

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 non-participating dentists will not exceed Florida Combined Life's Maximum Allowance for non-participating 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
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
2391	Resin-based composite one surface, posterior	22
2392	Resin-based composite two surfaces, posterior	29

ADA Code	Description of Service	Insured Pays \$
Basic Services (continued)		
2393	Resin-based composite three or more surfaces, posterior	37
2394	Resin-based composite four or more surfaces, posterior	38
2910	Recement or rebond inlay, onlay or partial coverage restoration	11
2920	Recement 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 & acrylic on cast metal framework (maxillary)	75
5671	Replace all teeth & 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
5731	Reline complete mandibular denture (direct)	38
5740	Reline maxillary partial denture (direct)	34

ADA Code	Description of Service	Insured Pays \$
Basic Services (continued)		
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	Recement 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 15 minutes	25
9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	25
9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	19
9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	19

ADA Code	Description of Service	Insured Pays \$
Major Services		
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
3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	231

ADA Code	Description of Service	Insured Pays \$
Major Services (continued)		
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 & double pedicle graft per tooth	265
4277	Free soft tissue graft procedure - 1st 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 & 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, & teeth)	296
5212*	Lower partial: resin base (including any conventional clasps, rests, & teeth)	303

ADA Code	Description of Service	Insured Pays \$
Major Services (continued)		
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 resewva 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.



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