

Covered Dental Services and Patient Charges – U10ILI05



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First Commonwealth is an Illinois domiciled Limited Health Services Organization licensed in accordance with the statutes and applicable provisions of the Illinois Administrative Code.

The services covered by this Plan are named in this list. If a service, treatment or procedure is not on this list, it is not a covered service. All services must be provided by the assigned PCD.

The Member must pay the listed Patient Charge. The benefits We provide are subject to all of the terms of this Plan, including the Limitations and Conditions on Covered Dental Services and Exclusions as described in the Member’s Plan booklet and the Manual (including the Quality Management retrospective review).

There is a limit on the total amount of Patient Charges a Member who is under age 19 must pay each calendar year for pediatric essential health benefits as determined by Illinois. The Maximum Out Of Pocket limit is \$400.00 for each such Member. Once this limit is reached the plan waives Patient Charges for such benefits for the rest of the calendar year for such Member. But if two or more such Members meet the Maximum Out Of Pocket limit of \$800.00 in a calendar year, the plan waives the Patient Charges for such benefits for all other such Members for the rest of the calendar year. The dental services identified with the asterisk symbol (*) reflect the pediatric essential health benefits.

There is no Maximum Out Of Pocket for Members age 19 and over. Members age 19 and over are responsible for the Patient Charge listed.

The Patient Charges listed this section are only valid for covered services that are: (1) started and completed under this Plan, and (2) rendered by Participating Dentists in the State of Illinois.

Annual Limitation on Cost Sharing

| CDT Code | Covered Services and Patient Charges Current Dental Terminology (CDT) © American Dental Association (ADA) | Patient Charge |
|-------------------------|--|----------------|
| D0100- D0999 | I. DIAGNOSTIC | |
| D0120 | Periodic oral evaluation - established patient * | \$0 |
| D0140 | Limited oral evaluation - problem focused * | \$0 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver * | \$0 |
| D0150 | Comprehensive oral evaluation - new or established patient * | \$0 |
| D0170 | Re-evaluation – limited, problem focused (established patient; not post-operative visit) * | \$0 |
| D0180 | Comprehensive periodontal evaluation - new or established patient * | \$0 |
| | Routine exams/evaluations – covered once every six months in a dental office setting and once every 12 months in a school setting. | |
| D0210 | Intraoral - complete series of radiographic images * | \$0 |
| D0220 | Intraoral - periapical first radiographic image * | \$0 |
| D0230 | Intraoral - periapical each additional radiographic image * | \$0 |
| D0240 | Intraoral - occlusal radiographic image * | \$0 |
| D0270 | Bitewing - single radiographic image * | \$0 |
| D0272 | Bitewings - two radiographic images * | \$0 |
| D0273 | Bitewings - three radiographic images * | \$0 |

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| | | |
|-------|---|------|
| D0274 | Bitewings - four radiographic images * | \$0 |
| D0277 | Vertical bitewings - 7 to 8 radiographic images * | \$0 |
| D0330 | Panoramic radiographic image * | \$0 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | \$50 |
| D0460 | Pulp vitality tests | \$0 |
| D0470 | Diagnostic casts * | \$0 |
| D0999 | Office visit during regular hours, general dentist only * | \$15 |

D1000- D1999 **II. PREVENTIVE**

| | | |
|-------|---|------|
| D1110 | Prophylaxis - adult, for the first two services in any 12-month period * | \$0 |
| D1120 | Prophylaxis - child, for the first two services in any 12-month period * | \$0 |
| D1999 | Prophylaxis - adult or child, for each additional service in same 12-month period * | \$60 |

The Patient Charges for codes D1110, D1120, D1203, D1204, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge.

Routine prophylaxis or periodontal maintenance procedure - a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.

| | | |
|-------|---|------|
| D1203 | Topical application of fluoride (prophylaxis not included) - child, for the first two services in any 12-month period * | \$0 |
| D1204 | Topical application of fluoride (prophylaxis not included) - adult, for the first two services in any 12-month period * | \$0 |
| D1206 | Topical application of fluoride varnish, for the first two services in any 12-month period * | \$12 |
| D1208 | Topical application of fluoride * | \$0 |
| D2999 | Topical fluoride (adult or child), each additional service in the same 12-month period * | \$20 |

The Patient Charges for codes D1110, D1120, D1203, D1204, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge.

Fluoride Treatment – a total of four services in any 12-month period.

| | | |
|-------|--|------|
| D1310 | Nutritional counseling for control of dental diseases | \$0 |
| D1330 | Oral hygiene instructions | \$0 |
| D1351 | Sealant - per tooth (molars) * | \$14 |
| D9999 | Sealant - per tooth (non-molars) * | \$35 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth * | \$14 |

Sealants are limited to permanent teeth up to the 19th birthday.

| | | |
|-------|---|------|
| D1510 | Space maintainer - fixed – unilateral * | \$75 |
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|-------|---|-------|
| D1515 | Space maintainer - fixed – bilateral * | \$110 |
| D1520 | Space maintainer - removable – unilateral * | \$75 |
| D1525 | Space maintainer - removable – bilateral * | \$110 |
| D1550 | Re-cementation of space maintainer * | \$13 |
| D1555 | Removal of fixed space maintainer | \$20 |

**D2000-
D2999**

III. RESTORATIVE

The Patient Charge for these services is per unit.

| | | |
|-------|--|-------|
| D2140 | Amalgam - one surface, primary or permanent * | \$28 |
| D2150 | Amalgam - two surfaces, primary or permanent * | \$39 |
| D2160 | Amalgam - three surfaces, primary or permanent * | \$46 |
| D2161 | Amalgam - four or more surfaces, primary or permanent * | \$57 |
| D2330 | Resin-based composite - one surface, anterior * | \$36 |
| D2331 | Resin-based composite - two surfaces, anterior * | \$44 |
| D2332 | Resin-based composite - three surfaces, anterior | \$58 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) * | \$66 |
| D2390 | Resin-based composite crown, anterior * | \$95 |
| D2391 | Resin-based composite - one surface, posterior * | \$56 |
| D2392 | Resin-based composite - two surfaces, posterior * | \$75 |
| D2393 | Resin-based composite - three surfaces, posterior * | \$90 |
| D2394 | Resin-based composite - four or more surfaces, posterior * | \$95 |
| D2510 | Inlay - metallic - one surface | \$326 |
| D2520 | Inlay - metallic - two surfaces | \$368 |
| D2530 | Inlay - metallic - three or more surfaces | \$383 |
| D2542 | Onlay - metallic - two surfaces | \$383 |
| D2543 | Onlay - metallic - three surfaces | \$400 |
| D2544 | Onlay - metallic - four or more surfaces | \$420 |

Metallic Inlay and Onlays - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.

| | | |
|-------|--|-------|
| D2610 | Inlay - porcelain/ceramic - one surface | \$326 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | \$368 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | \$383 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | \$383 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | \$400 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | \$420 |
| D2740 | Crown - porcelain/ceramic substrate * | \$450 |
| D2750 | Crown - porcelain fused to high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$430 |
| D2751 | Crown - porcelain fused to predominately base metal * | \$430 |
| D2752 | Crown - porcelain fused to noble metal * | \$430 |
| D2780 | Crown - 3/4 cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$420 |
| D2781 | Crown - 3/4 cast predominately base metal * | \$420 |
| D2782 | Crown - 3/4 cast noble metal * | \$420 |
| D2783 | Crown - 3/4 porcelain/ceramic * | \$420 |
| D2790 | Crown - full cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$430 |
| D2791 | Crown - full cast predominately base metal * | \$430 |
| D2792 | Crown - full cast noble metal * | \$430 |
| D2794 | Crown – titanium * | \$430 |
| D2910 | Recement inlay, onlay, or partial coverage restoration * | \$18 |

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|-------|---|-------|
| D2915 | Recement cast or prefabricated post and core * | \$18 |
| D2920 | Recement crown * | \$18 |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth * | \$135 |
| D2930 | Prefabricated stainless steel crown - primary tooth * | \$110 |
| D2931 | Prefabricated stainless steel crown - permanent tooth * | \$125 |
| D2932 | Prefabricated resin crown * | \$135 |
| D2933 | Prefabricated stainless steel crown with resin window * | \$135 |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth * | \$145 |
| D2940 | Sedative filling * | \$30 |
| D2950 | Core buildup, including any pins * | \$113 |
| D2951 | Pin retention - per tooth, in addition to restoration * | \$24 |
| D2952 | Post and core, in addition to crown, indirectly fabricated * | \$160 |
| D2953 | Each additional indirectly fabricated post - same tooth * | \$50 |
| D2954 | Prefabricated post and core in addition to crown * | \$130 |
| D2957 | Each additional prefabricated post - same tooth | \$29 |
| D2960 | Labial veneer (resin laminate) - chairside | \$250 |
| D2970 | Temporary crown (fractured tooth) | \$100 |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | \$125 |
| D2990 | Resin infiltration of incipient smooth surface lesions | \$5 |

D3000- IV. ENDODONTICS

D3999

| | | |
|-------|---|-------|
| D3110 | Pulp cap - direct (excluding final restoration) | \$15 |
| D3120 | Pulp cap - indirect (excluding final restoration) | \$15 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament * | \$50 |
| D3221 | Pulpal debridement, primary and permanent teeth * | \$50 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development * | \$50 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) * | \$88 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) * | \$90 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) * | \$260 |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) * | \$300 |
| D3330 | Endodontic therapy, molar (excluding final restoration) * | \$400 |
| D3331 | Treatment of root canal obstruction, non-surgical access | \$0 |
| D3332 | Incomplete endodontic therapy, inoperable, unrestorable or fractured tooth | \$150 |
| D3333 | Internal root repair of perforation defects | \$120 |
| D3346 | Retreatment of previous root canal therapy – anterior * | \$315 |
| D3347 | Retreatment of previous root canal therapy – bicuspid * | \$370 |
| D3348 | Retreatment of previous root canal therapy – molar * | \$445 |
| D3351 | Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) * | \$78 |
| D3352 | Apexification/recalcification – interim medication replacement * | \$52 |
| D3353 | Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) * | \$182 |
| D3410 | Apicoectomy/periradicular surgery – anterior * | \$265 |
| D3421 | Apicoectomy/periradicular surgery - bicuspid (first root) * | \$300 |
| D3425 | Apicoectomy/periradicular surgery - molar (first root) * | \$350 |
| D3426 | Apicoectomy/periradicular surgery - (each additional root) * | \$110 |
| D3430 | Retrograde filling - per root * | \$90 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$20 |

D4000- V. PERIODONTICS

D4999

| | | |
|-------|--|-------|
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded | \$188 |
|-------|--|-------|

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|-------|--|-------|
| | spaces per quadrant * | |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant * | \$85 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth * | \$60 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant * | \$275 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant * | \$165 |
| D4249 | Clinical crown lengthening - hard tissue | \$285 |
| D4260 | Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant * | \$410 |
| D4261 | Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant * | \$350 |
| D4263 | Bone replacement graft – first site in quadrant * | \$249 |
| D4264 | Bone replacement graft – each additional site in quadrant * | \$191 |
| D4268 | Surgical revision procedure, per tooth | \$0 |
| D4270 | Pedicle soft tissue graft procedure * | \$295 |
| D4271 | Free soft tissue graft procedure (including donor site surgery) * | \$298 |
| D4273 | Subepithelial connective tissue graft procedures, per tooth * | \$328 |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) * | \$191 |
| D4277 | Free soft tissue graft procedure (including donor site surgery) first tooth or edentulous tooth position in a graft * | \$298 |
| D4278 | Free soft tissue graft procedure (including donor site surgery) each additional contiguous tooth or edentulous tooth position in a graft * | \$179 |
| D4320 | Provisional splinting – intracoronal * | \$275 |
| D4321 | Provisional splinting – extracoronal * | \$275 |
| D4341 | Periodontal scaling and root planing, four or more teeth per quadrant * | \$50 |
| D4342 | Periodontal scaling and root planing, one to three teeth per quadrant * | \$30 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis * | \$35 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist) | \$25 |
| D4910 | Periodontal maintenance, for the first two services in any 12-month period * | \$32 |
| D4999 | Periodontal maintenance, each additional service in same 12-month period * | \$60 |

The Patient Charges for codes D1110, D1120, D1203, D1204, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge.

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D5000- VI. PROSTHODONTICS (removable)

| | | |
|--------------|---|-------|
| D5999 | | |
| D5110 | Complete denture – maxillary * | \$580 |
| D5120 | Complete denture – mandibular * | \$580 |
| D5130 | Immediate denture – maxillary * | \$620 |
| D5140 | Immediate denture – mandibular * | \$620 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) * | \$580 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests | \$580 |

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| | | |
|-------|---|-------|
| | and teeth) * | |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) * | \$620 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) * | \$620 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) * | \$675 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) * | \$675 |
| D5410 | Adjust complete denture – maxillary * | \$27 |
| D5411 | Adjust complete denture – mandibular * | \$27 |
| D5421 | Adjust partial denture – maxillary * | \$27 |
| D5422 | Adjust partial denture – mandibular * | \$27 |
| D5510 | Repair broken complete denture base * | \$69 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) * | \$66 |
| D5610 | Repair resin denture base * | \$80 |
| D5620 | Repair cast framework * | \$80 |
| D5630 | Repair or replace broken clasp * | \$96 |
| D5640 | Replace broken teeth - per tooth * | \$62 |
| D5650 | Add tooth to existing partial denture * | \$81 |
| D5660 | Add clasp to existing partial denture * | \$102 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) * | \$223 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) * | \$223 |
| D5710 | Rebase complete maxillary denture | \$230 |
| D5711 | Rebase complete mandibular denture | \$230 |
| D5720 | Rebase maxillary partial denture | \$230 |
| D5721 | Rebase mandibular partial denture | \$230 |
| D5730 | Reline complete maxillary denture (chairside) * | \$130 |
| D5731 | Reline complete mandibular denture (chairside) * | \$130 |
| D5740 | Reline maxillary partial denture (chairside) * | \$125 |
| D5741 | Reline mandibular partial denture (chairside) * | \$125 |
| D5750 | Reline complete maxillary denture (laboratory) * | \$186 |
| D5751 | Reline complete mandibular denture (laboratory) * | \$186 |
| D5760 | Reline maxillary partial denture (laboratory) * | \$186 |
| D5761 | Reline mandibular partial denture (laboratory) * | \$186 |
| D5820 | Interim partial denture (maxillary) * | \$190 |
| D5821 | Interim partial denture (mandibular) * | \$190 |
| D5850 | Tissue conditioning, maxillary | \$60 |
| D5851 | Tissue conditioning, mandibular | \$60 |

D5900- VII. MAXILLOFACIAL PROSTHETICS - Medical Necessity

D5999

| | | |
|-------|--|---------|
| D5911 | Facial moulage (sectional) * | \$213 |
| D5912 | Facial moulage (complete) * | \$213 |
| D5913 | Nasal prosthesis * | \$700 |
| D5914 | Auricular prosthesis * | \$700 |
| D5915 | Orbital prosthesis * | \$700 |
| D5916 | Ocular prosthesis * | \$700 |
| D5919 | Facial prosthesis * | \$52 |
| D5922 | Nasal septal prosthesis * | \$700 |
| D5923 | Ocular prosthesis, interim * | \$700 |
| D5924 | Cranial prosthesis * | \$700 |
| D5925 | Facial Augmentation implant prosthesis * | \$700 |
| D5926 | Nasal prosthesis, replacement * | \$700 |
| D5927 | Auricular prosthesis, replacement * | \$700 |
| D5928 | Orbital prosthesis, replacement * | \$700 |
| D5929 | Facial prosthesis, replacement * | \$700 |
| D5931 | Obturator prosthesis, surgical * | \$2,415 |
| D5932 | Obturator prosthesis, definitive * | \$1,687 |
| D5933 | Obturator prosthesis, modification * | \$245 |

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|-------|--|---------|
| D5934 | Mandibular resection prosthesis with guide flange * | \$700 |
| D5935 | Mandibular resection prosthesis without guide flange * | \$700 |
| D5936 | Obturator prosthesis, interim * | \$4,023 |
| D5937 | Trismus appliance (not for TMD treatment) * | \$700 |
| D5951 | Feeding aid * | \$657 |
| D5952 | Speech aid prosthesis, pediatric * | \$700 |
| D5953 | Speech aid prosthesis, adult * | \$700 |
| D5954 | Palatal Augmentation prosthesis * | \$515 |
| D5955 | Palatal lift prosthesis, definitive * | \$700 |
| D5958 | Palatal lift prosthesis, interim * | \$700 |
| D5959 | Palatal lift prosthesis, modification * | \$100 |
| D5960 | Speech aid prosthesis, modification * | \$700 |
| D5982 | Surgical stent * | \$235 |
| D5983 | Radiation carrier * | \$700 |
| D5984 | Radiation shield * | \$700 |
| D5985 | Radiation cone locator * | \$700 |
| D5986 | Fluoride gel carrier * | \$130 |
| D5987 | Commissure splint * | \$336 |
| D5988 | Surgical splint * | \$330 |
| D5999 | Unspecified maxillofacial prosthesis, by report * | \$0 |

D6000- VIII. IMPLANT SERVICES - Not Covered
D6199

D6200- IX. PROSTHODONTICS (fixed - each retainer and each pontic constitutes a
D6999 unit of fixed partial denture bridge)

The Patient Charge for these services is per unit.

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|-------|--|-------|
| D6210 | Pontic - cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$400 |
| D6211 | Pontic - cast predominately base metal * | \$400 |
| D6212 | Pontic - cast noble metal * | \$400 |
| D6214 | Pontic – titanium * | \$400 |
| D6240 | Pontic - porcelain fused to high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$400 |
| D6241 | Pontic - porcelain fused to predominately base metal * | \$400 |
| D6242 | Pontic - porcelain fused to noble metal * | \$400 |
| D6245 | Pontic - porcelain/ceramic * | \$410 |
| D6251 | Pontic - resin with base metal * | \$400 |
| D6600 | Inlay - porcelain/ceramic - two surfaces | \$368 |
| D6601 | Inlay - porcelain/ceramic - three or more surfaces | \$383 |
| D6602 | Inlay - cast high noble metal, two surfaces - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$368 |
| D6603 | Inlay - cast high noble metal, three or more surfaces - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$383 |
| D6604 | Inlay - cast predominantly base metal, two surfaces | \$368 |
| D6605 | Inlay - cast predominantly base metal, three or more surfaces | \$383 |
| D6606 | Inlay - cast noble metal, two surfaces | \$368 |
| D6607 | Inlay - cast noble metal, three or more surfaces | \$383 |
| D6608 | Onlay - porcelain/ceramic - two surfaces | \$383 |
| D6609 | Onlay - porcelain/ceramic - three or more surfaces | \$400 |
| D6610 | Onlay - cast high noble metal, two surfaces - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$383 |
| D6611 | Onlay - cast high noble metal, three or more surfaces - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$400 |
| D6612 | Onlay - cast predominantly base metal, two surfaces | \$383 |

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|-------|--|-------|
| D6613 | Onlay - cast predominantly base metal, three or more surfaces | \$400 |
| D6614 | Onlay - cast noble metal, two surfaces | \$383 |
| D6615 | Inlay - cast noble metal, three or more surfaces | \$400 |
| D6624 | Inlay - titanium | \$368 |
| D6634 | Onlay - titanium | \$383 |
| D6721 | Crown - resin with base metal * | \$430 |
| D6740 | Crown - porcelain/ceramic * | \$450 |
| D6750 | Crown - porcelain fused to high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$430 |
| D6751 | Crown - porcelain fused to predominately base metal * | \$430 |
| D6752 | Crown - porcelain fused to noble metal * | \$430 |
| D6780 | Crown - 3/4 cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$430 |
| D6781 | Crown - 3/4 cast predominately base metal * | \$430 |
| D6782 | Crown - 3/4 cast noble metal * | \$430 |
| D6783 | Crown - 3/4 porcelain/ceramic * | \$430 |
| D6790 | Crown - full cast high noble metal * - If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | \$430 |
| D6791 | Crown - full cast predominately base metal * | \$430 |
| D6792 | Crown - full cast noble metal * | \$430 |
| D6794 | Crown – titanium * | \$430 |
| D6930 | Recement fixed partial denture * | \$26 |
| D6970 | Post and core in addition to fixed partial denture retainer, indirectly fabricated | \$160 |
| D6972 | Prefabricated post and core in addition to fixed partial denture retainer | \$130 |
| D6973 | Core build up for retainer, including any pins | \$113 |
| D6976 | Each additional cast post - same tooth | \$50 |
| D6977 | Each additional prefabricated post - same tooth | \$29 |
| D6999 | Multiple crown and bridge unit treatment plan - per unit, six or more units per treatment plan | \$125 |

D7000- X. ORAL AND MAXILLOFACIAL SURGERY

D7999

| | | |
|-------|---|-------|
| D7111 | Extraction, coronal remnants - deciduous tooth * | \$20 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) * | \$35 |
| D7210 | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated * | \$110 |
| D7220 | Removal of impacted tooth - soft tissue * | \$145 |
| D7230 | Removal of impacted tooth - partially bony * | \$180 |
| D7240 | Removal of impacted tooth - completely bony * | \$215 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications * | \$240 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) * | \$110 |
| D7261 | Primary closure of a sinus perforation | \$250 |
| D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth | \$145 |
| D7280 | Surgical access of an unerupted tooth * | \$250 |
| D7283 | Placement of device to facilitate eruption of impacted tooth * | \$35 |
| D7285 | Biopsy of oral tissue - hard (bone, tooth) | \$125 |
| D7286 | Biopsy of oral tissue - soft | \$85 |
| D7288 | Brush biopsy - transepithelial sample collection | \$65 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant * | \$53 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant * | \$26 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant * | \$92 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant * | \$65 |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm * | \$200 |

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| | | |
|-------|---|---------|
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm * | \$260 |
| D7460 | Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm * | \$406 |
| D7461 | Removal of nonodontogenic cyst or tumor - lesion diameter greater than to 1.25cm * | \$406 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$215 |
| D7472 | Removal of torus palatinus | \$215 |
| D7473 | Removal of torus mandibularis | \$215 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue * | \$44 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) * | \$48 |
| D7610 | Maxilla - open reduction (teeth immobilized, if present) * | \$1,500 |
| D7620 | Maxilla - closed reduction (teeth immobilized, if present) * | \$1,100 |
| D7630 | Mandible - open reduction (teeth immobilized, if present) * | \$5,000 |
| D7640 | Mandible - closed reduction (teeth immobilized, if present) * | \$2,200 |
| D7710 | Maxilla - open reduction * | \$495 |
| D7720 | Maxilla - closed reduction * | \$3,513 |
| D7730 | Mandible - open reduction * | \$1,129 |
| D7740 | Mandible - closed reduction * | \$1,020 |
| D7810 | Open reduction of dislocation * | \$700 |
| D7820 | Closed reduction dislocation * | \$700 |
| D7960 | Frenulectomy (frenectomy or frenotomy) - separate procedure * | \$100 |
| D7963 | Frenuloplasty * | \$168 |

**D8000-
D8999** **XI. ORTHODONTICS**

Child orthodontics is limited to children meeting or exceeding a score of 42 from the Modified Salzmann Index or meeting criteria for medical necessity.

| | | |
|-------|---|---------|
| D8070 | Comprehensive orthodontic treatment of the transitional dentition * | \$2,500 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition * | \$2,500 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition * | \$2,800 |

Child orthodontics applies to a Member under age 19; adult orthodontics applies to a Member age 19 and above. A Member's age is determined on the date of banding.

| | | |
|-------|--|-------|
| D8660 | Pre-orthodontic treatment visit (includes treatment plan, records, evaluation and consultation) * | \$250 |
| D8670 | Periodic orthodontic treatment visit * | \$0 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of removable retainers) * | \$400 |
| | Broken appointment | \$25 |

**D9000-
D9999** **XII. ADJUNCTIVE GENERAL SERVICES**

| | | |
|-------|---|-------|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure * | \$25 |
| D9120 | Fixed partial denture sectioning * | \$30 |
| D9215 | Local anesthesia | \$0 |
| D9220 | Deep sedation/general anesthesia - first 30 minutes * | \$195 |
| D9221 | Deep sedation/general anesthesia - each additional 15 minutes * | \$75 |
| D9230 | Inhalation of nitrous oxide/analgesia anxiolysis * | \$185 |
| D9241 | Intravenous conscious sedation/analgesia - first 30 minutes * | \$195 |
| D9242 | Intravenous conscious sedation/analgesia - each additional 15 minutes * | \$75 |
| D9248 | Non-intravenous conscious sedation * | \$125 |

Procedure codes D9220, D9221, D9230, D9241, D9242 and D9248 are limited to

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a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other surgical services.

| | | |
|-------|---|-------|
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician * | \$34 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed * | \$10 |
| D9440 | Office visit - after regularly scheduled hours * | \$50 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$0 |
| D9610 | Therapeutic drug injection, by report * | \$79 |
| D9630 | Other drugs and/or medicaments, by report * | \$0 |
| D9951 | Occlusal adjustment - limited | \$23 |
| D9971 | Odontoplasty - one to two teeth | \$23 |
| D9972 | External bleaching - per arch – performed in office | \$165 |
| D9975 | Bleaching for home application, per arch; includes material and fabrication of custom trays | \$99 |
| | Broken appointment | \$25 |

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The Plan Covers the Following for Orthodontic Services:

- Orthodontic services as listed under Covered Dental Services and Patient Charges, limited to one (1) course of treatment per Member. We must preauthorize treatment, and it must be performed by a Participating Orthodontic Specialist Dentist.
- Up to twenty-four (24) months of comprehensive treatment.
- Treatment plan and records, including initial records and any interim and final records.
- Comprehensive orthodontic treatment, including the fixed banding appliances and related visits only.
- Retention services following a course of comprehensive orthodontic treatment that was covered under this Plan.
- Orthodontic retention, including any and all necessary fixed and removable appliances and related visits.
- If a Member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the Plan provides the standard orthodontic benefit. The Member will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the Participating Orthodontic Specialist Dentist's usual fee.

This Plan Does Not Cover the Following for Orthodontic Services:

- Any Procedure listed as an exclusion, in excess of Plan limitations, or as not covered under First Commonwealth.
- Orthodontic treatment performed by any dentist other than a Participating Orthodontic Specialty Dentist.
- Limited orthodontic treatment and Interceptive (Phase 1) treatment.
- Treatment beyond twenty-four (24) months. (The Member will be responsible for an additional charge for each additional month of treatment, based upon the Participating Orthodontic Specialists Dentist's contracted fee.
- Except as described under treatment in progress - orthodontic treatment, orthodontic services are not covered if comprehensive treatment begins before the Member is eligible for benefits under the Plan. If a Member's coverage terminates after the fixed banding appliances are inserted, the Participating Orthodontist Specialty Care Dentist may prorate his or her usual fee over the remaining months of treatment.
- Orthodontic services after a Member's coverage terminates.
- Any incremental charges for non-standard orthodontic appliances or those made with clear, ceramic, white or other optional material or lingual brackets.
- Procedures, appliances or devices to (a) guide minor tooth movement or (b) to correct or control harmful habits.
- Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- Replacement or repair of orthodontic appliances damaged due to the neglect of the Member.
- Extractions performed solely to facilitate orthodontic treatment.
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- If a Member transfers to another Participating Orthodontic Specialty Care Dentist after authorized comprehensive orthodontic treatment has started under this Plan, the Member will be responsible for any additional costs associated with the change in Orthodontic Specialty Care Dentist and subsequent treatment.