantral Fistula Closure	D7260	20% Off
Tooth Reimplantation and/or Stabilization	D7270	\$ 255
Tooth Transplantation and/or Stabilization	D7272	20% Off
Surg. Exp Impact'd/Unerupt'd Tooth	D7280	\$ 185
Surg. Exp Impact'd/Unerupt'd Tooth	D7281	\$ 155
Biopsy of Oral Tissue – Hard (Bone)	D7285	\$ 75
Biopsy of Oral Tissue – Soft (All Others)	D7286	\$ 75
Alveoplasty in Conjunct w/Extract- Quad	D7310	\$ 72

ORAL SURGERY (Continued) *	ADA CODE	YOU PAY
Alveoplasty not Conjunct w/Extract- Quad	D7320	\$ 111
Vestibuloplasty-Ridge Ext (2 nd Epithel.)	D7340	\$ 225
Vestibuloplasty-Ridge Ext (Grafts Hyper)	D7350	\$ 371
Excision Malignant Tumor-up to 1.25 cm	D7440	\$ 305
Excision Malignant Tumor- > than 1.25cm	D7441	\$ 342
Rem Odontogenic Cyst/Tumor<= 1.25cm	D7450	\$ 344
Rem Odontogenic Cyst/Tumor > 1.25cm	D7451	\$ 419
Removal Nonodontogenic Cyst<=1.25cm	D7460	\$ 344
Rem of Nonodontogenic Cyst/Tmr > 1.25	D7461	\$ 439
Removal of Exostosis – Per Site	D7471	\$ 118
Removal of Toral Palatinus	D7472	\$ 251
Removal of Torus Mandibularus	D7473	\$ 251
Surgical Reduction Osseous Tuberosity	D7485	\$ 251
I/D of Abscess – Intraoral Soft Tissue	D7510	\$ 58
I/D of Abscess – Extraoral Soft Tissue	D7520	\$ 166
Removal F.B., Skin, Subc. Areolar Tissue	D7530	\$ 58
Removal of Reaction Producing Foreign	D7540	\$ 166
Sequestrectomy for Osteomyelitis	D7550	20% Off
Maxillary Sinusotomy Removal of Tooth	D7560	20% Off
Suture of Recent Small Wounds to 5cm	D7910	\$ 44
Frenulectomy (Frenectomy or Frenotomy)	D7960	20% Off
Excision of Hyperplastic Tissue Per Arch	D7970	\$ 104
Excision of Pericoronar Gingiva	D7971	\$ 92
Surgical Reduction of Fibrous Tuberosity	D7972	\$ 337
Sialolithotomy	D7980	20% Off
Closure of Salivary Fistula	D7983	20% Off
MISCELLANEOUS SERVICES *		
Palliative (Emergency) Treatment	D9110	\$ 33
General Anesthesia – First 30 Minutes	D9220	\$ 103
General Anesthesia – Each Add 15 Min	D9221	\$ 38
Analgesia, Anxiolysis, Inhal Nitrous Oxide	D9230	\$ 28
IV Sedation/Analgesia– First 30 Min	D9241	\$ 199
IV Sedation/Analgesia– Each Add 15 Min	D9242	\$ 38
Non-IV Conscious Sedation	D9248	\$ 49
Consultation	D9310	\$ 45
Office Visit Observ- During Reg Schd hrs	D9430	No Chrg
Therapeutic Drug Injection-Antibiotics	D9610	\$ 57
Treatment of Complications (Post Surg)	D9930	\$ 53
Occlusal Guard (For Bruxism)	D9940	\$ 199
Occlusal Adjustment - Limited	D9951	\$ 44
Occlusal Adjustment – Complete	D9952	\$ 142
* AS PERFORMED BY A GENERAL DENTIST		
		<ul style="list-style-type: none"> • If the services of a specialist are required, the Patient is responsible for the specialist's usual fees less a 10-25% SecureOne contractual discount. • Prices include gold/precious metal and lab fees. • Discounts apply only when treatment is performed by a participating dental office. • Procedures not shown - 20% discount from the dentist's usual fees. • Fees are subject to change without written notice to members.