

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

Effective as of January 1, 2025



## I. DIAGNOSTIC

D0999	Office Visit Copay	\$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
D0171	Re-Evaluation - Post-Operative Office Visit	\$0
D0180	Comprehensive Periodontal Examination, New or Established Patient	\$0
D0210	Intraoral - Comprehensive Series of Radiographic Images	\$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
D0600	Non-ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0

## II. PREVENTIVE

D1110	Prophylaxis - Adult	\$0
D1120	Prophylaxis - Child	\$0
D1206	Topical Fluoride Varnish, Therapeutic Application for Mod to High Caries Risk Patients	\$0
D1208	Topical Application Of Fluoride - Excluding Varnish	\$0
D1310	Nutritional Counseling for Control of Dental Disease	\$0
D1321	Counseling for the Control and Prevention of Adverse Oral, Behavioral, and Systemic Health Effects Associated with High-Risk Substance Use	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth	\$0
D1352	Preventive Resin Restoration in Mod - High Caries Risk Patient - Perm Tooth	\$0
D1510	Space Maintainer - Fixed - Unilateral - Per Quadrant	\$54
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$52
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$52
D1520	Space Maintainer - Removable - Unilateral - Per Quadrant	\$36
D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$52
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 (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
D2543	Onlay - Metallic - 3 Surfaces*	\$291
D2544	Onlay - Metallic - 4 or More Surfaces*	\$303
D2610	Inlay - Porcelain Ceramic 1 Surf	\$217
D2620	Inlay - Porcelain Ceramic 2 Surf	\$241
D2630	Inlay - Porcelain Ceramic 3 Surf	\$262
D2642	Onlay - Porcelain Ceramic 2 Surf	\$253
D2643	Onlay - Porcelain Ceramic 3 Surf	\$293
D2644	Onlay - Porcelain Ceramic 4+ Surf	\$305
D2650	Inlay - Resin 1 Surf	\$189
D2651	Inlay - Resin 2 Surf	\$210
D2652	Inlay - Resin 3 Surf	\$228
D2662	Onlay - Resin 2 Surf	\$219
D2663	Onlay - Resin 3 Surf	\$254
D2664	Onlay - Resin 4+ Surf	\$266
D2710	Crown - Resin-Lab	\$115
D2720	Crown - Resin, High Noble Metal*	\$172
D2721	Crown - Resin, Base Metal	\$172
D2722	Crown - Resin, Noble Metal	\$172
D2740	Crown - Porcelain/Ceramic	\$550
D2750	Crown - Porcelain Fused to High Noble Metal*	\$514
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$458
D2752	Crown - Porcelain Fused to Noble Metal	\$526
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
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$83
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	"Placement of interim direct restoration	
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) - Direct	\$322
D2961	Labial Veneer (Resin Laminate) - Direct	\$458
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$550
D2971	Additional Procedures to Customize a Crown to Fit Under an Existing Partial Denture Framework	\$86
D2980	Crown Repair Necessitated by Restorative Material Failure	\$61
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$43
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$52
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$43

# First Commonwealth Plan 4000 (Illinois - \$5 Office Visit Copay)

## Schedule of Member's Payment Responsibility



Effective as of January 1, 2025

D2990 Resin Infiltration of Incipient Smooth Surface Lesions	\$0	D4274 Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area)	\$32
<b>IV. ENDODONTICS</b>			
D3110 Pulp Cap - Direct (Excluding Final Restoration)	\$12	D4275 Non-Autogenous Connective Tissue Graft (Incl. Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$46
D3120 Pulp Cap - Indirect (Excluding Final Restoration)	\$10	D4276 Combined Connective Tissue and Pedicle Graft, Per Tooth	\$122
D3220 Therapeutic Pulpotomy (Excluding Final Restoration)	\$38	D4277 Free Soft Tissue Graft Procedure (Incl. Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$109
D3221 Pulpal Debridement, Primary & Permanent Teeth	\$12	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
D3222 Partial Pulpotomy for Apexogenesis - Perm. Tooth with Incomplete Root	\$20	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
D3230 Pulp Therapy, Anterior Primary	\$21	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
D3240 Pulp Therapy, Posterior Primary	\$45	D4341 Scaling & Root Planing - 4 or More Teeth Per Quadrant	\$50
D3310 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$151	D4342 Scaling & Root Planing - 1 to 3 Teeth, Per Quadrant	\$30
D3320 Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$177	D4346 Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, after Oral Evaluation	\$0
D3330 Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$180	D4355 Full Mouth Debridement to Enable a Comprehensive Periodontal Evaluation and Diagnosis on a Subsequent Visit	\$33
D3346 Retreatment of Previous Root Canal Therapy - Anterior	\$121	D4381 Loc. Deliv. Chemo Agent, Controlled Release into Crevice, Per Tooth	\$11
D3347 Retreatment of Previous Root Canal Therapy - Premolar	\$140	D4910 Periodontal Maintenance	\$28
D3348 Retreatment of Previous Root Canal Therapy - Molar	\$170	D4921 Gingival Irrigation With a Medicinal Agent - Per Quadrant	\$6
D3351 Apexification/Recalcification Initial Visit	\$25	<b>VI. PROSTHODONTICS (REMOVABLE)</b>	
D3352 Apexification/Recalcification Interim Visit	\$17	D5110 Complete Denture - Maxillary	\$693
D3353 Apexification/Recalcification Final Visit	\$58	D5120 Complete Denture - Mandibular	\$693
D3410 Apicoectomy - Anterior	\$85	D5130 Immediate Denture - Maxillary	\$741
D3421 Apicoectomy - Bicuspid (First Root)	\$103	D5140 Immediate Denture - Mandibular	\$741
D3425 Apicoectomy - Molar (First Root)	\$106	D5211 Maxillary Partial Denture - Resin base (Including, Retentive/Clasping Materials, Rests, and Teeth)	\$693
D3426 Apicoectomy (Each Additional Root)	\$38	D5212 Mandibular Partial Denture - Resin Base (Including, Retentive/Clasping Materials, Rests, and Teeth)	\$693
D3430 Retrograde Filling - Per Root	\$19	D5213 Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests and Teeth)	\$741
D3450 Root Amputation Per Root	\$49	D5214 Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests and Teeth)	\$741
D3471 Surgical Repair of Root Resorption - Anterior	\$82	D5221 Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth)	\$728
D3472 Surgical Repair of Root Resorption - Premolar	\$82	D5222 Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests and Teeth)	\$728
D3473 Surgical Repair of Root Resorption - Molar	\$82	D5223 Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Based (Including Retentive/Clasping Materials, Rests and Teeth)	\$778
D3501 Surgical Exposure of Root Surface without Apicoectomy or Repair of Root Resorption - Anterior	\$82	D5224 Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Based (Including Retentive/Clasping Materials, Rests and Teeth)	\$778
D3502 Surgical Exposure of Root Surface without Apicoectomy or Repair of Root Resorption - Premolar	\$82	D5225 Maxillary Partial - Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth)	\$436
D3503 Surgical Exposure of Root Surface without Apicoectomy or Repair of Root Resorption - Molar	\$82	D5226 Mandiublar Partial - Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth)	\$436
D3911 Intraorifice Barrier	\$0	D5227 Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$926
D3920 Hemisection (Incl. Root Removal/Excludes Rct)	\$47	D5228 Immediate Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$926
D3950 Canal Prep & Fit of Preformed Post (By Other Than Dentist Who Placed Post)	\$4	D5282 Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests and Teeth), Maxillary	\$173
<b>V. PERIODONTICS</b>			
D4210 Gingivectomy or Gingivoplasty - 4 or More Teeth Per Quadrant	\$66		
D4211 Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$36		
D4212 Gingivectomy or Gingivoplasty to Allow Access For Restorative Procedure, Per Tooth	\$17		
D4240 Gingival Flap Procedure, w/Root Planing - 4 or More Teeth Per Quadrant	\$77		
D4241 Gingival Flap Procedure, w/Root Planing - 1 to 3 Teeth, Per Quadrant	\$49		
D4245 Apically Positioned Flap	\$75		
D4249 Clinical Crown Lengthening - Hard Tissue	\$97		
D4260 Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 4 or More Teeth Per Quad	\$146		
D4261 Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 1 to 3 Teeth, Per Quad	\$103		
D4263 Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$44		
D4264 Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$34		
D4268 Surgical Revision Procedure, Per Tooth, Inclusive in Surgery	\$25		
D4270 Pedicle Soft Tissue Graft Procedure	\$94		
D4273 Autogenous Connective Tissue Graft Procedure (Incl. Donor and Recipient Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$128		

# First Commonwealth Plan 4000 (Illinois - \$5 Office Visit Copay)

## Schedule of Member's Payment Responsibility



Effective as of January 1, 2025

D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests and Teeth), Mandibular	\$173	D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces*	\$258
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth) - Per Quadrant	\$173	D6604	Retainer Inlay - Cast Predominately Base Metal, Two Surfaces	\$240
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Retentive/Clasping Materials, Rests and Teeth) - Per Quadrant	\$291	D6605	Retainer Inlay - Cast Predominately Base Metal, Three or More Surfaces	\$258
D5410	Adjust Complete Denture - Maxillary	\$19	D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$240
D5411	Adjust Complete Denture - Mandibular	\$19	D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$258
D5421	Adjust Partial Denture - Maxillary	\$19	D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$253
D5422	Adjust Partial Denture - Mandibular	\$33	D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$293
D5511	Repair Broken Complete Denture Base, Mandibular	\$82	D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces*	\$247
D5512	Repair Broken Complete Denture Base, Maxillary	\$82	D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces*	\$291
D5520	Replace missing or broken teeth - complete denture - per tooth	\$79	D6612	Retainer Onlay - Cast Predominately Base Metal, Two Surfaces	\$247
D5611	Repair Resin Partial Denture Base, Mandibular	\$96	D6613	Retainer Onlay - Cast Predominately Base Metal, Three or More Surfaces	\$291
D5612	Repair Resin Partial Denture Base, Maxillary	\$96	D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$247
D5621	Repair Cast Partial Framework, Mandibular	\$45	D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$291
D5622	Repair Cast Partial Framework, Maxillary	\$45	D6624	Retainer Inlay - Titanium	\$240
D5630	Repair or Replace Broken Retentive Clasping Materials - Per Tooth	\$114	D6634	Retainer Onlay - Titanium	\$247
D5640	Replace missing or broken teeth - partial denture - per tooth	\$75	D6710	Retainer Crown - Indirect Resin Based Composite	\$115
D5650	Add tooth to existing partial denture - per tooth	\$97	D6720	Retainer Crown - Resin with High Noble Metal*	\$172
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$122	D6721	Retainer Crown - Resin with Predominately Base Metal	\$172
D5670	Replace All Teeth & Acrylic on Cast Metal Framework - Maxillary	\$163	D6722	Retainer Crown - Resin with Noble Metal	\$172
D5671	Replace All Teeth & Acrylic on Cast Metal Framework - Mandibular	\$163	D6740	Retainer Crown - Porcelain/Ceramic	\$550
D5710	Rebase Complete Maxillary Denture	\$141	D6750	Retainer Crown - Porcelain Fused to High Noble Metal*	\$514
D5711	Rebase Complete Mandibular Denture	\$141	D6751	Retainer Crown - Porcelain Fused to Predominately Base Metal	\$514
D5720	Rebase Maxillary Partial Denture	\$131	D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$526
D5721	Rebase Mandibular Partial Denture	\$255	D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	\$514
D5730	Reline Complete Maxillary Denture (Direct)	\$69	D6780	Retainer Crown - 3/4 Cast High Noble Metal*	\$310
D5731	Reline Complete Mandibular Denture (Direct)	\$69	D6781	Retainer Crown - 3/4 Cast Predominately Base Metal	\$267
D5740	Reline Maxillary Partial Denture (Direct)	\$55	D6782	Retainer Crown - 3/4 Cast Noble Metal	\$292
D5741	Reline Mandibular Partial Denture (Direct)	\$55	D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$325
D5750	Reline Complete Maxillary Denture (Indirect)	\$119	D6784	Retainer Crown - 3/4 - Titanium and Titanium Alloys	\$310
D5751	Reline Complete Mandibular Denture (Indirect)	\$222	D6790	Retainer Crown - Full Cast High Noble Metal*	\$315
D5760	Reline Maxillary Partial Denture (Indirect)	\$103	D6791	Retainer Crown - Full Cast Predominately Base Metal	\$267
D5761	Reline Mandibular Partial Denture (Indirect)	\$103	D6792	Retainer Crown - Full Cast Noble Metal	\$292
D5765	Soft Liner for Complete or Partial Removable Denture - Indirect	\$65	D6794	Retainer Crown - Titanium and Titanium Alloys	\$315
D5850	Tissue Conditioning, Maxillary	\$65	D6930	Re-cement or Re-bond Fixed Partial Denture	\$14
D5851	Tissue Conditioning, Mandibular	\$39	D6980	Fixed Partial Denture Repair, by report	\$60
D5876	Add Metal Substructure to Acrylic Full Denture (Per Arch)	\$73	<b>X. ORAL AND MAXILLOFACIAL SURGERY</b>		
<b>IX. PROSTHODONTICS (FIXED)</b>			D7111	Extraction, Coronal Remnants - Primary Tooth	\$19
D6205	Pontic - Indirect Resin Based Composite	\$115	D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$27
D6210	Pontic - Cast High Noble Metal*	\$478	D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$29
D6211	Pontic - Cast Predominantly Base Metal	\$267	D7220	Removal of Impacted Tooth - Soft Tissue	\$38
D6212	Pontic - Cast Noble Metal	\$292	D7230	Removal of Impacted Tooth - Partially Bony	\$50
D6214	Pontic - Titanium and Titanium Alloys	\$315	D7240	Removal of Impacted Tooth - Completely Bony	\$61
D6240	Pontic - Porcelain Fused to High Noble Metal*	\$449	D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surg Comp	\$67
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$478	D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$50
D6242	Pontic - Porcelain Fused to Noble Metal	\$490	D7280	Exposure of an Unerupted Tooth	\$50
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys	\$449	D7310	Alveoloplasty w/Extractions - Per Quadrant	\$26
D6245	Pontic - Porcelain/Ceramic	\$490	D7311	Alveoloplasty w/Ext - 1 To 3 Teeth or Spaces, Per Quadrant	\$24
D6250	Pontic - Resin, High Noble Metal*	\$318	D7320	Alveoloplasty Not w/Extractions - Per Quadrant	\$32
D6251	Pontic - Resin, Base Metal	\$281	D7321	Alveoloplasty Not w/Extractions - 1 to 3 Teeth or Spaces Per Quadrant	\$24
D6252	Pontic - Resin, Noble Metal	\$300	D7450	Removal of Benign Odontogenic Cyst or Tumor (Diameter <= 1.25 Cm)	\$42
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$121			
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$121			
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	\$60			
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$241			
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$262			
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces*	\$240			



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

Effective as of January 1, 2025



D7451	Removal of Benign Odontogenic Cyst or Tumor (Diameter >1.25 Cm)	\$47
D7509	Marsupialization of Odontogenic Cyst	\$20
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	\$20
D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$12
D7922	Placement of Intra-Socket Biological Dressing to Aid in Hemostasis or Clot Stabilization, Per Site	\$14
D7961	Buccal/Labial Frenectomy (Frenulectomy)	\$45
D7962	Lingual Frenectomy (Frenulectomy)	\$45
D7963	Frenuloplasty	\$52
D7972	Surgical Reduction of Fibrous Tuberosity	\$27

## XI. ORTHODONTICS

D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18 and under) Class I and II	\$3,241
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over) Class I and II	\$3,621
D8091	Comprehensive orthodontic treatment with orthognathic surgery	\$3,621
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	\$205
D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(s))	\$255
D8681	Removable Orthodontic Retainer Adjustment	\$0

## XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative Treatment of Dental Pain - Per Visit	\$14
D9210	Local Anesthetic, Not in Conjunction with Operative Procs.	\$0
D9215	Local Anesthesia-In Conjunction with Operative or Surgical Procedures (Inclusive in those Procedures)	\$0
D9219	Evaluation For Moderate Sedation, Deep Sedation or General Anesthesia	\$21
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$55
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$55
D9230	Analgesia, Nitrous Oxide	\$11
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$14
D9311	Consultation with a medical health care professional	\$0
D9430	Office Visit for Observation (During Regularly Scheduled Hours)	\$5
D9440	Office Visit for Observation (After Regularly Scheduled Hours)	\$5
D9450	Case Presentation, Subsequent to Detailed & Extensive Treatment Planning	\$0
D9910	Application of Desensitizing Medicament, Per Visit	\$5
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface-Per Tooth	\$7
D9951	Occlusal Adjustment - Limited	\$13
D9952	Occlusal Adjustment - Complete	\$36
D9990	Certified Translation or Sign-Language Services-Per Visit	\$0
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	\$0
D9992	Dental Case Management - Care Coordination	\$0
D9993	Dental Case Management - Motivational Interviewing	\$0
D9994	Dental Case Management - Patient Education to Improve Oral Health Literacy	\$0
D9997	Dental Case Management - Patients with Special Health Care Needs	\$0

\*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, 2021. 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 © 2020 American Dental Association. All rights reserved.