

Adult Dental Copay Plan

Network Providers—Covered Services and Copay Schedule

Below is a list of services and copays that apply when you use an in-network provider. To find an in-network dental provider, go to premera.com and use the “Find a Doctor” tool. Choose “Find a Dentist” in the Dental Care section and use the Dental Copay Select network for your search.

Diagnostic and Preventive Services

Procedure Code	Description	Member Pays
D0120	Periodic Oral Evaluation—Established Patient	\$0
D0140	Limited Oral Evaluation—Problem Focused	\$0
D0150	Comprehensive Oral Evaluation—New or Established Patient	\$0
D0160	Detailed And Extensive Oral Evaluation—Problem Focused, By Report	\$0
D0170	Re-evaluation—Limited, Problem Focused	\$0
D0180	Comprehensive Periodontal Evaluation—New or Established Patient	\$0
D0270	Bitewing—Single Film	\$0
D0272	Bitewing—Two Films	\$0
D0273	Bitewing—Three Films	\$0
D0274	Bitewing—Four Films	\$0
D0277	Vertical Bitewings—7 to 8 Films	\$0
D1110	Prophylaxis (Routine Cleaning)—Adult	\$20
D1120	Prophylaxis (Routine Cleaning)—Child	\$20
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Risk Patients	\$0
D1208	Topical Application of Fluoride—Excluding Varnish	\$0
D9310	Consultation—Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician	\$0

Basic Services

Procedure Code	Description	Member Pays
D0210	Intraoral—Complete Series (Including Bitewings)	\$30
D0220	Intraoral—Periapical—First Film	\$5
D0230	Intraoral—Periapical—Each Additional Film	\$5
D0240	Intraoral—Occlusal Film	\$5
D0330	Panoramic Film	\$25
D0460	Pulp Vitality Tests	\$10
D1510	Space Maintainer—Fixed—Unilateral	\$65
D1515	Space Maintainer—Fixed—Bilateral	\$85
D1520	Space Maintainer—Removable—Unilateral	\$65
D1525	Space Maintainer—Removable—Bilateral	\$85
D1550	Re-cement or Re-bond space maintainer	\$20
D2140	Amalgam—One Surface, Primary or Permanent	\$30
D2150	Amalgam—Two Surfaces, Primary or Permanent	\$35
D2160	Amalgam—Three Surfaces, Primary or Permanent	\$50

Basic Services

Procedure Code	Description	Member Pays
D2161	Amalgam—Four or More Surfaces, Primary or Permanent	\$55
D2330	Resin-Based Composite—One Surface, Anterior	\$35
D2331	Resin-Based Composite—Two Surfaces, Anterior	\$50
D2332	Resin-Based Composite—Three Surfaces, Anterior	\$55
D2335	Resin-Based Composite—Four or More Surfaces or Involving Incisal Angle, Anterior	\$65
D2391	Resin-Based Composite—One Surface, Posterior	\$40
D2392	Resin-Based Composite—Two Surfaces, Posterior	\$55
D2393	Resin-Based Composite—Three Surfaces, Posterior	\$65
D2394	Resin-Based Composite—Four or More Surfaces, Posterior	\$65
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$20
D2915	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post and Core	\$25
D2920	Re-cement or Re-bond Crown	\$20
D2929	Prefabricated Porcelain/Ceramic Crown—Primary tooth	\$75
D2930	Prefabricated Stainless Steel Crown, Primary Tooth	\$50
D2934	Prefabricated Esthetic Coated Stainless Steel Crown, Primary Tooth	\$85
D2940	Protective Restoration (Sedative Filling)	\$20
D2980	Crown Repair, By Report	\$25
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$40
D4910	Periodontal Maintenance	\$40
D5510	Repair Broken Complete Denture Base	\$35
D5520	Replace Missing or Broken Teeth, Complete Denture (Each Tooth)	\$30
D5610	Repair Resin Denture Base	\$35
D5620	Repair Cast Framework	\$40
D5630	Repair or Replace Broken Clasp	\$50
D5640	Replace Broken Teeth—Per Tooth	\$25
D5650	Add Tooth to Existing Partial Denture	\$40
D5660	Add Clasp to Existing Partial Denture	\$50
D6930	Recement Fixed Partial Denture	\$30
D6980	Fixed Partial Denture Repair, By Report	\$85
D7111	Extraction, Coronal Remnants, Deciduous Tooth	\$25
D7140	Extraction, Erupted Tooth or Exposed Root	\$30
D9110	Palliative (Emergency) Treatment of Dental Pain—Minor Procedure	\$5

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Major Services

Procedure Code	Description	Member Pays
D2542	Onlay—Metallic, Two Surfaces	\$435
D2543	Onlay—Metallic, Three Surfaces	\$450
D2544	Onlay—Metallic, Four or More Surfaces	\$475
D2642	Onlay—Porcelain/Ceramic, Two Surfaces	\$450
D2643	Onlay—Porcelain/Ceramic, Three Surfaces	\$475
D2644	Onlay—Porcelain/Ceramic, Four or More Surfaces	\$490
D2662	Onlay—Resin-Based Composite, Two Surfaces	\$310
D2663	Onlay—Resin-Based Composite, Three Surfaces	\$350
D2664	Onlay—Resin-Based Composite, Four or More Surfaces	\$350
D2740	Crown—Porcelain/Ceramic Substrate	\$515
D2750	Crown— Porcelain Fused to High Noble Metal	\$490
D2751	Crown— Porcelain Fused to Predominantly Base Metal	\$450
D2752	Crown— Porcelain Fused to Noble Metal	\$475
D2780	Crown— 3/4 Cast High Noble Metal	\$475
D2781	Crown—3/4 Cast Predominantly Base Metal	\$435
D2782	Crown— 3/4 Cast Noble Metal	\$450
D2783	Crown— 3/4 Porcelain/Ceramic	\$490
D2790	Crown—Full Cast High Noble	\$475
D2791	Crown—Full Cast Predominantly Base Metal	\$435
D2792	Crown—Full Cast Noble Metal	\$450
D2950	Core Buildup, Including Any Pins When Required	\$115
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$165
D2954	Prefabricated Post and Core in Addition to Crown	\$165
D3110	Pulp Cap—Direct (Excluding Final Restoration)	\$30
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$60
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$60
D3230	Pulpal Therapy (Resorbable Filling)—Anterior, Primary Tooth (Excluding Final Restoration)	\$60
D3240	Pulpal Therapy, (Resorbable Filling)—Posterior, Primary Tooth (Excluding Final Restoration)	\$75
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$385
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$435
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$515
D3331	Treatment of Root Canal Obstruction, Non-Surgical Access	\$75
D3332	Incomplete Endodontic Therapy, Inoperable, Unrestorable or Fractured Tooth	\$115
D3346	Retreatment of Previous Root Canal Therapy— Anterior	\$435
D3347	Retreatment of Previous Root Canal Therapy—Bicuspid	\$490
D3348	Retreatment of Previous Root Canal Therapy—Molar	\$515
D3351	Apexification/Recalcification, Initial Visit	\$165

Major Services

Procedure Code	Description	Member Pays
D3352	Apexification/Recalcification, Interim Medication Replacement	\$75
D3353	Apexification/Recalcification, Final Visit	\$145
D3355	Pulpal Regeneration—Initial Visit	\$180
D3356	Pulpal Regeneration—Interim Medication Replacement	\$55
D3410	Apicoectomy—Anterior	\$310
D3421	Apicoectomy—Bicuspid, First Root	\$385
D3425	Apicoectomy—Molar, First Root	\$385
D3426	Apicoectomy, Each Additional Root	\$130
D3427	Periradicular Surgery Without Apicoectomy	\$310
D3430	Retrograde Filling, Per Root	\$60
D3450	Root Amputation, Per Root	\$205
D4210	Gingivectomy or Gingivoplasty, Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$235
D4211	Gingivectomy or Gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$100
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$30
D4240	Gingival Flap Procedure, Including Root Planing, Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$310
D4241	Gingival Flap Procedure, Including Root Planing, One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$165
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) —Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$595
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure)—One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$350
D4341	Periodontal Scaling and Root Planing—Four or More Teeth Per Quadrant	\$100
D4342	Periodontal Scaling and Root Planing—One to Three Teeth, Per Quadrant	\$60
D5110	Complete Denture—Maxillary	\$595
D5120	Complete Denture—Mandibular	\$595
D5130	Immediate Denture—Maxillary	\$645
D5140	Immediate Denture—Mandibular	\$645
D5211	Maxillary Partial Denture—Resin Base	\$350
D5212	Mandibular Partial Denture—Resin Base	\$350
D5213	Maxillary Partial Denture—Cast Metal Framework With Resin Denture Bases	\$645
D5214	Mandibular Partial Denture—Cast Metal Framework With Resin Denture Bases	\$645
D5225	Maxillary Partial Denture—Flexible Base	\$350
D5226	Mandibular Partial Denture—Flexible Base	\$350
D5281	Removable Unilateral Partial Denture—One Piece Cast Metal	\$350

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Major Services

Procedure Code	Description	Member Pays
D5410	Adjust Complete Denture—Maxillary	\$30
D5411	Adjust Complete Denture—Mandibular	\$30
D5421	Adjust Partial Denture—Maxillary	\$30
D5422	Adjust Partial Denture—Mandibular	\$30
D5710	Rebase Complete Maxillary Denture	\$235
D5711	Rebase Complete Mandibular Denture	\$235
D5720	Rebase Maxillary Partial Denture	\$235
D5721	Rebase Mandibular Partial Denture	\$235
D5730	Reline Complete Maxillary Denture (Chairside)	\$130
D5731	Reline Complete Mandibular Denture (Chairside)	\$130
D5740	Reline Maxillary Partial Denture (Chairside)	\$130
D5741	Reline Mandibular Partial Denture (Chairside)	\$130
D5750	Reline Complete Maxillary Denture (Laboratory)	\$180
D5751	Reline Complete Mandibular Denture (Laboratory)	\$180
D5760	Reline Maxillary Partial Denture (Laboratory)	\$180
D5761	Reline Mandibular Partial Denture (Laboratory)	\$180
D5850	Tissue Conditioning, Maxillary	\$55
D5851	Tissue Conditioning, Mandibular	\$60
D5863	Overdenture—Complete Maxillary	\$645
D5864	Overdenture—Partial Maxillary	\$515
D5865	Overdenture—Complete Mandibular	\$645
D5866	Overdenture—Partial Mandibular	\$515
D6210	Pontic—Cast High Noble Metal	\$490
D6211	Pontic—Cast Predominantly Base Metal	\$435
D6212	Pontic—Cast Noble Metal	\$435
D6240	Pontic—Porcelain Fused to High Noble Metal	\$515
D6241	Pontic—Porcelain Fused to Predominantly Base Metal	\$435
D6242	Pontic—Porcelain Fused to Noble Metal	\$435
D6245	Pontic—Porcelain/Ceramic	\$490
D6250	Pontic—Resin With High Noble Metal	\$450
D6251	Pontic—Resin With Predominantly Base Metal	\$310
D6252	Pontic—Resin With Noble Metal	\$385
D6545	Retainer—Cast Metal For Resin Bonded Fixed Prosthesis	\$180
D6548	Retainer—Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$205
D6549	Resin Retainer—For Resin Bonded Fixed Prosthesis	\$205
D6608	Onlay—Porcelain/Ceramic, Two Surfaces	\$385
D6609	Onlay—Porcelain/Ceramic, Three or More Surfaces	\$435
D6610	Onlay—Cast High Noble Metal, Two Surfaces	\$385
D6611	Onlay—Cast High Noble Metal, Three or More Surfaces	\$435
D6612	Onlay—Cast Predominantly Base Metal, Two Surfaces	\$385
D6613	Onlay—Cast Predominantly Base Metal, Three or More Surfaces	\$385
D6614	Onlay—Cast Noble Metal, Two Surfaces	\$385
D6615	Onlay—Cast Noble Metal, Three or More Surfaces	\$435

Major Services

Procedure Code	Description	Member Pays
D6740	Crown—Porcelain/Ceramic	\$515
D6750	Crown—Porcelain Fused to High Noble Metal	\$490
D6751	Crown—Porcelain Fused to Predominantly Base Metal	\$435
D6752	Crown—Porcelain Fused to Noble Metal	\$475
D6780	Crown—3/4 Cast High Noble Metal	\$475
D6781	Crown—3/4 Cast Predominately Based Metal	\$435
D6782	Crown—3/4 Cast Noble Metal	\$450
D6783	Crown—3/4 Porcelain/Ceramic	\$490
D6790	Crown—Full Cast High Noble Metal	\$475
D6791	Crown—Full Cast Predominately Based Metal	\$435
D6792	Crown—Full Cast Noble Metal	\$450
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Elevation of Mucoperiosteal Flap if Indicated	\$115
D7220	Removal of Impacted Tooth—Soft Tissue	\$130
D7230	Removal of Impacted Tooth—Partially Bony	\$165
D7240	Removal of Impacted Tooth—Completely Bony	\$205
D7241	Removal of Impacted Tooth, Completely Bony With Unusual Surgical Complications	\$235
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$115
D7280	Surgical Access of an Unerupted Tooth	\$235
D7310	Alveoloplasty in Conjunction With Extractions, Four or More Teeth or Tooth Spaces, Per Quadrant	\$100
D7311	Alveoloplasty in Conjunction With Extraction, One to Three Teeth or Tooth Spaces, Per Quadrant	\$75
D7320	Alveoloplasty Not in Conjunction With Extractions, Four or More Teeth or Tooth Spaces Per Quadrant	\$145
D7321	Alveoloplasty Not in Conjunction With Extraction, One to Three Teeth or Tooth Spaces, Per Quadrant	\$130
D7510	Incision and Drainage of Abscess—Intraoral Soft Tissue	\$75
D7511	Incision and Drainage of Abscess—Intraoral Soft Tissue, Complicated	\$145
D9220	Deep Sedation/General Anesthesia, First 30 Minutes	\$165
D9221	Deep Sedation/General Anesthesia, Each Additional 15 Minutes	\$55
D9241	Intravenous Moderate (Conscious) Sedation/ Analgesia, First 30 Minutes	\$130
D9242	Intravenous Moderate (Conscious) Sedation/ Analgesia, Each Additional 15 Minutes	\$55

This is only a summary of the copayment schedule for network providers. This is not a contract. For full coverage provisions, including a description of waiting periods, non-network cost shares, limitations and exclusions, please refer to the plan contract or contact your producer.