Subscription Certificate & Evidence of Coverage

Your Dental Plan & How To Use It

GG-014276

The enclosed certificate is intended to explain the benefits provided by the Plan. It does not constitute the Policy Contract. Your rights and benefits are determined in accordance with the provisions of the Policy, and your insurance is effective only if you are eligible for insurance and remain insured in accordance with its terms.

CERTIFICATE AMENDMENT

(To be attached to your Subscription Certificate)

Group: LOCKMANN KRANE INTERNATIONAL INC

Amendment Effective: June 1st, 2011

This rider amends your Subscription Certificate by revising the definition of "Dependent" to read as follows:

Dependent means your (a) spouse (unless legally separated); (b) unmarried dependent children who are under age 26; and (c) unmarried dependent children who are under age 30, if the children (i) are Illinois residents; (ii) served as members of the active or reserve components of any of the branches of the Armed Forces of the United States; and (iii) have received a release or discharge, other than a dishonorable discharge.

Legal spouse includes a partner to a civil union when that union is in accordance with Illinois law. We treat the civil union partner as a spouse in marriage, and the civil union as a marriage. Such unions also include same- sex relationships from other jurisdictions that provide substantially all of the rights and benefits of marriage.

Eligible children include natural or adopted children, children placed for adoption, stepchildren, and foster children for whom you or your spouse are the legal guardian. Eligibility may also be extended to any child past the age of 26 who is handicapped and dependent on you for support.

Except as stated in this rider, nothing contained in this rider changes or affects any other terms of this certificate.

Sharri L.Norman, President, Chief Executive Officer and Chief Operating Officer

Harris Oliner, Senior Vice President

Your Dental HMO Plan And How To Use It

First Commonwealth Insurance Company

Welcome to First Commonwealth

We at First Commonwealth are pleased that you have become a member of the Plan. We encourage you to maintain your oral health by visiting your Dentist on a regular basis.

To assist you in using your Plan Benefits, we have made this booklet available to you. Please review it carefully and keep it with your other important documents. This booklet is issued in conjunction with a Group Master Policy which contains other details regarding your coverage. Your Group maintains a copy of the Group Master Policy. You may inspect it at any time at the Group's office during normal business hours, or if you prefer, you may contact First Commonwealth.

Complaints & Grievances
P.O. Box 2474
Spokane, WA 99210-2474
Member Services: (866) 494-4542

For Your Information

By acceptance of coverage under the terms of the Group Master Policy, you, as the Subscriber, authorize every provider rendering services under this Plan to disclose to us, upon request, all treatment facts pertaining to you and your enrolled Dependents.

Furthermore, you, as the Subscriber, represent to the best of your knowledge or information, that information contained in any applications, forms or statements submitted to First Commonwealth shall be true, correct and complete. All rights to Plan Benefits are subject to the condition that all such information shall be true, correct and complete.

Please be aware that all rights of you and your enrolled Dependents to Plan Benefits are personal and may not be assigned to anyone else.

For Assistance Call (866) 494-4542

Our specially trained Member Services Representatives are available Monday through Friday, from 8:00 am to 7:00 pm CST to assist you. They can answer any questions you may have regarding how your dental plan works, assist in selecting or changing a Primary Care Dentist (PCD), assist in status changes and handle any inquiries or complaints you may have.

Your Effective Date of Coverage and Eligibility

Your Group determines the effective date of your coverage and who is eligible to participate. This is specified in the Group Application.

As the Subscriber, you may enroll yourself alone, or together with your spouse and/or eligible dependent children (subject to age limits under your Group's program). If you do not enroll your Dependent(s) on the date you enroll, you must wait to add them until the next open enrollment period.

Dependents may be added, deleted, or you may change your coverage status on the date of the qualifying event, provided that First Commonwealth is notified in writing at least 31 days after the date of the qualifying event.

Children that are newly acquired Dependents through adoption or children placed for adoption may be enrolled on the date of the qualifying event, if First Commonwealth is given written notice within 60 days of the qualifying event.

Qualifying Events

1. Marriage
2. Birth
3. Adoption
4. Children Placed for Adoption
5. Becoming a legal guardian of a child
6. Divorce
7. Death

Enrollment/Eligibility Period

Your enrollment in this Plan is for a minimum of 12 consecutive months while eligible through your Group. Enrollment into this Plan or voluntary termination from this Plan will only be allowed during open enrollment periods which are determined by your Group and First Commonwealth. Persons not enrolled when first eligible may be enrolled only during your Group's next open enrollment period.

Enrollment Procedures

You and your dependents may enroll for dental coverage by: (a) filling out and signing the appropriate enrollment form and any additional material required by your Group; and (b) returning the enrollment material to your Group. Your Group will forward these materials to First Commonwealth.

The enrollment materials require you to select a Primary Care Dentist (PCD) for each Member from the list of Participating Dental HMO Dentists. After we receive your enrollment material, we will determine if a Member's selected PCD is available in your Plan. If so, the selected dentist will be assigned to the Member as his or her PCD. If a Member's selection is not available, an alternate dentist will be assigned as the PCD.

All dental services covered by this Plan must be coordinated by the PCD to whom the Member is assigned to under this Plan. **Care rendered by a non-participating dentist, or care rendered by a Specialist without obtaining prior written authorization for such care, is not a covered dental service.**

First Commonwealth will issue you and your dependents, either directly or through your Group's representative, a First Commonwealth ID card. The ID card will show the Member's name and the name and telephone number of his or her assigned PCD. A Member need only contact his or her assigned PCD's office to obtain services.

Choice of Dentist/Changing a Member's Selection

A Member may request any available participating general dentist from the list of Participating Dental HMO Dentists as his or her PCD.

A Member may change his or her PCD selection at any time during the benefit year. A change can be made by calling our Member Services Department, 866-494-4542, with the change information. If First Commonwealth is notified by the 15th of the month, the change will be effective the first of the following month. If First Commonwealth is notified after the 15th of the month, the change will be effective the first day of the second month following the request. The Member may call his or her new PCD's office to schedule an appointment after the request for a change has become effective. All fees and Patient Charges due to the Member's current PCD must be paid in full prior to such transfer.

Changes In Dentist Participation

We may have to reassign a Member to a different Participating Dental HMO Dentist if: (a) the Member's PCD is no longer a participating dentist in our network; or (b) First Commonwealth takes an administrative action which impacts the PCD's participation in the network. If this becomes necessary, the Member will have the opportunity to request another Participating Dental HMO Dentist. If a Member has a dental service in progress at the time of the reassignment, we will, at our option and subject to applicable law, either: (a) arrange for completion of the services by the original dentist; or (b) make reasonable and appropriate arrangements for another Participating Dental HMO Dentist to complete the service.

Refusal of Recommended Treatment

A Member may decide to refuse a course of treatment recommended by his or her PCD or Specialist. The Member can request and receive a second opinion by contacting First Commonwealth's Member Services Department. Second opinion consultations must be approved by First Commonwealth. If the Member still refuses the recommended course of treatment, the PCD or Specialist may have no further responsibility to provide services for the condition involved and the Member may be required to select another PCD or Specialist.

Dental HMO Quality Assessment

Participating Dental HMO Dentists must meet certain standards prior to acceptance in our network. Availability, access to care, license standing, professional liability insurance coverage, emergency dental services provisions, National Practitioner Data Bank ("NPDB") reports and State Board ("BODEX") histories are some of the factors considered in reviewing an application.

First Commonwealth periodically reviews the care provided through a peer review process. If a Member has any questions or concerns about the care he or she is receiving, the Member is encouraged to review them first with his or her PCD or Specialist. Our Member Services Department is also available to answer any questions or to discuss any concern the Member may have.

Specialty Care Referrals

A Member's PCD is responsible for providing all dental services covered by this Plan. But, certain services may be eligible for referral to a participating Specialist. First Commonwealth will pay for covered services for specialty care, less any applicable Patient Charges, when such specialty services are provided in accordance with the specialty referral process described below.

First Commonwealth compensates a participating Specialist the difference between the Specialist's contracted fee for a covered service and the Patient Charge for that service shown in the Covered Dental Services And Patient Charges section. This is the only form of compensation that a participating Specialist receives from First Commonwealth.

All specialty referral services must be: (a) pre-authorized by First Commonwealth; and (b) coordinated by a Member's PCD. Any Member who elects specialist care without prior referral by his or her PCD and approval by First Commonwealth is responsible for all charges incurred.

In order for specialty services to be covered by this Plan, the referral process stated below must be followed:

(1) A Member's PCD must coordinate all dental care.

(2) When the care of a participating Specialist is required, the PCD must contact First Commonwealth and request authorization.

(3) If the PCD's request for specialty referral is approved, First Commonwealth will notify the Member. He or she will be instructed to contact the participating Specialist to schedule an appointment.

(4) If the PCD's request for specialty referral is denied as not medically necessary (an adverse determination), the PCD and the Member will receive a written notice along with information on how to appeal the denial. (See Grievance Process section.)

(5) If the service in question: (a) is a service covered by this Plan; and (b) no limitations, conditions or exclusions apply to that service, the PCD may be asked to perform the service directly, or to provide additional information.

(6) A specialty referral is not a guarantee of covered services. The Plan's benefits, limitations, conditions and exclusions will determine coverage in all cases. If a referral is made for a service that is not a service covered by this Plan, the Member will be responsible for the entire amount of the Specialist's charge for that service.

(7) A Member who receives authorized specialty services must pay all applicable Patient Charges associated with the services provided.

When specialty dental care is authorized by First Commonwealth, a Member will be referred to a participating Specialist for treatment. The First Commonwealth network includes participating Specialists in: (a) oral surgery; (b) periodontics; (c) endodontics; (d) orthodontics; and (e) pediatric

dentistry, located in the Plan's approved Service Area. If there is no participating Specialist in the Plan's approved Service Area, First Commonwealth will refer the Member to a non-participating Specialist of our choice. In no event will First Commonwealth pay for dental care provided to a Member by a Specialist not pre-authorized by First Commonwealth to provide such services.

How To Make An Appointment

A Member may schedule appointments with his or her PCD by calling the dentist's office **after the effective date of the Member's coverage.** When you call to schedule an appointment for yourself or a covered dependent, notify the office that you or your covered dependent is a Member of First Commonwealth's dental Plan. Be aware that you, like all other patients at your dentist's office, may need to wait longer for appointments at peak times (e.g. evenings, weekends). If you are flexible about time and days, you should generally expect to receive a routine appointment within several weeks of calling.

Canceled Appointments

The time set aside for a Member's appointment is very valuable to your dentist. **Therefore, if a Member cannot keep an appointment, notify the dentist's office at least 24 hours in advance.** A charge may be assessed for broken appointments with less than 24-hours notice. Frequent broken appointments can result in the Member's inability to establish and maintain a satisfactory dentist-patient relationship and thereby jeopardize our ability to provide the Member with ongoing coverage.

Emergency Dental Services

Emergency Dental Services mean only covered, bona fide emergency services which are reasonably necessary to relieve the sudden onset of severe pain, fever, swelling, serious bleeding or severe discomfort, or to prevent the imminent loss of teeth. Services related to the initial emergency condition but not required specifically to relieve pain, discomfort, bleeding or swelling or to prevent imminent tooth loss, including services performed at the emergency visit and services performed at subsequent visits, are not considered emergency dental services.

A Member should contact his or her PCD who will arrange for Emergency Dental Services. All general dentists are required to have arrangements for Emergency Dental Services 24 hours a day, 7 days a week.

A Member may require Emergency Dental Services when he or she is unable to obtain services from his or her PCD. The Member should contact his or her PCD for a referral to another dentist or contact First Commonwealth's Member Services Department for an authorization to obtain services from another dentist. The Member must submit to First Commonwealth: (a) the bill incurred as a result of the emergency; (b) evidence of payment; and (c) a brief explanation of the emergency. This should be done within 30 days or as soon as reasonably possible. First Commonwealth will reimburse the Member for the cost of Emergency Dental Services, less the applicable Patient Charge(s).

When Emergency Dental Services are provided by a dentist other than the Member's assigned PCD, and without referral by the PCD or authorization by First Commonwealth, coverage is limited to the benefit for palliative treatment (code D9110) only.

Follow-up care, if needed, should be provided by the Member's PCD.

Identification Cards

Each Member will receive an identification (ID) card. The ID card will show the Member's name and the name and telephone number of his or her assigned PCD. A Member need only contact his or her assigned PCD's office to obtain services. The ID card will show the First Commonwealth Member Services Department phone number and the address to send any Emergency Dental Services claim forms or other correspondence to First Commonwealth.

The ID card serves as a reminder of the Plan under which the Member is enrolled and of the PCD assigned to the Member. The ID card is not needed to schedule an appointment. The ID card is only issued for the Member's convenience, and is not a guarantee of coverage.

Patient Charges (Your Payment Responsibilities)

Patient Charges are the Member's portion of the cost of covered dental services that the Member is responsible for paying to the Participating Dental HMO Dentist directly at the time the service, treatment or procedure is rendered. The Covered Dental Services And Patient Charges section lists the dental services, treatments and procedures that are covered dental services under this Plan and the applicable Patient Charges.

Compensation of Participating Dentist

First Commonwealth compensates its participating general dentists through a capitation agreement by which they are paid a fixed amount each month. The amount a participating general dentist is paid is based upon the number of Members who have the dentist assigned as their PCD. First Commonwealth may also make minimum monthly payments, supplemental payments on specific dental procedures, office visit payments and annual guarantee payments. These are the only forms of compensation a participating general dentist receives from First Commonwealth. The dentist also receives compensation from Members who may pay an office visit charge for each office visit and a Patient Charge for specific dental services. The schedule of Patient Charges is shown in the Covered Dental Services And Patient Charges section of this Plan.

Coordination of Benefits

The benefits of this dental plan may be coordinated with another dental plan according to the terms of your Group Master Policy.

Automatic Renewal of Coverage

Your coverage will automatically be renewed each year unless you notify your Group of your intent to terminate coverage no later than thirty-one days prior to the renewal date.

Termination of Coverage

Plan Benefits may be terminated immediately for any of the following reasons:

1. Termination of the Group Master Policy.
2. Your (or your eligible enrolled Dependents) failure to meet the eligibility requirements.
3. A Member's failure to pay applicable Patient Charges when due.
4. Material misrepresentation (fraud) in obtaining coverage.
5. Permitting the use of a Member's identification card by another person, or using another person's identification card to obtain care to which one is not entitled.
6. Failure to establish a satisfactory dentist/patient relationship with a Participating Dental HMO Dentist.
7. Failure of Group or individual Member (if applicable) to pay a Premium in a timely manner.

Coverage for a Subscriber and his/her Dependents will terminate according to the terms of the Group Master Policy, except for any of the reasons (1-7) above when termination is immediate. In the event coverage is terminated, the Member shall become liable for charges resulting from treatment received after termination.

Grievance Process

Overview: Members are entitled to have any grievance reviewed by First Commonwealth and to be provided with a resolution in a timely manner. The Grievance Process is designed to address Member concerns quickly and satisfactorily.

It is generally recognized that grievances may be classified into two categories:

- Administrative Services: financial, accounting, procedural matters, coverage information such as effective dates, explanations of Contract and Subscription Certificates, claims, benefits and coverage, or benefit terms and definitions.
- Health Services: quality of care, access, availability, standards of care, appeal of denied second opinion requests, adverse determinations, utilization review appeals, and professional and ethical considerations.

Definitions: As used with respect to the Grievance Process:

"Grievance" means any complaint or dissatisfaction expressed by a Member, orally or in writing, regarding the Plan's operation, including but not limited, to plan administration; denial of access to a specialty referral because services are covered at the PCD's office; a determination that a procedure is not a covered dental service; an adverse determination; a utilization review appeal; an appeal of a denied second option request; the denial, reduction, or termination or a service; the way a service is provided; or disenrollment decisions.

First Commonwealth will not treat inquiries as grievances. However, if First Commonwealth cannot determine if a Member's issue is an inquiry or a grievance, the issue will be treated as a grievance.

"Adverse Determination" means a determination by First Commonwealth or a utilization review agent that a proposed or delivered dental service, by specialty care referral, which would otherwise be a covered dental service, is or was not a medically necessary service and may result in non-coverage of the dental procedure.

"Medically necessary service" means a covered dental service, requested by specialty care referral, which is: (1) adequate, appropriate and essential for the evaluation, diagnosis and treatment of a dental condition or disease; and (2) consistent with nationally accepted standards of practice.

"Utilization review agent" means an entity that conducts utilization review for First Commonwealth.

"Utilization review" means a system for prospective or concurrent review of the medical necessity and appropriateness of dental services being provided or proposed to be provided to a Member. The term does not include a review in response to an elective request for clarification of coverage.

"QCL" means First Commonwealth's Quality of Care Liaison or a person designated to act on behalf of the Quality of Care Liaison.

"Member" means the Member or a person designated to act on behalf of the Member.

"Dental Director" means First Commonwealth's Dental Director or a person designated to act on behalf of the Dental Director.

Grievance Process:

1. Questions or concerns may be directed by the Member to First Commonwealth either by telephone or by mail. The Member Services Department may be reached at 1-866-494-4542 between 8:00 a.m. and 7:00 p.m., CST, or by mail sent to:

Complaints & Grievances
Member Services Department
P.O. Box 2474
Spokane, WA 99210-2474

When a Member's issue or concern is received by telephone, a Member Services Representative documents the call in the Call Log and works with the Member to resolve the issue. If the Member's concern is beyond the scope of the issues routinely handled by the Member Services Department, the concern will be forwarded to the QCL. All Member issues handled by the QCL are recorded in the Patient Inquiry Resolution Team database.

2. The Member will be sent a Grievance Form or a Member Request Form to complete, with instructions on how to collect and submit proper documentation, including Authorization for Records from dentists who are not Participating Dental HMO Dentists. The Member may ask his or her assigned PCD for help in completing a Grievance Form.

3. No later than 5 business days after receipt of the Grievance Form, an acknowledgment letter is sent to the Member indicating that a review is taking place and the grievance will be responded to within 30 days in a resolution letter. With the acknowledgement, the Member will receive a request for any additional information that may be needed by the QCL to complete the investigation.

4. Under the supervision of the QCL, supporting documentation is collected with respect to the grievance. The Member's PCD may be requested to provide additional information, such as copies of all relevant dental records and radiographs, and statements of the dentist or office personnel. First Commonwealth may arrange a second opinion, if appropriate. If resolution of the grievance takes longer than 30 days, First Commonwealth will inform the Member, in writing, of the reason for the delay and the anticipated time for completion of the resolution.

5. Upon receipt of complete documentation, a resolution is determined based upon objective evaluation. Quality of care issues or potential quality of care issues are resolved under the supervision of the Dental Director. Issues of a complex nature and/or quality of care issues, at the discretion of the Dental Director, may be presented to the Grievance Committee or Peer Review Committee for review and resolution.

6. The Dental Director reviews all quality of care or potential quality of care grievances at least biweekly and reviews and approves all letters of resolution before they are sent to Members. The Dental Director will indicate his/her review of available documentation by initialing a copy of the resolution letter.

7. The resolution letter to the Member will detail in a clear, concise manner the reasons for First Commonwealth's decision. For grievances involving the delay, denial or modification of dental services, the response letter will describe the criteria used and the clinical reasons for its decision, including all criteria and clinical reasons related to medical necessity. If First Commonwealth, or one of our clinical reviewers, makes a determination delaying, denying or modifying dental services based, in whole or in part, on a finding that the proposed dental services are not covered dental services; the letter will clearly specify the contract provisions that exclude coverage of such services.

8. Within 30 days following receipt of a resolution letter, a Member may appeal the decision with First Commonwealth. Additional time may be requested due to a Member's extraordinary circumstance.

9. Members may file a grievance with the Illinois Department of Insurance before or after completing the Grievance Process or submitting an appeal. The State of Illinois Department of Insurance may be contacted at:

Consumer Service Department
Illinois Department of Insurance
320 West Washington
Springfield, IL 62767
or
Illinois Department of Insurance
100 West Randolph, Suite 15-100
Chicago, IL 60601-3251

10. First Commonwealth will record all grievances, call logs, member correspondence, and resolutions in a suitable relational database, and will keep all copies of grievances and the responses to grievances for a period of 5 years.

Grievances Requiring Expedited Review: First Commonwealth will review grievances on an expedited basis when the grievances involve Emergency Dental Services.

In such situations, the Member must notify First Commonwealth immediately so that First Commonwealth staff can make the required expedited determination.

Definitions

Condition means any limitation or restriction on a covered dental service.

Dependent means your (a) spouse (unless legally separated); (b) unmarried dependent children who are under age 26; and (c) unmarried dependent children who are under age 30, if the children (i) are Illinois residents; (ii) served as members of the active or reserve components of any of the branches of the Armed Forces of the United States; and (iii) have received a release or discharge, other than a dishonorable discharge.

Eligible children include natural or adopted children, children placed for adoption, stepchildren, and foster children for whom you or your spouse are the legal guardian. Eligibility may also be extended to any child past the age of 26 who is handicapped and dependent on you for support.

Emergency Dental Services mean only covered, bona fide emergency services which are reasonably necessary to relieve the sudden onset of severe pain, fever, swelling, serious bleeding or severe discomfort, or to prevent the imminent loss of teeth. Services related to the initial emergency condition but not required specifically to relieve pain, discomfort, bleeding or swelling or to prevent imminent tooth loss, including services performed at the emergency visit and services performed at subsequent visits, are not considered emergency dental services.

Exclusion means any dental service, treatment or procedure that is not a covered service.

First Commonwealth means First Commonwealth Insurance Company; an Illinois-domiciled Life, Accident and Health Insurance Company that is also licensed as a limited health services organization. First Commonwealth has entered into a Group Master Policy with your Group to provide Subscribers and enrolled Dependents with the Plan Benefits described in this booklet.

Group means your employer, labor union, trust, association, partnership, or other organization to which we issue a Group Master Policy, and through which you have become entitled to the Plan Benefits described in this booklet.

Group Master Policy means the contract issued to the Group by First Commonwealth, which contains all the provisions of coverage.

Limitation means any condition or restriction on a covered dental service.

Member means you or a covered Dependent who is actually enrolled in the plan.

Participating Dental HMO Dentist means a general dentist or dental specialist who is under contract to First Commonwealth of Illinois, Inc., a Preferred Provider Administrator registered with the Illinois Department of Insurance. First Commonwealth of Illinois, Inc., through its contracts with dentists, arranges for all covered dental services pursuant to its contract with First Commonwealth and on file with the Illinois Department of Insurance. The term Participating Dental HMO Dentist shall include any hygienist or technician recognized under Illinois law to act with and assist the dentist.

Patient Charges means the Member's portion of the cost of covered dental services that the Member is responsible for paying to the Participating Dental HMO Dentist directly at the time the service, treatment or procedure is rendered. The Covered Dental Services And Patient Charges section of this booklet lists the dental services, treatments and procedures that are covered dental services under this Plan and the applicable Patient Charges.

Plan means the First Commonwealth dental benefits plan purchased by your Group.

Plan Benefits means the coverage for dental benefits for that is provided under this Plan and described in this booklet, and which is subject to all of the terms, limitations, conditions and exclusions of this Plan.

Premium means the amount you, the Subscriber, or the Group (on your behalf), pays to us to maintain coverage according to the terms of the Group Master Policy. You agree to have any required contribution towards premium collected by the Group and remitted to us.

Primary Care Dentist or PCD means a Participating Dental HMO general dentist that the Member selects from the list of participating dental HMO dentists to provide or arrange for all dental care needs.

Service Area means the geographic area in which we provide Plan Benefits.

Specialist means a Participating Dental HMO Dentist who has satisfied the additional training requirements in a specific area of dentistry and obtained a separate license to practice in that specialty area. Examples of dental specialists include Oral Surgeons, Endodontists (root canals), Periodontists (gum surgery), Orthodontists (braces) and Pedodontists (special needs of children).

Subscriber means you, the eligible person from the Group, who is enrolled in this Plan.

We, us and our mean First Commonwealth.

You and your mean the Subscriber.

Covered Dental Services And Patient Charges - Plan U30 G

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 the terms of this Plan, including the Limitations and Conditions on Covered Dental Services and Exclusions.

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

CDT Code	Covered Services and Patient Charges - U30 G Current Dental Terminology (CDT) © American Dental Association (ADA)	Patient Charge
D0999	Office visit during regular hours, general dentist only	$0.00
	EVALUATIONS	
D0120	Periodic oral evaluation - established patient	$0.00
D0140	Limited oral evaluation - problem focused	$0.00
D0145	Oral Evaluation for a patient under 3 years of age and counseling with primary caregiver	$0.00
D0150	Comprehensive oral evaluation - new or established patient	$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	$0.00
	RADIOGRAPHS/DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)	
D0210	Intraoral - complete series (including bitewings)	$0.00
D0220	Intraoral - periapical - first film	$0.00
D0230	Intraoral - periapical - each additional film	$0.00
D0240	Intraoral - occlusal film	$0.00
D0270	Bitewing - single film	$0.00
D0272	Bitewings - 2 films	$0.00
D0273	Bitewings - 3 films	$0.00
D0274	Bitewings - 4 films	$0.00
D0277	Vertical bitewings - 7 to 8 films	$0.00
D0330	Panoramic film	$0.00

TESTS AND EXAMINATIONS

D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50.00
D0460	Pulp vitality tests	$0.00
D0470	Diagnostic casts	$0.00

DENTAL PROPHYLAXIS

D1110	Prophylaxis - adult, for the first two services in any 12-month period [1, 2]	$0.00
D1120	Prophylaxis - child, for the first two services in any 12-month period [1, 2]	$0.00
D1999	Prophylaxis - adult or child, for each additional service in same 12-month period [1, 2]	$60.00

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

D1203	Topical application of fluoride (prophylaxis not included) - child, for the first two services in any 12-month period [1, 3]	$0.00
D1204	Topical application of fluoride (prophylaxis not included) - adult, for the first two services in any 12-month period [1, 3]	$0.00
D1206	Topical fluoride (prophylaxis not included) - child, for the first two services in any 12-month period [1, 3]	$0.00
D2999	Topical fluoride, adult or child, for each additional service in same 12-month period [1, 3]	$20.00

OTHER PREVENTIVE SERVICES

D1310	Nutritional instruction for control of dental disease	$0.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant - per tooth (molars) [4]	$0.00
D9999	Sealant - per tooth (non-molars) [4]	$35.00

SPACE MAINTENACE (PASSIVE APPLIANCES)

D1510	Space maintainer - fixed - unilateral	$0.00
D1515	Space maintainer - fixed - bilateral	$0.00
D1525	Space maintainer - removable - bilateral	$0.00
D1550	Re-cementation of fixed space maintainer	$0.00
D1555	Removal of fixed space maintainer	$0.00

ALMALGAM RESTORATIONS (INCLUDING POLISHING)

D2140	Amalgam - 1 surface, primary or permanent	$0.00
D2150	Amalgam - 2 surfaces, primary or permanent	$0.00
D2160	Amalgam - 3 surfaces, primary or permanent	$0.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	$0.00

RESIN-BASED COMPOSITE RESTORATIONS - DIRECT

D2330	Resin-based composite - 1 surface, anterior	$0.00
D2331	Resin-based composite - 2 surfaces, anterior	$0.00
D2332	Resin-based composite - 3 surfaces, anterior	$0.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle, (anterior)	$0.00
D2390	Resin-based composite crown, anterior	$75.00

D2391	Resin-based composite - 1 surface, posterior	$0.00
D2392	Resin-based composite - 2 surfaces, posterior	$0.00
D2393	Resin-based composite - 3 or more surfaces, posterior	$0.00
D2394	Resin-based composite - 4 or more surfaces, posterior	$0.00

INLAY/ONLAY RESTORATIONS [6]

D2510	Inlay - metallic - 1 surface [5]	$265.00
D2520	Inlay - metallic - 2 surfaces [5]	$320.00
D2530	Inlay - metallic - 3 or more surfaces [5]	$350.00
D2542	Onlay - metallic - 2 surfaces [5]	$350.00
D2543	Onlay - metallic - 3 surfaces [5]	$360.00
D2544	Onlay - metallic - 4 or more surfaces [5]	$370.00
D2610	Inlay - porcelain/ceramic - 1 surface	$265.00
D2620	Inlay - porcelain/ceramic - 2 surfaces	$320.00
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	$350.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	$350.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	$360.00
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	$370.00

CROWNS - SINGLE RESTORATIONS ONLY [6]

D2740	Crown - porcelain/ceramic substrate	$395.00
D2750	Crown - porcelain fused to high noble metal [5]	$375.00
D2751	Crown - porcelain fused to predominantly base metal	$375.00
D2752	Crown - porcelain fused to noble metal	$375.00
D2780	Crown - 3/4 cast high noble metal [5]	$365.00
D2781	Crown - 3/4 cast predominantly base metal	$365.00
D2782	Crown - 3/4 cast noble metal	$365.00
D2783	Crown - 3/4 porcelain/ceramic	$365.00
D2790	Crown - full cast high noble metal [5]	$375.00
D2791	Crown - full cast predominantly base metal	$375.00
D2792	Crown - full cast noble metal	$375.00
D2794	Crown - titanium	$375.00

OTHER RESTORATIVE SERVICES

D2910	Recement inlay, onlay, or partial coverage restoration	$0.00
D2915	Recement cast or prefabricated post and core	$0.00
D2920	Recement crown	$0.00
D2930	Prefabricated stainless steel crown - primary tooth	$88.00
D2931	Prefabricated stainless steel crown - permanent tooth	$88.00
D2932	Prefabricated resin crown	$108.00
D2933	Prefabricated stainless steel crown with resin window	$108.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$115.00
D2940	Sedative filling	$0.00
D2950	Core buildup, including any pins	$100.00
D2951	Pin retention - per tooth, in addition to restoration	$18.00
D2952	Post & core in addition to crown, indirectly fabricated	$155.00
D2953	Each additional indirectly fabricated post - same tooth	$79.00
D2954	Prefabricated post and core in addition to crown	$125.00
D2957	Each additional prefabricated post - same tooth	$51.00
D2960	Labial veneer (resin laminate) - chairside	$250.00
D2970	Temporary crown (fractured tooth)	$86.00

D2971	Additional procedures to construct new crown under existing partial denture framework	$125.00

PULP CAPPING

D3110	Pulp cap - direct (excluding restoration)	$0.00
D3120	Pulp cap - indirect (excluding restoration)	$0.00

PULPOTOMY

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$0.00
D3221	Pulpal debridement, primary and permanent teeth	$0.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$0.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$0.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$0.00

ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW-UP CARE)

D3310	Root canal, anterior (excluding final restoration)	$120.00
D3320	Root canal, bicuspid (excluding final restoration)	$145.00
D3330	Root canal, molar (excluding final restoration)	$270.00
D3331	Treatment of root canal obstruction; non-surgical access	$0.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$75.00
D3333	Internal root repair or perforation defects	$116.00

ENDODONTIC RETREATMENT

D3346	Retreatment of previous root canal therapy - anterior	$375.00
D3347	Retreatment of previous root canal therapy - bicuspid	$425.00
D3348	Retreatment of previous root canal therapy - molar	$525.00

APICOECTOMY/PERIRADICULAR SERVICES

D3410	Apicoectomy/periradicular surgery - anterior	$240.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	$270.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	$320.00
D3426	Apicoectomy/periradicular surgery (each additional root)	$116.00
D3430	Retrograde filling - per root	$72.00
D3950	Canal preparation and fitting of preformed dowel or post	$20.00

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)

D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	$200.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	$60.00

D4240	Gingival flap procedure - including root planing - 4 or more contiguous teeth or bounded teeth spaces per quadrant	$240.00
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	$144.00
D4249	Clinical crown lengthening - hard tissue	$280.00
D4260	Osseous surgery (including flap entry and closure) - 4 or more contiguous teeth or bounded teeth spaces per quadrant	$380.00
D4261	Osseous surgery (including flap entry and closure) - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	$230.00
D4268	Surgical revision procedure, per tooth	$0.00
D4270	Pedicle soft tissue graft procedure	$350.00
D4271	Free soft tissue graft procedure (including donor site surgery)	$363.00
D4273	Subepithelial connective tissue graft procedures, per tooth	$399.00

NON-SURGICAL PERIODONTAL SERVICE

D4341	Periodontal scaling and root planing - 4 or more teeth per quadrant	$0.00
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quadrant	$0.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	$0.00

OTHER PERIODONTAL SERVICES

D4910	Periodontal maintenance, for the first two services in any 12-month period [1, 2]	$0.00
D4920	Unscheduled dressing change (by someone other than treating dentist)	$0.00
D4999	Periodontal maintenance, for each additional service in same 12-month period [1, 2]	$60.00

COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

D5110	Complete denture - maxillary	$452.00
D5120	Complete denture - mandibular	$452.00
D5130	Immediate denture - maxillary	$492.00
D5140	Immediate denture - mandibular	$492.00

PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)

D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	$381.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	$443.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	$500.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	$500.00

D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$575.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$575.00

ADJUSTMENTS TO DENTURES

D5410	Adjust complete denture - maxillary	$0.00
D5411	Adjust complete denture - mandibular	$0.00
D5421	Adjust partial denture - maxillary	$0.00
D5422	Adjust partial denture - mandibular	$0.00

REPAIRS TO COMPLETE DENTURES

D5510	Repair broken complete denture base	$40.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	$36.00

REPAIRS TO PARTIAL DENTURES

D5610	Repair resin denture base	$44.00
D5620	Repair cast framework	$80.00
D5630	Repair or replace broken clasp	$56.00
D5640	Replace broken teeth - per tooth	$36.00
D5650	Add tooth to existing partial denture	$52.00
D5660	Add clasp to existing partial denture	$64.00
D5670	Replace all teeth and acrylic on case metal framework (maxillary)	$196.00
D5671	Replace all teeth and acrylic on case metal framework (mandibular)	$196.00

DENTURE REBASE PROCEDURES

D5710	Rebase complete maxillary denture	$160.00
D5711	Rebase complete mandibular denture	$160.00
D5720	Rebase maxillary partial denture	$160.00
D5721	Rebase mandibular partial denture	$160.00

DENTURE RELINE PROCEDURES

D5730	Reline complete maxillary denture (chairside)	$88.00
D5731	Reline complete mandibular denture (chairside)	$88.00
D5740	Reline maxillary partial denture (chairside)	$88.00
D5741	Reline mandibular partial denture (chairside)	$88.00
D5750	Reline complete maxillary denture (laboratory)	$120.00
D5751	Reline complete mandibular denture (laboratory)	$120.00
D5760	Reline maxillary partial denture (laboratory)	$120.00
D5761	Reline mandibular partial denture (laboratory)	$120.00

INTERIM PROSTHESIS

D5820	Interim partial denture (maxillary)	$175.00
D5821	Interim partial denture (mandibular)	$175.00

OTHER REMOVABLE PROSTHETIC SERVICES

D5850	Tissue conditioning, maxillary	$36.00
D5851	Tissue conditioning, mandibular	$36.00

FIXED PARTIAL DENTURE PONTICS [6]

D6210	Pontic - cast high noble metal [5]	$350.00
D6211	Pontic - cast predomniantly base metal	$350.00
D6212	Pontic - cast noble metal	$350.00
D6214	Pontic - titanium	$350.00
D6240	Pontic - porcelain fused to high noble metal [5]	$350.00
D6241	Pontic - porcelain fused to predominantly base metal	$350.00
D6242	Pontic - porcelain fused to noble metal	$350.00
D6245	Pontic - porcelain/ceramic	$360.00

FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS [6]

D6600	Inlay - porcelain/ceramic, - 2 surface	$320.00
D6601	Inlay - porcelain/ceramic, - 3 or more surfaces	$350.00
D6602	Inlay - cast high noble metal, - 2 surfaces [5]	$320.00
D6603	Inlay - case high noble metal, - 3 or more surfaces [5]	$350.00
D6604	Inlay - cast predominantly base metal, - 2 surfaces	$320.00
D6605	Inlay - cast predominantly base metal, - 3 or more surfaces	$350.00
D6606	Inlay - cast noble metal, 2 surfaces	$320.00
D6607	Inlay - case noble metal, 3 or more surfaces	$350.00
D6608	Onlay - porcelain/ceramic, 2 surfaces	$350.00
D6609	Onlay - porcelain/ceramic, 3 or more surfaces	$360.00
D6610	Onlay - cast high noble metal, 2 surfaces [5]	$350.00
D6611	Onlay - cast high noble metal, 3 or more surfaces [5]	$360.00
D6612	Onlay - cast predominantly base metal, 2 surfaces	$350.00
D6613	Onlay - cast predominantly base metal, 3 or more surfaces	$360.00
D6614	Onlay - cast noble metal, 2 surfaces	$350.00
D6615	Onlay - case noble metal, 3 or more surfaces	$360.00
D6624	Inlay - titanium	$320.00
D6634	Onlay - titanium	$350.00

FIXED PARTIAL DENTURE RETAINERS - CROWNS [6]

D6740	Crown - porcelain/ceramic	$395.00
D6750	Crown - porcelain fused to high noble metal [5]	$375.00
D6751	Crown - porcelain fused to predominantly base metal	$375.00
D6752	Crown - porcelain fused to noble metal	$375.00
D6780	Crown - 3/4 cast high noble metal [5]	$365.00
D6781	Crown - 3/4 cast predominantly base metal	$365.00
D6782	Crown - 3/4 cast noble metal	$365.00
D6783	Crown - 3/4 porcelain/ceramic	$365.00
D6790	Crown - full cast high noble metal [5]	$375.00
D6791	Crown - full cast predominantly base metal	$375.00
D6792	Crown - full cast noble metal	$375.00
D6794	Crown - titanium	$375.00

OTHER FIXED PARTIAL DENTURE SERVICES

D6930	Recement fixed partial denture	$36.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	$155.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	$125.00
D6973	Core buildup for retainer, including any pins	$100.00
D6976	Each additional cast post - same tooth	$79.00
D6977	Each additional prefabricated post - same tooth	$51.00
D6999	Multiple crown and bridge unit treatment plan - per unit, 6 or more units per treatment [6]	$125.00

EXTRACTIONS

D7111	Extraction, coronal remnants - deciduous tooth	$0.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$0.00

SURGICAL EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)

D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	$30.00
D7220	Removal of impacted tooth - soft tissue	$114.00
D7230	Removal of impacted tooth - partially bony	$140.00
D7240	Removal of impacted tooth - completely bony	$160.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$200.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	$35.00
D7261	Primary closure of a sinus perforation	$250.00

OTHER SURGICAL PROCEDURES

D7280	Surgical access of an unerupted tooth	$250.00
D7283	Placement of device to facilitate eruption of impacted tooth	$50.00
D7285	Biopsy of oral tissue - hard (bone, tooth)	$60.00
D7286	Biopsy of oral tissue - soft	$50.00
D7288	Brush biopsy - transepithelial sample collection	$65.00

ALEVEOPLASTY - SURGICAL PREPARATION OF RIDGE FOR DENTURES

D7310	Alveoplasty in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant	$125.00
D7311	Alevoplasty in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant	$65.00
D7320	Alveoplasty not in conjunction with extractions - per quadrant	$150.00

D7321	Alveoplasty not in conjunction with extractions - 1 to 3 teeth or tooth spaces	$105.00

SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS

D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	$180.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	$289.00

EXCISION OF BONE TISSUE

D7471	Removal of lateral exostosis (maxilla or mandible)	$204.00
D7472	Removal of torus palatinus	$283.00
D7473	Removal of torus mandibularis	$283.00

SURGICAL INCISION

D7510	Incision and drainage of abscess - intraoral soft tissue	$25.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$30.00

OTHER REPAIR PROCEDURES

D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	$133.00
D7963	Frenuloplasty	$163.00

UNCLASSIFIED TREATMENT

D9110	Palliative (emergency) treatment of dental pain - minor procedure	$0.00
D9120	Fixed partial denture sectioning	$15.00
D9215	Local anesthesia	$0.00
D9220	Deep sedation/general anesthesia - first 30 minutes [7]	$195.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes [7]	$75.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes [7]	$195.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes [7]	$75.00

PROFESSIONAL CONSULTATION

D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment	$0.00

PROFESSIONAL VISITS

D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$0.00
D9440	Office visit - after regularly scheduled hours	$50.00
D9450	Case presentation, detailed and extensive treatment planning	$0.00

MISCELLANEOUS SERVICES

D9951	Occlusal adjustment - limited	$10.00
D9971	Odontoplasty, 1-2 teeth	$10.00
D9972	External bleaching - per arch	$165.00
	Broken Appointment	$25.00

[1] The Patient Charges for codes D1110, D1120, D1203, D1204, D1206 and D4910 are limited to the first 2 services in any 12-month period. For each additional services in the same 12-month period, see codes D1999, D2999 and D4999 for the applicable Patient Charge.

[2] Routine prophylaxis or periodontal maintenance procedure - a total of 4 services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within 3 to 6 months following completion of approved, active periodontal therapy (periodontal scaling and root planning or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planning or periodontal osseous surgery.

[3] Fluoride treatment - a total of 4 services in any 12-month period.

[4] Sealants are limited to permanent teeth up to the 16th birthday.

[5] If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.

[6] The Patient Charge for these services is per unit.

[7] Procedure codes D9220, D9221, D9241 and D9242 are limited to a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other covered surgical services.

CDT Code	Covered Services and Patient Charges - U30 G Current Dental Terminology (CDT) © American Dental Association (ADA)	Patient Charge
	ORTHODONTICS [8] [10]	
D8070	Comprehensive orthodontic treatment of the transitional dentition [9] [11]	Child: $2500.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition [9] [11]	Child: $2500.00
D8090	Comprehensive orthodontic treatment of the adult dentition [9] [11]	Adult: $2800.00
D8660	Pre-orthodontic treatment visit (includes treatment plan, records, evaluation and consultation)	$250.00
D8670	Periodic orthodontic treatment visit	$0.00
D8680	Orthodontic retention	$400.00
	Broken Appointment	$25.00

[8] The orthodontic Patient Charges are valid for authorized services started and completed under this Plan and rendered by a participating orthodontic Specialist in the state of Illinois.

[9] Child orthodontics is limited to dependent children under age 19; adult orthodontics is limited to dependent children age 19 and above, employee or spouse. A Member's age is determined on the date of banding.

[10] Limited to one course of comprehensive orthodontic treatment per Member.

[11] Comprehensive orthodontic treatment is limited to 24 months of continuous treatment.

Limitations and Conditions On Covered Dental Services

- Time limitations for a service are determined from the date that service was last rendered under this Plan.
- The codes below in parentheses refer to the CDT codes as shown in the Covered Dental Services and Patient Charges Section

Limitations:

1. Routine cleaning (prophylaxis: D1110, D1120, D1999) or periodontal maintenance procedure (D4910, D4999) a total of 4 services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within 3 to 6 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.
2. Fluoride treatment (D1203, D1204, D1206, D2999) 4 in any 12-month period.
3. Adjunctive pre-diagnostic tests that aid in detection of mucosal abnormalities including pre-malignant and malignant lesions, not to include cytology or biopsy procedures (D0431) limited to 1 in any 2-year period on or after the 40th birthday.
4. Full mouth x-rays 1 set in any 3-year period.
5. Bitewing x-rays 2 sets in any 12-month period.
6. Panoramic x-rays 1 set in any 3-year period.
7. Sealants limited to permanent teeth, up to the 16th birthday 1 per tooth in any 3-year period.
8. Gingival flap procedure (D4240, D4241) or osseous surgery (D4260, D4261) a total of 1 service per quadrant or area in any 3-year period.
9. Periodontal soft tissue graft procedures (D4270, D4271) or subepithelial connective tissue graft procedure (D4273) a total of 1 service per area in any 3-year period.
10. Periodontal scaling and root planing (D4341, D4342) 1 service per quadrant or area in any 12-month period.
11. Emergency Dental Services when more than 50 miles from the PCD's office limited to a $50.00 reimbursement per incident.
12. Emergency Dental Services when provided by a dentist other than the Member's assigned PCD, and without referral by the PCD or authorization by us - limited to the benefit for palliative treatment (code D9110) only.
13. Reline of a complete or partial denture 1 per denture in 12-month period.
14. Rebase of a complete or partial denture 1 per denture in any 12-month period.
15. Second Opinion Consultation when approved by us, a second opinion consultation (D9310) will be reimbursed up to $50.00 per treatment plan.

Conditions:

1. General Guidelines For Alternative Procedures-

   There may be a number of accepted methods of treating a specific dental condition. When a Member selects an alternative procedure over the service recommended by the PCD, the Member must pay the difference between the PCD's usual charges for the recommended service and the alternative procedure. He or she will also have to pay the applicable Patient Charge for the recommended service.

When the Member selects a posterior composite restoration as an alternative procedure to a recommended amalgam restoration, the alternative procedure policy does not apply.

When the Member selects an extraction, the alternative procedure policy does not apply.

When the PCD recommends a crown, the alternative procedure policy does not apply, regardless of the type of crown placed. The type of crown includes, but is not limited to: (a) a full metal crown; (b) a porcelain fused to metal crown; or (c) a porcelain crown. The Member must pay the applicable Patient Charge for the crown actually placed.

The Plan provides for the use of noble, high noble and base metals for inlays, onlays, crowns and fixed bridges. When high noble metal is used, the Member will pay an additional amount for the actual cost of the high noble metal. In addition, the Member will pay the usual Patient Charge for the inlay, onlay, crown or fixed bridge. The total Patient Charges for high noble metal may not exceed the actual lab bill for the service.

In all cases when there is more than one course of treatment available, a full disclosure of all the options must be given to the Member before treatment begins. The PCD should present the Member with a treatment Plan in writing before treatment begins, to assure that there is no confusion over what the Member must pay.

2. General Guidelines For Alternative Treatment By The PCD-

   There may be a number of accepted methods for treating a specific dental condition. In all cases where there is more than one course of treatment available, a full disclosure of all the options must be given to the Member before treatment begins. The PCD should present the Member with a written treatment Plan, including treatment costs, before treatment begins, to minimize the potential for confusion over what the Member must pay, and to fully document informed consent.

   - If any of the recommended alternate services is selected by the Member and is not covered under the Plan, then the Member must pay the PCD's usual charge for the recommended alternate service.
   - If any treatment is specifically not recommended by the PCD (i.e., the PCD determines it is not an appropriate service for the condition being treated), then the PCD is not obliged to provide that treatment even if it is a covered service under the Plan.
   - The Member can request and receive a second opinion by contacting Member Services in the event he or she has questions regarding the recommendations of the PCD or Specialist.

3. Crowns, Bridges And Dentures-

   A crown is a covered service when it is recommended by the PCD. The replacement of a crown or bridge is not covered within 5 years of the original placement under the Plan. The replacement of a partial or complete denture is covered only if the existing denture cannot be made satisfactory by reline, rebase or repair. Construction of new dentures may not exceed one each in any 5-year period from the date of previous placement under the Plan. Immediate dentures are not subject to the 5-year limitation.

   The benefit for complete dentures includes all usual post-delivery care including adjustments for 6 months after insertion. The benefit for immediate dentures: (a) includes limited follow-up care only for 6 months; and (b) does not include required future permanent rebasing or relining procedures or a complete new denture.

   Porcelain crowns and/or porcelain fused to metal crowns are covered on anterior, bicuspid and molar teeth when recommended by the PCD.

4. Multiple Crown/Bridge Unit Treatment Fee-

When a Member's treatment Plan includes 6 or more covered units of crown and/or bridge to restore teeth or replace missing teeth, the Member will be responsible for the Patient Charge for each unit of crown or bridge, plus an additional charge per unit as shown in the Covered Dental Services and Patient Charges section.

5. Pediatric Specialty Services-

   If, during a PCD visit, a Member under age 8 is unmanageable, the PCD may refer the Member to a participating pediatric dental Specialist for the current treatment Plan only. Following completion of the approved pediatric treatment Plan, the Member must return to the PCD for further services. If necessary, we must first authorize subsequent referrals to the participating Specialist. Any services performed by a pediatric dental Specialist after the Member's 8th birthday will not be covered, and the Member will be responsible for the pediatric dental Specialist's usual fees.

6. Second Opinion Consultation-

   A Member may wish to consult another dentist for a second opinion regarding services recommended or performed by: (a) his or her PCD; or (b) a participating Specialist through an authorized referral. To have a second opinion consultation covered by us, the Member must call or write Member Services for prior authorization. We only cover a second opinion consultation when the recommended services are otherwise covered under the Plan.

   A Member Services Representative will help the Member identify a Participating Dental HMO Dentist to perform the second opinion consultation. You may request a second opinion with a non-participating general dentist or specialist. The Member Services Representative will arrange for any available records or radiographs and the necessary second opinion form to be sent to the consulting dentist.

   The second opinion consultation shall have the applicable Patient Charge for code D9310. If a Participating Dental HMO Dentist is the consultant dentist, the Member must pay the applicable Patient Charge for code D9310. The Plan's benefit for a second opinion consultation is limited to $50.00. If a non-participating dentist is the consultant dentist, the Member must pay the applicable Patient Charge for code D9310 and any portion of the dentist's fee over $50.00.

   Third opinions are not covered unless requested by us. If a third opinion is requested by the Member, the Member is responsible for the payment. Exceptions will be considered on an individual basis, and must be approved in writing by First Commonwealth.

7. Noble and High Noble Metals-

   The Plan provides for the use of noble metals for inlays, onlays, crowns and fixed bridges. When high noble metal (including "gold") is used, the Member will be responsible for the Patient Charge for the inlay, onlay, crown, or fixed bridge, plus an additional charge equal to the actual laboratory cost of the high noble metal.

8. General Anesthesia / IV Sedation-

   General anesthesia / IV sedation General anesthesia or IV sedation is limited to services provided by a participating oral surgery Specialist. Not all participating oral surgery Specialists offer these services. The Member is responsible to identify and receive services from a participating oral surgery Specialist willing to provide general anesthesia or IV sedation. The Member's Patient Charge is shown in the Services and Patient Charges section.

9. Orthodontic Treatment-

   The Plan covers orthodontic services as shown in the Covered Dental Services and Patient Charges section. Coverage is limited to one course of treatment per Member. We must preauthorize treatment, and treatment must be performed by a participating orthodontic Specialist.

The Plan covers up to 24 months of comprehensive orthodontic treatment. If treatment beyond 24 months is necessary, the Member will be responsible for each additional month of treatment, based upon the participating orthodontic Specialist's contracted fee.

Except as described under Treatment in Progress-Orthodontic Treatment and Treatment in Progress - Takeover Benefit for 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 orthodontic Specialist may prorate his or her usual fee over the remaining months of treatment. The Member is responsible for all payments to the participating orthodontic Specialist for services after the termination date. Retention services are covered at the Patient Charge shown in the Covered Dental Services and Patient Charges section only following a course of comprehensive orthodontic treatment started and completed under this Plan.

If a Member transfers to another participating orthodontic Specialist 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 Specialist and subsequent treatment.

The benefit for the treatment plan and records includes initial records and any interim and final records. The benefit for comprehensive orthodontic treatment covers the fixed banding appliances and related visits only. Additional fixed or removable appliances will be the Member's responsibility. The benefit for orthodontic retention is limited to 12 months and covers any and all necessary fixed and removable appliances and related visits. Retention services are covered only following a course of comprehensive orthodontic treatment covered under the Plan. Limited orthodontic treatment and interceptive (Phase I) treatment are not covered.

The Plan does not cover any incremental charges for non-standard orthodontic appliances or those made with clear, ceramic, white or other optional material or lingual brackets. Any additional costs for the use of optional materials will be the Member's responsibility.

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's usual fee.

10. Treatment In Progress-

    A Member may choose to have a Participating Dental HMO Dentist complete an inlay, onlay, crown, fixed bridge, denture, root canal, or orthodontic treatment procedure which: (1) is listed in the Covered Dental Services and Patient Charges Section; and (2) was started but not completed prior to the Member's eligibility to receive benefits under this Plan. The Member is responsible to identify, and transfer to, a Participating Dental HMO Dentist willing to complete the procedure at the Patient Charge described in this section.

    - Restorative Treatment - Inlays, onlays, crowns and fixed bridges are started when the tooth or teeth are prepared and completed when the final restoration is permanently cemented. Dentures are started when the impressions are taken and completed when the denture is delivered to the patient. Inlays, onlays, crowns, fixed bridges, or dentures which are shown in the Covered Dental Services and Patient Charges section and were started but not completed prior to the Member's eligibility to receive benefits under this Plan, may be covered if the Member identifies a Participating Dental HMO Dentist who is willing to complete the procedure at a Patient Charge equal to 85% of the Participating Dental HMO Dentist's usual fee. (There is no additional charge for high noble metal.)
    - Endodontic Treatment - Endodontic treatment is started when the pulp chamber is opened and completed when the permanent root canal filling material is placed. Endodontic

procedures which are shown in the Covered Dental Services and Patient Charges section that were started but not completed prior to the Member's eligibility to receive benefits under this Plan may be covered if the Member identifies a Participating Dental HMO Dentist who is willing to complete the procedure at a Patient Charge equal to 85% of Participating Dentist's usual fee.

- Orthodontic Treatment - Comprehensive orthodontic treatment is started when the teeth are banded. Comprehensive orthodontic treatment procedures which are shown in the Covered Dental Services and Patient Charges section and were started but not completed prior to the Member's eligibility to receive benefits under this Plan may be covered if the Member identifies a participating orthodontic Specialist who is willing to complete the treatment, including retention, at a Patient Charge equal to 85% of the participating orthodontic Specialist's usual fee. Also refer to the Treatment in Progress - Takeover Benefit for Orthodontic Treatment section.

11. Treatment in Progress - Takeover Benefit for Orthodontic Treatment -

The Treatment in Progress - Takeover Benefit for Orthodontic Treatment provides a Member who qualifies, as explained below, a benefit to continue comprehensive orthodontic treatment that was started under another dental HMO plan with the current treating orthodontist, after this Plan becomes effective.

A Member may be eligible for the Treatment in Progress - Takeover Benefit for Orthodontic Treatment only if:

- the Member was covered by another dental HMO plan just prior to the effective date of This Plan and had started comprehensive orthodontic treatment (D8070, D8080 or D8090) with a participating network orthodontist under the prior dental HMO plan;
- the Member has such orthodontic treatment in progress at the time This Plan becomes effective;
- the Member continues such orthodontic treatment with the treating orthodontist;
- the Member's payment responsibility for the comprehensive orthodontic treatment in progress has increased because the treating orthodontist raised fees due to the termination of the prior dental HMO plan; and
- a Treatment in Progress - Takeover Benefit for Orthodontic Treatment Form, completed by the treating orthodontist, is submitted to us within 6 months of the effective date of This Plan.

The benefit amount will be calculated based on: (i) the number of remaining months of comprehensive orthodontic treatment; and (ii) the amount by which the Member's payment responsibility has increased as a result of the treating orthodontist's raised fees, up to a maximum benefit of $500 per Member.

The Member will be responsible to have the treating orthodontist complete a Treatment in Progress - Takeover Benefit for Orthodontic Treatment Form and submit it to us. The Member has 6 months from the effective date of This Plan to have the Form submitted to us in order to be eligible for the Treatment in Progress - Takeover Benefit for Orthodontic Treatment. We will determine the Member's additional payment responsibility and prorate the months of comprehensive orthodontic treatment that remain. The Member will be paid quarterly until the benefit has been paid or until the Member completes treatment, whichever comes first. The benefit will cease if the Member's coverage under this Plan is terminated.

This benefit is only available to Members that were covered under the prior dental HMO plan and are in comprehensive orthodontic treatment with a participating network orthodontist when This Plan becomes effective with us. It will not apply if the comprehensive orthodontic treatment was

started when the Member was covered under a PPO or Indemnity plan; or where no prior coverage existed; or if the Member transfers to another orthodontist. This benefit applies to Members of new Plans only. It does not apply to Members of existing Plans. And it does not apply to persons who become newly eligible under the Group after the effective date of This Plan.

The benefit is only available to Members in comprehensive orthodontic treatment (D8070, D8080 or D8090). It does not apply to any other orthodontic services. Additionally, we will only cover up to a total 24 months of comprehensive orthodontic treatment.

Exclusions

This Plan does not pay benefits for the following:

1. Any condition for which benefits of any nature are recovered or found to be recoverable, whether by adjudication or settlement, under any Worker's Compensation or Occupational Disease Law, even though the Member fails to claim his or her rights to such benefit.
2. Dental services performed in a hospital, surgical center, or related hospital fees.
3. Any treatment of congenital and/or developmental malformations. This exclusion will not apply to an otherwise covered service involving (a) congenitally missing or (b) supernumerary teeth.
4. Any histopathological examination or other laboratory charges.
5. Removal of tumors, cysts, neoplasms or foreign bodies that are not of tooth origin.
6. Any oral surgery requiring the setting of a fracture or dislocation.
7. Placement of osseous (bone) grafts.
8. Dispensing of drugs not normally supplied in a dental office for treatment of dental diseases.
9. Any treatment or appliances requested, recommended or performed: (a) which in the opinion of the Participating Dental HMO Dentist is not necessary for maintaining or improving the Member's dental health, or (b) which is solely for cosmetic purposes.
10. Precision attachments, stress breakers, magnetic retention or overdenture attachments.
11. The use of: (a) intramuscular sedation, (b) oral sedation, or (c) inhalation sedation, including but not limited to nitrous oxide.
12. Any procedure or treatment method: (a) which does not meet professionally recognized standards of dental practice or (b) which is considered to be experimental in nature.
13. Replacement of lost, missing, or stolen appliances or prosthesis or the fabrication of a spare appliance or prosthesis.
14. Replacement or repair of prosthetic appliances damaged due to the neglect of the Member.
15. Any Member request for: (a) care by a Specialist for services or treatment which can be routinely provided by the PCD; or (b) treatment by a Specialist without a referral from the PCD and approval from us.
16. Treatment provided by any public program, or paid for or sponsored by any government body, unless we are legally required to provide benefits.
17. Any restoration, service, appliance or prosthetic device used solely to: (a) alter vertical dimension; (b) replace tooth structure lost due to attrition or abrasion; or (c) splint or stabilize teeth for periodontal reasons (d) realign teeth.
18. Any service, appliance, device or modality intended to treat disturbances of the temporomandibular joint (TMJ).
19. Dental services, other than covered Emergency Dental Services, which were performed by any dentist other than the Member's assigned PCD, unless we had provided written authorization.
20. Cephalometric x-rays except when performed as part of the orthodontic treatment Plan and records for a covered course of comprehensive orthodontic treatment.
21. Treatment which requires the services of a Prosthodontist.
22. Treatment which requires the services of a pediatric dental Specialist, after the Member's 8th birthday.

23. Consultations for non-covered services.
24. Any service, treatment or procedure not specifically listed in the Covered Dental Services and Patient Charges section.
25. Any service or procedure: (a) associated with the placement, prosthodontic restoration or maintenance of a dental implant; and (b) any incremental charges to other covered services as a result of the presence of a dental implant.
26. Inlays, onlays, crowns or fixed bridges or dentures started, but not completed, prior to the Member's eligibility to receive benefits under this Plan, except as described under Treatment in Progress - Restorative Treatment. (Inlays, onlays crowns or fixed bridges are considered to be (a) started when the tooth or teeth are prepared, and (b) completed when the final restoration is permanently cemented. Dentures are considered to be (a) started when the impressions are taken, and (b) completed when the denture is delivered to the Member.)
27. Root canal treatment started, but not completed, prior to the Member's eligibility to receive benefits under this Plan, except as described under Treatment in Progress - Endodontic Treatment. (Root canal treatment is considered to be (a) started when the pulp chamber is opened, and (b) completed when the permanent root canal filling material is placed.)
28. Orthodontic treatment started prior to the Member's eligibility to receive benefits under this Plan, except as described under Treatment in Progress - Orthodontic Treatment and Treatment in Progress - Takeover Benefit for Orthodontic Treatment. (Orthodontic treatment is considered to be started when the teeth are banded.)
29. Inlays, onlays, crowns, fixed bridges or dentures started by a non-participating dentist. (Inlays, onlays, crowns and fixed bridges are considered to be started when the tooth or teeth are prepared. Dentures are considered to be started when the impressions are taken.) This exclusion will not apply to services that are started and which are covered under the Plan as Emergency Dental Services.
30. Root canal treatment started by a non-participating dentist. Root canal treatment is considered to be started when the pulp chamber is opened). This exclusion will not apply to services that were started and which are covered under the Plan as Emergency Dental Services.
31. Orthodontic treatment started by a non-participating dentist while the Member is covered under this Plan. (Orthodontic treatment is considered to be started when the teeth are banded.)
32. Extractions performed solely to facilitate orthodontic treatment.
33. Extractions of impacted teeth with no radiographic evidence of pathology. The removal of impacted teeth is not covered if performed for prophylactic reasons.
34. Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
35. Clinical crown lengthening (D4249) performed in the presence of periodontal disease on the same tooth.
36. Procedures performed to facilitate non-covered services, including but not limited to: (a) root canal therapy to facilitate overdentures, hemisection or root amputation, and (b) osseous surgery to facilitate either guided tissue regeneration or an osseous graft.
37. Procedures, appliances or devices: (a) guide minor tooth movement or (b) to correct or control harmful habits.
38. Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.
39. Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.

40. Replacement or repair of orthodontic appliances damaged due to the neglect of the Member.

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