

Dental Benefit Summary

Group Number: 00460598

A Dental insurance plan through Guardian:

- Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- Helps offset potentially expensive dental procedures, such as crowns and fillings
- Gives you access to one of the nation’s largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian’s find a provider mobile app
- Fast and easy claim payments

About Your Benefits:

Managed Dental Care plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

| Your Dental Plan | Managed Dental Care |
|--------------------------------------------------|---------------------------------------------------------------------------------------|
| Your Network is | First Commonwealth |
| Plan year deductible | |
| Individual | No deductible |
| Family limit | |
| Waived for | |
| Charges covered for you (co-insurance) | <i>Network only</i> |
| Preventive Care | You pay a copay for each covered procedure. See “Plan Details”, for more information. |
| Basic Care | |
| Major Care | |
| Orthodontia | |
| Annual Maximum Benefit | |
| Office visit copay | \$5 |
| Dependent Age Limits(Non-Student/Student) | 26/30 ‡ |

‡**Family coverage** for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.

A Sample of Services Covered by Your Plan:

| | Managed Dental Care |
|-------------------------------------------------------|-----------------------------------|
| | <i>Plan Pays (on average)</i> |
| | <i>Network only</i> |
| Anesthesia* | 50% |
| Bridges and Dentures | 50% |
| Cleaning (prophylaxis) | 100% |
| Frequency | Once every 6 months |
| Fillings | 80% |
| Fluoride Treatments | 100% |
| Limits | No Age Limits |
| Inlays, Onlays, Veneers | 50% |
| Oral Exams | 100% |
| Orthodontia | \$1,000 Savings |
| Limits | Adults & Child(ren) |
| Perio Surgery | 80% |
| Periodontal Maintenance | 80% |
| Frequency | Once every 6 months (Standard) |
| Repair & Maintenance of Crowns, Bridges & Dentures | 50% |
| Root Canal | 80% |
| Scaling & Root Planing (per quadrant) | 80% |
| Sealants (per tooth) | 100% |
| Simple Extractions | 80% |
| Single Crowns | 50% |
| Surgical Extractions | 80% |
| X-rays | 100% |

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

This policy provides dental coverage only. This policy provides managed care dental benefits through a network of participating general dentists and specialty care dentists. Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved under the policy. Only those services listed in the policy's schedule of benefits are covered. Certain services are subject to frequency or other periodic limitations. Where orthodontic benefits are specifically included, the policy provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care policy does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care policy. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage. See your Certificate for complete specifics of all Exclusions and

Limitations. All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America ("Guardian") or one of the following wholly-owned Guardian subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to "DHMO" or "Prepaid" is not intended to refer to a specific state license designation, but rather is merely intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV). Please see the applicable policy forms for details. In the event of conflict between this brochure and the policy forms, the policy forms shall control.

First Commonwealth Plan 4000 (Illinois - \$5 Office Visit Copay) Schedule of Member's Payment Responsibility

Effective as of January 1, 2020



| I. DIAGNOSTIC | | | | | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------|---------------------------------------------------------------------------|-------|
| D0999 | Office Visit Copay | \$5 | D2543 | Onlay - Metallic - 3 Surfaces* | \$291 |
| D0120 | Periodic Oral Evaluation | \$0 | D2544 | Onlay - Metallic - 4 or More Surfaces* | \$303 |
| D0140 | Limited Oral Evaluation - Problem Focused | \$0 | D2610 | Inlay - Porcelain Ceramic 1 Surf | \$217 |
| D0145 | Oral Eval for Patient under 3 & Counseling with Primary Caregiver | \$0 | D2620 | Inlay - Porcelain Ceramic 2 Surf | \$241 |
| D0150 | Comprehensive Oral Evaluation - New or Established Patient | \$0 | D2630 | Inlay - Porcelain Ceramic 3 Surf | \$262 |
| D0160 | Detailed & Extensive Evaluation, Problem Focused | \$0 | D2642 | Onlay - Porcelain Ceramic 2 Surf | \$253 |
| D0170 | Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative) | \$0 | D2643 | Onlay - Porcelain Ceramic 3 Surf | \$293 |
| D0171 | Re-Evaluation - Post-Operative Office Visit | \$0 | D2644 | Onlay - Porcelain Ceramic 4+ Surf | \$305 |
| D0180 | Comprehensive Periodontal Examination, New or Established Patient | \$0 | D2650 | Inlay - Resin 1 Surf | \$189 |
| D0210 | Intraoral - Complete Series (Incl. Bitewings) | \$0 | D2651 | Inlay - Resin 2 Surf | \$210 |
| D0220 | Intraoral - Periapical First Film | \$0 | D2652 | Inlay - Resin 3 Surf | \$228 |
| D0230 | Intraoral - Periapical Each Additional Film | \$0 | D2662 | Onlay - Resin 2 Surf | \$219 |
| D0240 | Intraoral - Occlusal Film | \$0 | D2663 | Onlay - Resin 3 Surf | \$254 |
| D0270 | Bitewing - Single Film | \$0 | D2664 | Onlay - Resin 4+ Surf | \$266 |
| D0272 | Bitewing X-Rays - 2 Films | \$0 | D2710 | Crown - Resin-Lab | \$115 |
| D0273 | Bitewing X-Rays - 3 Films | \$0 | D2720 | Crown - Resin, High Noble Metal* | \$172 |
| D0274 | Bitewing X-Rays - 4 Films | \$0 | D2721 | Crown - Resin, Base Metal | \$172 |
| D0277 | Vertical Bitewings - 7 to 8 Films | \$0 | D2722 | Crown - Resin, Noble Metal | \$172 |
| D0330 | Panoramic Film | \$0 | D2740 | Crown - Porcelain/Ceramic | \$550 |
| D0415 | Bacteriological Studies | \$0 | D2750 | Crown - Porcelain Fused to High Noble Metal* | \$514 |
| D0460 | Pulp Vitality Tests | \$0 | D2751 | Crown - Porcelain Fused to Predominantly Base Metal | \$458 |
| D0470 | Diagnostic Casts | \$0 | D2752 | Crown - Porcelain Fused to Noble Metal | \$526 |
| D0600 | Non-ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum | \$0 | D2753 | Crown - Porcelain Fused to Titanium and Titanium Alloys | \$514 |
| | | | D2780 | Crown - 3/4 Cast High Noble Metal* | \$315 |
| | | | D2781 | Crown - 3/4 Cast Predominantly Base Metal | \$267 |
| | | | D2782 | Crown - 3/4 Cast Noble Metal | \$292 |
| | | | D2783 | Crown - 3/4 Porcelain/Ceramic | \$325 |
| | | | D2790 | Crown - Full Cast High Noble Metal* | \$514 |
| | | | D2791 | Crown - Full Cast Predominantly Base Metal | \$267 |
| | | | D2792 | Crown - Full Cast Noble Metal | \$526 |
| | | | D2794 | Crown - Titanium and Titanium Alloys | \$315 |
| | | | D2910 | Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration | \$9 |
| | | | D2915 | Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post & Core | \$9 |
| | | | D2920 | Re-cement or Re-bond Crown | \$19 |
| | | | D2929 | Prefabricated Porcelain/Ceramic Crown - Primary Tooth | \$83 |
| | | | D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | \$73 |
| | | | D2931 | Prefabricated Stainless Steel Crown - Permanent Tooth | \$80 |
| | | | D2932 | Prefabricated Resin Crown | \$83 |
| | | | D2933 | Prefabricated Stainless Steel Crown with Resin Window | \$83 |
| | | | D2934 | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth | \$83 |
| | | | D2940 | Protective Restoration | \$21 |
| | | | D2941 | Interim Therapeutic Restoration - Primary Dentition | \$7 |
| | | | D2949 | Restorative Foundation for an Indirect Restoration | \$32 |
| | | | D2950 | Core Buildup, Incl. any Pins When Required | \$136 |
| | | | D2951 | Pin Retention - Per Tooth, in Addition to Restoration | \$29 |
| | | | D2952 | Cast Post & Core in Addition to Crown* | \$191 |
| | | | D2953 | Each Additional Cast Post - Same Tooth* | \$60 |
| | | | D2954 | Prefabricated Post & Core in Addition to Crown | \$155 |
| | | | D2957 | Each Additional Prefabricated Post - Same Tooth | \$7 |
| | | | D2960 | Labial Veneer (Resin Laminate) - Chairside | \$322 |
| | | | D2961 | Labial Veneer (Resin Laminate) - Lab | \$458 |
| | | | D2962 | Labial Veneer (Porcelain Laminate) - Lab | \$550 |
| | | | D2971 | Additional Procedures to Construct New Crown Under Existing Partial | \$86 |
| | | | D2980 | Crown Repair | \$61 |
| | | | D2990 | Resin Infiltration of Incipient Smooth Surface Lesions | \$0 |
| II. PREVENTIVE | | | IV. ENDODONTICS | | |
| D1110 | Prophylaxis - Adult | \$0 | D3110 | Pulp Cap - Direct (Excluding Final Restoration) | \$12 |
| D1120 | Prophylaxis - Child | \$0 | D3120 | Pulp Cap - Indirect (Excluding Final Restoration) | \$10 |
| D1206 | Topical Fluoride Varnish, Therapeutic Application for Mod to High Caries Risk Patients | \$0 | D3220 | Therapeutic Pulpotomy (Excluding Final Restoration) | \$38 |
| D1208 | Topical Application Of Fluoride - Excluding Varnish | \$0 | D3221 | Pulpal Debridement, Primary & Permanent Teeth | \$12 |
| D1310 | Nutritional Counseling for Control of Dental Disease | \$0 | D3222 | Partial Pulpotomy for Apexogenesis - Perm. Tooth with Incomplete Root | \$20 |
| D1330 | Oral Hygiene Instructions | \$0 | D3230 | Pulp Therapy, Anterior Primary | \$21 |
| D1351 | Sealant - Per Tooth | \$0 | D3240 | Pulp Therapy, Posterior Primary | \$45 |
| D1352 | Preventive Resin Restoration in Mod - High Caries Risk Patient - Perm Tooth | \$0 | D3310 | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) | \$151 |
| D1510 | Space Maintainer - Fixed - Unilateral - Per Quadrant | \$54 | D3320 | Endodontic Therapy, Premolar Tooth (Excluding Final Restoration) | \$177 |
| D1516 | Space Maintainer - Fixed - Bilateral, Maxillary | \$52 | D3330 | Endodontic Therapy, Molar Tooth (Excluding Final Restoration) | \$180 |
| D1517 | Space Maintainer - Fixed - Bilateral, Mandibular | \$52 | D3346 | Retreatment of Previous Root Canal Therapy - Anterior | \$121 |
| D1520 | Space Maintainer - Removable - Unilateral - Per Quadrant | \$36 | D3347 | Retreatment of Previous Root Canal Therapy - Premolar | \$140 |
| D1526 | Space Maintainer - Removable - Bilateral, Maxillary | \$52 | D3348 | Retreatment of Previous Root Canal Therapy - Molar | \$170 |
| D1527 | Space Maintainer - Removable - Bilateral, Mandibular | \$52 | | | |
| D1551 | Re-cement or Re-bond Bilateral Space Maintainer - Maxillary | \$7 | | | |
| D1552 | Re-cement or Re-bond Bilateral Space Maintainer - Mandibular | \$7 | | | |
| D1553 | Re-cement or Re-bond Bilateral Space Maintainer - Per Quadrant | \$4 | | | |
| D1556 | Removal of Fixed Unilateral Space Maintainer - Per Quadrant | \$3 | | | |
| D1557 | Removal of Fixed Bilateral Space Maintainer - Maxillary | \$5 | | | |
| D1558 | Removal of Fixed Bilateral Space Maintainer - Mandibular | \$5 | | | |
| D1575 | Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant | \$54 | | | |
| III. RESTORATIVE | | | | | |
| D2140 | Amalgam - 1 Surface, Primary or Permanent | \$26 | | | |
| D2150 | Amalgam - 2 Surfaces, Primary or Permanent | \$30 | | | |
| D2160 | Amalgam - 3 Surfaces, Primary or Permanent | \$35 | | | |
| D2161 | Amalgam - 4 or More Surfaces, Primary or Permanent | \$30 | | | |
| D2330 | Resin-Based Composite - 1 Surface, Anterior | \$30 | | | |
| D2331 | Resin-Based Composite - 2 Surfaces, Anterior | \$36 | | | |
| D2332 | Resin-Based Composite - 3 Surfaces, Anterior | \$49 | | | |
| D2335 | Resin-Based Comp - 4 or More Surfaces or Involving Incisal Angle (Anterior) | \$55 | | | |
| D2390 | Resin-Based Composite Crown, Anterior | \$59 | | | |
| D2391 | Resin-Based Composite - 1 Surface, Posterior | \$36 | | | |
| D2392 | Resin-Based Composite - 2 Surfaces, Posterior | \$47 | | | |
| D2393 | Resin-Based Composite - 3 Surfaces, Posterior | \$56 | | | |
| D2394 | Resin-Based Composite - 4 or More Surfaces, Posterior | \$68 | | | |
| D2510 | Inlay - Metallic - 1 Surface* | \$201 | | | |
| D2520 | Inlay - Metallic - 2 Surfaces* | \$240 | | | |
| D2530 | Inlay - Metallic - 3 or More Surfaces* | \$258 | | | |
| D2542 | Onlay - Metallic - 2 Surfaces* | \$247 | | | |

First Commonwealth Plan 4000 (Illinois - \$5 Office Visit Copay) Schedule of Member's Payment Responsibility



Effective as of January 1, 2020

| | | | | | |
|-------|----------------------------------------------------------------------------|-------|-------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| D3351 | Apexification/Recalcification Initial Visit | \$25 | D5211 | Maxillary Partial Denture – Resin base (Including, Retentive/Clasping Materials, Rests, and Teeth) | \$693 |
| D3352 | Apexification/Recalcification Interim Visit | \$17 | D5212 | Mandibular Partial Denture – Resin Base (Including, Retentive/Clasping Materials, Rests, and Teeth) | \$693 |
| D3353 | Apexification/Recalcification Final Visit | \$58 | D5213 | Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests and Teeth) | \$741 |
| D3410 | Apicoectomy - Anterior | \$85 | D5214 | Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests and Teeth) | \$741 |
| D3421 | Apicoectomy - Bicuspid (First Root) | \$103 | D5221 | Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth) | \$728 |
| D3425 | Apicoectomy - Molar (First Root) | \$106 | D5222 | Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth) | \$728 |
| D3426 | Apicoectomy (Each Additional Root) | \$38 | D5223 | Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Based (Including Retentive/Clasping Materials, Rests and Teeth) | \$778 |
| D3427 | Periradicular Surgery without Apicoectomy | \$82 | D5224 | Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Based (Including Retentive/Clasping Materials, Rests and Teeth) | \$778 |
| D3430 | Retrograde Filling - Per Root | \$19 | D5225 | Maxillary Partial - Flexible Base | \$436 |
| D3450 | Root Amputation Per Root | \$49 | D5226 | Mandibular Partial - Flexible Base | \$436 |
| D3920 | Hemisection (Incl. Root Removal/Excludes Rct) | \$47 | D5282 | Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Maxillary | \$173 |
| D3950 | Canal Prep & Fit of Preformed Post (By Other Than Dentist Who Placed Post) | \$4 | D5283 | Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Mandibular | \$173 |

V. PERIODONTICS

| | | | | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|------------------------------------------------------------------------------------------------------------|-------|
| D4210 | Gingivectomy or Gingivoplasty - 4 or More Teeth Per Quadrant | \$66 | D5284 | Removable Unilateral Partial Denture - One Piece Flexible Base (Including Clasps and Teeth) - Per Quadrant | \$173 |
| D4211 | Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant | \$36 | D5286 | Removable Unilateral Partial Denture - One Piece Resin (Including Clasps and Teeth) - Per Quadrant | \$291 |
| D4212 | Gingivectomy or Gingivoplasty to Allow Access For Restorative Procedure, Per Tooth | \$17 | D5410 | Adjust Complete Denture - Maxillary | \$19 |
| D4240 | Gingival Flap Procedure, w/Root Planing - 4 or More Teeth Per Quadrant | \$77 | D5411 | Adjust Complete Denture - Mandibular | \$19 |
| D4241 | Gingival Flap Procedure, w/Root Planing - 1 to 3 Teeth, Per Quadrant | \$49 | D5421 | Adjust Partial Denture - Maxillary | \$19 |
| D4245 | Apically Positioned Flap | \$75 | D5422 | Adjust Partial Denture - Mandibular | \$33 |
| D4249 | Clinical Crown Lengthening - Hard Tissue | \$97 | D5511 | Repair Broken Complete Denture Base, Mandibular | \$82 |
| D4260 | Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 4 or More Teeth Per Quad | \$146 | D5512 | Repair Broken Complete Denture Base, Maxillary | \$82 |
| D4261 | Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 1 to 3 Teeth, Per Quad | \$103 | D5520 | Replace Missing or Broken Teeth - Complete Denture (Each Tooth) | \$79 |
| D4263 | Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant | \$44 | D5611 | Repair Resin Partial Denture Base, Mandibular | \$96 |
| D4264 | Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant | \$34 | D5612 | Repair Resin Partial Denture Base, Maxillary | \$96 |
| D4268 | Surgical Revision Procedure, Per Tooth, Inclusive in Surgery | \$25 | D5621 | Repair Cast Partial Framework, Mandibular | \$45 |
| D4270 | Pedicle Soft Tissue Graft Procedure | \$94 | D5622 | Repair Cast Partial Framework, Maxillary | \$45 |
| D4273 | Autogenous Connective Tissue Graft Procedure (Incl. Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft | \$128 | D5630 | Repair or Replace Broken Retentive Clasping Materials – Per Tooth | \$114 |
| D4274 | Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area) | \$32 | D5640 | Replace Broken Teeth - Per Tooth | \$75 |
| D4275 | Non-Autogenous Connective Tissue Graft (Incl. Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft | \$46 | D5650 | Add Tooth to Existing Partial Denture | \$97 |
| D4276 | Combined Connective Tissue & Pedicle Graft | \$122 | D5660 | Add Clasp to Existing Partial Denture - Per Tooth | \$122 |
| D4277 | Free Soft Tissue Graft Procedure (Incl. Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft | \$109 | D5670 | Replace All Teeth & Acrylic on Cast Metal Framework - Maxillary | \$163 |
| D4278 | Free Soft Tissue Graft Procedure (Incl. Recipient and Donor Surgical Sites) each additional Contiguous Tooth, Implant, or Edentulous Tooth Position in same Graft Site | \$66 | D5671 | Replace All Teeth & Acrylic on Cast Metal Framework - Mandibular | \$163 |
| D4283 | Autogenous Connective Tissue Graft Procedure (Incl. Donor and Recipient Surgical Sites) - each additional Contiguous Tooth, Implant or Edentulous Tooth Position in same Graft Site | \$77 | D5710 | Rebase Complete Maxillary Denture | \$141 |
| D4285 | Non-Autogenous Connective Tissue Graft Procedure (Incl. Recipient Surgical Site and Donor Material) - each additional Contiguous Tooth, Implant or Edentulous Tooth Position in same Graft Site | \$27 | D5711 | Rebase Complete Mandibular Denture | \$141 |
| D4341 | Scaling & Root Planing - 4 or More Teeth Per Quadrant | \$50 | D5720 | Rebase Maxillary Partial Denture | \$131 |
| D4342 | Scaling & Root Planing - 1 to 3 Teeth, Per Quadrant | \$30 | D5721 | Rebase Mandibular Partial Denture | \$255 |
| D4346 | Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, after Oral Evaluation | \$0 | D5730 | Reline Complete Maxillary Denture (Chairside) | \$69 |
| D4355 | Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit | \$33 | D5731 | Reline Complete Mandibular Denture (Chairside) | \$69 |
| D4381 | Loc. Deliv. Chemo Agent, Controlled Release into Crevice, Per Tooth | \$11 | D5740 | Reline Maxillary Partial Denture (Chairside) | \$55 |
| D4910 | Periodontal Maintenance | \$28 | D5741 | Reline Mandibular Partial Denture (Chairside) | \$55 |
| D4921 | Gingival Irrigation - Per Quadrant | \$6 | D5750 | Reline Complete Maxillary Denture (Laboratory) | \$119 |
| | | | D5751 | Reline Complete Mandibular Denture (Laboratory) | \$222 |
| | | | D5760 | Reline Maxillary Partial Denture (Laboratory) | \$103 |
| | | | D5761 | Reline Mandibular Partial Denture (Laboratory) | \$103 |
| | | | D5850 | Tissue Conditioning, Maxillary | \$65 |
| | | | D5851 | Tissue Conditioning, Mandibular | \$39 |
| | | | D5876 | Add Metal Substructure to Acrylic Full Denture (Per Arch) | \$73 |

VI. PROSTHODONTICS (REMOVABLE)

| | | |
|-------|--------------------------------|-------|
| D5110 | Complete Denture - Maxillary | \$693 |
| D5120 | Complete Denture - Mandibular | \$693 |
| D5130 | Immediate Denture - Maxillary | \$741 |
| D5140 | Immediate Denture - Mandibular | \$741 |

IX. PROSTHODONTICS (FIXED)

| | | |
|-------|-----------------------------------------|-------|
| D6205 | Pontic - Indirect Resin Based Composite | \$115 |
| D6210 | Pontic - Cast High Noble Metal* | \$478 |
| D6211 | Pontic - Cast Predominantly Base Metal | \$267 |
| D6212 | Pontic - Cast Noble Metal | \$292 |
| D6214 | Pontic - Titanium and Titanium Alloys | \$315 |

First Commonwealth Plan 4000 (Illinois - \$5 Office Visit Copay) Schedule of Member's Payment Responsibility

Effective as of January 1, 2020



| | | | | | |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------|---------|
| D6240 | Pontic - Porcelain Fused to High Noble Metal* | \$449 | D7450 | Removal of Benign Odontogenic Cyst or Tumor (Diameter <= 1.25 Cm) | \$42 |
| D6241 | Pontic - Porcelain Fused to Predominantly Base Metal | \$478 | D7451 | Removal of Benign Odontogenic Cyst or Tumor (Diameter >1.25 Cm) | \$47 |
| D6242 | Pontic - Porcelain Fused to Noble Metal | \$490 | D7510 | Incision & Drainage of Abscess - Intraoral Soft Tissue | \$20 |
| D6243 | Pontic - Porcelain Fused to Titanium and Titanium Alloys | \$449 | D7511 | Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated | \$12 |
| D6245 | Pontic - Porcelain/Ceramic | \$490 | D7922 | Placement of Intra-Socket Biological Dressing to Aid in Hemostasis or Clot Stabilization, Per Site | \$14 |
| D6250 | Pontic - Resin, High Noble Metal* | \$318 | D7960 | Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure | \$45 |
| D6251 | Pontic - Resin, Base Metal | \$281 | D7963 | Frenuloplasty | \$52 |
| D6252 | Pontic - Resin, Noble Metal | \$300 | D7972 | Surgical Reduction of Fibrous Tuberosity | \$27 |
| D6545 | Retainer - Cast Metal for Resin Bonded Fixed Prosthesis* | \$121 | XI. ORTHODONTICS | | |
| D6548 | Retainer - Porcelain for Resin Bonded Prosthesis | \$121 | D8080 | Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18 and under) Class I and II | \$3,241 |
| D6549 | Resin Retainer - for Resin Bonded Fixed Prosthesis | \$60 | D8090 | Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over) Class I and II | \$3,621 |
| D6600 | Retainer Inlay - Porcelain/Ceramic, Two Surfaces | \$241 | D8660 | Pre-Orthodontic Treatment Examination to Monitor Growth and Development | \$205 |
| D6601 | Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces | \$262 | D8680 | Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(s)) | \$255 |
| D6602 | Retainer Inlay - Cast High Noble Metal, Two Surfaces* | \$240 | D8681 | Removable Orthodontic Retainer Adjustment | \$0 |
| D6603 | Retainer Inlay - Cast High Noble Metal, Three or More Surfaces* | \$258 | XII. ADJUNCTIVE GENERAL SERVICES | | |
| D6604 | Retainer Inlay - Cast Predominately Base Metal, Two Surfaces | \$240 | D9110 | Palliative (Emergency) Treatment of Dental Pain - Minor Procedure | \$14 |
| D6605 | Retainer Inlay - Cast Predominately Base Metal, Three or More Surfaces | \$258 | D9210 | Local Anesthetic, Not in Conjunction with Operative Procs. | \$0 |
| D6606 | Retainer Inlay - Cast Noble Metal, Two Surfaces | \$240 | D9215 | Local Anesthesia-In Conjunction with Operative or Surgical Procedures (Inclusive in those Procedures) | \$0 |
| D6607 | Retainer Inlay - Cast Noble Metal, Three or More Surfaces | \$258 | D9219 | Evaluation For Moderate Sedation, Deep Sedation or General Anesthesia | \$21 |
| D6608 | Retainer Onlay - Porcelain/Ceramic, Two Surfaces | \$253 | D9222 | Deep Sedation/General Anesthesia - First 15 Minutes | \$55 |
| D6609 | Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces | \$293 | D9223 | Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment | \$55 |
| D6610 | Retainer Onlay - Cast High Noble Metal, Two Surfaces* | \$247 | D9230 | Analgesia, Nitrous Oxide | \$11 |
| D6611 | Retainer Onlay - Cast High Noble Metal, Three or More Surfaces* | \$291 | D9310 | Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician | \$14 |
| D6612 | Retainer Onlay - Cast Predominately Base Metal, Two Surfaces | \$247 | D9311 | Consultation with a medical health care professional | \$0 |
| D6613 | Retainer Onlay - Cast Predominately Base Metal, Three or More Surfaces | \$291 | D9430 | Office Visit for Observation (During Regularly Scheduled Hours) | \$5 |
| D6614 | Retainer Onlay - Cast Noble Metal, Two Surfaces | \$247 | D9440 | Office Visit for Observation (After Regularly Scheduled Hours) | \$5 |
| D6615 | Retainer Onlay - Cast Noble Metal, Three or More Surfaces | \$291 | D9450 | Case Presentation, Detailed & Extensive Treatment Planning | \$0 |
| D6624 | Retainer Inlay - Titanium | \$240 | D9910 | Application of Desensitizing Medicament, Per Visit | \$5 |
| D6634 | Retainer Onlay - Titanium | \$247 | D9911 | Application of Desensitizing Resin for Cervical and/or Root Surface-Per Tooth | \$7 |
| D6710 | Retainer Crown - Indirect Resin Based Composite | \$115 | D9951 | Occlusal Adjustment - Limited | \$13 |
| D6720 | Retainer Crown - Resin with High Noble Metal* | \$172 | D9952 | Occlusal Adjustment - Complete | \$36 |
| D6721 | Retainer Crown - Resin with Predominately Base Metal | \$172 | D9991 | Dental Case Management - Addressing Appointment Compliance Barriers | \$0 |
| D6722 | Retainer Crown - Resin with Noble Metal | \$172 | D9992 | Dental Case Management - Care Coordination | \$0 |
| D6740 | Retainer Crown - Porcelain/Ceramic | \$550 | D9993 | Dental Case Management - Motivational Interviewing | \$0 |
| D6750 | Retainer Crown - Porcelain Fused to High Noble Metal* | \$514 | D9994 | Dental Case Management - Patient Education to Improve Oral Health Literacy | \$0 |
| D6751 | Retainer Crown - Porcelain Fused to Predominately Base Metal | \$514 | D9997 | Dental Case Management - Patients with Special Health Care Needs | \$0 |
| D6752 | Retainer Crown - Porcelain Fused to Noble Metal | \$526 | | | |
| D6753 | Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys | \$514 | | | |
| D6780 | Retainer Crown - 3/4 Cast High Noble Metal* | \$310 | | | |
| D6781 | Retainer Crown - 3/4 Cast Predominately Base Metal | \$267 | | | |
| D6782 | Retainer Crown - 3/4 Cast Noble Metal | \$292 | | | |
| D6783 | Retainer Crown - 3/4 Porcelain/Ceramic | \$325 | | | |
| D6784 | Retainer Crown - 3/4 - Titanium and Titanium Alloys | \$310 | | | |
| D6790 | Retainer Crown - Full Cast High Noble Metal* | \$315 | | | |
| D6791 | Retainer Crown - Full Cast Predominately Base Metal | \$267 | | | |
| D6792 | Retainer Crown - Full Cast Noble Metal | \$292 | | | |
| D6794 | Retainer Crown - Titanium and Titanium Alloys | \$315 | | | |
| D6930 | Re-cement or Re-bond Fixed Partial Denture | \$14 | | | |
| D6980 | Fixed Partial Denture Repair, by report | \$60 | | | |
| X. ORAL AND MAXILLOFACIAL SURGERY | | | | | |
| D7111 | Extraction, Coronal Remnants - Primary Tooth | \$19 | | | |
| D7140 | Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) | \$27 | | | |
| D7210 | Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated | \$29 | | | |
| D7220 | Removal of Impacted Tooth - Soft Tissue | \$38 | | | |
| D7230 | Removal of Impacted Tooth - Partially Bony | \$50 | | | |
| D7240 | Removal of Impacted Tooth - Completely Bony | \$61 | | | |
| D7241 | Removal of Impacted Tooth - Completely Bony, with Unusual Surg Comp | \$67 | | | |
| D7250 | Removal of Residual Tooth Roots (Cutting Procedure) | \$50 | | | |
| D7280 | Exposure of an Unerupted Tooth | \$50 | | | |
| D7310 | Alveoloplasty w/Extractions - Per Quadrant | \$26 | | | |
| D7311 | Alveoloplasty w/Ext - 1 To 3 Teeth or Spaces, Per Quadrant | \$24 | | | |
| D7320 | Alveoloplasty Not w/Extractions - Per Quadrant | \$32 | | | |
| D7321 | Alveoloplasty Not w/Extractions - 1 to 3 Teeth or Spaces Per Quadrant | \$24 | | | |

*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 as of January 1, 2020. The payment responsibilities are subject to revision on January 1 of each year. A complete description of benefits, limitations and exclusions is included in your subscription certificate. Current Dental Terminology © 2019 American Dental Association. All rights reserved.