



December 2008

Dear Planholder:

Enclosed is a 2009 "Schedule of Member's Payment Responsibilities" for your First Commonwealth DHMO plan. It details each covered procedure and the member's cost at the time service is rendered. The updated schedule is effective January 1, 2009 through December 31, 2009.

Please keep this copy in your files and distribute them to your employees who request this information. If you would like a PDF file of the schedule sent to you via email for distribution to your employees, you can contact our Customer Response Unit at the number below.

In addition, to comply with Illinois state legislation, we have recently added a unique ID number that is not the member's social security number to ID cards. We are mailing new ID cards to the homes of all plan members who live in Illinois. Residents of other states may continue to use their existing ID cards.

If you have any questions, our Customer Response Unit is available from 7:00 a.m. to 5:30 pm CST, Monday – Friday at 1-866-866-4542.

We thank you for choosing First Commonwealth as your dental care insurer.

Sincerely,

First Commonwealth

Enclosure

Simplify your plan administration. Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

# DENTAL HMO PLAN 4000 SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective 1-1-09 to 12-31-09



## DIAGNOSTIC

D0999	Office Visit Copy	\$5
D0120	Periodic Oral Evaluation	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0
D0145	Oral Eval For Patient Under 3 & Counseling With Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	\$0
D0160	Detailed & Extensive Evaluation, Problem Focused	\$0
D0170	Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative)	\$0
D0180	Comprehensive Periodontal Examination, New Or Established Patient	\$0
D0210	Intraoral - Complete Series (Including Bitewings)	\$0
D0220	Intraoral - Periapical First Film	\$0
D0230	Intraoral - Periapical Each Additional Film	\$0
D0240	Intraoral - Occlusal Film	\$0
D0270	Bitewing - Single Film	\$0
D0272	Bitewing X-Rays - 2 Films	\$0
D0273	Bitewing X-Rays - 3 Films	\$0
D0274	Bitewing X-Rays - 4 Films	\$0
D0277	Vertical Bitewings - 7 To 8 Films	\$0
D0330	Panoramic Film	\$0
D0415	Bacteriological Studies	\$0
D0460	Pulp Vitality Tests	\$0
D0470	Diagnostic Casts	\$0

## PREVENTIVE

D1110	Prophylaxis - Adult	\$0
D1120	Prophylaxis - Child	\$0
D1203	Topical Application Of Fluoride - Child	\$0
D1204	Topical Application Of Fluoride - Adult	\$0
D1206	Topical Fluoride Varnish, Therapeutic Application For Mod To High Caries Risk Patients	\$12
D1310	Nutritional Counseling For Control Of Dental Disease	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$63
D1515	Space Maintainer - Fixed - Bilateral	\$84
D1520	Space Maint-Removable - Unilateral	\$73
D1525	Space Maint-Removable - Bilateral	\$101
D1550	Re-Cementation Of Space Maintainer	\$14
D1555	Removal Of A Space Maintainer, By Dentist Who Did Not Originally Place	\$22

## MINOR RESTORATIVE

D2140	Amalgam - 1 Surface, Primary Or Permanent	\$22
D2150	Amalgam - 2 Surfaces, Primary Or Permanent	\$29
D2160	Amalgam - 3 Surfaces, Primary Or Permanent	\$34
D2161	Amalgam - 4 Or More Surfaces, Primary Or Permanent	\$43
D2330	Resin-Based Composite - 1 Surface, Anterior	\$27
D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$33
D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$44
D2335	Resin-Based Comp - 4 Or More Surfaces Or Involving Incisal Angle (Anterior)	\$50
D2390	Resin-Based Composite Crown, Anterior	\$53
D2391	Resin-Based Composite - 1 Surface, Posterior	\$32
D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$43
D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$51
D2394	Resin-Based Composite - 4 Or More Surfaces, Posterior	\$61

## ENDODONTICS

D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$12
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$10
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$35
D3221	Pulpal Debridement, Primary & Permanent Teeth	\$35
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	\$35
D3230	Pulp Therapy, Anterior Primary	\$40
D3240	Pulp Therapy, Posterior Primary	\$41
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$136
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$160
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$207
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	\$285
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid	\$335
D3348	Retreatment Of Previous Root Canal Therapy - Molar	\$400
D3351	Apexification/Recalcification First Visit	\$82
D3352	Apexification/Recalcification Interim Visit	\$40
D3353	Apexification/Recalcification Final Visit	\$103
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$147
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$153
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$167
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$68
D3430	Retrograde Filling - Per Root	\$50

D3450	Root Amputation Per Root	\$86
D3920	Hemisection (Incl. Root Removal/Excludes Rot)	\$66
D3950	Canal Prep & Fit Of Preformed Post (By Other Than Dentist Who Placed Post)	\$26

## PERIODONTICS

D4210	Gingivectomy Or Gingivoplasty - 4 Or More Teeth Per Quadrant	\$113
D4211	Gingivectomy Or Gingivoplasty - 1 To 3 Teeth, Per Quadrant	\$33
D4240	Gingival Flap Procedure, W/Root Planing - 4 Or More Teeth Per Quadrant	\$130
D4241	Gingival Flap Procedure, W/Root Planing - 1 To 3 Teeth, Per Quadrant	\$85
D4245	Apically Positioned Flap	\$144
D4249	Clinical Crown Lengthening - Hard Tissue	\$158
D4260	Osseous Surgery (Incl. Flap Entry & Closure) - 4 Or More Teeth Per Quad	\$225
D4261	Osseous Surgery (Incl. Flap Entry & Closure) - 1 To 3 Teeth, Per Quad	\$147
D4263	Bone Replacement Graft, First Site In Quadrant	\$127
D4264	Bone Replacement Graft, Each Additional Site In Quadrant	\$95
D4268	Surgical Revision Procedure, Per Tooth, Inclusive In Surgery	\$0
D4270	Pedicle Soft Tissue Graft Procedure	\$158
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$183
D4273	Subepithelial Connective Tissue Graft	\$183
D4274	Distal Or Proximal Wedge	\$59
D4275	Soft Tissue Allograft	\$179
D4276	Combined Connective Tissue & Pedicle Graft	\$186
D4341	Scaling & Root Planing - 4 Or More Teeth Per Quadrant	\$45
D4342	Scaling & Root Planing - 1 To 3 Teeth, Per Quadrant	\$27
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation & Diagnosis	\$29
D4381	Loc. Deliv. Chemo Agent, Controlled Release Into Crevice, Per Tooth	\$51
D4910	Periodontal Maintenance	\$28

## ORAL SURGERY

D7111	Coronal Remnants - Deciduous Tooth	\$17
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	\$25
D7210	Surg Removal Of Erupted Tooth Inc. Flap, Rem Of Bone Or Section Of Tooth	\$50
D7220	Removal Of Impacted Tooth - Soft Tissue	\$67
D7230	Removal Of Impacted Tooth - Partially Bony	\$87
D7240	Removal Of Impacted Tooth - Completely Bony	\$103
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surg Comp	\$121
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	\$62
D7280	Surgical Access Of An Unerupted Tooth (Non-Orthodontic)	\$88
D7310	Alveoplasty W/Extractions - Per Quadrant	\$55
D7311	Alveoplasty W/Ext - 1 To 3 Teeth Or Spaces, Per Quadrant	\$27
D7320	Alveoplasty Not W/Extractions - Per Quadrant	\$96
D7321	Alveoplasty Not W/Extractions - 1 To 3 Teeth Or Spaces Per Quadrant	\$68
D7450	Removal Of Benign Odontogenic Cyst Or Tumor (Diameter <= 1.25 Cm)	\$171
D7451	Removal Of Benign Odontogenic Cyst Or Tumor (Diameter >1.25 Cm)	\$259
D7510	Incision & Drainage Of Abscess - Intraoral Soft Tissue	\$48
D7511	Incision & Drainage Of Abscess - Intraoral Soft Tissue - Complicated	\$52
D7960	Frenulectomy (Frenectomy Or Frenotomy) - Separate Procedure	\$104
D7963	Frenuloplasty	\$181
D7972	Surgical Reduction Of Fibrous Tuberosity	\$102

## CROWNS

D2510	Inlay - Metallic - 1 Surface*	\$351
D2520	Inlay - Metallic - 2 Surfaces*	\$396
D2530	Inlay - Metallic - 3 or More Surfaces*	\$413
D2542	Onlay - Metallic - 2 Surfaces*	\$413
D2543	Onlay - Metallic - 3 Surfaces*	\$431
D2544	Onlay - Metallic - 4 or More Surfaces*	\$458
D2610	Inlay - Porcelain Ceramic 1 Surf	\$351
D2620	Inlay - Porcelain Ceramic 2 Surf	\$396
D2630	Inlay - Porcelain Ceramic 3 Surf	\$413
D2642	Onlay - Porcelain Ceramic 2 Surf	\$424
D2643	Onlay - Porcelain Ceramic 3 Surf	\$431
D2644	Onlay - Porcelain Ceramic 4+ Surf	\$458
D2650	Inlay - Resin 1 Surf	\$317
D2651	Inlay - Resin 2 Surf	\$368
D2652	Inlay - Resin 3 Surf	\$379
D2662	Onlay - Resin 2 Surf	\$390
D2663	Onlay - Resin 3 Surf	\$407
D2664	Onlay - Resin 4+ Surf	\$424
D2710	Crown - Resin-Lab	\$205
D2720	Crown - Resin, High Noble Metal*	\$463
D2721	Crown - Resin, Base Metal	\$463
D2722	Crown - Resin, Noble Metal	\$474
D2740	Crown - Porcelain/Ceramic Substrate	\$496
D2750	Crown - Porcelain Fused To High Noble Metal*	\$463
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$463
D2752	Crown - Porcelain Fused To Noble Metal	\$474
D2780	Crown - 3/4 Cast High Noble Metal*	\$463

# DENTAL HMO PLAN 4000 continued

## CROWNS (cont.)

D2781	Crown - 3/4 Cast Predominantly Base Metal	\$463
D2782	Crown - 3/4 Cast Noble Metal	\$474
D2783	Crown - 3/4 Porcelain/Ceramic	\$474
D2790	Crown - Full Cast High Noble Metal*	\$463
D2791	Crown - Full Cast Predominantly Base Metal	\$463
D2792	Crown - Full Cast Noble Metal	\$474
D2794	Crown - Titanium	\$463
D2910	Recement Inlay	\$17
D2915	Recement Cast or Prefabricated Post & Core	\$17
D2920	Recement Crown	\$17
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$119
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$135
D2932	Prefabricated Resin Crown	\$140
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$162
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$162
D2940	Sedative Filling	\$17
D2950	Core Buildup, Including Any Pins	\$122
D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$26
D2952	Cast Post & Core In Addition To Crown*	\$172
D2953	Each Additional Cast Post - Same Tooth*	\$54
D2954	Prefabricated Post & Core In Addition To Crown	\$140
D2957	Each Additional Prefabricated Post - Same Tooth	\$32
D2970	Temp Crown, Factured Tooth - Immediate (not as temp during crown fabrication)	\$108
D2971	Additional Procedures to Construct New Crown Under Existing Partial	\$131
D2980	Crown Repair	\$55

## FIXED BRIDGES

D6205	Pontic - Indirect Resin Based Composite	\$204
D6210	Pontic - Cast High Noble Metal*	\$431
D6211	Pontic - Cast Predominantly Base Metal	\$431
D6212	Pontic - Cast Noble Metal	\$442
D6214	Pontic - Titanium	\$431
D6240	Pontic - Porcelain Fused To High Noble Metal*	\$431
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$431
D6242	Pontic - Porcelain Fused To Noble Metal	\$442
D6245	Pontic - Porcelain/Ceramic	\$442
D6250	Pontic - Resin, High Noble Metal*	\$431
D6251	Pontic - Resin, Base Metal	\$431
D6252	Pontic - Resin, Noble Metal	\$442
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$187
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$221
D6600	Inlay - Porcelain Ceramic-2 Surfaces	\$385
D6601	Inlay - Porcelain Ceramic, 3 or More Surfaces	\$413
D6602	Inlay - Cast High Noble Metal, 2 Surfaces*	\$385
D6603	Inlay - Cast High Noble Metal, 3 or More Surfaces*	\$413
D6604	Inlay - Cast Predominantly Base Metal, 2 Surfaces	\$385
D6605	Inlay - Cast Predominantly Base Metal, 3 or More Surfaces	\$413
D6606	Inlay - Cast Noble Metal, 2 Surfaces	\$385
D6607	Inlay - Cast Noble Metal, 3 or More Surfaces	\$413
D6608	Onlay - Porcelain Ceramic, 2 Surface	\$424
D6609	Onlay - Porcelain Ceramic, 3 or More Surfaces	\$458
D6610	Onlay - Cast High Noble Metal, 2 Surfaces*	\$424
D6611	Onlay - Cast High Noble Metal, 3 or More Surfaces*	\$458
D6612	Onlay - Cast Predominantly Base Metal, 2 Surfaces	\$424
D6613	Onlay - Cast Predominantly Base Metal, 3 or More Surfaces	\$458
D6614	Onlay - Cast Noble Metal, 2 Surfaces	\$424
D6615	Onlay - Cast Noble Metal, 3 or More Surfaces	\$458
D6624	Inlay - Titanium	\$413
D6634	Onlay - Titanium	\$458
D6710	Crown - Indirect Resin Based Composite	\$205
D6720	Crown - Resin, High Noble Metal*	\$463
D6721	Crown - Resin, Base Metal	\$463
D6722	Crown - Resin, Noble Metal	\$474
D6740	Crown - Porcelain/Ceramic	\$496
D6750	Crown - Porcelain Fused To High Noble Metal*	\$463
D6751	Crown - Porcelain Fused To Predominantly Base Metal	\$463
D6752	Crown - Porcelain Fused To Noble Metal	\$474
D6780	Crown - 3/4 Cast High Noble Metal*	\$463
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$463
D6782	Crown - 3/4 Cast Noble Metal	\$474
D6783	Crown - 3/4 Porcelain/Ceramic	\$474
D6790	Crown - Full Cast High Noble Metal*	\$463
D6791	Crown - Full Cast Predominantly Base Metal	\$463
D6792	Crown - Full Cast Noble Metal	\$474
D6794	Crown - Titanium	\$463
D6930	Recement Fixed Partial Denture	\$28
D6970	Cast Post & Core In Addition To Crown*	\$172
D6972	Prefabricated Post & Core In Addition To Crown	\$140

D6973	Core Buildup, Including Any Pins	\$122
D6976	Each Additional Cast Post - Same Tooth*	\$54
D6977	Each Additional Prefabricated Post - Same Tooth	\$32
D6980	Fixed Partial Denture Repair, By report	\$65

## LABIAL VENEERS

D2960	Labial Veneer (Resin Laminate) - Chairside	\$370
D2961	Labial Veneer, Resin Laminate - Lab	\$468
D2962	Labial Veneer, Porcelain Laminate	\$496

## DENTURES

D5110	Complete Denture - Maxillary	\$625
D5120	Complete Denture - Mandibular	\$625
D5130	Immediate Denture - Maxillary	\$668
D5140	Immediate Denture - Mandibular	\$668
D5211	Maxillary Partial - Resin Base (Includes Conventional Clasps, Rests & Teeth)	\$625
D5212	Mandibular Partial - Resin Base (Includes Conventional Clasps, Rests & Teeth)	\$625
D5213	Maxillary Partial - Cast Metal Framework W/Resin Bases (Includes Conventional Clasps, Rests & Teeth)	\$668
D5214	Mandibular Partial - Cast Metal Framework W/Resin Bases (Includes Conventional Clasps, Rests & Teeth)	\$668
D5225	Maxillary Partial - Flexible Base (Includes Clasps, Rests, & Teeth)	\$688
D5226	Mandibular Partial - Flexible Base (Includes Clasps, Rests, & Teeth)	\$688
D5281	Removable Unilateral Partial Denture	\$379
D5410	Adjust Complete Denture - Maxillary	\$29
D5411	Adjust Complete Denture - Mandibular	\$29
D5421	Adjust Partial Denture - Maxillary	\$29
D5422	Adjust Partial Denture - Mandibular	\$29
D5510	Repair Broken Complete Denture Base	\$74
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	\$71
D5610	Repair Resin Denture Base	\$86
D5620	Repair Cast Framework	\$86
D5630	Repair Or Replace Broken Clasp	\$103
D5640	Replace Broken Teeth - Per Tooth	\$67
D5650	Add Tooth To Existing Partial Denture	\$88
D5660	Add Clasp To Existing Partial Denture	\$110
D5670	Replace All Teeth & Acrylic On Cast Metal Framework - Maxillary	\$240
D5671	Replace All Teeth & Acrylic On Cast Metal Framework - Mandibular	\$240
D5710	Rebase Complete Maxillary Denture	\$239
D5711	Rebase Complete Mandibular Denture	\$239
D5720	Rebase Maxillary Partial Denture	\$239
D5721	Rebase Mandibular Partial Denture	\$239
D5730	Reline Complete Maxillary Denture (Chairside)	\$140
D5731	Reline Complete Mandibular Denture (Chairside)	\$140
D5740	Reline Maxillary Partial Denture (Chairside)	\$134
D5741	Reline Mandibular Partial Denture (Chairside)	\$134
D5750	Reline Complete Maxillary Denture (Laboratory)	\$200
D5751	Reline Complete Mandibular Denture (Laboratory)	\$200
D5760	Reline Maxillary Partial Denture (Laboratory)	\$200
D5761	Reline Mandibular Partial Denture (Laboratory)	\$200
D5850	Tissue Conditioning, Maxillary	\$59
D5851	Tissue Conditioning, Mandibular	\$59

## ORTHODONTICS

D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition (age 18 and under) Class I and II	\$2,980
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition (age 19 and over) Class I and II	\$3,330
D8660	Pre-Orthodontic Treatment Visit	\$200
D8680	Orthodontic Retention (Removal Of Appliances, Construction & Placement Of Retainer(s))	\$250

## MISCELLANEOUS

D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	\$21
D9210	Local Anesthetic, Not In Conjunction With Operative Procs.	\$0
D9215	Local Anesthesia (Inclusive In All Procedures)	\$0
D9220	Deep Sedation/General Anesthesia-First 30 Minutes	\$198
D9221	Deep Sedation/General Anesthesia-Each Additional 15 Minutes	\$79
D9230	Analgesia, Nitrous Oxide	\$15
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	\$5
D9440	Office Visit (After Regularly Scheduled Hours)	\$5
D9450	Case Presentation, Detailed & Extensive Treatment Planning	\$0
D9910	Application Of Desensitizing Medicament, Per Visit	\$9
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface-Per Tooth	\$9
D9951	Occlusal Adjustment - Limited	\$25
D9952	Occlusal Adjustment - Complete	\$121

\*Designated restorations include high noble metal (gold). The actual cost of this metal may be added to the patient's responsibility at the time of service. The payment responsibilities listed above are valid for the period of January 1, 2009 through December 31, 2009. They are subject to revision on January 1 of each year. A complete description of benefits, limitations and exclusions is included in your subscription certificate.