

Participating Dentist Copayment Schedule

BlueDental Copayment—Adult

The following are covered adult dental benefits and member copayments for covered persons age 19 and older. Payment for covered adult services provided by nonparticipating dentists will not exceed Florida Combined Life's Maximum Allowance for nonparticipating dentists.

| ADA Code | Description of Service | Insured Pays \$ |
|----------------------------|---|-----------------|
| Preventive Services | | |
| 0120 | Periodic oral evaluation: established patient | 0 |
| 0140 | Limited oral evaluation: problem focused | 0 |
| 0150 | Comprehensive oral evaluation: new or established patient | 0 |
| 0180 | Comprehensive periodontal evaluation: new or established patient | 0 |
| 0270 | Bitewing: single film | 0 |
| 0272 | Bitewings: two films | 0 |
| 0273 | Bitewings: three films | 0 |
| 0274 | Bitewings: four films | 0 |
| 0277 | Vertical bitewings: seven-eight films | 0 |
| 1110 | Prophylaxis: adult | 10 |
| 1301 | Immunization counseling | 0 |
| 1330 | Oral hygiene instruction | 0 |
| 1354 | Interim caries arresting medicament application per tooth | 0 |
| 4346 | Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation | 0 |
| 9310 | Consultation: diagnostic service provided by dentist or physician other than requesting dentist or physician | 0 |
| 9430 | Office visit for observation (during regularly scheduled hours), 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 film | 2 |
| 330 | Panoramic film | 14 |
| 2140 | Amalgam: one surface, primary/permanent | 15 |
| 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-based composite one surface, anterior | 20 |
| 2331 | Resin-based composite two surfaces, anterior | 26 |
| 2332 | Resin-based composite three surfaces, anterior | 30 |
| 2335 | Resin-based composite, four or more surfaces or involving incisal angle (anterior) | 32 |

| ADA Code | Description of Service | Insured Pays \$ |
|-----------------------------------|--|-----------------|
| Basic Services (continued) | | |
| 2391 | Resin-based composite one surface, posterior | 22 |
| 2392 | Resin-based composite two surfaces, posterior | 29 |
| 2393 | Resin-based composite three or more surfaces, posterior | 37 |
| 2394 | Resin-based composite four or more surfaces, posterior | 38 |
| 2910 | Re-cement or rebond inlay, onlay or partial coverage restoration | 11 |
| 2920 | Re-cement or rebond crown | 11 |
| 2940 | Sedative filling | 12 |
| 2950 | Core buildup, including any pins | 28 |
| 2951 | Pin retention: per tooth, in addition to restoration | 6 |
| 5410 | Adjust complete denture: maxillary | 10 |
| 5411 | Adjust complete denture: mandibular | 10 |
| 5421 | Adjust partial denture: maxillary | 10 |
| 5422 | Adjust partial denture: mandibular | 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 broken complete denture base, mandibular | 21 |
| 5612 | Repair broken complete denture base, maxillary | 21 |
| 5621 | Repair case partial framework, maxillary | 23 |
| 5622 | Repair case partial framework, mandibular | 23 |
| 5630 | Repair or replace broken clasp—per tooth | 20 |
| 5640 | Replace broken teeth—per tooth | 18 |
| 5650 | Add tooth to existing partial denture | 27 |
| 5660 | Add clasp to existing partial denture—per tooth | 31 |
| 5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | 75 |
| 5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | 75 |
| 5710 | Rebase complete maxillary denture | 73 |
| 5711 | Rebase complete mandibular denture | 73 |
| 5720 | Rebase maxillary partial denture | 66 |
| 5721 | Rebase mandibular partial denture | 66 |
| 5730 | Reline complete maxillary denture (direct) | 38 |

| ADA Code | Description of Service | Insured Pays \$ |
|----------------------------|--|-----------------|
| Basic Services (continued) | | |
| 5731 | Reline complete mandibular denture (direct) | 38 |
| 5740 | Reline maxillary partial denture (direct) | 34 |
| 5741 | Reline mandibular partial denture (direct) | 34 |
| 5750 | Reline complete maxillary denture (indirect) | 59 |
| 5751 | Reline complete mandibular denture (indirect) | 57 |
| 5760 | Reline maxillary partial denture (indirect) | 53 |
| 5761 | Reline mandibular partial denture (indirect) | 53 |
| 5850 | Tissue conditioning, maxillary | 18 |
| 5851 | Tissue conditioning, mandibular | 19 |
| 6930 | Re-cement or rebond fixed partial denture | 17 |
| 6980 | Fixed partial denture repair, by report | 30 |
| 7111 | Extraction, coronal remnants: deciduous tooth | 11 |
| 7140 | Extraction (elevation and/or forceps removal): erupted tooth or exposed root | 17 |
| 7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of 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, with unusual surgical complications | 72 |
| 7250 | Surgical removal of residual roots (cutting procedure) | 32 |
| 7251 | Coronectomy: intentional 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 in conjunction with extractions: four or more teeth or tooth spaces, per quadrant | 31 |
| 7311 | Alveoloplasty in conjunction with extractions: one to three teeth or tooth spaces, per quadrant | 31 |
| 7320 | Alveoloplasty not in conjunction with extractions: four or more teeth or tooth spaces, per quadrant | 42 |
| 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 | 12 |
| 9222 | Deep sedation/general anesthesia—first fifteen minutes | 25 |
| 9223 | Deep sedation/general anesthesia—each subsequent fifteen-minute increment | 25 |
| 9239 | Intravenous moderate (conscious) sedation/analgesia—first fifteen minutes | 19 |

| ADA Code | Description of Service | Insured Pays \$ |
|----------------|--|-----------------|
| Major Services | | |
| 9243 | Intravenous moderate (conscious) sedation/analgesia—each subsequent fifteen-minute increment | 19 |
| 2510* | Inlay: metallic, one surface | 221 |
| 2542* | Onlay: metallic, two surfaces | 239 |
| 2543* | Onlay: metallic, three or more surfaces (not payable in conjunction with 2520, 2530) | 297 |
| 2544* | Onlay: metallic, four or more surfaces (not payable in conjunction with 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-based composite (indirect) | 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 | Post and core in addition to crown, indirectly fabricated | 113 |
| 2954 | Prefabricated post and core in addition to crown | 74 |
| 2980 | Crown repair, by report | 53 |
| 3220 | Therapeutic pulpotomy (excluding final restoration): removal of pulp coronal to the dentinocemental junction and application of medicament | 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 |
| 3346 | Root canal: retreatment, anterior | 256 |
| 3347 | Root canal: retreatment, bicuspid | 296 |
| 3348 | Root canal: retreatment, molar | 358 |
| 3410 | Apicoectomy surgery: anterior | 188 |
| 3421 | Apicoectomy surgery: bicuspid (first root) | 227 |
| 3425 | Apicoectomy surgery: molar (first root) | 235 |
| 3426 | Apicoectomy surgery: (each additional root) | 84 |
| 3430 | Retrograde filling: per root | 46 |
| 3450 | Root amputation: per root | 120 |
| 3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption—anterior | 231 |

| ADA Code | Description of Service | Insured Pays \$ |
|----------------------------|---|-----------------|
| Major Services (continued) | | |
| 3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption—premolar | 231 |
| 3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption—molar | 231 |
| 3920 | Hemisection (including any root removal), not including root canal therapy | 105 |
| 4210 | Gingivectomy or gingivoplasty: four or more contiguous teeth or bounded teeth spaces per quadrant | 142 |
| 4211 | Gingivectomy or gingivoplasty: one to three contiguous teeth or bounded teeth spaces per quadrant | 47 |
| 4240 | Gingival flap procedure, including root planing: four or more contiguous teeth or bounded teeth spaces | 158 |
| 4241 | Gingival flap procedure, including root planing: one to three contiguous teeth or bounded teeth spaces per quadrant | 150 |
| 4249 | Clinical crown lengthening: hard tissue | 212 |
| 4260 | Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth per quadrant | 322 |
| 4261 | Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth per quadrant | 277 |
| 4263 | Bone replacement—retained natural teeth—first site in quadrant | 120 |
| 4264 | Bone replacement—retained natural teeth—each additional site in quadrant | 77 |
| 4273 | Autogenous connective tissue graft procedures—per first tooth (including donor and recipient surgical sites) | 280 |
| 4275 | Non-autogenous connective tissue allograft (including recipient site and donor material), first tooth in graft | 221 |
| 4276 | Combined connective tissue and pedicle graft per tooth, one per 36 months per area of mouth | 265 |
| 4277 | Free soft tissue graft procedure—first tooth, implant, or edentulous tooth position in graft | 236 |
| 4278 | Free soft tissue graft procedure—each additional contiguous tooth implant or edentulous tooth position in same graft site | 45 |
| 4341 | Periodontal scaling and root planing: four or more teeth per quadrant | 61 |
| 4342 | Periodontal scaling and root planing: one to three per quadrant | 46 |
| 4355 | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis | 34 |
| 4910 | Periodontal maintenance | 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 (including any conventional clasps, rests, and teeth) | 296 |

| ADA Code | Description of Service | Insured Pays \$ |
|----------------------------|--|-----------------|
| Major Services (continued) | | |
| 5212* | Lower partial: resin base (including any conventional clasps, rests, and teeth) | 303 |
| 5213* | Upper partial: cast metal framework with resin dent bases (including clasps, rests) | 420 |
| 5214* | Lower partial: cast metal framework with resin dent bases (including clasps, rests) | 420 |
| 5225 | Maxillary partial denture: flex base (including any retentive/clasping materials, rests and teeth) | 420 |
| 5226 | Mandibular partial dental: flex base (including retentive/clasping materials, rests, and teeth) | 420 |
| 6210* | Pontic: cast high noble metal | 306 |
| 6211* | Pontic: cast predominantly base metal | 263 |
| 6240* | Pontic: porcelain fused to high noble metal | 316 |
| 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 | Retainer inlay—cast noble metal—two surfaces | 241 |
| 6601 | Retainer inlay porcelain/ceramic—three or more surfaces | 261 |
| 6606 | Retainer inlay—cast noble metal—two surfaces | 239 |
| 6607 | Retainer inlay—cast noble metal—three or more surfaces | 257 |
| 6608 | Retainer onlay porcelain/ceramic: two surfaces | 273 |
| 6609 | Retainer onlay porcelain/ceramic: three or more surfaces | 312 |
| 6615 | Retainer onlay cast noble metal: three or more surfaces | 297 |
| 6720 | Retainer crown: resin with high noble metal | 299 |
| 6721 | Retainer crown: resin with predominantly base metal | 250 |
| 6722 | Retainer crown: resin with noble metal | 277 |
| 6740 | Retainer crown: porcelain/ceramic | 350 |
| 6750 | Retainer crown: porcelain fused to high noble metal | 315 |
| 6751 | Retainer crown: porcelain fused to predominantly base metal | 288 |
| 6752 | Retainer crown: porcelain fused to noble metal | 302 |
| 6790 | Retainer crown: full cast high noble metal | 301 |
| 6791 | Retainer crown: full cast predominantly base metal | 266 |
| 6792 | Retainer crown: full cast noble metal | 280 |
| 7961 | Buccal/labial frenectomy (frenulectomy) | 98 |
| 7962 | Lingual frenectomy (frenulectomy) | 98 |
| 7963 | Frenuloplasty | 112 |

*Including routine post delivery care

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227.

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227.

