

Participating Dentist Copayment Schedule

BlueDental Choice Copayment (PPO)

The following are covered dental benefits and member copayments. Payment for covered adult services provided by non-participating dentists will not exceed Maximum Allowance for non-participating dentists.

ADA Code	Description of Service	Insured Pays \$
Preventive Services		
120	Periodic oral evaluation	0
140	Limited oral evaluation - problem focused	0
145	Oral eval for patient under 3 yrs. old, counseling with primary caregiver	0
150	Comprehensive oral evaluation	0
180	Comprehensive periodontal evaluation – new or established patient	0
270	Bitewing - single film	0
272	Bitewings - two films	0
273	Bitewings- three films	0
274	Bitewings - four films	0
277	Vertical Bitewings - 7-8 films	0
1110	Prophylaxis - adult	0/10"
1120	Prophylaxis - child	0/10"
1206	Topical fluoride varnish	0
1208	Topical application of fluoride	0
4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation – Two in 12 months combined with codes 1110, and 4910	0
9310	Consultation - Per session	0
9430	Office visit for observation (during regular scheduled hrs) no other services performed	0
Basic Services		
210	Intraoral - complete series (including bitewings)	17
220	Intraoral periapical - first film	4
230	Intraoral periapical - each additional	2
330	Panoramic film	14
1351	Sealant - per tooth	6
1352	Preventive resin restoration in a moderate to high carries risk patient – permanent tooth	6
1510	Space maintainer - fixed - unilateral	47
1515	Space maintainer - fixed - bilateral	66
1520	Space maintainer - removable - unilateral	53
1525	Space maintainer - removable - bilateral	75
1555	Removal of fixed space maintainer	29
2140	Amalgam - one surface, primary / permanent	15

ADA Code	Description of Service	Insured Pays \$
Basic Services (continued)		
2150	Amalgam - two surfaces, primary / permanent	19
2160	Amalgam - three surfaces, primary / permanent	23
2161	Amalgam - four or more surfaces, primary / permanent	28
2330	Resin - one surface, anterior	20
2331	Resin - two surfaces, anterior	26
2332	Resin - three surfaces, anterior	30
2335	Resin – four or more surfaces or involving incisal angel (anterior)	32
2391	Resin - one surface, posterior-primary / permanent	22
2392	Resin - two surfaces, posterior-primary / permanent	29
2393	Resin – three surfaces, posterior-primary/ permanent	37
2394	Resin – four or more surfaces, posterior-primary/ permanent	38
2910	Recement inlay	11
2920	Recement crown	11
2930	Prefabricated stainless steel crown primary tooth	37
2940	Sedative filling	12
2950	Core build-up, including any pins	28
2951	Pin retention per tooth, in addition to restoration	6
5410	Adjust complete denture - maxillary (upper)	10
5411	Adjust complete denture - mandibular (lower)	10
5421	Adjust partial denture - maxillary (upper)	10
5422	Adjust partial denture - mandibular (lower)	9
5511	Repair broken complete denture base, mandibular	23
5512	Repair broken complete denture base, maxillary	23
5520	Replace missing or broken teeth (complete denture) - each tooth	20
5611	Repair resin partial denture base, mandibular	21
5612	Repair resin partial denture base, maxillary	21
5621	Repair cast partial framework, mandibular	23
5622	Repair cast partial framework, maxillary	23
5630	Repair or replace broken clasp	20
5640	Replace broken teeth - per tooth	18
5650	Add tooth to existing partial denture	27
5660	Add clasp to existing partial denture	31

ADA Code	Description of Service	Insured Pays \$
Basic Services (continued)		
5670	Replace all teeth & acrylic on cast metal framework (upper)	75
5671	Replace all teeth & acrylic on cast metal framework (lower)	75
5710	Rebase complete denture (upper)	73
5711	Rebase complete denture - (lower)	73
5720	Rebase partial denture - (upper)	66
5721	Rebase partial denture - (lower)	66
5730	Reline complete maxillary denture (chairside) - (upper)	38
5731	Reline complete mandibular denture (chairside) - (lower)	38
5740	Reline maxillary partial denture (chairside) - (upper)	34
5741	Reline mandibular partial denture (chairside) - (lower)	34
5750	Reline complete maxillary denture (laboratory) - (upper)	59
5751	Reline complete mandibular denture (laboratory) - (lower)	57
5760	Reline maxillary partial denture (laboratory) - (upper)	53
5761	Reline mandibular partial denture (laboratory) - (lower)	53
5850	Tissue conditioning, maxillary (upper)	18
5851	Tissue conditioning, mandibular (lower)	19
6930	Recement fixed partial denture	17
6980	Bridge repair, by report	30
7111	Extraction corneal remnants - deciduous tooth	11
7140	Extraction erupted tooth or exposed root	17
7210	Surgical removal of erupted tooth	31
7220	Removal of impacted tooth - soft tissue	39
7230	Removal of impacted tooth - partially bony	53
7240	Removal of impacted tooth - completely bony	64
7241	Removal of impacted tooth - completely bony, w/ unusual surgical complications	72
7250	Surgical removal of residual roots (cutting procedure)	32
7251	Coronectomy - intentional partial tooth removal	64
7280	Surgical access of an unerupted tooth	73
7282	Mobilization of erupted or malpositioned tooth to aid eruption	45
7283	Placement of device to facilitate eruption of impacted tooth	27
7310	Alveoloplasty, per quadrant, in conjunction with extractions	31
7311	Alveoloplasty, in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	31
7320	Alveoloplasty, per quadrant, not in conjunction with extractions	42

ADA Code	Description of Service	Insured Pays \$
Basic Services (continued)		
7321	Alveoloplasty, not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	42
7510	Incision and drainage of abscess - intraoral soft tissue	21
9110	Palliative (emergency) treatment of dental pain, minor procedures (not w/ sed filling)	12
9222	Deep sedation/general anesthesia – first 15 minutes	25
9223	Deep sedation, general anesthesia – each 15 minute increment	25
9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minute	19
9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	19
Major Services		
2510*	Inlay – metallic, one surface	221
2520*	Inlay - metallic, two surfaces	239
2530*	Inlay - metallic, three or more surfaces	257
2542*	Onlay - metallic, two surfaces	239
2543*	Onlay - metallic, three or more surfaces (not payable in conj w/2510, 2520, 2530)	297
2544*	Onlay - metallic, four or more surfaces (not payable in conj w/2510, 2520, 2530)	306
2610*	Inlay – porcelain/ceramic, one surface	222
2620*	Inlay - porcelain/ceramic, two surfaces	241
2630*	Inlay - porcelain/ceramic, three or more surfaces	261
2642*	Onlay - porcelain/ceramic, two surfaces	273
2643*	Onlay - porcelain/ceramic, three surfaces	312
2644*	Onlay - porcelain/ceramic, four or more surfaces	325
2710*	Crown - resin (laboratory)	148
2740*	Crown - porcelain/ceramic substrate	324
2750*	Crown - porcelain fused to high noble metal	315
2751*	Crown - porcelain fused to predominantly base metal	289
2752*	Crown - porcelain fused to noble metal	302
2790*	Crown - (full cast) - high noble metal	301
2791*	Crown - (full cast) - predominantly base metal	268
2792*	Crown - (full cast) - noble metal	285
2952	Cast post and core in addition to crown	113
2954	Prefabricated post and core, in addition to crown	74
2980	Crown repair, by report	53
3220	Therapeutic pulpotomy (excluding final restoration)	47
3310	Root Canal - Anterior (excluding final restoration)	196
3320	Root Canal - Bicuspid (excluding final restoration)	231
3330	Root Canal - Molar (excluding final restoration)	305

ADA Code	Description of Service	Insured Pays \$
Major Services (continued)		
3346	Root Canal - Retreatment - anterior, by report	256
3347	Root Canal - Retreatment - bicuspid, by report	296
3348	Root Canal - Retreatment - molar, by report	358
3410	Apicoectomy/periradicular surgery - anterior	188
3421	Apicoectomy/periradicular surgery - bicuspid (first root)	227
3425	Apicoectomy/periradicular surgery - molar (first root)	235
3426	Apicoectomy/periradicular surgery - (each additional root)	84
3430	Retrograde filling - per root	46
3450	Root amputation - per root	120
3920	Hemisection (including any root removal), not including root canal therapy	105
4210	Gingivectomy or gingivoplasty, 4 or more contiguous teeth or tooth bounded spaces per quadrant	142
4211	Gingivectomy or gingivoplasty, one to three contiguous teeth or tooth bounded spaces per quadrant	47
4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	12
4240	Gingival flap procedure, including root planing – four or more contiguous teeth per quadrant	158
4241	Gingival flap procedure, including root planing - 1 - 3 teeth or tooth bounded spaces per quadrant	150
4249	Clinical crown lengthening - hard tissue, once per tooth per lifetime	212
4260	Osseous surgery (including flap entry and closure) – 4 or more contiguous teeth per quadrant	322
4261	Osseous surgery (including flap entry and closure) – 1-3 contiguous teeth per quadrant	277
4263	Bone replacement graft - first site in quadrant	120
4264	Bone replacement graft - each additional site in quadrant	77
4266	Guided tissue regeneration - resorbable barrier, per site	130
4270	Pedicle soft tissue graft procedure	225
4273	Subepithelial connective tissue graft procedure (inc. donor site surgery)	280
4275	Soft Tissue allograft per tooth every 36 months	221
4276	Combined connective tissue & double pedicle graft per tooth, per site every 36 months	265
4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	236
4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	45
4341	Perio scaling & root planing – 4 or more teeth per quad payable once every 24 months	61

ADA Code	Description of Service	Insured Pays \$
Major Services (continued)		
4342	Periodontal scaling & root planing 1-3 teeth per quadrant once per quad every 24 months	46
4355	Full mouth debridement to enable comprehensive periodontal evaluation & diagnosis	34
4910	Periodontal maintenance procedures following active therapy	34
5110	Complete denture - maxillary (upper)	382
5120	Complete denture - mandibular (lower)	382
5130	Immediate denture - maxillary (upper)	418
5140	Immediate denture - mandibular (lower)	418
5211*	Upper partial - resin base (inc. any conventional clasps, rests, & teeth)	296
5212*	Lower partial - resin base (inc. any conventional clasps, rests, & teeth)	303
5213*	Upper partial - cast metal framework w/ resin dent bases (inc clasps,rests,teeth)	420
5214*	Lower partial - cast metal framework w/ resin dent bases (inc clasps,rests,teeth)	420
5225	Maxillary partial denture-flex base (incl. clasps,rests, teeth)	420
5226	Mandibular partial dental-flex base (incl. clasps, rests, teeth)	420
6010	Surgical placement of implant body: endosteal implant	512
6056	Prefabricated abutment - includes placement	112
6057	Custom abutment - includes placement	161
6058	Abutment supported porcelain/ceramic crown	294
6059	Abutment supported porcelain fused to metal crown (high noble metal)	290
6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	274
6061	Abutment supported porcelain fused to metal crown (noble metal)	280
6062	Abutment supported cast metal crown (high noble metal)	279
6063	Abutment supported cast metal crown (predominantly base metal)	240
6064	Abutment supported cast metal crown (noble metal)	252
6065	Implant supported porcelain/ceramic crown	289
6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	282
6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	274
6068	Abutment supported retainer for porcelain/ceramic FPD	294
6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	290
6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)	274
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	280

ADA Code	Description of Service	Insured Pays \$
Major Services (continued)		
6072	Abutment supported retainer for cast metal FPD (high noble metal)	286
6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	259
6074	Abutment supported retainer for cast metal FPD (noble metal)	279
6075	Implant supported retainer for ceramic FPD	289
6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	282
6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	271
6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	24
6090	Repair implant supported prosthesis/by report	83
6092	Recement implant/abutment supported crown	23
6093	Recement implant/abutment supported fixed partial denture	36
6094	Abutment supported crown - (titanium)	230
6095	Repair implant abutment, by report	65
6100	Implant removal, by report	120
6110	Implant/abutment supported removable denture for edentulous arch - maxillary	378
6111	Implant/abutment supported removable denture for edentulous arch - mandibular	378
6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	378
6113	Implant/abutment supported removable denture for partially edentulous arch –mandibular	378
6194	Abutment supported retainer crown for FPD	235
6210*	Pontic - cast high noble metal	306
6211*	Pontic - cast predominantly base metal	263
6240*	Pontic - porcelain fused to high noble metal	316

ADA Code	Description of Service	Insured Pays \$
Major Services (continued)		
6241*	Pontic - porcelain fused to predominantly base metal	288
6242*	Pontic - porcelain fused to noble metal	302
6245*	Pontic - porcelain/ceramic	299
6545	Retainer - cast metal for resin bonded fixed prosthesis	123
6600	Inlay porcelain - ceramic - two surfaces	241
6601	Inlay porcelain - ceramic - three or more surfaces	261
6606	Inlay - cast noble metal - two surfaces	239
6607	Inlay - cast noble metal - three or more surfaces	257
6608	Onlay - porcelain / ceramic - two surfaces	273
6609	Onlay - porcelain / ceramic - three or more surfaces	312
6615	Onlay - cast noble metal - three or more surfaces	297
6720	Crown - resin with high noble metal	299
6721	Crown - resin with predominantly base metal	250
6722	Crown - resin with noble metal	277
6740	Crown - porcelain/ceramic	350
6750	Crown - porcelain fused to high noble metal	315
6751	Crown - porcelain fused to predominantly base metal	288
6752	Crown - porcelain fused to noble metal	302
6790	Crown - full cast high noble metal	301
6791	Crown - full cast predominantly base metal	266
6792	Crown - full cast noble metal	280
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	98
7963	Frenuloplasty	112

* Including routine post delivery care
** Prophylaxis copayment depends on plan selected

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