

BlueDental Choice

Individual Copayment PPO Plan

Participating Dentist Schedule

ADA Code	Description of Service	Insured Pays \$	ADA Code	Description of Service	Insured Pays \$
Preventive Services					
120	Periodic oral evaluation	0	5610	Repair resin denture base	21
140	Limited oral eval - problem focused	0	5620	Repair cast framework	23
145	Oral evaluation for patient under 3 yrs. old and counseling w/ primary caregiver	0	5630	Repair or replace broken clasp	20
150	Comp oral eval	0	5640	Replace broken teeth - per tooth	18
270	BW - single film	0	5650	Add tooth to existing partial denture	27
272	BW - two films	0	5660	Add clasp to existing partial denture	31
273	BW - three films	0	5670	Replace all teeth and acrylic on cast metal framework (upper)	75
274	BW - four films	0	5671	Replace all teeth and acrylic on cast metal framework (lower)	75
277	Vertical bitewings - 7-8 films	0	5710	Rebase complete denture (upper)	73
1110	Prophy - adult	10	5711	Rebase complete denture (lower)	73
1120	Prophy - child	10	5720	Rebase partial denture (upper)	66
1203	Topical app. fluoride (exclud. prophy) - child	0	5721	Rebase partial denture (lower)	66
9310	Consultation - Per session	0	5730	Reline complete denture (chairside-upper)	38
9430	Office visit for observation (during regular - scheduled hrs) no other services performed	0	5731	Reline complete denture (chairside-lower)	38
Basic Services					
210	Intraoral - comp series (include. BW's)	17	5740	Reline partial denture (chairside-upper)	34
220	Intraoral periapical - first film	4	5741	Reline partial denture (chairside-lower)	34
230	Intraoral periapical - ea.addtl.	2	5750	Reline complete denture (lab-upper)	59
330	Panoramic film	14	5751	Reline complete denture (lab-lower)	57
1351	Sealant - per tooth	6	5760	Reline partial denture (lab-upper)	53
1510	Space maintainer - fixed - unilateral	47	5761	Reline partial denture (lab-lower)	53
1515	Space maintainer - fixed - bilateral	66	5850	Tissue conditioning, (upper)	18
1520	Space maintainer removable - unilateral	53	5851	Tissue conditioning, (lower)	19
1525	Space maintainer removable - bilateral	75	6930	Recement fixed partial denture	17
1555	Removal of fixed space maintainer	29	6980	Bridge repair, by report	30
2140	Amalgam - one surface, primary/permanent	15	7111	Coronal remnants, deciduous tooth	11
2150	Amalgam - two surfaces, primary/permanent	19	7140	Extraction erupted tooth or exposed root	17
2160	Amalgam - three surfaces, primary/permanent	23	7210	Surgical removal of erupted tooth	31
2161	Amalgam - four+ surfaces, primary/permanent	28	7220	Removal of impacted tooth soft tissue	39
2330	Resin - one surface, anterior	20	7230	Removal of impacted tooth partially bony	53
2331	Resin - two surfaces, anterior	26	7240	Removal of impacted tooth completely bony	64
2332	Resin - three surfaces, anterior	30	7241	Removal of impacted tooth completely bony, w/unusual surgical complications	72
2335	Resin - four+ surfaces or involving incisal angle (anterior)	32	7250	Surgical removal of residual roots (cutting procedure)	32
2391	Resin - one surface, posterior-primary/permanent	22	7280	Surgical exposure of impacted or unerupted tooth for ortho reasons	73
2392	Resin - two surfaces, posterior-primary/permanent	29	7282	Mobilization of erupted or malpositioned tooth to aid eruption	45
2393	Resin - three or more surfaces, posterior-primary/permanent	37	7283	Placement of device to facilitate eruption of impacted tooth	27
2394	Resin - four+ surfaces, posterior-permanent	38	7310	Alveoplasty per quad, in conjunction with extractions	31
2910	Recement inlay	11	7311	Alveoplasty, per quad, in conjunction with extractions, 1-3 teeth or tooth spaces	31
2920	Recement crown	11	7320	Alveoplasty, per quad not in conjunction with extractions	42
2930	Prefab stainless steel crown prim tooth	37	7321	Alveoplasty, per quad, not in conjunction with extractions, 1-3 teeth or tooth spaces	42
2940	Sedative filling	12	7510	Incision and drainage of abscess intraoral soft tissue	21
2950	Core build-up, including any pins	28	9110	Palliative (emergency) treatment of dental pain, minor procedures (not w/ sed filling)	12
2951	Pin retention per tooth, in addt to restoration	6	9220	General anesthesia (med. necessary only)	50
5410	Adjust complete denture - (upper)	10	9221	General anesthesia each additional 15 min.	19
5411	Adjust complete denture - (lower)	10	9241	Intravenous sedation - first 30 min. (med. necessary only)	44
5421	Adjust partial denture - (upper)	10	9242	Intravenous sedation ea. addtl. 15 min. (med. necessary only)	11
5422	Adjust partial denture - (lower)	9			
5510	Replace broken complete denture base	23			
5520	Replace missing or broken teeth (comp. denture) - ea. tooth	20			

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Major Services			4275	Soft Tissue Allograft, 1-3 teeth per quad	221
2520*	Inlay - metallic, two surfaces	239	4276	Combined connective tissue and double pedicle graft, 1-3 teeth - per quad	265
2530*	Inlay - metallic, three or more surfaces	257	4341	Perio scaling & root planing - per quad payable once per quad every 24 months	61
2542*	Onlay - metallic, two surfaces	239	4342	Periodontal scaling & root planing, 1-3 teeth - per quad	46
2543*	Onlay - metallic, three or more surfaces (not payable in conj w/2520, 2530)	297	4355	Full mouth debridement to enable comp perio eval. & diagnosis	34
2544*	Onlay - metallic, four or more surfaces (not payable in conj w/2520, 2530)	306	4910	Perio maintenance proc following active therapy	34
2620*	Inlay - porcelain/ceramic, two surfaces	241	5110	Complete denture - (upper)	382
2630*	Inlay - porcelain/ceramic, three or more surfaces	261	5120	Complete denture - (lower)	382
2642*	Onlay - porcelain/ceramic, two surfaces	273	5130	Immediate denture - (upper)	418
2643*	Onlay - porcelain/ceramic, three surfaces	312	5140	Immediate denture - (lower)	418
2644*	Onlay - porcelain/ceramic, four or more surfaces	325	5211*	Upper partial - resin base (inc. any conventional clasps, rests, & teeth)	296
2710*	Crown - resin (lab)	148	5212*	Lower partial - resin base (inc. any conventional clasps, rests, & teeth)	303
2740*	Crown - porcelain/ceramic substrate	324	5213*	Upper partial - cast metal framework w/resin dent bases (inc clasps, rests, teeth)	420
2750*	Crown - porcelain fused to high noble metal	315	5214*	Lower partial - cast metal framework w/resin dent bases (inc clasps, rests, teeth)	420
2751*	Crown - porcelain fused to predominantly base metal	289	5225	Maxillary partial denture - flex base (inc clasps, rests, teeth)	420
2752*	Crown - porcelain fused to noble metal	302	5226	Mandibular partial denture - flex base (inc clasps, rests, teeth)	420
2790*	Crown - (full cast) - high noble metal	301	6210*	Pontic - cast high noble metal	306
2791*	Crown - (full cast) to predominantly base metal	268	6211*	Pontic - cast predominantly base metal	263
2792*	Crown - (full cast) - noble metal	285	6240*	Pontic - porcelain fused to high noble metal	316
2952	Cast post and core in addition to crown	113	6241*	Pontic - porcelain fused to predominantly base metal	288
2954	Prefab post and core in addition to crown	74	6242*	Pontic - porcelain fused to noble metal	302
2980	Crown repair, by report	53	6245*	Pontic - porcelain/ceramic	299
3220	Therapeutic pulpotomy (ex. final restoration)	47	6545	Retainer - cast metal for resin bonded fixed prosthesis	123
3310	Root Canal - Anterior (ex. final restoration)	196	6600	Inlay porcelain/ceramic, two surfaces	241
3320	Root Canal - Bicuspid (ex. final restoration)	231	6601	Inlay porcelain/ceramic, three or more surfaces	261
3330	Root Canal - Molar (ex. final restoration)	305	6606	Inlay cast noble metal, two surfaces	239
3346	Root Canal - Retreat- anterior, by report	256	6607	Inlay cast noble metal, three or more surfaces	257
3347	Root Canal - Retreat- bicuspid, by report	296	6608	Onlay porcelain/ceramic, two surfaces	273
3348	Root Canal - Retreat- molar, by report	358	6609	Onlay porcelain/ceramic, three or more surfaces	312
3410	Apico/periradicular surgery - anterior	188	6615	Onlay cast noble metal, three or more surfaces	297
3421	Apico/periradicular surgery - bicuspid (first root)	227	6720	Crown - resin with high noble metal	299
3425	Apico/periradicular surgery - molar (first root)	235	6721	Crown - resin with predominantly base metal	250
3426	Apico/periradicular surgery - (each addtl root)	84	6722	Crown - resin with noble metal	277
3430	Retrograde filling - per root	46	6740	Crown - porcelain/ceramic	350
3450	Root amputation - per root	120	6750	Crown - porcelain fused to high noble metal	315
3920	Hemisection (including any root removal) not including root canal therapy	105	6751	Crown - porcelain fused to predominantly base metal	288
4210	Gingivectomy or gingivoplasty, per quad	142	6752	Crown - porcelain fused to noble metal	302
4211	Gingivectomy or gingivoplasty, per tooth	47	6790	Crown - full cast high noble metal	301
4240	Gingival flap proc, including root planing - per quad	158	6791	Crown - full cast predominantly base metal	266
4241	Gingival flap proc, including root planing 1-3 teeth per quad	150	6792	Crown - full cast noble metal	280
4249	Clinical crown lengthening - hard tissue, once per tooth per lifetime	212	7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	98
4260	Osseous surgery (including flap entry and closure) - per quad	322	7963	Frenuloplasty	112
4261	Osseous surgery (including flap entry and closure) - 1-3 teeth per quad	277			
4263	Bone replacement graft - first site in quad	120			
4264	Bone replacement graft - ea. addtl site in quad	77			
4266	Guided tissue regeneration - resorbable barrier, per site	130			
4270	Pedicle soft tissue graft proc.	225			
4271	Free soft tissue graft proc. (including donor site surgery)	236			
4273	Subepithelial connective tissue graft proc. (including donor site surgery)	280			

* Including routine post delivery care

The information provided above is the copayment schedule for Policy form number 50573-1106. It is provided to the individual as an aid in deciding whether to enroll in the plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.