



TeamstersCare Dental Blue® Freedom

Fee Allowance Schedule | Effective January 1, 2024

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

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D0120	Periodic oral examination—established patient	\$23.00	2 x calendar year
D0140	Limited evaluation, problem focused	\$41.00	
D0145	Oral evaluation for patients under three years of age	\$23.00	
D0150	Comprehensive evaluation	\$41.00	
D0160	Detailed and extensive oral evaluation — problem focused, by report	\$41.00	2 x 12 months, not covered with D9110 by dentist/office on the same date of service
D0170	Re-evaluation — limited, problem focused (established patient; not post-operative visit)	\$39.00	
D0180	Comprehensive periodontal evaluation — new or established patient	\$41.00	
D0210	Intraoral — comprehensive series of radiographic images	\$77.00	
D0220	Intraoral — periapical first radiographic image	\$18.00	As needed
D0230	Intraoral — periapical each additional radiographic image	\$14.00	As needed
D0240	Intraoral — occlusal radiographic image	\$23.00	
D0250	Extra-oral — 2D projection radiographic image created using a stationary radiation source and detector	\$46.00	
D0270	Bitewing — single radiographic image	\$18.00	2 x calendar year
D0272	Bitewings — two radiographic images	\$25.00	2 x calendar year
D0273	Bitewings — three radiographic images	\$28.00	2 x calendar year
D0274	Bitewings — four radiographic images	\$33.00	2 x calendar year
D0277	Vertical bitewings — 7 to 8 radiographic images	\$62.00	2 x calendar year, age 16+
D0330	Panoramic radiographic image	\$65.00	
D0340	2D cephalometric radiographic image — acquisition, measurement, and analysis	\$93.00	
D0460	Pulp vitality tests	\$29.00	
D0470	Diagnostic casts	\$61.00	
D1110	Prophylaxis — adult	\$60.00	2 x calendar year
D1120	Prophylaxis — child	\$48.00	2 x calendar year
D1206	Topical application of fluoride varnish	\$20.00	2 x calendar year, no age limit
D1208	Topical application of fluoride — excluding varnish	\$20.00	2 x calendar year, under age 19
D1351	Sealant — per tooth	\$29.00	
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	\$28.00	
D1510	Space maintainer — fixed, unilateral, per quadrant	\$363.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D1516	Space maintainer — fixed, bilateral, maxillary	\$500.00	
D1517	Space maintainer — fixed, bilateral, mandibular	\$500.00	
D1520	Space maintainer — removable, unilateral, per quadrant	\$313.00	
D1526	Space maintainer — removable, bilateral, maxillary	\$419.00	
D1527	Space maintainer — removable, bilateral, mandibular	\$419.00	
D1551	Re-cement or re-bond bilateral space maintainer — maxillary	\$42.00	
D1552	Re-cement or re-bond bilateral space maintainer — mandibular	\$42.00	
D1553	Re-cement or re-bond unilateral space maintainer — per quadrant	\$42.00	
D1556	Removal of fixed unilateral space maintainer — per quadrant	\$38.00	
D1557	Removal of fixed bilateral space maintainer — maxillary	\$38.00	
D1558	Removal of fixed bilateral space maintainer — mandibular	\$38.00	
D1575	Distal shoe space maintainer — fixed, unilateral, per quadrant	\$363.00	
D2140	Amalgam — one surface, primary or permanent	\$64.00	
D2150	Amalgam — two surfaces, primary or permanent	\$77.00	
D2160	Amalgam — three surfaces, primary or permanent	\$96.00	
D2161	Amalgam — four or more surfaces, primary or permanent	\$113.00	
D2330	Resin-based composite — one surface, anterior	\$75.00	
D2331	Resin-based composite — two surfaces, anterior	\$96.00	
D2332	Resin-based composite — three surfaces, anterior	\$113.00	
D2335	Resin-based composite — four or more surfaces, anterior	\$136.00	
D2390	Resin-based composite crown, anterior	\$135.00	
D2391	Resin-based composite — one surface, posterior	\$80.00	
D2392	Resin-based composite — two surfaces, posterior	\$77.00	
D2393	Resin-based composite — three surfaces, posterior	\$96.00	
D2394	Resin-based composite — four or more surfaces, posterior	\$114.00	
D2510	Inlay — metallic — one surface	\$405.00	
D2520	Inlay — metallic — two surfaces	\$478.00	
D2530	Inlay — metallic — three or more surfaces	\$514.00	
D2542	Onlay — metallic — two surfaces	\$586.00	
D2543	Onlay — metallic — three surfaces	\$593.00	
D2544	Onlay — metallic — four or more surfaces	\$600.00	
D2610	Inlay — porcelain/ceramic — one surface	\$434.00	
D2620	Inlay — porcelain/ceramic — two surfaces	\$482.00	
D2630	Inlay — porcelain/ceramic — three or more surfaces	\$548.00	
D2642	Onlay — porcelain/ceramic — two surfaces	\$565.00	
D2643	Onlay — porcelain/ceramic — three surfaces	\$600.00	
D2644	Onlay — porcelain/ceramic — four or more surfaces	\$625.00	
D2650	Inlay — resin-based composite — one surface	\$360.00	Alternate benefit for corresponding amalgam restoration
D2651	Inlay — resin-based composite — two surfaces	\$398.00	
D2652	Inlay — resin-based composite — three or more surfaces	\$444.00	Alternate benefit for corresponding amalgam restoration
D2662	Onlay — resin-based composite — two surfaces	\$459.00	
D2663	Onlay — resin-based composite — three surfaces	\$532.00	
D2664	Onlay — resin-based composite — four or more surfaces	\$554.00	
D2710	Crown — resin-based composite (indirect)	\$223.00	
D2712	Crown — 3/4 resin-based composite (indirect)	\$223.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D2720	Crown — resin with high noble metal	\$589.00	
D2721	Crown — resin with predominantly base metal	\$505.00	
D2722	Crown — resin with noble metal	\$534.00	
D2740	Crown — porcelain/ceramic	\$655.00	
D2750	Crown — porcelain fused to high noble metal	\$655.00	
D2751	Crown — porcelain fused to predominantly base metal	\$607.00	
D2752	Crown — porcelain fused to noble metal	\$631.00	
D2753	Crown — porcelain fused to titanium and titanium alloys	\$650.00	
D2780	Crown — 3/4 cast high noble metal	\$650.00	
D2781	Crown — 3/4 cast predominantly base metal	\$607.00	
D2782	Crown — 3/4 cast noble metal	\$631.00	
D2783	Crown — 3/4 porcelain/ceramic	\$631.00	
D2790	Crown — full cast high noble metal	\$650.00	
D2791	Crown — full cast predominantly base metal	\$607.00	
D2792	Crown — full cast noble metal	\$631.00	
D2794	Crown — titanium and titanium alloys	\$631.00	
D2799	Interim crown — further treatment or completion of diagnosis necessary prior to final impression	\$139.00	
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$52.00	
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$40.00	
D2920	Re-cement or re-bond crown	\$46.00	
D2929	Prefabricated porcelain/ceramic crown — primary tooth	\$156.00	
D2930	Prefabricated stainless steel crown — primary tooth	\$145.00	1 x 24 months
D2931	Prefabricated stainless steel crown — permanent tooth	\$150.00	
D2932	Prefabricated resin crown	\$188.00	
D2933	Prefabricated stainless steel crown with resin window	\$156.00	
D2934	Prefabricated esthetic coated stainless steel crown — primary tooth	\$156.00	
D2940	Protective restoration	\$46.00	
D2941	Interim therapeutic restoration — primary dentition	\$46.00	
D2950	Core buildup, including any pins when required	\$123.00	
D2951	Pin retention — per tooth, in addition to restoration	\$31.00	
D2952	Post and core in addition to crown, indirectly fabricated	\$198.00	
D2954	Prefabricated post and core in addition to crown	\$151.00	
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$126.00	
D2980	Crown repair necessitated by restorative material failure	\$143.00	
D2982	Onlay repair necessitated by restorative material failure	\$156.00	
D2991	Application of hydroxyapatite regeneration medicament — per tooth	\$26.00	
D3220	Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament	\$88.00	
D3221	Pulpal debridement, primary and permanent teeth	\$62.00	
D3222	Partial pulpotomy for apexogenesis — permanent tooth with incomplete root development	\$88.00	
D3230	Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)	\$207.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D3240	Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)	\$179.00	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$473.00	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$558.00	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$722.00	
D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth	\$174.00	1 per tooth per lifetime
D3346	Retreatment of previous root canal therapy — anterior	\$539.00	
D3347	Retreatment of previous root canal therapy — premolar	\$623.00	
D3348	Retreatment of previous root canal therapy — molar	\$764.00	
D3351	Apexification/recalcification — initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$89.00	
D3352	Apexification/recalcification — interim medication replacement	\$76.00	
D3410	Apicoectomy — anterior	\$394.00	
D3421	Apicoectomy — premolar (first root)	\$483.00	
D3425	Apicoectomy — molar (first root)	\$500.00	
D3426	Apicoectomy (each additional root)	\$177.00	
D3430	Retrograde filling — per root	\$87.00	
D3450	Root amputation — per root	\$255.00	
D3471	Surgical repair of root resorption — anterior	\$250.00	
D3472	Surgical repair of root resorption — premolar	\$250.00	
D3473	Surgical repair of root resorption — molar	\$250.00	
D3920	Hemisection (including any root removal), not including root canal therapy	\$227.00	
D3921	Decoronation or submergence of an erupted tooth	\$62.00	
D4210	Gingivectomy or gingivoplasty — four or more contiguous teeth or tooth bounded spaces per quadrant	\$335.00	
D4211	Gingivectomy or gingivoplasty — one to three contiguous teeth or tooth bounded spaces per quadrant	\$148.00	
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	\$420.00	
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	\$268.00	
D4249	Clinical crown lengthening — hard tissue	\$481.00	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) — four or more contiguous teeth or tooth bounded spaces per quadrant	\$687.00	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) — one to three contiguous teeth or tooth bounded spaces per quadrant	\$477.00	
D4263	Bone replacement graft — retained natural tooth, first site in quadrant	\$180.00	
D4264	Bone replacement graft — retained natural tooth, each additional site in quadrant	\$152.00	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$146.00	1 per tooth per 36 months
D4266	Guided tissue regeneration, natural teeth — resorbable barrier, per site	\$313.00	
D4267	Guided tissue regeneration, natural teeth — non-resorbable barrier, per site	\$313.00	
D4268	Surgical revision procedure, per tooth	\$259.00	1 per tooth per 36 months
D4270	Pedicle soft tissue graft procedure	\$481.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$610.00	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$297.00	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$605.00	
D4276	Combined connective tissue and pedicle graft, per tooth	\$610.00	
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$376.00	
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	\$127.00	
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	\$366.00	
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) — each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$363.00	
D4341	Periodontal scaling and root planing — four or more teeth per quadrant	\$139.00	
D4342	Periodontal scaling and root planing — one to three teeth per quadrant	\$85.00	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation — full mouth, after oral evaluation	\$57.00	
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$61.00	Once per 36 months
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$42.00	
D4910	Periodontal maintenance	\$75.00	
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$43.00	1 per tooth per 36 months
D5110	Complete denture — maxillary	\$764.00	
D5120	Complete denture — mandibular	\$764.00	
D5130	Immediate denture — maxillary	\$779.00	
D5140	Immediate denture — mandibular	\$779.00	
D5211	Maxillary partial denture — resin base (including, retentive/ clasp materials, rests, and teeth)	\$618.00	
D5212	Mandibular partial denture — resin base (including, retentive/ clasp materials, rests, and teeth)	\$618.00	
D5213	Maxillary partial denture — cast metal framework with resin denture bases (including retentive/clasp materials, rests and teeth)	\$858.00	
D5214	Mandibular partial denture — cast metal framework with resin denture bases (including retentive/clasp materials, rests, and teeth)	\$858.00	
D5221	Immediate maxillary partial denture — resin base (including retentive/clasp materials, rests, and teeth)	\$630.00	
D5222	Immediate mandibular partial denture — resin base (including retentive/clasp materials, rests, and teeth)	\$630.00	
D5223	Immediate maxillary partial denture — cast metal framework with resin denture bases (including retentive/clasp materials, rests, and teeth)	\$875.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D5224	Immediate mandibular partial denture — cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$875.00	
D5225	Maxillary partial denture — flexible base (including retentive/clasping materials, rests, and teeth)	\$844.00	
D5226	Mandibular partial denture — flexible base (including retentive/clasping materials, rests, and teeth)	\$844.00	
D5227	Immediate maxillary partial denture — flexible base (including any clasps, rests, and teeth)	\$630.00	
D5228	Immediate mandibular partial denture — flexible base (including any clasps, rests, and teeth)	\$630.00	
D5282	Removable unilateral partial denture — one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$383.00	
D5283	Removable unilateral partial denture — one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$383.00	
D5284	Removable unilateral partial denture — one piece flexible base (including retentive/clasping materials, rests, and teeth), per quadrant	\$345.00	
D5286	Removable unilateral partial denture — one piece resin (including retentive/clasping materials, rests, and teeth), per quadrant	\$345.00	
D5410	Adjust complete denture — maxillary	\$41.00	
D5411	Adjust complete denture — mandibular	\$41.00	
D5421	Adjust partial denture — maxillary	\$41.00	
D5422	Adjust partial denture — mandibular	\$41.00	
D5511	Repair broken complete denture base, mandibular	\$95.00	
D5512	Repair broken complete denture base, maxillary	\$95.00	
D5520	Replace missing or broken teeth — complete denture (each tooth)	\$76.00	
D5611	Repair resin partial denture base, mandibular	\$80.00	
D5612	Repair resin partial denture base, maxillary	\$80.00	
D5621	Repair cast partial framework, mandibular	\$107.00	
D5622	Repair cast partial framework, maxillary	\$107.00	
D5630	Repair or replace broken retentive clasping materials — per tooth	\$112.00	
D5640	Replace broken teeth — per tooth	\$76.00	
D5650	Add tooth to existing partial denture	\$93.00	
D5660	Add clasp to existing partial denture — per tooth	\$118.00	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$392.00	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$392.00	
D5710	Rebase complete maxillary denture	\$258.00	
D5711	Rebase complete mandibular denture	\$258.00	
D5720	Rebase maxillary partial denture	\$236.00	
D5721	Rebase mandibular partial denture	\$236.00	
D5725	Rebase hybrid prosthesis	\$236.00	
D5730	Reline complete maxillary denture (direct)	\$147.00	
D5731	Reline complete mandibular denture (direct)	\$147.00	
D5740	Reline maxillary partial denture (direct)	\$128.00	
D5741	Reline mandibular partial denture (direct)	\$128.00	
D5750	Reline complete maxillary denture (indirect)	\$236.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D5751	Reline complete mandibular denture (indirect)	\$236.00	
D5760	Reline maxillary partial denture (indirect)	\$208.00	
D5761	Reline mandibular partial denture (indirect)	\$208.00	
D5765	Soft liner for complete or partial removable denture (indirect)	\$208.00	
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$232.00	
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$232.00	
D5850	Tissue conditioning, maxillary	\$80.00	
D5851	Tissue conditioning, mandibular	\$80.00	
D6010	Surgical placement of implant body: endosteal implant	\$1,351.00	
D6011	Surgical access to an implant body (second stage implant surgery)	\$50.00	
D6013	Surgical placement of mini implant	\$671.00	
D6056	Prefabricated abutment — includes modification and placement	\$407.00	
D6057	Custom fabricated abutment — includes placement	\$511.00	
D6058	Abutment supported porcelain/ceramic crown	\$926.00	
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$919.00	
D6060	Abutment supported porcelain fused to metal crown predominantly base metal)	\$844.00	
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$845.00	
D6062	Abutment supported cast metal crown (high noble metal)	\$919.00	
D6063	Abutment supported cast metal crown (predominantly base metal)	\$845.00	
D6064	Abutment supported cast metal crown (noble metal)	\$845.00	
D6065	Implant supported porcelain/ceramic crown	\$919.00	
D6066	Implant supported crown — porcelain fused to high noble alloys	\$919.00	
D6067	Implant supported crown (high noble alloys)	\$919.00	
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$919.00	
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$791.00	
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$845.00	
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$919.00	
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$791.00	
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$845.00	
D6076	Implant supported retainer for FPD — porcelain fused to high noble alloys	\$919.00	
D6077	Implant supported retainer for metal FPD (high noble alloys)	\$919.00	
D6082	Implant supported crown — porcelain fused to predominantly base alloys	\$845.00	
D6083	Implant supported crown — porcelain fused to noble alloys	\$900.00	
D6084	Implant supported crown — porcelain fused to titanium and titanium alloys	\$919.00	
D6085	Interim implant crown	\$139.00	
D6086	Implant supported crown (predominantly base alloys)	\$845.00	
D6087	Implant supported crown (noble alloys)	\$900.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D6088	Implant supported crown — (titanium and titanium alloys)	\$919.00	
D6089	Accessing and retorquing loose implant screw — per screw	\$60.00	
D6090	Repair implant supported prosthesis, by report	\$100.00	
D6092	Re-cement or re-bond implant/abutment supported crown	\$46.00	
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$68.00	
D6094	Abutment supported crown — (titanium and titanium alloys)	\$919.00	
D6095	Repair implant abutment, by report	\$84.00	
D6096	Remove broken implant retaining screw	\$84.00	
D6097	Abutment supported crown — porcelain fused to titanium and titanium alloys	\$845.00	
D6098	Implant supported retainer — porcelain fused to predominantly base alloys	\$846.00	
D6099	Implant supported retainer for FPD — porcelain fused to noble alloys	\$900.00	
D6100	Surgical removal of implant body	\$188.00	
D6105	Removal of implant body not requiring bone removal or flap elevation	\$94.00	
D6110	Implant /abutment supported removable denture for edentulous arch — maxillary	\$1,091.00	
D6111	Implant /abutment supported removable denture for edentulous arch — mandibular	\$1,091.00	
D6112	Implant /abutment supported removable denture for partially edentulous arch — maxillary	\$1,091.00	
D6113	Implant /abutment supported removable denture for partially edentulous arch — mandibular	\$1,091.00	
D6114	Implant /abutment supported fixed denture for edentulous arch — maxillary	\$1,217.00	1 per arch per 60 months
D6115	Implant /abutment supported fixed denture for edentulous arch — mandibular	\$1,217.00	1 per arch per 60 months
D6116	Implant /abutment supported fixed denture for partially edentulous arch — maxillary	\$1,217.00	1 per arch per 60 months
D6117	Implant /abutment supported fixed denture for partially edentulous arch — mandibular	\$1,217.00	1 per arch per 60 months
D6120	Implant supported retainer — porcelain fused to titanium and titanium alloys	\$919.00	
D6121	Implant supported retainer for metal FPD — predominantly base alloys	\$846.00	
D6122	Implant supported retainer for metal FPD (noble alloys)	\$900.00	
D6123	Implant supported retainer for metal FPD (titanium and titanium alloys)	\$919.00	
D6194	Abutment supported retainer crown for FPD (titanium and titanium alloys)	\$919.00	1 per implant per 60 months per member age 16+
D6195	Abutment supported retainer — porcelain fused to titanium and titanium alloys	\$919.00	
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$75.00	
D6205	Pontic — indirect resin based composite	\$225.00	
D6210	Pontic — cast high noble metal	\$644.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D6211	Pontic — cast predominantly base metal	\$600.00	
D6212	Pontic — cast noble metal	\$625.00	
D6214	Pontic — titanium and titanium alloys	\$625.00	
D6240	Pontic — porcelain fused to high noble metal	\$644.00	
D6241	Pontic — porcelain fused to predominantly base metal	\$600.00	
D6242	Pontic — porcelain fused to noble metal	\$625.00	
D6243	Pontic — porcelain fused to titanium and titanium alloys	\$644.00	
D6245	Pontic — porcelain/ceramic	\$644.00	
D6250	Pontic — resin with high noble metal	\$644.00	
D6251	Pontic — resin with predominantly base metal	\$600.00	
D6252	Pontic — resin with noble metal	\$625.00	
D6253	Interim pontic — further treatment or completion of diagnosis necessary prior to final impression	\$156.00	
D6545	Retainer — cast metal for resin bonded fixed prosthesis	\$247.00	
D6549	Retainer — resin bonded fixed prosthesis	\$225.00	
D6602	Retainer inlay — cast high noble metal, two surfaces	\$500.00	
D6603	Retainer inlay — cast high noble metal, three or more surfaces	\$504.00	
D6604	Retainer inlay — cast predominantly base metal, two surfaces	\$465.00	
D6605	Retainer inlay — cast predominantly base metal, three or more surfaces	\$500.00	
D6606	Retainer inlay — cast noble metal, two surfaces	\$497.00	
D6607	Retainer inlay — cast noble metal, three or more surfaces	\$500.00	
D6610	Retainer onlay — cast high noble metal, two surfaces	\$562.00	
D6611	Retainer onlay — cast high noble metal, three or more surfaces	\$600.00	
D6612	Retainer onlay — cast predominantly base metal, two surfaces	\$481.00	
D6613	Retainer onlay — cast predominantly base metal, three or more surfaces	\$563.00	
D6614	Retainer onlay — cast noble metal, two surfaces	\$481.00	
D6615	Retainer onlay — cast noble metal, three or more surfaces	\$574.00	
D6624	Retainer inlay — titanium	\$521.00	
D6634	Retainer onlay — titanium	\$563.00	
D6710	Retainer crown — indirect resin based composite	\$210.00	1 per permanent tooth per 60 months
D6720	Retainer crown — resin with high noble metal	\$644.00	
D6721	Retainer crown — resin with predominantly base metal	\$600.00	
D6722	Retainer crown — resin with noble metal	\$625.00	
D6740	Retainer crown — porcelain/ceramic	\$644.00	
D6750	Retainer crown — porcelain fused to high noble metal	\$644.00	
D6751	Retainer crown — porcelain fused to predominantly base metal	\$600.00	
D6752	Retainer crown — porcelain fused to noble metal	\$625.00	
D6753	Retainer crown — porcelain fused to titanium and titanium alloys	\$644.00	
D6780	Retainer crown — 3/4 cast high noble metal	\$644.00	
D6781	Retainer crown — 3/4 cast predominantly base metal	\$600.00	
D6782	Retainer crown — 3/4 cast noble metal	\$625.00	
D6784	Retainer crown — 3/4 titanium and titanium alloys	\$644.00	
D6790	Retainer crown — full cast high noble metal	\$644.00	
D6791	Retainer crown — full cast predominantly base metal	\$558.00	
D6792	Retainer crown — full cast noble metal	\$625.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D6793	Interim retainer crown — further treatment or completion of diagnosis necessary prior to final impression	\$140.00	
D6794	Retainer crown — titanium and titanium alloys	\$644.00	
D6930	Re-cement or re-bond fixed partial denture	\$73.00	
D6980	Fixed partial denture repair necessitated by restorative material failure	\$135.00	
D7111	Extraction, coronal remnants — primary tooth	\$40.00	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$76.00	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$155.00	
D7220	Removal of impacted tooth — soft tissue	\$227.00	
D7230	Removal of impacted tooth — partially bony	\$271.00	
D7240	Removal of impacted tooth — completely bony	\$334.00	
D7241	Removal of impacted tooth — completely bony, with unusual surgical complications	\$347.00	
D7250	Removal of residual tooth roots (cutting procedure)	\$150.00	
D7251	Coronectomy — intentional partial tooth removal, impacted teeth only	\$350.00	
D7260	Oroantral fistula closure	\$313.00	Individual consideration
D7261	Primary closure of a sinus perforation	\$313.00	Individual consideration
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$216.00	
D7280	Exposure of an unerupted tooth	\$350.00	
D7283	Placement of device to facilitate eruption of impacted tooth	\$76.00	
D7284	Excisional biopsy of minor salivary glands	\$235.00	
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$235.00	
D7286	Incisional biopsy of oral tissue-soft	\$235.00	
D7287	Exfoliative cytological sample collection	\$69.00	
D7288	Brush biopsy — transepithelial sample collection	\$69.00	
D7290	Surgical repositioning of teeth	\$219.00	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$64.00	Individual consideration
D7310	Alveoloplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	\$138.00	
D7311	Alveoloplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	\$120.00	
D7320	Alveoloplasty not in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	\$228.00	
D7321	Alveoloplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	\$189.00	
D7340	Vestibuloplasty — ridge extension (secondary epithelialization)	\$354.00	Individual consideration
D7350	Vestibuloplasty — ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$213.00	Individual consideration
D7410	Excision of benign lesion up to 1.25 cm	\$138.00	
D7411	Excision of benign lesion greater than 1.25 cm	\$225.00	
D7413	Excision of malignant lesion up to 1.25 cm	\$138.00	Individual consideration
D7440	Excision of malignant tumor — lesion diameter up to 1.25 cm	\$236.00	Individual consideration
D7450	Removal of benign odontogenic cyst or tumor — lesion diameter up to 1.25 cm	\$223.00	
D7451	Removal of benign odontogenic cyst or tumor — lesion diameter greater than 1.25 cm	\$225.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D7460	Removal of benign nonodontogenic cyst or tumor — lesion diameter up to 1.25 cm	\$158.00	
D7461	Removal of benign nonodontogenic cyst or tumor — lesion diameter greater than 1.25 cm	\$253.00	
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$72.00	
D7471	Removal of lateral exostosis (maxilla or mandible)	\$346.00	
D7472	Removal of torus palatinus	\$346.00	
D7473	Removal of torus mandibularis	\$346.00	
D7509	Marsupialization of odontogenic cyst	\$450.00	
D7510	Incision and drainage of abscess — intraoral soft tissue	\$96.00	
D7511	Incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	\$96.00	
D7520	Incision and drainage of abscess — extraoral soft tissue	\$160.00	
D7521	Incision and drainage of abscess — extraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	\$160.00	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$64.00	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$84.00	Individual consideration
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$80.00	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$373.00	
D7670	Alveolus — closed reduction, may include stabilization of teeth	\$287.00	Individual consideration
D7910	Suture of recent small wounds up to 5 cm	\$42.00	No limit
D7911	Complicated suture — up to 5 cm	\$66.00	No limit
D7912	Complicated suture — greater than 5 cm	\$74.00	No limit
D7961	Buccal / labial frenectomy (frenulectomy)	\$287.00	
D7962	Lingual frenectomy (frenulectomy)	\$287.00	
D7963	Frenuloplasty	\$287.00	
D7970	Excision of hyperplastic tissue — per arch	\$131.00	
D7971	Excision of pericoronal gingiva	\$84.00	
D7980	Surgical sialolithotomy	\$99.00	Individual consideration
D7981	Excision of salivary gland, by report	\$69.00	Individual consideration
D7982	Sialodochoplasty	\$392.00	
D7983	Closure of salivary fistula	\$236.00	
D8010	Limited orthodontic treatment of the primary dentition	\$2,000.00	
D8020	Limited orthodontic treatment of the transitional dentition	\$2,000.00	
D8030	Limited orthodontic treatment of the adolescent dentition	\$2,000.00	
D8040	Limited orthodontic treatment of the adult dentition	\$2,000.00	
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$4,000.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$4,500.00	
D8090	Comprehensive orthodontic treatment of the adult dentition	\$4,500.00	
D8210	Removable appliance therapy	\$941.00	
D8220	Fixed appliance therapy	\$941.00	
D8670	Periodic orthodontic treatment visit	\$142.00	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$142.00	
D9110	Palliative treatment of dental pain — per visit	\$57.00	

Procedure Code	Description	TeamstersCare Payment	Frequency Limitations*
D9120	Fixed partial denture sectioning	\$80.00	1 per permanent tooth per 60 months
D9222	Deep sedation/general anesthesia — first 15 minutes	\$82.00	
D9223	Deep sedation/general anesthesia — each subsequent 15 minute increment	\$82.00	Covered when paired with covered surgical procedure
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	\$81.00	
D9243	Intravenous moderate (conscious) sedation/analgesia — each subsequent 15 minute increment	\$81.00	Covered when paired with covered surgical procedure
D9310	Consultation — diagnostic service provided by dentist or physician other than requesting dentist or physician	\$64.00	
D9910	Application of desensitizing medicament	\$29.00	
D9930	Treatment of complications (post-surgical) — unusual circumstances, by report	\$53.00	
D9942	Repair and/or reline of occlusal guard	\$123.00	1 repair or reline per calendar year
D9944	Occlusal guard — hard appliance, full arch	\$219.00	1 repair or reline per calendar year
D9945	Occlusal guard — soft appliance, full arch	\$219.00	1 repair or reline per calendar year
D9946	Occlusal guard — hard appliance, partial arch	\$219.00	1 repair or reline per calendar year
D9951	Occlusal adjustment, limited	\$45.00	

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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).

