



Cooperstown Chamber of Commerce Prime Blue Dental Services

Payment Level: Class I, II	100%	(Maximum amount payable (MAP) or charges whichever is less)
Class III	50%	
Deductible: Class III <u>only</u>		\$50 per person per calendar year. (\$150 family maximum)
Calendar Year Maximum: \$1,000		Class I, II, III combined service
Lifetime Maximum: None		
Student to Age: 25		

Class I Preventive Services

Covered in full by participating dentists

Initial and periodic oral examinations
X-rays
Test and laboratory examinations
Prophylaxis (cleaning)
Fluoride application
Emergency care

Class II Basic Dental Services

Covered in full by participating dentists

Space maintainers
Restorations (fillings)
Extractions
Endodontics
Oral surgery

Class III Major Dental Services

Participating Dentist may not accept as payment in full.

Inlays, Onlays, Gold Restorations, and Crowns
Prosthetic Services, Dentures and Bridges
Periodontics

additional information on reverse side

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revised 07/98

Class I Preventive Services **MAP**

Initial & periodic oral exams - 2 every 12 consecutive months	
Initial oral exam	24.48
Periodic oral exam x-rays	24.48
Intraoral complete series including bitewings-not more than one set of full mouth x-rays in any consecutive 36 months	57.88
Bitewing x-rays - 2 films - not more than 2 sets in any 12 month period	15.26
Tests and laboratory exams	
Pulp vitality tests	15.07
Prophylaxis (cleaning) - 2 every 12 consecutive months	
Adult prophylaxis (age 12 & up)	36.78
Children's prophylaxis (age 11 & under)	27.11
Fluoride application - 4 topical applications of fluoride in 12 consecutive months for a covered dependent under 19 years of age	
Topical application of fluoride - child	16.34
Emergency treatment for pain	
Palliative treatment - emergency treatment of dental pain, minor procedure	29.73
Sealants - topical application of sealant on a posterior tooth for a covered dependent under 19 year old - 1 tooth every 36 months	
Sealant - per tooth	26.78
Preventive periodontal prophylaxis	54.93

Class III - Major Dental Services **MAP**

Crowns	
Porcelain with semi-precious metal	\$418.80
Cast post and core in additional to crown	99.47
Inlays & Onlays	
Inlay, metallic, two surfaces	300.00
Onlay, per tooth	374.86
Periodontics	
Gingivectomy or gingivoplasty per quadrant	102.56
Gingival curettage per quadrant	73.29
Periodontic Scaling & Root Planning per quadrant	65.00
Prosthetics	
Complete upper denture	438.48
Lower partial denture with lingual bar & 2 clasps, acrylic base	497.32
Bridge pontic - porcelain fused to semi-precious metal	410.00
Bridge abutments - porcelain fused to semi-precious metal	425.00

Class II Basic Dental Services **MAP**

Space maintainers for covered dependent under 19	
Fixed unilateral type	\$127.90
Removable bilateral type	192.47
Restorations (fillings)	
Amalgam restoration - two surfaces, permanent tooth	63.00
Composite resin - two surfaces, anterior	64.52
Extractions	
Simple extraction - single permanent tooth	54.26
Surgical extraction - complete bony impaction	229.50
Endodontic	
Root canal therapy - anterior tooth	288.70
Apicoectomy - per tooth, first root	285.94
Oral Surgery	
Alveoplasty - not in conjunction with extractions, per quadrant	111.75
Biopsy of oral tissue (hard)	114.76
General anesthesia when medically necessary - For first 30 minutes	136.85

Payments may vary from the above depending on the specific services rendered. Allowances are at 100% of MAP. **This outline is intended as an easy to read benefit summary.**