

FCW DHMO PLAN 2750 (IL - \$10 Office Visit Copay)
 SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective as of 1/1/2019

CDT Codes++	Covered Dental Services and Patient Charges	Patient Charges	CDT Codes++	Covered Dental Services and Patient Charges	Patient Charges
D0100-D0999	I. DIAGNOSTIC		D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$55
D0999	Office Visit Copay	\$10	D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$73
D0120	Periodic Oral Evaluation	\$0	D2335	Resin-Based Comp - 4 or More Surfaces or Involving Incisal Angle (Anterior)	\$83
D0140	Limited Oral Evaluation - Problem Focused	\$0	D2390	Resin-Based Composite Crown, Anterior	\$147
D0145	Oral Eval for Patient under 3 & Counseling with Primary Caregiver	\$0	D2391	Resin-Based Composite - 1 Surface, Posterior	\$89
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$0	D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$119
D0160	Detailed & Extensive Evaluation, Problem Focused	\$0	D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$141
D0170	Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative)	\$0	D2394	Resin-Based Composite - 4 or More Surfaces, Posterior	\$169
D0171	Re-Evaluation - Post-Operative Office Visit	\$0	D2510	Inlay - Metallic - 1 Surface*	\$201
D0180	Comprehensive Periodontal Examination, New or Established Patient	\$0	D2520	Inlay - Metallic - 2 Surfaces*	\$240
D0210	Intraoral - Complete Series (Incl. Bitewings)	\$0	D2530	Inlay - Metallic - 3 or More Surfaces*	\$258
D0220	Intraoral - Periapical First Film	\$0	D2542	Onlay - Metallic - 2 Surfaces*	\$247
D0230	Intraoral - Periapical Each Additional Film	\$0	D2543	Onlay - Metallic - 3 Surfaces*	\$291
D0240	Intraoral - Occlusal Film	\$0	D2544	Onlay - Metallic - 4 or More Surfaces*	\$303
D0270	Bitewing - Single Film	\$0	D2610	Inlay - Porcelain Ceramic 1 Surf	\$217
D0272	Bitewing X-Rays - 2 Films	\$0	D2620	Inlay - Porcelain Ceramic 2 Surf	\$241
D0273	Bitewing X-Rays - 3 Films	\$0	D2630	Inlay - Porcelain Ceramic 3 Surf	\$262
D0274	Bitewing X-Rays - 4 Films	\$0	D2642	Onlay - Porcelain Ceramic 2 Surf	\$253
D0277	Vertical Bitewings - 7 to 8 Films	\$0	D2643	Onlay - Porcelain Ceramic 3 Surf	\$293
D0330	Panoramic Film	\$0	D2644	Onlay - Porcelain Ceramic 4+ Surf	\$305
D0415	Bacteriological Studies	\$0	D2650	Inlay - Resin 1 Surf	\$189
D0460	Pulp Vitality Tests	\$0	D2651	Inlay - Resin 2 Surf	\$210
D0470	Diagnostic Casts	\$0	D2652	Inlay - Resin 3 Surf	\$228
D0600	Non-ionizing Diagnostic Procedure Capable of Quantifying, Monitoring, and Recording Changes in Structure of Enamel, Dentin and Cementum	\$0	D2662	Onlay - Resin 2 Surf	\$219
D1000-D1999	II. PREVENTIVE		D2663	Onlay - Resin 3 Surf	\$254
D1110	Prophylaxis - Adult	\$0	D2664	Onlay - Resin 4+ Surf	\$266
D1120	Prophylaxis - Child	\$0	D2710	Crown - Resin-Lab	\$115
D1206	Topical Fluoride Varnish, Therapeutic Application for Mod to High Caries Risk Patients	\$0	D2720	Crown - Resin, High Noble Metal*	\$172
D1208	Topical Application Of Fluoride - Excluding Varnish	\$0	D2721	Crown - Resin, Base Metal	\$172
D1310	Nutritional Counseling for Control of Dental Disease	\$0	D2722	Crown - Resin, Noble Metal	\$172
D1330	Oral Hygiene Instructions	\$0	D2740	Crown - Porcelain/Ceramic	\$550
D1351	Sealant - Per Tooth	\$16	D2750	Crown - Porcelain Fused to High Noble Metal*	\$514
D1352	Preventive Resin Restoration in Mod - High Caries Risk Patient - Perm Tooth	\$8	D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$458
D1510	Space Maintainer - Fixed - Unilateral	\$81	D2752	Crown - Porcelain Fused to Noble Metal	\$526
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$78	D2780	Crown - 3/4 Cast High Noble Metal*	\$315
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$78	D2781	Crown - 3/4 Cast Predominantly Base Metal	\$267
D1520	Space Maintainer - Removable - Unilateral	\$54	D2782	Crown - 3/4 Cast Noble Metal	\$292
D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$78	D2783	Crown - 3/4 Porcelain/Ceramic	\$325
D1527	Space Maintainer - Removable - Bilateral, Mandibular	\$78	D2790	Crown - Full Cast High Noble Metal*	\$514
D1550	Re-cement or Re-bond Space Maintainer	\$11	D2791	Crown - Full Cast Predominantly Base Metal	\$267
D1555	Removal of a Space Maintainer, By Dentist Who Did Not Originally Place	\$7	D2792	Crown - Full Cast Noble Metal	\$526
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral	\$81	D2794	Crown - Titanium	\$315
D2000-D2999	III. RESTORATIVE		D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$14
D2140	Amalgam - 1 Surface, Primary or Permanent	\$38	D2915	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post & Core	\$14
D2150	Amalgam - 2 Surfaces, Primary or Permanent	\$45	D2920	Re-cement or Re-bond Crown	\$28
D2160	Amalgam - 3 Surfaces, Primary or Permanent	\$53	D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$83
D2161	Amalgam - 4 or More Surfaces, Primary or Permanent	\$45	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$73
D2330	Resin-Based Composite - 1 Surface, Anterior	\$45	D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$80

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D2000-D2999	III. RESTORATIVE (Cont.)		D4000-D4999	V. PERIODONTICS	
D2932	Prefabricated Resin Crown	\$83	D4210	Gingivectomy or Gingivoplasty - 4 or More Teeth Per Quadrant	\$165
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$83	D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$91
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$83	D4212	Gingivectomy or Gingivoplasty to Allow Access For Restorative Procedure, Per Tooth	\$43
D2940	Protective Restoration	\$31	D4240	Gingival Flap Procedure, w/Root Planing - 4 or More Teeth Per Quadrant	\$193
D2941	Interim Therapeutic Restoration - Primary Dentition	\$10	D4241	Gingival Flap Procedure, w/Root Planing - 1 to 3 Teeth, Per Quadrant	\$123
D2949	Restorative Foundation for an Indirect Restoration	\$32	D4245	Apically Positioned Flap	\$187
D2950	Core Buildup, Incl. any Pins When Required	\$136	D4249	Clinical Crown Lengthening - Hard Tissue	\$243
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$29	D4260	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 4 or More Teeth Per Quad	\$366
D2952	Cast Post & Core in Addition to Crown*	\$191	D4261	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 1 to 3 Teeth, Per Quad	\$256
D2953	Each Additional Cast Post - Same Tooth*	\$60	D4268	Surgical Revision Procedure, Per Tooth, Inclusive in Surgery	\$0
D2954	Prefabricated Post & Core in Addition to Crown	\$155	D4341	Scaling & Root Planing - 4 or More Teeth Per Quadrant	\$75
D2957	Each Additional Prefabricated Post - Same Tooth	\$7	D4342	Scaling & Root Planing - 1 to 3 Teeth, Per Quadrant	\$45
D2960	Labial Veneer (Resin Laminate) - Chairside	\$322	D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, after Oral Evaluation	\$0
D2961	Labial Veneer (Resin Laminate) - Lab	\$458	D4355	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	\$49
D2962	Labial Veneer (Porcelain Laminate) - Lab	\$550	D4381	Loc. Deliv. Chemo Agent, Controlled Release into Crevice, Per Tooth	\$16
D2971	Additional Procedures to Construct New Crown Under Existing Partial	\$86	D4910	Periodontal Maintenance	\$43
D2980	Crown Repair	\$61	D4921	Gingival Irrigation - Per Quadrant	\$9
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$14	D5000-D5999	VI. PROSTHODONTICS (removable)	
D3000-D3999	IV. ENDODONTICS		D5110	Complete Denture - Maxillary	\$693
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$18	D5120	Complete Denture - Mandibular	\$693
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$15	D5130	Immediate Denture - Maxillary	\$741
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$57	D5140	Immediate Denture - Mandibular	\$741
D3221	Pulpal Debridement, Primary & Permanent Teeth	\$18	D5211	Maxillary Partial - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$693
D3222	Partial Pulpotomy for Apexogenesis - Perm. Tooth with Incomplete Root	\$30	D5212	Mandibular Partial - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$693
D3230	Pulp Therapy, Anterior Primary	\$52	D5213	Maxillary Partial - Cast Metal Framework w/Resin Bases	\$741
D3240	Pulp Therapy, Posterior Primary	\$113	D5214	Mandibular Partial - Cast Metal Framework w/Resin Bases	\$741
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$226	D5221	Immediate Maxillary Partial - Resin Base	\$728
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$266	D5222	Immediate Mandibular Partial - Resin Base	\$728
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$356	D5223	Immediate Maxillary Partial - Cast Metal Framework w/Resin Bases	\$778
D3351	Apexification/Recalcification Initial Visit	\$62	D5224	Immediate Mandibular Partial - Cast Metal Framework w/Resin Bases	\$778
D3352	Apexification/Recalcification Interim Visit	\$42	D5225	Maxillary Partial - Flexible Base	\$436
D3353	Apexification/Recalcification Final Visit	\$146	D5226	Mandibular Partial - Flexible Base	\$436
D3410	Apicoectomy - Anterior	\$213	D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Incl. Clasps and Teeth), Maxillary	\$173
D3421	Apicoectomy - Premolar (First Root)	\$258	D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Incl. Clasps and Teeth), Mandibular	\$173
D3425	Apicoectomy - Molar (First Root)	\$266	D5410	Adjust Complete Denture - Maxillary	\$19
D3426	Apicoectomy (Each Additional Root)	\$96	D5411	Adjust Complete Denture - Mandibular	\$19
D3427	Periradicular Surgery without Apicoectomy	\$205	D5421	Adjust Partial Denture - Maxillary	\$19
D3430	Retrograde Filling - Per Root	\$47	D5422	Adjust Partial Denture - Mandibular	\$33
D3450	Root Amputation Per Root	\$122	D5511	Repair Broken Complete Denture Base, Mandibular	\$82
D3920	Hemisection (Incl. Root Removal/Excludes Rct)	\$117	D5512	Repair Broken Complete Denture Base, Maxillary	\$82
D3950	Canal Prep & Fit of Preformed Post (By Other Than Dentist Who Placed Post)	\$11	D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$79
			D5611	Repair Resin Partial Denture Base, Mandibular	\$96

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D5000-D5999	VI. PROSTHODONTICS (removable) Cont.		D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces*	\$240
D5612	Repair Resin Partial Denture Base, Maxillary	\$96	D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces*	\$258
D5621	Repair Cast Partial Framework, Mandibular	\$45	D6604	Retainer Inlay - Cast Predominately Base Metal, Two Surfaces	\$240
D5622	Repair Cast Partial Framework, Maxillary	\$45	D6605	Retainer Inlay - Cast Predominately Base Metal, Three or More Surfaces	\$258
D5630	Repair or Replace Broken Retentive Clasping Materials - Per Tooth	\$114	D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$240
D5640	Replace Broken Teeth - Per Tooth	\$75	D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$258
D5650	Add Tooth to Existing Partial Denture	\$97	D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$253
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$122	D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$293
D5670	Replace All Teeth & Acrylic on Cast Metal Framework - Maxillary	\$163	D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces*	\$247
D5671	Replace All Teeth & Acrylic on Cast Metal Framework - Mandibular	\$163	D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces*	\$291
D5710	Rebase Complete Maxillary Denture	\$141	D6612	Retainer Onlay - Cast Predominately Base Metal, Two Surfaces	\$247
D5711	Rebase Complete Mandibular Denture	\$141	D6613	Retainer Onlay - Cast Predominately Base Metal, Three or More Surfaces	\$291
D5720	Rebase Maxillary Partial Denture	\$131	D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$247
D5721	Rebase Mandibular Partial Denture	\$255	D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$291
D5730	Reline Complete Maxillary Denture (Chairside)	\$69	D6624	Retainer Inlay - Titanium	\$240
D5731	Reline Complete Mandibular Denture (Chairside)	\$69	D6634	Retainer Onlay - Titanium	\$247
D5740	Reline Maxillary Partial Denture (Chairside)	\$55	D6710	Retainer Crown - Indirect Resin Based Composite	\$115
D5741	Reline Mandibular Partial Denture (Chairside)	\$55	D6720	Retainer Crown - Resin with High Noble Metal*	\$172
D5750	Reline Complete Maxillary Denture (Laboratory)	\$119	D6721	Retainer Crown - Resin with Predominately Base Metal	\$172
D5751	Reline Complete Mandibular Denture (Laboratory)	\$222	D6722	Retainer Crown - Resin with Noble Metal	\$172
D5760	Reline Maxillary Partial Denture (Laboratory)	\$103	D6740	Retainer Crown - Porcelain/Ceramic	\$550
D5761	Reline Mandibular Partial Denture (Laboratory)	\$103	D6750	Retainer Crown - Porcelain Fused to High Noble Metal*	\$514
D5850	Tissue Conditioning, Maxillary	\$65	D6751	Retainer Crown - Porcelain Fused to Predominately Base Metal	\$514
D5851	Tissue Conditioning, Mandibular	\$39	D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$526
D5876	Add Metal Substructure To Acrylic Full Denture (Per Arch)	\$73	D6780	Retainer Crown - 3/4 Cast High Noble Metal*	\$310
D6200-D6999	IX. PROSTHODONTICS (fixed)		D6781	Retainer Crown - 3/4 Cast Predominately Base Metal	\$267
D6205	Pontic - Indirect Resin Based Composite	\$115	D6782	Retainer Crown - 3/4 Cast Noble Metal	\$292
D6210	Pontic - Cast High Noble Metal*	\$478	D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$325
D6211	Pontic - Cast Predominantly Base Metal	\$267	D6790	Retainer Crown - Full Cast High Noble Metal*	\$315
D6212	Pontic - Cast Noble Metal	\$292	D6791	Retainer Crown - Full Cast Predominately Base Metal	\$267
D6214	Pontic - Titanium	\$315	D6792	Retainer Crown - Full Cast Noble Metal	\$292
D6240	Pontic - Porcelain Fused to High Noble Metal*	\$449	D6794	Retainer Crown - Titanium	\$315
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$478	D6930	Re-cement or Re-bond Fixed Partial Denture	\$21
D6242	Pontic - Porcelain Fused to Noble Metal	\$490	D6980	Fixed Partial Denture Repair, by report	\$60
D6245	Pontic - Porcelain/Ceramic	\$490	D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY	
D6250	Pontic - Resin, High Noble Metal*	\$318	D7111	Extraction, Coronal Remnants - Primary Tooth	\$28
D6251	Pontic - Resin, Base Metal	\$281	D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$40
D6252	Pontic - Resin, Noble Metal	\$300	D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$73
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$121	D7220	Removal of Impacted Tooth - Soft Tissue	\$94
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$121	D7230	Removal of Impacted Tooth - Partially Bony	\$125
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	\$60	D7240	Removal of Impacted Tooth - Completely Bony	\$153
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$241	D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surg Comp	\$168
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$262			

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D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY (Cont.)		D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES	
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$125	D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$21
D7280	Exposure of an Unerupted Tooth	\$126	D9210	Local Anesthetic, Not in Conjunction with Operative Procs.	\$0
D7310	Alveoloplasty w/Extractions - Per Quadrant	\$65	D9215	Local Anesthesia-In Conjunction with Operative or Surgical Procedures (Inclusive in those Procedures)	\$0
D7311	Alveoloplasty w/Ext - 1 To 3 Teeth or Spaces, Per Quadrant	\$60	D9230	Analgesia, Nitrous Oxide	\$17
D7320	Alveoloplasty Not w/Extractions - Per Quadrant	\$79	D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$20
D7321	Alveoloplasty Not w/Extractions - 1 to 3 Teeth or Spaces Per Quadrant	\$60	D9311	Consultation with a Medical Health Care Professional	\$0
D7450	Removal of Benign Odontogenic Cyst or Tumor (Diameter <= 1.25 Cm)	\$104	D9430	Office Visit for Observation (During Regularly Scheduled Hours)	\$10
D7451	Removal of Benign Odontogenic Cyst or Tumor (Diameter >1.25 Cm)	\$119	D9440	Office Visit for Observation (After Regularly Scheduled Hours)	\$10
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	\$49	D9450	Case Presentation, Detailed & Extensive Treatment Planning	\$0
D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$29	D9910	Application of Desensitizing Medicament, Per Visit	\$8
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$113	D9911	Application of Desensitizing Resin for Cervical and/or Root Surface-Per Tooth	\$11
D7963	Frenuloplasty	\$130	D9951	Occlusal Adjustment - Limited	\$19
D7972	Surgical Reduction of Fibrous Tuberosity	\$67	D9952	Occlusal Adjustment - Complete	\$55
D8000-D8999	XI. ORTHODONTICS		D9991	Dental Case Management - Addressing Appointment Compliance Barriers	\$0
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18 and under) Class I and II	\$3,491	D9992	Dental Case Management - Care Coordination	\$0
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over) Class I and II	\$3,871	D9993	Dental Case Management - Motivational Interviewing	\$0
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	\$205	D9994	Dental Case Management - Patient Education to Improve Oral Health Literacy	\$0
D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(s))	\$255			
D8681	Removable Orthodontic Retainer Adjustment	\$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, 2019. 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 © 2018 American Dental Association. All rights reserved.