

TEAMSTERSCARE DENTAL BLUE® FREEDOM

Fee Allowance Schedule | Effective January 1, 2026

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 evaluation — established patient	\$23
D0150	Comprehensive oral evaluation — new or established patient	\$41
D0210	Intraoral — comprehensive series of radiographic images	\$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 ¹	\$60
D1120	Prophylaxis — child ¹	\$48
D1351	Sealant — per tooth	\$29
D2991	Application of hydroxyapatite regeneration medicament — per tooth	\$26
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, anterior	\$136
D2391	Resin-based composite — one surface, posterior	\$80
D2392	Resin-based composite — two surfaces, posterior	\$77
D2393	Resin-based composite — three surfaces, posterior	\$96
D2394	Resin-based composite — four or more surfaces, posterior	\$114
D2920	Recement crown	\$46
D2940	Protective restoration	\$46
D3220	Therapeutic pulpotomy (excluding final restoration)	\$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

ADA code	Procedure	TeamstersCare payment
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—four or more contiguous teeth or tooth-bounded spaces per quadrant	\$687
D4341	Periodontal scaling and root planing — four or more teeth per quadrant. Only two quadrants are allowed per date of service. Additional quadrants will be denied.	\$139
D5750	Reline complete maxillary denture (laboratory)	\$236
D5751	Reline complete mandibular denture (laboratory)	\$236
D7140	Extraction — erupted tooth or exposed root	\$76
D7210	Surgical removal of erupted 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	\$334
D7286	Incisional 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 ²	\$655
D2750	Crown — porcelain fused to high noble metal ²	\$655
D2790	Crown — full cast high noble metal ²	\$650
D2799	Interim crown — further treatment or completion of diagnosis necessary prior to final impression	\$139
D2954	Prefabricated post and core in addition to crown	\$151
D5110	Complete denture — maxillary ²	\$764
D5120	Complete denture — mandibular ²	\$764
D5130	Immediate denture — maxillary ²	\$779
D5140	Immediate denture — mandibular ²	\$779
D5211	Maxillary partial denture, resin base	\$618
D5212	Mandibular partial denture, resin base	\$618
D5213	Maxillary partial denture, cast metal framework with resin denture base (including retentive/clasping materials, rests, and teeth)	\$858
D5214	Mandibular partial denture—cast metal framework with resin denture base	\$858
D6010	Surgical placement, endosteal implant	\$1,351
D6059	Abutment supported fused to high noble metal crown	\$919
D6089	Accessing and retorquing loose implant screw — per screw	\$60
D6210	Pontic — cast high noble metal ²	\$644
D6240	Pontic — porcelain fused to high noble metal ²	\$644
D6750	Crown — porcelain fused to high noble metal ²	\$644
D6790	Crown — full cast high noble metal ²	\$644
D7284	Excisional biopsy of minor salivary glands	\$235
D9944	Occlusal guard, hard appliance, full arch ³	\$219
D9945	Occlusal guard, soft appliance, full arch ³	\$219

1. Payable twice per calendar year

2. Payable no more than once every five years

3. One per patient per calendar year for either D9944 or D9945

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