



TeamstersCare Dental Blue[®] Freedom

Fee Allowance Schedule | Effective January 1, 2022

Calendar-Year Deductible: \$50 per individual/Maximum \$100 per family applies to all Type II and Type III services

Calendar-Year Maximum: \$2,500 per person

Orthodontics: Plan pays 50% up to a \$2,000 lifetime maximum per person, with no age limit

ADA Code	Procedure	TeamstersCare Payment
Diagnostic and Preventive Services—Type I		
D0120	Periodic oral examination*	\$23
D0150	Comprehensive oral evaluation—new or established patient	\$41
D0210	Full mouth x-rays	\$77
D0220	Periapical—first film	\$18
D0230	Periapical—each additional film	\$14
D0272	Bitewings—two films	\$25
D0274	Bitewings—four films	\$33
D0330	Panoramic film	\$65
D1110	Prophylaxis—adult*	\$58
D1120	Prophylaxis—child*	\$45
D1351	Sealants—per tooth	\$29
Restorative Services and Other Basic Services—Type II		
D2140	Amalgam—one surface, primary or permanent	\$64
D2150	Amalgam—two surfaces, primary or permanent	\$77
D2160	Amalgam—three surfaces, primary or permanent	\$96
D2161	Amalgam—four or more surfaces, primary or permanent	\$113
D2330	Resin-based composite—one surface, anterior	\$75
D2331	Resin-based composite—two surfaces, anterior	\$96
D2332	Resin-based composite—three surfaces, anterior	\$113
D2335	Resin-based composite—four or more surfaces or involving incisal angle (anterior)	\$136
D2391	Resin-based composite—one surface, posterior	\$80
D2920	Recement crown	\$46
D2940	Sedative filling	\$46
D3220	Therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to the dentinocemental junction and application of medicament	\$88
D3310	Endodontic Therapy—Anterior (excluding final restoration)	\$473
D3320	Endodontic Therapy—Bicuspid (excluding final restoration)	\$558
D3330	Endodontic Therapy—Molar (excluding final restoration)	\$722
D3410	Apicoectomy/periradicular surgery— anterior	\$394
D3425	Apicoectomy/periradicular surgery— molar (first root)	\$500
D3430	Retrograde filling—per root	\$87
D4210	Gingivectomy or gingivoplasty— four or more contiguous teeth or tooth bounded spaces per quadrant	\$335
D4211	Gingivectomy or gingivoplasty— one to three teeth or tooth bounded spaces per quadrant	\$148
D4249	Clinical crown lengthening— hard tissue	\$481
D4260	Osseous surgery (including flap entry and closure)— four or more contiguous teeth or tooth bounded spaces per quadrant	\$687

ADA Code	Procedure	TeamstersCare Payment
D4341	Periodontal scaling and root planing—four or more contiguous teeth or tooth bounded spaces per quadrant	\$139
D5750	Reline complete maxillary denture (laboratory)	\$236
D5751	Reline complete mandibular denture (laboratory)	\$236
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$76
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$155
D7220	Removal of impacted tooth—soft tissue	\$227
D7230	Removal of impacted tooth—partially bony	\$271
D7240	Removal of impacted tooth—completely bony	\$332
D7286	Biopsy of oral tissue—soft	\$235
D7310	Alveoplasty—in conjunction with extractions—four or more teeth per quadrant	\$138
Prosthodontic and Other Major Services—Type III		
D2740	Crown—porcelain/ceramic substrate**	\$655
D2750	Crown—porcelain fused to high noble metal**	\$655
D2790	Crown—full cast high noble metal**	\$650
D2799	Provisional crown (one per permanent tooth per 60 months)	\$139
D2954	Prefabricated post and core in addition to crown	\$151
D5110	Complete denture—maxillary**	\$764
D5120	Complete denture—mandibular**	\$764
D5130	Immediate denture—maxillary**	\$779
D5140	Immediate denture—mandibular**	\$779
D5211	Maxillary partial denture—resin base (including any conventional clasps, rests, and teeth)**	\$618
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)**	\$618
D5213	Maxillary partial denture—cast metal framework with resin denture base (including any conventional clasps, rests, and teeth)**	\$858
D5214	Mandibular partial denture—cast metal framework with resin denture base (including any conventional clasps, rests, and teeth)**	\$858
D6010	Surgical placement of implant body (endosteal implant)	\$1,351
D6059	Abutment implant supported porcelain fused to high noble metal crown**	\$919
D6210	Pontic—cast high noble metal**	\$644
D6240	Pontic—porcelain fused to high noble metal**	\$644
D6750	Abutment crown—porcelain fused to high noble metal**	\$644
D6790	Abutment crown—full cast high noble metal**	\$644
D9944	Occlusal guard, hard appliance, full arch ***	\$219
D9945	Occlusal guard, soft appliance, full arch ***	\$219

* payable twice per calendar year

** payable no more than once every five years

*** one per patient per calendar year for either D9944 or D9945

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).