

Participating Dentist Copayment Schedule

BlueDental Care (Individual Plan FI315)

The following copayment amounts are applicable when you visit a participating general dentist.

ADA Code	Description of Service	Insured Pays \$
Appointments		
D9310	Consultation (normally not the same dentist who provides the treatment)	45
D9430	Office visit for observation - no other services performed	15
D9440	Office visit - after regularly scheduled hours	55
D9986	Missed appointments (no charge will be made due to emergencies)	10
D9987	Canceled appointments (without 24-hour notice, per 15 min)	10
D9999	Emergency visit during regularly scheduled hours, by report	20
Diagnostic		
D0120	Periodic oral evaluation (limited to twice in any 12 calendar months)	0
D0140	Limited oral evaluation - problem focused	0
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation - new or established patient (limited to twice in any 12 calendar months)	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	0
D0170	Re-evaluation - problem focused (not post-operative visit)	0
D0180	Comprehensive periodontal evaluation - new or established patient (limited to twice in any 12 calendar months)	35
D0210	X-rays - complete series of radiographic images (limited to once in any three calendar years)	0
D0220	X-rays intraoral periapical, first radiographic image	0
D0230	X-rays intraoral periapical, each additional radiographic image	0
D0240	X-rays intraoral - occlusal radiographic image	0
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source and detector	0
D0270	X-ray (bitewing) - single radiographic image (limited to twice in any 12 calendar months)	0
D0272	X-rays (bitewings) - two radiographic images (limited to twice in any 12 calendar months)	0
D0273	X-rays (bitewings) - three radiographic images (limited to twice in any 12 calendar months)	0

ADA Code	Description of Service	Insured Pays \$
Diagnostic (continued)		
D0274	X-rays (bitewings) - four radiographic images (limited to twice in any 12 calendar months)	0
D0277	X-rays (bitewings, vertical) - seven to eight radiographic images (limited to twice in any 12 calendar months)	0
D0330	X-rays panoramic radiographic images (limited to once in any three calendar years)	0
D0350	Oral/facial photographic images obtained intraorally or extraorally	0
D0415	Collection of microorganisms for culture and sensitivity	0
D0425	Caries susceptibility tests	0
D0431	Oral cancer screening using a special light source	70
D0460	Pulp vitality tests (not covered if a root canal is performed)	0
D0470	Diagnostic casts	0
D0472	Pathology report - gross examination of lesion	0
D0473	Pathology report - microscopic examination of lesion	0
D0474	Pathology report - microscopic examination of lesion and area	0
Preventive		
D1110	Cleaning - adult (limited to twice in any 12 calendar months, by primary care dentist)	0
D1120	Cleaning - child (limited to twice in any 12 calendar months)	0
D1206	Topical application of fluoride varnish (for child under 16 years of age) (limited to twice in any 12 calendar months)	0
D1208	Topical application of fluoride - excluding varnish (for child under 16 years of age) (limited to twice in any 12 calendar months)	0
D1310	Nutritional counseling for control of dental disease	0
D1320	Tobacco counseling for the control and prevention of oral disease	0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth (limited to permanent teeth only to age 16)	20
D1510*	Space maintainer - fixed unilateral (through age 14) (excludes distal shoe space maintainer), per quadrant	95

ADA Code	Description of Service	Insured Pays \$
Preventive (continued)		
D1516*	Space maintainer - fixed - bilateral, maxillary (through age 14)	135
D1517*	Space maintainer - fixed - bilateral, mandibular (through age 14)	135
D1520*	Space maintainer - removable - unilateral (through age 14) per quadrant	105
D1526*	Space maintainer - removable - bilateral, maxillary (through age 14)	115
D1527*	Space maintainer - removable - bilateral, mandibular (through age 14)	115
D1551	Recement or rebond bilateral space maintainer - maxillary	20
D1552	Recement or rebond bilateral space maintainer - mandibular	20
D1553	Recement or rebond bilateral space maintainer - per quadrant	20
D1575	Distal shoe space maintainer - fixed unilateral (through age 14) per quadrant on primary teeth only	205
Restorative		
D2140	Amalgam - one surface, primary or permanent	30
D2150	Amalgam - two surfaces, primary or permanent	35
D2160	Amalgam - three surfaces, primary or permanent	40
D2161	Amalgam - four or more surfaces, primary or permanent	45
D2940	Protective restoration	25
Resin restorative - inlays and onlays limited to one per tooth every five years		
D2330	Resin-based composite - one surface, anterior	45
D2331	Resin-based composite - two surfaces, anterior	60
D2332	Resin-based composite - three surfaces, anterior	75
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	95
D2390	Resin-based composite crown, anterior	90
D2391	Resin-based composite - one surface, posterior	70
D2392	Resin-based composite - two surfaces, posterior	90
D2393	Resin-based composite - three surfaces, posterior	110
D2394	Resin-based composite - four or more surfaces, posterior	130
D2510*	Inlay - metallic - one surface	345
D2520*	Inlay - metallic - two surfaces	355
D2530*	Inlay - metallic - three or more surfaces	365
D2542*	Onlay - metallic - two surfaces	370
D2543*	Onlay - metallic - three surfaces	380
D2544*	Onlay - metallic - four or more surfaces	390
D2610*	Inlay - porcelain/ceramic - one surface	370
D2620*	Inlay - porcelain/ceramic - two surfaces	380
D2630*	Inlay - porcelain/ceramic - three or more surfaces	390

ADA Code	Description of Service	Insured Pays \$
Resin restorative (continued)		
D2642*	Onlay - porcelain/ceramic - two surfaces	395
D2643*	Onlay - porcelain/ceramic - three surfaces	405
D2644*	Onlay - porcelain/ceramic - four or more surfaces	415
D2650*	Inlay - resin-based composite - one surface	345
D2651*	Inlay - resin-based composite - two surfaces	355
D2652*	Inlay - resin-based composite - three or more surfaces	365
D2662*	Onlay - resin-based composite - two surfaces	370
D2663*	Onlay - resin-based composite - three surfaces	380
D2664*	Onlay - resin-based composite - four or more surfaces	410
Crown and bridge - crowns limited to one per tooth every five years		
D2710*	Crown - resin-based composite (indirect)	410
D2712*	Crown - 3/4 resin-based composite (indirect)	410
D2720*	Crown - resin with high noble metal	410
D2721	Crown - resin with predominantly base metal	410
D2722*	Crown - resin with noble metal	410
D2740*	Crown - porcelain/ceramic	410
D2750*	Crown - porcelain fused to high noble metal	410
D2751	Crown - porcelain fused to predominantly base metal	410
D2752*	Crown - porcelain fused to noble metal	410
D2753*	Crown - Porcelain fused to titanium and titanium alloys	410
D2780*	Crown - 3/4 cast high noble metal	410
D2781	Crown - 3/4 cast predominantly base metal	410
D2782*	Crown - 3/4 cast noble metal	410
D2783*	Crown - 3/4 porcelain/ceramic	410
D2790*	Crown - full cast high noble metal	410
D2791	Crown - full cast predominantly base metal	410
D2792*	Crown - full cast noble metal	410
D2794*	Crown - titanium and titanium alloy	410
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	0
D2910	Recement or rebond inlay, onlay, veneer or partial coverage restoration	25
D2915	Recement or rebond indirectly fabricated or prefabricated post and core	0
D2920	Recement or rebond crown	25
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	110
D2929	Prefabricated porcelain/ceramic crown - primary tooth	110
D2930	Prefabricated stainless steel crown - primary tooth	110
D2931	Prefabricated stainless steel crown - permanent tooth	35
D2932	Prefabricated resin crown	110
D2933	Prefabricated stainless steel crown with resin window	110
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	110

ADA Code	Description of Service	Insured Pays \$
Crown and bridge (continued)		
D2950	Core buildup, including any pins	80
D2951	Pin retention - per tooth, in addition to restoration	25
D2952*	Cast post and core, in addition to crown	175
D2953*	Each additional cast post - same tooth	140
D2954	Prefabricated post and core in addition to crown	120
D2955	Post removal (not in conjunction with endodontic therapy)	20
D2957	Each additional prefabricated post - same tooth - base metal post	45
D2960	Labial veneer (resin laminate) - direct	290
D2961*	Labial veneer (resin laminate) - indirect	425
D2962*	Labial veneer (porcelain laminate) - indirect	475
D2971	Additional procedures to customize crown to fit under an existing partial denture framework	70
D2980	Crown repair necessitated by restorative material failure	25
D2981	Inlay repair necessitated by restorative material failure	25
D2982	Onlay repair necessitated by restorative material failure	25
D2983	Veneer repair necessitated by restorative material failure	25
D6940	Stress breaker	170
D6950	Precision attachment (separate from prosthesis)	220
Prostodontics (fixed) - replacement limited to every five years, adjustments once per year		
D6210*	Pontic - cast high noble metal	410
D6211	Pontic - cast predominantly base metal	410
D6212*	Pontic - cast noble metal	410
D6240*	Pontic - porcelain fused to high noble metal	410
D6241	Pontic - porcelain fused to predominantly base metal	410
D6242*	Pontic - porcelain fused to noble metal	410
D6243*	Pontic - porcelain fused to titanium and titanium alloys	410
D6750*	Retainer crown - porcelain fused to high noble metal	410
D6751	Retainer crown - porcelain fused to predominantly base metal	410
D6752*	Retainer crown - porcelain fused to noble metal	410
D6753*	Retainer crown - porcelain fused to titanium and titanium alloys	410
D6790*	Retainer crown - full cast high noble metal	410
D6791	Retainer crown - full cast predominantly base metal	410
D6792*	Retainer crown - full cast noble metal	410
D6794*	Retainer crown titanium and titanium alloys	410

ADA Code	Description of Service	Insured Pays \$
Prostodontics - replacement limited to every five years		
D6930	Recement or rebond fixed partial denture	45
D5110*	Full upper denture	550
D5120*	Full lower denture	550
D5130*	Immediate denture - maxillary	550
D5140*	Immediate denture - mandibular	550
D5211*	Upper partial denture - resin base (including retentive/clasping materials, rests and teeth)	495
D5212*	Lower partial denture - resin base (including retentive/clasping materials, rests and teeth)	495
D5213*	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525
D5214*	Mandibular partial denture - cast metal framework and resin denture bases (including retentive/clasping materials, rests and teeth)	525
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	385
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	385
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	605
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	605
D5225*	Upper partial denture - flexible (including retentive/clasping materials, rests and teeth)	525
D5226*	Lower partial denture - flexible (including retentive/clasping materials, rests and teeth)	525
D5227*	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	525
D5228*	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	525
D5282*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	445
D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	445
D5284*	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth), per quadrant	445
D5286*	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth), per quadrant	445
D5410	Adjust complete denture upper	25
D5411	Adjust complete denture lower	25
D5421	Adjust partial denture upper	25
D5422	Adjust partial denture lower	25
D5660*	Add clasp to existing partial denture - per tooth	110
Endodontics (each procedure limited to once per tooth per life)		
D3110	Pulp cap - direct (excluding final restoration)	25

ADA Code	Description of Service	Insured Pays \$
Endodontics (continued)		
D3120	Pulp cap - indirect (excluding final restoration)	20
D3220	Pulpotomy - removal of pulp, not part of a root canal	65
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	135
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	65
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	100
D3310	Anterior root canal (permanent tooth) (excluding final restoration)	175
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	270
D3330	Endodontic therapy, molar tooth (excluding final restoration)	390
D3331	Treatment of root canal obstruction; nonsurgical access	110
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	110
D3333	Internal root repair of perforation defects	120
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption)	140
D3352	Apexification/recalcification - interim medication replacement	100
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption)	140
D3410	Apicoectomy - anterior	210
D3421	Apicoectomy - premolar (first root)	220
D3425	Apicoectomy - molar (first root)	220
D3426	Apicoectomy (each additional root)	90
D3430	Retrograde filling - per root	55
D3450	Root amputation - per root (not covered in conjunction with procedure D3920)	130
D3910	Surgical procedure for isolation of tooth with rubber dam	50
D3920	Hemisection (including any root removal), not including root canal therapy	120
D3950	Canal preparation and fitting of preformed dowel or post	25
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more teeth, per quadrant	195
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	100
D4240	Gingival flap, including root planing - four or more teeth, per quadrant	220
D4241	Gingival flap, including root planing - one to three teeth, per quadrant	150
D4245	Apically positioned flap	225
D4249	Clinical crown lengthening - hard tissue	220

ADA Code	Description of Service	Insured Pays \$
Periodontics (continued)		
D4260	Osseous surgery - (including elevation of a full thickness flap and closure) four or more teeth or bounded spaces, per quadrant	425
D4261	Osseous surgery - (including elevation of a full thickness flap and closure) one to three teeth, per quadrant	400
D4263	Bone replacement graft - retained natural tooth first site in quadrant	290
D4264	Bone replacement graft - retained natural tooth each additional site in quadrant	200
D4265	Biologic materials to aid in soft and osseous tissue regeneration	135
D4266	Guided tissue regeneration - resorbable barrier, per site	360
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	425
D4270	Pedicle soft tissue graft procedure	335
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites), first tooth, implant, or edentulous tooth position in graft	425
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	120
D4275	Nonautogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	460
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	340
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	170
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	255
D4285	Nonautogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	276
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	135
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	115
D4341	Periodontal scaling and root planing, four or more teeth or bounded teeth spaces per quadrant (limited to a maximum of four quadrants will be paid in any combination per 24 calendar months)	85
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant (limited to a maximum of four quadrants will be paid in any combination per 24 calendar months).	70

ADA Code	Description of Service	Insured Pays \$
Periodontics (continued)		
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation (limited to one per year). This service will reduce the number of cleanings available under 1110 and/or 1120 so the total number of cleanings does not exceed two in a calendar year per person.	80
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (limited to once every five calendar years)	80
D4381	Localized delivery of chemotherapeutic agents, per tooth (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	70
D4910	Periodontal maintenance (covered only after active periodontal therapy)	70
Extractions/Oral and maxillofacial surgery		
D7111	Extraction of coronal remnants - primary tooth	0
D7140	Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	55
D7210	Extraction of erupted tooth - removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	60
D7220	Removal of impacted tooth - soft tissue	75
D7230	Removal of impacted tooth - partially bony	95
D7240	Removal of impacted tooth - completely bony	135
D7241	Removal of impacted tooth - completely bony, unusual complications by report	175
D7250	Removal of residual tooth roots (cutting procedure)	50
D7260	Oroantral fistula closure	450
D7261	Primary closure of a sinus perforation	275
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	95
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	160
D7282	Mobilization of erupted or malpositioned tooth to air eruption	120
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	450
D7286	Incisional biopsy of oral tissue - soft (all others)	155
D7287	Exfoliative cytological sample collection	70
D7288	Brush biopsy - transepithelial sample collection	75
D7310	Alveoloplasty with extractions - per quadrant	50
D7311	Alveoloplasty with extractions - localized, per quadrant	25
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	90
D7321	Alveoloplasty not in conjunction with extractions - localized, per quadrant	65
D7450	Removal of benign odontogenic cyst or tumor - up to 1.25 cm	210
D7451	Removal of benign odontogenic cyst or tumor - greater than 1.25 cm	285

ADA Code	Description of Service	Insured Pays \$
Extractions/Oral and maxillofacial surgery (continued)		
D7471	Removal of lateral exostosis (maxilla or mandible)	130
D7472	Removal of torus palatinus	80
D7473	Removal of torus mandibularis	80
D7485	Reduction of osseous tuberosity	75
D7510	Incision and drainage of abscess - intraoral soft tissue	45
D7970	Excision of hyperplastic tissue - per arch	100
D7971	Excision of pericoronal gingiva	65
Repair to prosthetics		
D5511*	Repair broken complete denture base, mandibular	65
D5512*	Repair broken complete denture base, maxillary	65
D5520*	Replace missing or broken teeth - complete denture (each tooth)	65
D5611*	Repair resin partial denture base, mandibular	65
D5612*	Repair resin partial denture base, maxillary	65
D5621*	Repair cast partial framework, mandibular	65
D5622*	Repair cast partial framework, maxillary	65
D5630*	Repair or replace broken retentive clasping materials - per tooth	65
D5640*	Replace broken teeth - per tooth	65
D5650*	Add tooth to existing partial denture	60
D5670*	Replace all teeth and acrylic on cast metal framework (maxillary)	255
D5671*	Replace all teeth and acrylic on cast metal framework (mandibular)	350
D5710*	Rebase complete upper denture	230
D5711*	Rebase complete lower denture	230
D5720*	Rebase upper partial denture	230
D5721*	Rebase lower partial denture	230
D5725*	Rebase hybrid prosthesis	230
D5730	Reline complete upper denture (direct)	110
D5731	Reline complete lower denture (direct)	110
D5740	Reline upper partial denture (direct)	110
D5741	Reline lower partial denture (direct)	110
D5750*	Reline complete upper denture (indirect)	180
D5751*	Reline complete lower denture (indirect)	180
D5760*	Reline upper partial denture (indirect)	180
D5761*	Reline lower partial denture (indirect)	180
D5765*	Soft liner for complete or partial removable denture - indirect	180
D5810*	Interim complete denture (upper)	300
D5811*	Interim complete denture (lower)	300
D5820*	Interim partial denture (including retentive/clasping materials, rests and teeth) maxillary	210
D5821*	Interim partial denture (including retentive/clasping materials, rests and teeth) mandibular	210
D5850	Tissue conditioning, upper	45

ADA Code	Description of Service	Insured Pays \$
Repair to prosthetics (continued)		
D5851	Tissue conditioning, lower	45
D6214*	Pontic titanium and titanium alloys	410
D6245*	Pontic - porcelain/ceramic	410
D6250*	Pontic - resin with high noble metal	410
D6251	Pontic - resin with predominantly base metal	410
D6252*	Pontic - resin with noble metal	410
D6253*	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D6545*	Retainer - cast metal for resin bonded fixed prosthesis	300
D6548*	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	300
D6549	Retainer - resin for resin bonded fixed prosthesis	300
D6600*	Retainer inlay - porcelain/ceramic, two surfaces	410
D6601*	Retainer inlay - porcelain/ceramic, three or more surfaces	410
D6602*	Retainer inlay - cast high noble metal, two surfaces	410
D6603*	Retainer inlay - cast high noble metal, three or more surfaces	410
D6604	Retainer inlay - cast predominantly base metal, two surfaces	410
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	410
D6606*	Retainer inlay - cast noble metal, two surfaces	410
D6607*	Retainer inlay - cast noble metal, three or more surfaces	410
D6608*	Retainer onlay - porcelain/ceramic, two surfaces	410
D6609*	Retainer onlay - porcelain/ceramic, three or more surfaces	410
D6610*	Retainer onlay - cast high noble metal, two surfaces	410
D6611*	Retainer onlay - cast high noble metal, three or more surfaces	410
D6612	Retainer onlay - cast predominantly base metal, two surfaces	410
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	410
D6614*	Retainer onlay - cast noble metal, two surfaces	410
D6615*	Retainer onlay - cast noble metal, three or more surfaces	410

ADA Code	Description of Service	Insured Pays \$
Repair to prosthetics (continued)		
D6624*	Retainer inlay titanium	410
D6634*	Retainer onlay titanium	410
D6710*	Retainer crown - indirect resin-based composite	410
D6720*	Retainer crown - resin with high noble metal	410
D6721	Retainer crown - resin with predominantly base metal	410
D6722*	Retainer crown - resin with noble metal	410
D6740*	Retainer crown - porcelain/ceramic	410
D6780*	Retainer crown - 3/4 cast high noble metal	410
D6781	Retainer crown - 3/4 cast predominantly base metal	410
D6782*	Retainer crown - 3/4 cast noble metal	410
D6783*	Retainer crown - 3/4 porcelain/ceramic	410
D6784*	Retainer crown - 3/4 titanium and titanium alloys	410
Adjunctive general service		
D9110	Palliative (emergency treatment of dental pain - minor procedure)	20
D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D9222	Deep sedation/general anesthesia - first 15 minutes	102
D9223	Deep sedation/general anesthesia - each subsequent 15-minute increment	87
D9230	Administration of nitrous oxide/anxiolysis, analgesia (per 15 minutes)	45
D9239	I.V. moderate (conscious) sedation/analgesia - first 15-minute increment	102
D9243	I.V. moderate (conscious) sedation/analgesia - each subsequent 15-minute increment	87
D9450	Case presentation, detailed and extensive treatment planning	0
D9951	Occlusal adjustment limited	45
D9952	Occlusal adjustment complete	205
Bleaching		
D9972	External bleaching - per arch performed in the office	210
D9975	External bleaching for home application, per arch, includes materials and fabrication of custom trays	210

Services marked with a single asterisk () also require separate payment of laboratory charges. The laboratory charges must be paid to the participating dentist in addition to any applicable copayment for the service.

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NOTE:

1. Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
2. Some covered dental care services are typically only offered by a specialist (like many oral surgery procedures).
3. When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
4. Additional exclusions and limitations are listed along with full plan information in your Certificate of Dental Benefits.
5. Copayment amounts for listed procedures are applicable only at the participating general dentist. If you should need to see a specialist (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), upon identification of yourself as a company member, you will receive a 25% reduction from the participating specialist's usual fee for covered dental care services performed.

This benefit summary provides a very brief description of Florida Combined Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. Florida Combined Life's policies set forth the rights and obligations of covered persons and Florida Combined Life. Please be aware that certain limitations and exclusions apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.

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