



## ORTHODONTIC SERVICES

SecureCare Dental Plan members are covered by the following non-insured Orthodontic Services Schedule. These benefits are available only through a SecureCare Dental Participating Dentist at the specific addresses listed in your Provider Directory.

Dentists have agreed that any treatment initiated under this plan shall be completed, at the election of the member, under the terms, conditions and fees provided herein should the member become ineligible prior to completion of treatment. This non-insured Orthodontic Services Schedule and the fees herein cannot be used in conjunction with or coordinated with an insured orthodontic benefit. Orthodontic payments listed on this schedule will change from time to time as the fees paid to participating orthodontists change.

### STANDARD ORTHODONTIC CARE PROGRAM\*\*

### MEMBER PAYS

Services Included In Orthodontic Care

Under Age 19    Age 19 & Over

#### COMPLETE ORTHODONTIC SURVEY FOLLOWED BY BANDING

D9310 – Screening Exam	D0330 – Panoramic Film		
D0350 – Facial Photos	D0340 – Cephalometric Film	\$450.00	\$450.00
D0210 – Intraoral Films	D0470 – Study Models/Diagnostic Casts		

#### ACTIVE COMPREHENSIVE ORTHODONTIC TREATMENT (BANDING)

D8070/D8080/D8090 (Class I, II, or III) Treatment up to 24 months following Complete Orthodontic Survey	\$2,900.00*	\$3,150.00*
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#### ORTHODONTIC RETENTION

D8680 – Removal of appliances, construction and placement of retainer(s)	\$300.00	\$300.00
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#### TOTAL STANDARD CARE FEE

\$3,650.00	\$3,900.00
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