

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as “Dominion”).



Elite ePPO Basic (DC)
Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)
 - Coverage begins the first day of the month following the month in which the Member turns 19 -

Plan Highlights

- This plan has fixed copayments. In-network (IN) providers have contracted with Dominion and accept the IN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of- area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).
- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network
Single adult		\$25
Three or more adults		\$75
Applies to:		Class 2 and Class 3
<ul style="list-style-type: none"> • Each member must pay the in-network deductible amount for dental services before the plan will begin to cover the member’s dental procedures. There is a \$25 deductible per adult Member per Calendar Year and the single adult deductible amount must be met prior to satisfying the three or more adults deductible. For three or more adults, the total combined maximum deductible amount for all adult Members is \$75 per Calendar Year at which point the deductible is waived for remaining adult Members. 		
Maximums		In-Network
Annual		\$1,500
Lifetime Ortho		N/A
The annual maximum applies to: Class 1, Class 2 and Class 3		
Rollover Services	Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts	\$750	\$1,875
<ul style="list-style-type: none"> • A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> • At least one claim must be submitted for Class 1 covered services during the Calendar Year. • The member must have received services in excess of any deductible. • The member must not have received services that exceed the service maximum, which is the amount paid by the plan. • If eligible, the amount of rollover services may not be greater than the rollover maximum. • A member’s rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given Calendar Year. 		

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 1 - Diagnostic/Preventive					
D0120	Periodic oral eval - established patient	0	D0272	Bitewing x-rays - two radiographic images	0
D0140	Limited oral eval - problem focused	0	D0273	Bitewing x-rays - three radiographic images.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0274	Bitewing x-rays - four radiographic images	0
D0160	Detailed and extensive oral eval - problem focused...	0	D0277	Vertical bitewings - 7 to 8 radiographic images.....	0
D0170	Re-evaluation - limited, problem focused	0	D0330	Panoramic radiographic image	0
D0180	Comp. periodontal eval - new or established patient	0	D0340	2D cephalometric radiographic image	0
D0210	Intraoral - complete series of radiographic images	0	D0350	2D oral/facial photographic images.....	0
D0220	Intraoral - periapical first radiographic image	0	D0460	Pulp vitality tests	0
D0230	Intraoral - periapical each add. radiographic image...	0	D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist’s office)	0
D0240	Intraoral - occlusal radiographic image	0	D1110	Prophylaxis (cleaning) - adult	0
D0250	Extraoral - 2D projection radiographic image.....	0			
D0270	Bitewing x-rays - single radiographic image	0			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 2 - Restorative (Fillings)					
D2140	Amalgam - one surface, prim. or perm.	20	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth)	84
D2150	Amalgam - two surfaces, prim. or perm.	30	D2940	Protective restoration	30
D2160	Amalgam - three surfaces, prim. or perm.	40	D2950	Core buildup, including any pins	100
D2161	Amalgam - >=4 surfaces, prim. or perm.	55	D2951	Pin retention - per tooth, in addition to restoration ..	28
D2330	Resin-based composite - one surface, anterior	32	D2952	Post and core in addition to crown	141
D2331	Resin-based composite - two surfaces, anterior	42	D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated	77
D2332	Resin-based composite - three surfaces, anterior	52	D2954	Prefab. post and core in addition to crown	105
D2335	Resin-based composite - >=4 surfaces, anterior	100	D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	285
D2390	Resin-based composite crown, anterior.....	70	D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	436
D2391	Resin-based composite - one surface, posterior	45	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months)	54
D2392	Resin-based composite - two surfaces, posterior.....	55	D2980	Crown repair necessitated by restorative material failure	85
D2393	Resin-based composite - three surfaces, posterior	65	D2981	Inlay repair necessitated by restorative material failure	85
D2394	Resin-based composite - >=4 surfaces, posterior	115	D2982	Onlay repair necessitated by restorative material failure	85
Class 3 - Crown & Bridge			Class 3 - Endodontics		
D2510	Inlay - metallic - one surface	261	D3110	Pulp cap - direct (excl. final restoration)	13
D2520	Inlay - metallic - two surfaces	336	D3120	Pulp cap - indirect (excl. final restoration)	13
D2530	Inlay - metallic - three or more surfaces	375	D3220	Therapeutic pulpotomy (excl. final restor.)	100
D2542	Onlay - metallic - two surfaces	355	D3221	Pulpal debridement, prim. and perm. teeth	100
D2543	Onlay - metallic - three surfaces	375	D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years)	100
D2544	Onlay - metallic - four or more surfaces	391	D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	90
D2610	Inlay - porcelain/ceramic - one surface	317	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	102
D2620	Inlay - porcelain/ceramic - two surfaces.....	331	D3310	Endodontic therapy, anterior tooth (excl. final restor.)	550
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	374	D3320	Endodontic therapy, premolar tooth (excl. final restor.)	640
D2642	Onlay - porcelain/ceramic - two surfaces	375	D3330	Endodontic therapy, molar tooth (excl. final restor.)..	780
D2643	Onlay - porcelain/ceramic - three surfaces	391	D3331	Treatment of root canal obstruction; non-surgical access	127
D2644	Onlay - porcelain/ceramic - >=4 surfaces	393	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	234
D2650	Inlay - resin-based composite - one surface	317	D3333	Internal root repair of perforation defects	119
D2651	Inlay - resin-based composite - two surfaces	331	D3346	Retreat of prev. root canal therapy - anterior	569
D2652	Inlay - resin-based composite - >=3 surfaces.....	374	D3347	Retreat of prev root canal therapy - premolar	658
D2662	Onlay - resin-based composite - two surfaces	375	D3348	Retreat of prev. root canal therapy - molar	776
D2663	Onlay - resin-based composite - three surfaces	391	D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal .	170
D2664	Onlay - resin-based composite - >=4 surfaces	393	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal)	83
D2710	Crown - resin based composite (indirect).....	433	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.) .	179
D2712	Crown - 3/4 resin-based composite (indirect)	433	D3410	Apicoectomy - anterior	414
D2720	Crown - resin with high noble metal	465			
D2721	Crown - resin with predominately base metal	450			
D2722	Crown - resin with noble metal	450			
D2740	Crown - porcelain/ceramic	545			
D2750	Crown - porcelain fused to high noble metal	570			
D2751	Crown - porcelain fused to predominately base metal	520			
D2752	Crown - porcelain fused to noble metal	520			
D2780	Crown - 3/4 cast high noble metal	393			
D2781	Crown - 3/4 cast predominately base metal	368			
D2782	Crown - 3/4 cast noble metal	391			
D2783	Crown - 3/4 porcelain/ceramic.....	400			
D2790	Crown - full cast high noble metal.....	507			
D2791	Crown - full cast predominately base metal	455			
D2792	Crown - full cast noble metal	473			
D2794	Crown - titanium and titanium alloys	530			
D2910	Recement inlay, onlay/crown or partial coverage rest.	34			
D2915	Recement cast of prefabricated post and core (once in a lifetime)	34			
D2920	Recement inlay, onlay/crown or partial coverage rest.	27			
D2930	Prefab. stainless steel crown - prim. tooth	90			
D2931	Prefab. stainless steel crown - perm. tooth	90			
D2932	Prefabricated resin crown	66			
D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth)	84			

ADA CODE	DESCRIPTION	IN
D3421	Apicoectomy - premolar (first root)	446
D3425	Apicoectomy - molar (first root)	543
D3426	Apicoectomy - (each add. root).....	145
D3430	Retrograde filling - per root	138
D3450	Root amputation - per root	258
D3920	Hemisection, not inc. root canal therapy	194
Class 3 - Periodontics		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	198
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	368
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months)	379
D4260	Osseous surgery - >3 cont. teeth, per quad	600
D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months) ..	230
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months)	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months)	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)	341
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months)	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	401
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months)	626
D4274	Mesial/distal wedge procedure, single tooth ..	194
D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	30
D4341	Perio scaling and root planing - >3 cont teeth, per quad	97
D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	30
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	60
D4381	Localized delivery of antimicrobial agents.....	42
D4910	Periodontal maintenance	75
D4920	Unscheduled dressing change (by someone other than treating dentist)	49

ADA CODE	DESCRIPTION	IN
Class 3 - Prosthetics (Dentures)		
D5110	Complete denture - maxillary/mandibular	560
D5120	Complete denture - maxillary/mandibular	560
D5130	Immediate denture - maxillary/mandibular	565
D5140	Immediate denture - maxillary/mandibular	565
D5211	Maxillary/mandibular partial denture - resin base	375
D5212	Maxillary/mandibular partial denture - resin base	375
D5213	Maxillary/mandibular partial denture - cast metal ...	625
D5214	Maxillary/mandibular partial denture - cast metal	625
D5221	Immediate maxillary partial denture - resin base	375
D5222	Immediate mandibular partial denture - resin base....	375
D5223	Immediate maxillary partial denture - cast metal	625
D5224	Immediate mandibular partial denture - cast metal ..	625
D5225	Maxillary/mandibular partial denture - flexible base	625
D5226	Maxillary/mandibular partial denture - flexible base	625
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	318
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	318
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	318
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	318
D5410	Adjust complete denture - maxillary/mandibular	20
D5411	Adjust complete denture - maxillary/mandibular	20
D5421	Adjust partial denture - maxillary/mandibular	20
D5422	Adjust partial denture - maxillary/mandibular	20
D5511	Repair broken complete denture base, mandibular...	59
D5512	Repair broken complete denture base, maxillary.....	59
D5520	Replace missing or broken teeth - complete denture	65
D5611	Repair resin partial denture base, mandibular.....	59
D5612	Repair resin partial denture base, maxillary.....	59
D5621	Repair cast partial framework, mandibular	59
D5622	Repair cast partial framework, maxillary.....	59
D5630	Clasp repaired, replaced or added	59
D5640	Replace broken teeth - per tooth	65
D5650	Add tooth to existing partial denture	65
D5660	Clasp repaired, replaced or added	70
D5670	Replace all teeth and acrylic on cast metal framework.....	245
D5671	Replace all teeth and acrylic on cast metal framework.....	245
D5710	Rebase complete maxillary/mandibular denture	185
D5711	Rebase complete maxillary/mandibular denture	185
D5720	Rebase maxillary/mandibular partial denture	110
D5721	Rebase maxillary/mandibular partial denture	110
D5730	Reline complete maxillary/mandibular denture (chairside).....	93
D5731	Reline complete maxillary/mandibular denture (chairside).....	93
D5740	Reline maxillary/mandibular partial denture (chairside).....	93
D5741	Reline maxillary/mandibular partial denture (chairside)	93
D5750	Reline complete maxillary/mandibular denture (lab)	134
D5751	Reline complete maxillary/mandibular denture (lab)	134
D5760	Reline maxillary/mandibular partial denture (lab)	134
D5761	Reline maxillary/mandibular partial denture (lab)	134
D5820	Interim partial denture - maxillary/mandibular	228
D5821	Interim partial denture - maxillary/mandibular	228
D5850	Tissue conditioning - maxillary/mandibular	41
D5851	Tissue conditioning - maxillary/mandibular	41
D5863	Overdenture – complete maxillary	600
D5864	Overdenture – partial maxillary	565
D5865	Overdenture – complete mandibular	600
D5866	Overdenture – partial mandibular	565

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 3 - Implant Services					
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months).....	1360	D6251	Pontic - resin with predominately base metal.....	442
D6056	Prefabricated abutment (includes placement).....	468	D6252	Pontic - resin with noble metal.....	508
D6057	Custom abutment (includes placement).....	560	D6545	Retainer - cast metal for resin bonded fixed prosthesis	251
D6058	Abutment supported porcelain/ceramic crown.....	705	D6602	Retainer inlay - cast high noble metal, two surfaces..	344
D6059	Abutment supported porcelain fused to metal crown (high noble)	665	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	379
D6060	Abutment supported porcelain fused to metal crown (base metal).....	600	D6604	Retainer inlay - cast predominantly base metal, two surfaces	394
D6061	Abutment supported porcelain fused to metal crown (noble metal)	640	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	379
D6062	Abutment supported cast metal crown (high noble) .	632	D6606	Retainer inlay - cast noble metal, two surfaces.....	394
D6063	Abutment supported cast metal crown (base metal).	600	D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	379
D6064	Abutment supported cast metal crown (noble metal)	620	D6610	Retainer onlay - cast high noble metal, two surfaces .	415
D6065	Implant supported porcelain/ceramic crown.....	705	D6611	Retainer onlay - cast high noble metal, >=3 surfaces .	401
D6066	Implant supported crown - porcelain fused to high noble alloys	665	D6612	Retainer onlay - cast predominantly base metal, two surfaces	415
D6067	Implant supported crown - high noble alloys.....	665	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	401
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	52	D6614	Retainer onlay - cast noble metal, two surfaces.....	415
D6082	Implant supported crown – porcelain fused to predominantly base alloys	600	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	401
D6083	Implant supported crown – porcelain fused to noble alloys	665	D6624	Retainer inlay - titanium.....	401
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	640	D6634	Retainer onlay - titanium.....	401
D6086	Implant supported crown – predominantly base alloys	600	D6710	Retainer crown - indirect resin based composite	502
D6087	Implant supported crown – noble alloys.....	620	D6720	Retainer crown - resin with metal	446
D6088	Implant supported crown – titanium and titanium alloys	640	D6721	Retainer crown - resin with metal	425
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth)	76	D6722	Retainer crown - resin with metal	425
D6092	Recent implant/abutment supported crown (once per tooth after 6 months from initial placement)	24	D6740	Retainer crown - porcelain/ceramic.....	506
D6093	Recent implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement)	35	D6750	Retainer crown - porcelain fused to high noble metal	520
D6094	Abutment supported crown - titanium and titanium alloys	640	D6751	Retainer crown - porcelain fused to predominately base metal.....	475
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140	D6752	Retainer crown - porcelain fused to noble metal.....	475
D6100	Implant removal, by report (once per tooth)	116	D6753	Retainer crown – porcelain fused to titanium and titanium alloys.....	502
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys.....	640	D6780	Retainer crown - 3/4 cast high noble metal	410
Class 3 - Bridge & Pontics			Class 3 - Oral Surgery		
D6205	Pontic - indirect resin based composite	520	D7111	Extraction, coronal remnants - primary tooth	40
D6210	Pontic - cast high noble metal	510	D7140	Extraction, erupted tooth or exposed root	50
D6211	Pontic - cast predominately base metal	463	D7210	Extraction, erupted tooth req elev, etc	104
D6212	Pontic - cast noble metal	473	D7220	Removal of impacted tooth - soft tissue	130
D6214	Pontic - titanium and titanium alloys	520	D7230	Removal of impacted tooth - partially bony.....	190
D6240	Pontic - porcelain fused to high noble metal.....	570	D7240	Removal of impacted tooth - completely bony.....	225
D6241	Pontic - porcelain fused to predominately base metal	520	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	235
D6242	Pontic - porcelain fused to noble metal	520	D7250	Removal of residual tooth roots	120
D6243	Pontic – porcelain fused to titanium and titanium alloys	520	D7251	Coronectomy - intentional partial tooth removal (once per lifetime).....	235
D6245	Pontic - porcelain/ceramic.....	500	D7260	Oroantral fistula closure	689
D6250	Pontic - resin with high noble metal.....	552	D7261	Primary closure of a sinus perforation	200
			D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	414
			D7285	Biopsy of oral tissue - hard (bone, tooth).....	253
			D7286	Biopsy of oral tissue - soft	259
			D7287	Exfoliative cytological sample collection	50

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D7288	Brush biopsy - transepithelial sample collection	40			
D7310	Alveoloplasty in conjunction with extractions - per quad	201			
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	132			
D7320	Alveoloplasty not in conjunction with extractions - per quad	276			
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	228			
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).....	690			
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).....	1322			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc	322			
D7963	Frenuoplasty (once per site).....	322			
D7970	Excision of hyperplastic tissue - per arch.....	322			
D7971	Excision of periocoronal gingiva	106			
D7979	Non-surgical sialolithotomy.....	35			
D7980	Surgical sialolithotomy	644			
D7981	Excision of salivary gland, by report	2300			
D7982	Sialodochoplasty	1380			
D7983	Closure of salivary fistula.....	1196			
Class 3 - Adjunctive General Services					
D9110	Palliative (emergency) treatment of dental pain.....	35			
D9120	Fixed partial denture sectioning (once per tooth).....	35			
D9210	Local anesthesia	14			
D9222	Deep sedation/general anesthesia - first 15 minutes.	58			
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	58			
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	58			
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	58			
D9248	Non-intravenous conscious sedation	89			
D9310	Consultation (diagnostic service by nontreating dentist)	40			
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190			
D9942	Repair or reline of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement)	82			
D9944	Occlusal guard – hard appliance, full arch.....	220			
D9945	Occlusal guard – soft appliance, full arch	220			
D9946	Occlusal guard – hard appliance, partial arch	220			
D9995	Teledentistry – synchronous; real-time encounter (when available)	20			
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review (when available)	20			
D9997	Dental case management – patients with special health care needs.....	50			
Class 4 - Orthodontics - Not covered					0%
Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.					

Plan Exclusions

Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

Plan Limitations

Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months.
2. One emergency or problem focused exam (D0140) per Calendar Year.
3. One full mouth or panoramic x-ray per 60 months.
4. Periapical x-rays.
5. Bitewing x-rays, 2 per Calendar Year.
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year.

Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months.

Class III. Major Services:

1. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter.
2. Restoration services, limited to:
 - a. Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling.
 - b. Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially placed or last replaced.

- c. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
3. Crown build-up for non-vital teeth
4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
 - a. Pulpotomy
 - b. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage).
 - c. Apicoectomy
 - d. Retrograde fillings, per root per lifetime
5. Periodontic services, limited to:
 - a. Gingivectomy
 - b. Osseous surgery including flap entry and closure
 - c. One pedicle or free soft tissue graft per site per lifetime
 - d. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
 - e. One full mouth debridement per lifetime
 - f. Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
 - g. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years.
6. Prosthetic services, limited to:
 - a. Initial placement of removable dentures or fixed bridges
 - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
 - c. Addition of teeth to existing partial denture
 - d. One relining or rebasing of existing removable dentures per 24 months
 - e. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years.
7. One repair of dentures or fixed bridgework per 24 months
8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures
9. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year

Class IV. Orthodontia Services: Not Covered

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as “Dominion”).



Elite ePPO Basic (MD) Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)

- Coverage begins the first day of the month following the month in which the Member turns 19 -

Plan Highlights

- This plan has fixed copayments. In-network (INN) providers have contracted with Dominion and accept the INN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of-area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).
- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network	
Single adult		\$25	
Three or more adults		\$75	
Applies to:		Class 2 and Class 3	
<ul style="list-style-type: none"> • Each member must pay the in-network deductible amount for dental services before the plan will begin to cover the member’s dental procedures. There is a \$25 deductible per adult Member per calendar year and the single adult deductible amount must be met prior to satisfying the three or more adults deductible. For three or more adults, the total combined maximum deductible amount for all adult Members is \$75 per calendar year at which point the deductible is waived for remaining adult Members. 			
Maximums		In-Network	
Annual		\$1,500	
Lifetime Ortho		N/A	
The annual maximum applies to: Class 1, Class 2 and Class 3			
Rollover Services		Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts		\$750	\$1,875
<ul style="list-style-type: none"> • A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> • At least one claim must be submitted for Class 1 covered services during the calendar year. • The member must have received services in excess of any deductible. • The member must not have received services that exceed the service maximum, which is the amount paid by the plan. • If eligible, the amount of rollover services may not be greater than the rollover maximum. • A member’s rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given calendar year. 			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 1 - Diagnostic/Preventive			D0272	Bitewing x-rays - two radiographic images	0
D0120	Periodic oral eval - established patient	0	D0273	Bitewing x-rays - three radiographic images.....	0
D0140	Limited oral eval - problem focused	0	D0274	Bitewing x-rays - four radiographic images.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0277	Vertical bitewings - 7 to 8 radiographic images.....	0
D0160	Detailed and extensive oral eval - problem focused... ..	0	D0330	Panoramic radiographic image	0
D0170	Re-evaluation - limited, problem focused	0	D0340	2D cephalometric radiographic image	0
D0180	Comp. periodontal eval - new or established patient ..	0	D0350	2D oral/facial photographic images.....	0
D0210	Intraoral - complete series of radiographic images	0	D0460	Pulp vitality tests	0
D0220	Intraoral - periapical first radiographic image	0	D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist’s office)	0
D0230	Intraoral - periapical each add. radiographic image ..	0	D1110	Prophylaxis (cleaning) - adult	0
D0240	Intraoral - occlusal radiographic image	0			
D0250	Extraoral - 2D projection radiographic image.....	0			
D0270	Bitewing x-rays - single radiographic images	0			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 2 - Restorative (Fillings)					
D2140	Amalgam - one surface, prim. or perm.	20	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth)	84
D2150	Amalgam - two surfaces, prim. or perm.	30	D2940	Protective restoration.....	30
D2160	Amalgam - three surfaces, prim. or perm.	40	D2950	Core buildup, including any pins	100
D2161	Amalgam - >=4 surfaces, prim. or perm.	55	D2951	Pin retention - per tooth, in addition to restoration ..	28
D2330	Resin-based composite - one surface, anterior	32	D2952	Post and core in addition to crown	141
D2331	Resin-based composite - two surfaces, anterior	42	D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated.....	77
D2332	Resin-based composite - three surfaces, anterior	52	D2954	Prefab. post and core in addition to crown	105
D2335	Resin-based composite - >=4 surfaces, anterior	100	D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	285
D2390	Resin-based composite crown, anterior.....	70	D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	436
D2391	Resin-based composite - one surface, posterior	45	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months)	54
D2392	Resin-based composite - two surfaces, posterior.....	55	D2980	Crown repair necessitated by restorative material failure	85
D2393	Resin-based composite - three surfaces, posterior	65	D2981	Inlay repair necessitated by restorative material failure	85
D2394	Resin-based composite - >=4 surfaces, posterior	115	D2982	Onlay repair necessitated by restorative material failure	85
Class 3 - Crown & Bridge			Class 3 - Endodontics		
D2510	Inlay - metallic - one surface	261	D3110	Pulp cap - direct (excl. final restoration).....	13
D2520	Inlay - metallic - two surfaces	336	D3120	Pulp cap - indirect (excl. final restoration).....	13
D2530	Inlay - metallic - three or more surfaces.....	375	D3220	Therapeutic pulpotomy (excl. final restor.).....	100
D2542	Onlay - metallic - two surfaces	355	D3221	Pulpal debridement, prim. and perm. teeth	100
D2543	Onlay - metallic - three surfaces	375	D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years)	100
D2544	Onlay - metallic - four or more surfaces	391	D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	90
D2610	Inlay - porcelain/ceramic - one surface	317	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	102
D2620	Inlay - porcelain/ceramic - two surfaces.....	331	D3310	Endodontic therapy, anterior tooth (excl. final restor.)	550
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	374	D3320	Endodontic therapy, premolar tooth (excl. final restor.)	640
D2642	Onlay - porcelain/ceramic - two surfaces	375	D3330	Endodontic therapy, molar tooth (excl. final restor.)..	780
D2643	Onlay - porcelain/ceramic - three surfaces	391	D3331	Treatment of root canal obstruction; non-surgical access	127
D2644	Onlay - porcelain/ceramic - >=4 surfaces	393	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	234
D2650	Inlay - resin-based composite - one surface	317	D3333	Internal root repair of perforation defects	119
D2651	Inlay - resin-based composite - two surfaces	331	D3346	Retreat of prev. root canal therapy - anterior	569
D2652	Inlay - resin-based composite - >=3 surfaces.....	374	D3347	Retreat of prev root canal therapy - premolar	658
D2662	Onlay - resin-based composite - two surfaces	375	D3348	Retreat of prev. root canal therapy - molar	776
D2663	Onlay - resin-based composite - three surfaces	391	D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal ..	170
D2664	Onlay - resin-based composite - >=4 surfaces.....	393	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal)	83
D2710	Crown - resin based composite (indirect).....	433			
D2712	Crown - 3/4 resin-based composite (indirect)	433			
D2720	Crown - resin with high noble metal	465			
D2721	Crown - resin with predominately base metal	450			
D2722	Crown - resin with noble metal	450			
D2740	Crown - porcelain/ceramic	545			
D2750	Crown - porcelain fused to high noble metal	570			
D2751	Crown - porcelain fused to predominately base metal	520			
D2752	Crown - porcelain fused to noble metal	520			
D2780	Crown - 3/4 cast high noble metal	393			
D2781	Crown - 3/4 cast predominately base metal	368			
D2782	Crown - 3/4 cast noble metal	391			
D2783	Crown - 3/4 porcelain/ceramic.....	400			
D2790	Crown - full cast high noble metal.....	507			
D2791	Crown - full cast predominately base metal	455			
D2792	Crown - full cast noble metal	473			
D2794	Crown - titanium and titanium alloys	530			
D2910	Recement inlay, onlay/crown or partial coverage rest.	34			
D2915	Recement cast of prefabricated post and core (once in a lifetime)	34			
D2920	Recement inlay, onlay/crown or partial coverage rest.	27			
D2930	Prefab. stainless steel crown - prim. tooth	90			
D2931	Prefab. stainless steel crown - perm. tooth	90			
D2932	Prefabricated resin crown	66			
D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth)	84			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	179	D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	60
D3410	Apicoectomy - anterior	414	D4381	Localized delivery of antimicrobial agents	42
D3421	Apicoectomy - premolar (first root)	446	D4910	Periodontal maintenance	75
D3425	Apicoectomy - molar (first root)	543	D4920	Unscheduled dressing change (by someone other than treating dentist)	49
D3426	Apicoectomy - (each add. root)	145			
D3430	Retrograde filling - per root	138			
D3450	Root amputation - per root	258			
D3920	Hemisection, not inc. root canal therapy	194			
Class 3 - Periodontics			Class 3 - Prosthetics (Dentures)		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	198	D5110	Complete denture - maxillary/mandibular	560
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100	D5120	Complete denture - maxillary/mandibular	560
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	368	D5130	Immediate denture - maxillary/mandibular	565
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	221	D5140	Immediate denture - maxillary/mandibular	565
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months)	379	D5211	Maxillary/mandibular partial denture - resin base	375
D4260	Osseous surgery - >3 cont. teeth, per quad	600	D5212	Maxillary/mandibular partial denture - resin base	375
D4261	Osseous surgery - <=3 cont. teeth, per quad	360	D5213	Maxillary/mandibular partial denture - cast metal	625
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months)	230	D5214	Maxillary/mandibular partial denture - cast metal	625
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months)	134	D5221	Immediate maxillary partial denture - resin base	375
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months)	194	D5222	Immediate mandibular partial denture - resin base	375
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)	341	D5223	Immediate maxillary partial denture - cast metal	625
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months)	358	D5224	Immediate mandibular partial denture - cast metal	625
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	401	D5225	Maxillary/mandibular partial denture - flexible base	625
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months)	626	D5226	Maxillary/mandibular partial denture - flexible base	625
D4274	Mesial/distal wedge procedure, single tooth	194	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	318
D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	405	D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	318
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	544	D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	318
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	381	D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	318
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	30	D5410	Adjust complete denture - maxillary/mandibular	20
D4341	Perio scaling and root planing - >3 cont teeth, per quad	97	D5411	Adjust complete denture - maxillary/mandibular	20
D4342	Perio scaling and root planing - <= 3 teeth, per quad	52	D5421	Adjust partial denture - maxillary/mandibular	20
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	30	D5422	Adjust partial denture - maxillary/mandibular	20
			D5511	Repair broken complete denture base, mandibular	59
			D5512	Repair broken complete denture base, maxillary	59
			D5520	Replace missing or broken teeth - complete denture	65
			D5611	Repair resin partial denture base, mandibular	59
			D5612	Repair resin partial denture base, maxillary	59
			D5621	Repair cast partial framework, mandibular	59
			D5622	Repair cast partial framework, maxillary	59
			D5630	Clasp repaired, replaced or added	59
			D5640	Replace broken teeth - per tooth	65
			D5650	Add tooth to existing partial denture	65
			D5660	Clasp repaired, replaced or added	70
			D5670	Replace all teeth and acrylic on cast metal framework	245
			D5671	Replace all teeth and acrylic on cast metal framework	245
			D5710	Rebase complete maxillary/mandibular denture	185
			D5711	Rebase complete maxillary/mandibular denture	185
			D5720	Rebase maxillary/mandibular partial denture	110
			D5721	Rebase maxillary/mandibular partial denture	110
			D5730	Reline complete maxillary/mandibular denture (chairside)	93
			D5731	Reline complete maxillary/mandibular denture (chairside)	93
			D5740	Reline maxillary/mandibular partial denture (chairside)	93
			D5741	Reline maxillary/mandibular partial denture (chairside)	93
			D5750	Reline complete maxillary/mandibular denture (lab)	134
			D5751	Reline complete maxillary/mandibular denture (lab)	134
			D5760	Reline maxillary/mandibular partial denture (lab)	134
			D5761	Reline maxillary/mandibular partial denture (lab)	134

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D5820	Interim partial denture - maxillary/mandibular	228			
D5821	Interim partial denture - maxillary/mandibular	228			
D5850	Tissue conditioning - maxillary/mandibular	41			
D5851	Tissue conditioning - maxillary/mandibular	41			
D5863	Overdenture – complete maxillary	600			
D5864	Overdenture – partial maxillary	565			
D5865	Overdenture – complete mandibular	600			
D5866	Overdenture – partial mandibular.....	565			
Class 3 - Implant Services			Class 3 - Bridge & Pontics		
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months).....	1360	D6205	Pontic - indirect resin based composite	520
D6056	Prefabricated abutment (includes placement).....	468	D6210	Pontic - cast high noble metal	510
D6057	Custom abutment (includes placement)	560	D6211	Pontic - cast predominately base metal	463
D6058	Abutment supported porcelain/ceramic crown	705	D6212	Pontic - cast noble metal	473
D6059	Abutment supported porcelain fused to metal crown (high noble)	665	D6214	Pontic - titanium and titanium alloys	520
D6060	Abutment supported porcelain fused to metal crown (base metal).....	600	D6240	Pontic - porcelain fused to high noble metal.....	570
D6061	Abutment supported porcelain fused to metal crown (noble metal)	640	D6241	Pontic - porcelain fused to predominately base metal	520
D6062	Abutment supported cast metal crown (high noble) .	632	D6242	Pontic - porcelain fused to noble metal	520
D6063	Abutment supported cast metal crown (base metal).	600	D6243	Pontic – porcelain fused to titanium and titanium alloys	520
D6064	Abutment supported cast metal crown (noble metal).....	620	D6245	Pontic - porcelain/ceramic.....	500
D6065	Implant supported porcelain/ceramic crown	705	D6250	Pontic - resin with high noble metal.....	552
D6066	Implant supported crown - porcelain fused to high noble alloys	665	D6251	Pontic - resin with predominately base metal.....	442
D6067	Implant supported crown - high noble alloys.....	665	D6252	Pontic - resin with noble metal.....	508
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	52	D6545	Retainer - cast metal for resin bonded fixed prosthesis	251
D6082	Implant supported crown – porcelain fused to predominantly base alloys	600	D6602	Retainer inlay - cast high noble metal, two surfaces ..	344
D6083	Implant supported crown – porcelain fused to noble alloys	665	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	379
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	640	D6604	Retainer inlay - cast predominantly base metal, two surfaces	394
D6086	Implant supported crown – predominantly base alloys	600	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	379
D6087	Implant supported crown – noble alloys.....	620	D6606	Retainer inlay - cast noble metal, two surfaces.....	394
D6088	Implant supported crown – titanium and titanium alloys	640	D6607	Retainer inlay - cast noble metal, >=3 surfaces	379
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth)	76	D6610	Retainer onlay - cast high noble metal, two surfaces .	415
D6092	Recement implant/abutment supported crown (once per tooth after 6 months from initial placement)	24	D6611	Retainer onlay - cast high noble metal, >=3 surfaces .	401
D6093	Recement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement)	35	D6612	Retainer onlay - cast predominantly base metal, two surfaces	415
D6094	Abutment supported crown - titanium and titanium alloys	640	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	401
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140	D6614	Retainer onlay - cast noble metal, two surfaces.....	415
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	640	D6615	Retainer onlay - cast noble metal, >=3 surfaces	401
D6100	Implant removal, by report (once per tooth)	116	D6624	Retainer inlay - titanium	401
			D6634	Retainer onlay - titanium	401
			D6710	Retainer crown - indirect resin based composite	502
			D6720	Retainer crown - resin with metal	446
			D6721	Retainer crown - resin with metal	425
			D6722	Retainer crown - resin with metal	425
			D6740	Retainer crown - porcelain/ceramic	506
			D6750	Retainer crown - porcelain fused to high noble metal	520
			D6751	Retainer crown - porcelain fused to predominately base metal	475
			D6752	Retainer crown - porcelain fused to noble metal	475
			D6753	Retainer crown – porcelain fused to titanium and titanium alloys.....	502
			D6780	Retainer crown - 3/4 cast high noble metal	410
			D6781	Retainer crown - 3/4 cast predominantly base metal	375
			D6782	Retainer crown - 3/4 cast noble metal	404
			D6784	Retainer crown ¾ – titanium and titanium alloys.....	502
			D6790	Retainer crown - full cast high noble metal.....	512
			D6791	Retainer crown - full cast predominately base metal.	446
			D6792	Retainer crown - full cast noble metal.....	473
			D6793	Provisional retainer crown (if used at least 6 months during multistage care)	156
			D6794	Retainer crown - titanium and titanium alloys	502
			D6930	Recement or rebond fixed partial denture	50
			D6980	Fixed partial denture repair necessitated by restorative material failure	100
			Class 3 - Oral Surgery		
			D7111	Extraction, coronal remnants - primary tooth.....	40
			D7140	Extraction, erupted tooth or exposed root	50
			D7210	Extraction, erupted tooth req elev, etc	104

Plan Exclusions

Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that in the opinion of the Plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

Plan Limitations

Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months.
2. One emergency or problem focused exam (D0140) per Calendar Year.
3. One full mouth or panoramic x-ray per 60 months.
4. Periapical x-rays.
5. Bitewing x-rays, 2 per Calendar Year.
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year.

Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months.

Class III. Major Services:

1. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter.
2. Restoration services, limited to:
 - a. Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
 - b. Replacement of existing inlay, onlay, or crown, after 7 years of

- c. the restoration initially place or last replaced.
- c. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
3. Crown build-up for non-vital teeth
4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
 - a. Pulpotomy
 - b. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage).
 - c. Apicoectomy
 - d. Retrograde fillings, per root per lifetime
5. Periodontic services, limited to:
 - a. Gingivectomy
 - b. Osseous surgery including flap entry and closure
 - c. One pedicle or free soft tissue graft per site per lifetime
 - d. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
 - e. One full mouth debridement per lifetime
 - f. Two periodontal maintenance visits, following surgery per Calendar Year
 - g. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years.
6. Prosthetic services, limited to:
 - a. Initial placement of removable dentures or fixed bridges
 - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
 - c. Addition of teeth to existing partial denture
 - d. One relining or rebasing of existing removable dentures per 24 months
 - e. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years.
7. One repair of dentures or fixed bridgework per 24 months
8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures
9. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

Class IV. Orthodontia Services: Not Covered

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy. One study model per 36 months.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as “Dominion”).



Elite ePPO Basic (PA)
Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)
 - Coverage begins the first day of the month following the month in which the Member turns 19 -

Plan Highlights

- This plan has fixed copayments. In-network (IN) providers have contracted with Dominion and accept the IN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of- area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).
- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network	
Single adult		\$25	
Three or more adults		\$75	
Applies to:		Class 2 and Class 3	
<ul style="list-style-type: none"> • Each member must pay the in-network deductible amount for dental services before the plan will begin to cover the member’s dental procedures. There is a \$25 deductible per adult Member per Calendar Year and the single adult deductible amount must be met prior to satisfying the three or more adults deductible. For three or more adults, the total combined maximum deductible amount for all adult Members is \$75 per Calendar Year at which point the deductible is waived for remaining adult Members. 			
Maximums		In-Network	
Annual		\$1,500	
Lifetime Ortho		N/A	
The annual maximum applies to: Class 1, Class 2 and Class 3			
Rollover Services		Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts		\$750	\$1,875
<ul style="list-style-type: none"> • A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> • At least one claim must be submitted for Class 1 covered services during the Calendar Year. • The member must have received services in excess of any deductible. • The member must not have received services that exceed the service maximum, which is the amount paid by the plan. • If eligible, the amount of rollover services may not be greater than the rollover maximum. • A member’s rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given Calendar Year. 			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 1 - Diagnostic/Preventive					
D0120	Periodic oral eval - established patient	0	D0272	Bitewing x-rays - two radiographic images	0
D0140	Limited oral eval - problem focused	0	D0273	Bitewing x-rays - three radiographic images.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0274	Bitewing x-rays - four radiographic images	0
D0160	Detailed and extensive oral eval - problem focused...	0	D0277	Vertical bitewings - 7 to 8 radiographic images.....	0
D0170	Re-evaluation - limited, problem focused	0	D0330	Panoramic radiographic image	0
D0180	Comp. periodontal eval - new or established patient	0	D0340	2D cephalometric radiographic image	0
D0210	Intraoral - complete series of radiographic images	0	D0350	2D oral/facial photographic images.....	0
D0220	Intraoral - periapical first radiographic image	0	D0460	Pulp vitality tests	0
D0230	Intraoral - periapical each add. radiographic image...	0	D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist’s office)	0
D0240	Intraoral - occlusal radiographic image	0	D1110	Prophylaxis (cleaning) - adult	0
D0250	Extraoral - 2D projection radiographic image.....	0			
D0270	Bitewing x-rays - single radiographic image	0			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 2 - Restorative (Fillings)					
D2140	Amalgam - one surface, prim. or perm.	20	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth)	84
D2150	Amalgam - two surfaces, prim. or perm.	30	D2940	Protective restoration	30
D2160	Amalgam - three surfaces, prim. or perm.	40	D2950	Core buildup, including any pins	100
D2161	Amalgam - >=4 surfaces, prim. or perm.	55	D2951	Pin retention - per tooth, in addition to restoration ..	28
D2330	Resin-based composite - one surface, anterior	32	D2952	Post and core in addition to crown	141
D2331	Resin-based composite - two surfaces, anterior	42	D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated	77
D2332	Resin-based composite - three surfaces, anterior	52	D2954	Prefab. post and core in addition to crown	105
D2335	Resin-based composite - >=4 surfaces, anterior	100	D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	285
D2390	Resin-based composite crown, anterior.....	70	D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	436
D2391	Resin-based composite - one surface, posterior	45	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months)	54
D2392	Resin-based composite - two surfaces, posterior.....	55	D2980	Crown repair necessitated by restorative material failure	85
D2393	Resin-based composite - three surfaces, posterior	65	D2981	Inlay repair necessitated by restorative material failure	85
D2394	Resin-based composite - >=4 surfaces, posterior	115	D2982	Onlay repair necessitated by restorative material failure	85
Class 3 - Crown & Bridge			Class 3 - Endodontics		
D2510	Inlay - metallic - one surface	261	D3110	Pulp cap - direct (excl. final restoration)	13
D2520	Inlay - metallic - two surfaces	336	D3120	Pulp cap - indirect (excl. final restoration)	13
D2530	Inlay - metallic - three or more surfaces	375	D3220	Therapeutic pulpotomy (excl. final restor.)	100
D2542	Onlay - metallic - two surfaces	355	D3221	Pulpal debridement, prim. and perm. teeth	100
D2543	Onlay - metallic - three surfaces	375	D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years)	100
D2544	Onlay - metallic - four or more surfaces	391	D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	90
D2610	Inlay - porcelain/ceramic - one surface	317	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	102
D2620	Inlay - porcelain/ceramic - two surfaces.....	331	D3310	Endodontic therapy, anterior tooth (excl. final restor.)	550
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	374	D3320	Endodontic therapy, premolar tooth (excl. final restor.)	640
D2642	Onlay - porcelain/ceramic - two surfaces	375	D3330	Endodontic therapy, molar tooth (excl. final restor.)..	780
D2643	Onlay - porcelain/ceramic - three surfaces	391	D3331	Treatment of root canal obstruction; non-surgical access	127
D2644	Onlay - porcelain/ceramic - >=4 surfaces	393	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	234
D2650	Inlay - resin-based composite - one surface	317	D3333	Internal root repair of perforation defects	119
D2651	Inlay - resin-based composite - two surfaces	331	D3346	Retreat of prev. root canal therapy - anterior	569
D2652	Inlay - resin-based composite - >=3 surfaces.....	374	D3347	Retreat of prev root canal therapy - premolar	658
D2662	Onlay - resin-based composite - two surfaces	375	D3348	Retreat of prev. root canal therapy - molar	776
D2663	Onlay - resin-based composite - three surfaces	391	D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal .	170
D2664	Onlay - resin-based composite - >=4 surfaces	393	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal)	83
D2710	Crown - resin based composite (indirect).....	433	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.) .	179
D2712	Crown - 3/4 resin-based composite (indirect)	433	D3410	Apicoectomy - anterior	414
D2720	Crown - resin with high noble metal	465			
D2721	Crown - resin with predominately base metal	450			
D2722	Crown - resin with noble metal	450			
D2740	Crown - porcelain/ceramic	545			
D2750	Crown - porcelain fused to high noble metal	570			
D2751	Crown - porcelain fused to predominately base metal	520			
D2752	Crown - porcelain fused to noble metal	520			
D2780	Crown - 3/4 cast high noble metal	393			
D2781	Crown - 3/4 cast predominately base metal	368			
D2782	Crown - 3/4 cast noble metal	391			
D2783	Crown - 3/4 porcelain/ceramic.....	400			
D2790	Crown - full cast high noble metal.....	507			
D2791	Crown - full cast predominately base metal	455			
D2792	Crown - full cast noble metal	473			
D2794	Crown - titanium and titanium alloys	530			
D2910	Recement inlay, onlay/crown or partial coverage rest.	34			
D2915	Recement cast of prefabricated post and core (once in a lifetime)	34			
D2920	Recement inlay, onlay/crown or partial coverage rest.	27			
D2930	Prefab. stainless steel crown - prim. tooth	90			
D2931	Prefab. stainless steel crown - perm. tooth	90			
D2932	Prefabricated resin crown	66			
D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth)	84			

ADA CODE	DESCRIPTION	IN
D3421	Apicoectomy - premolar (first root)	446
D3425	Apicoectomy - molar (first root)	543
D3426	Apicoectomy - (each add. root).....	145
D3430	Retrograde filling - per root	138
D3450	Root amputation - per root	258
D3920	Hemisection, not inc. root canal therapy	194
Class 3 - Periodontics		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	198
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	368
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months)	379
D4260	Osseous surgery - >3 cont. teeth, per quad	600
D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months) ..	230
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months)	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months)	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)	341
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months)	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	401
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months)	626
D4274	Mesial/distal wedge procedure, single tooth ..	194
D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	30
D4341	Perio scaling and root planing - >3 cont teeth, per quad	97
D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	30
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	60
D4381	Localized delivery of antimicrobial agents.....	42
D4910	Periodontal maintenance	75
D4920	Unscheduled dressing change (by someone other than treating dentist)	49

ADA CODE	DESCRIPTION	IN
Class 3 - Prosthetics (Dentures)		
D5110	Complete denture - maxillary/mandibular	560
D5120	Complete denture - maxillary/mandibular	560
D5130	Immediate denture - maxillary/mandibular	565
D5140	Immediate denture - maxillary/mandibular	565
D5211	Maxillary/mandibular partial denture - resin base	375
D5212	Maxillary/mandibular partial denture - resin base	375
D5213	Maxillary/mandibular partial denture - cast metal ...	625
D5214	Maxillary/mandibular partial denture - cast metal	625
D5221	Immediate maxillary partial denture - resin base	375
D5222	Immediate mandibular partial denture - resin base....	375
D5223	Immediate maxillary partial denture - cast metal	625
D5224	Immediate mandibular partial denture - cast metal ..	625
D5225	Maxillary/mandibular partial denture - flexible base	625
D5226	Maxillary/mandibular partial denture - flexible base	625
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	318
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	318
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	318
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	318
D5410	Adjust complete denture - maxillary/mandibular	20
D5411	Adjust complete denture - maxillary/mandibular	20
D5421	Adjust partial denture - maxillary/mandibular	20
D5422	Adjust partial denture - maxillary/mandibular	20
D5511	Repair broken complete denture base, mandibular...	59
D5512	Repair broken complete denture base, maxillary.....	59
D5520	Replace missing or broken teeth - complete denture	65
D5611	Repair resin partial denture base, mandibular.....	59
D5612	Repair resin partial denture base, maxillary.....	59
D5621	Repair cast partial framework, mandibular	59
D5622	Repair cast partial framework, maxillary.....	59
D5630	Clasp repaired, replaced or added	59
D5640	Replace broken teeth - per tooth	65
D5650	Add tooth to existing partial denture	65
D5660	Clasp repaired, replaced or added	70
D5670	Replace all teeth and acrylic on cast metal framework.....	245
D5671	Replace all teeth and acrylic on cast metal framework.....	245
D5710	Rebase complete maxillary/mandibular denture	185
D5711	Rebase complete maxillary/mandibular denture	185
D5720	Rebase maxillary/mandibular partial denture	110
D5721	Rebase maxillary/mandibular partial denture	110
D5730	Reline complete maxillary/mandibular denture (chairside).....	93
D5731	Reline complete maxillary/mandibular denture (chairside).....	93
D5740	Reline maxillary/mandibular partial denture (chairside).....	93
D5741	Reline maxillary/mandibular partial denture (chairside)	93
D5750	Reline complete maxillary/mandibular denture (lab)	134
D5751	Reline complete maxillary/mandibular denture (lab)	134
D5760	Reline maxillary/mandibular partial denture (lab)	134
D5761	Reline maxillary/mandibular partial denture (lab)	134
D5820	Interim partial denture - maxillary/mandibular	228
D5821	Interim partial denture - maxillary/mandibular	228
D5850	Tissue conditioning - maxillary/mandibular	41
D5851	Tissue conditioning - maxillary/mandibular	41
D5863	Overdenture – complete maxillary	600
D5864	Overdenture – partial maxillary	565
D5865	Overdenture – complete mandibular	600
D5866	Overdenture – partial mandibular	565

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 3 - Implant Services					
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months).....	1360	D6251	Pontic - resin with predominately base metal.....	442
D6056	Prefabricated abutment (includes placement).....	468	D6252	Pontic - resin with noble metal.....	508
D6057	Custom abutment (includes placement).....	560	D6545	Retainer - cast metal for resin bonded fixed prosthesis	251
D6058	Abutment supported porcelain/ceramic crown.....	705	D6602	Retainer inlay - cast high noble metal, two surfaces..	344
D6059	Abutment supported porcelain fused to metal crown (high noble)	665	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	379
D6060	Abutment supported porcelain fused to metal crown (base metal).....	600	D6604	Retainer inlay - cast predominantly base metal, two surfaces	394
D6061	Abutment supported porcelain fused to metal crown (noble metal)	640	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	379
D6062	Abutment supported cast metal crown (high noble) .	632	D6606	Retainer inlay - cast noble metal, two surfaces.....	394
D6063	Abutment supported cast metal crown (base metal).	600	D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	379
D6064	Abutment supported cast metal crown (noble metal)	620	D6610	Retainer onlay - cast high noble metal, two surfaces .	415
D6065	Implant supported porcelain/ceramic crown.....	705	D6611	Retainer onlay - cast high noble metal, >=3 surfaces .	401
D6066	Implant supported crown - porcelain fused to high noble alloys	665	D6612	Retainer onlay - cast predominantly base metal, two surfaces	415
D6067	Implant supported crown - high noble alloys.....	665	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	401
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	52	D6614	Retainer onlay - cast noble metal, two surfaces.....	415
D6082	Implant supported crown – porcelain fused to predominantly base alloys	600	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	401
D6083	Implant supported crown – porcelain fused to noble alloys	665	D6624	Retainer inlay - titanium.....	401
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	640	D6634	Retainer onlay - titanium.....	401
D6086	Implant supported crown – predominantly base alloys	600	D6710	Retainer crown - indirect resin based composite	502
D6087	Implant supported crown – noble alloys.....	620	D6720	Retainer crown - resin with metal	446
D6088	Implant supported crown – titanium and titanium alloys	640	D6721	Retainer crown - resin with metal	425
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth)	76	D6722	Retainer crown - resin with metal	425
D6092	Recent implant/abutment supported crown (once per tooth after 6 months from initial placement)	24	D6740	Retainer crown - porcelain/ceramic.....	506
D6093	Recent implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement)	35	D6750	Retainer crown - porcelain fused to high noble metal	520
D6094	Abutment supported crown - titanium and titanium alloys	640	D6751	Retainer crown - porcelain fused to predominately base metal.....	475
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140	D6752	Retainer crown - porcelain fused to noble metal.....	475
D6100	Implant removal, by report (once per tooth)	116	D6753	Retainer crown – porcelain fused to titanium and titanium alloys.....	502
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys.....	640	D6780	Retainer crown - 3/4 cast high noble metal	410
Class 3 - Bridge & Pontics			Class 3 - Oral Surgery		
D6205	Pontic - indirect resin based composite	520	D7111	Extraction, coronal remnants - primary tooth	40
D6210	Pontic - cast high noble metal	510	D7140	Extraction, erupted tooth or exposed root	50
D6211	Pontic - cast predominantly base metal	463	D7210	Extraction, erupted tooth req elev, etc	104
D6212	Pontic - cast noble metal	473	D7220	Removal of impacted tooth - soft tissue	130
D6214	Pontic - titanium and titanium alloys	520	D7230	Removal of impacted tooth - partially bony.....	190
D6240	Pontic - porcelain fused to high noble metal.....	570	D7240	Removal of impacted tooth - completely bony.....	225
D6241	Pontic - porcelain fused to predominately base metal	520	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	235
D6242	Pontic - porcelain fused to noble metal	520	D7250	Removal of residual tooth roots	120
D6243	Pontic – porcelain fused to titanium and titanium alloys	520	D7251	Coronectomy - intentional partial tooth removal (once per lifetime).....	235
D6245	Pontic - porcelain/ceramic.....	500	D7260	Oroantral fistula closure	689
D6250	Pontic - resin with high noble metal.....	552	D7261	Primary closure of a sinus perforation	200
			D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	414
			D7285	Biopsy of oral tissue - hard (bone, tooth).....	253
			D7286	Biopsy of oral tissue - soft	259
			D7287	Exfoliative cytological sample collection	50

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D7288	Brush biopsy - transepithelial sample collection	40			
D7310	Alveoloplasty in conjunction with extractions - per quad	201			
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	132			
D7320	Alveoloplasty not in conjunction with extractions - per quad	276			
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	228			
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).....	690			
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).....	1322			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc	322			
D7963	Frenuoplasty (once per site).....	322			
D7970	Excision of hyperplastic tissue - per arch.....	322			
D7971	Excision of pericoronal gingiva	106			
D7979	Non-surgical sialolithotomy.....	35			
D7980	Surgical sialolithotomy	644			
D7981	Excision of salivary gland, by report	2300			
D7982	Sialodochoplasty	1380			
D7983	Closure of salivary fistula.....	1196			
Class 3 - Adjunctive General Services					
D9110	Palliative (emergency) treatment of dental pain.....	35			
D9120	Fixed partial denture sectioning (once per tooth).....	35			
D9210	Local anesthesia	14			
D9222	Deep sedation/general anesthesia - first 15 minutes.	58			
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	58			
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	58			
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	58			
D9248	Non-intravenous conscious sedation	89			
D9310	Consultation (diagnostic service by nontreating dentist)	40			
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190			
D9942	Repair or reline of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement)	82			
D9944	Occlusal guard – hard appliance, full arch.....	220			
D9945	Occlusal guard – soft appliance, full arch	220			
D9946	Occlusal guard – hard appliance, partial arch	220			
D9995	Teledentistry – synchronous; real-time encounter (when available)	20			
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review (when available)	20			
D9997	Dental case management – patients with special health care needs.....	50			
Class 4 - Orthodontics - Not covered					0%
Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.					

Plan Exclusions

Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

Plan Limitations

Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months.
2. One emergency or problem focused exam (D0140) per Calendar Year.
3. One full mouth or panoramic x-ray per 60 months.
4. Periapical x-rays.
5. Bitewing x-rays, 2 per Calendar Year.
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year.

Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months.

Class III. Major Services:

1. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter.
2. Restoration services, limited to:
 - a. Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling.
 - b. Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially placed or last replaced.

- c. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
3. Crown build-up for non-vital teeth
4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
 - a. Pulpotomy
 - b. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage).
 - c. Apicoectomy
 - d. Retrograde fillings, per root per lifetime
5. Periodontic services, limited to:
 - a. Gingivectomy
 - b. Osseous surgery including flap entry and closure
 - c. One pedicle or free soft tissue graft per site per lifetime
 - d. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
 - e. One full mouth debridement per lifetime
 - f. Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
 - g. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years.
6. Prosthetic services, limited to:
 - a. Initial placement of removable dentures or fixed bridges
 - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
 - c. Addition of teeth to existing partial denture
 - d. One relining or rebasing of existing removable dentures per 24 months
 - e. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years.
7. One repair of dentures or fixed bridgework per 24 months
8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures
9. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year

Class IV. Orthodontia Services: Not Covered

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as “Dominion”).



Elite ePPO Basic (VA) Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)

- Coverage begins the first day of the month following the month in which the Member turns 19 -

Plan Highlights

- This plan has fixed copayments. In-network (IN) providers have contracted with Dominion and accept the IN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of- area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).
- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network	
Single adult		\$25	
Three or more adults		\$75	
Applies to:		Class 2 and Class 3	
<ul style="list-style-type: none"> • Each member must pay the in-network deductible amount for dental services before the plan will begin to cover the member’s dental procedures. There is a \$25 deductible per adult Member per Calendar Year and the single adult deductible amount must be met prior to satisfying the three or more adults deductible. For three or more adults, the total combined maximum deductible amount for all adult Members is \$75 per Calendar Year at which point the deductible is waived for remaining adult Members. 			
Maximums		In-Network	
Annual		\$1,500	
Lifetime Ortho		N/A	
The annual maximum applies to: Class 1, Class 2 and Class 3			
Rollover Services		Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts		\$750	\$1,875
<ul style="list-style-type: none"> • A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> • At least one claim must be submitted for Class 1 covered services during the Calendar Year. • The member must have received services in excess of any deductible. • The member must not have received services that exceed the service maximum, which is the amount paid by the plan. • If eligible, the amount of rollover services may not be greater than the rollover maximum. • A member’s rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given Calendar Year. 			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 1 - Diagnostic/Preventive					
D0120	Periodic oral eval - established patient	0	D0272	Bitewing x-rays - two radiographic images	0
D0140	Limited oral eval - problem focused	0	D0273	Bitewing x-rays - three radiographic images.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0274	Bitewing x-rays - four radiographic images	0
D0160	Detailed and extensive oral eval - problem focused...	0	D0277	Vertical bitewings - 7 to 8 radiographic images.....	0
D0170	Re-evaluation - limited, problem focused	0	D0330	Panoramic radiographic image	0
D0180	Comp. periodontal eval - new or established patient	0	D0340	2D cephalometric radiographic image	0
D0210	Intraoral - complete series of radiographic images	0	D0350	2D oral/facial photographic images.....	0
D0220	Intraoral - periapical first radiographic image	0	D0460	Pulp vitality tests	0
D0230	Intraoral - periapical each add. radiographic image...	0	D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist’s office)	0
D0240	Intraoral - occlusal radiographic image	0			
D0250	Extraoral - 2D projection radiographic image.....	0	D1110	Prophylaxis (cleaning) - adult	0
D0270	Bitewing x-rays - single radiographic image	0			

Dominion National; 251 18th Street South, Suite 900; Arlington, VA 22202

888.518.5338; DominionNational.com

DMNMA21EPOINFAM - DCPAVA

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 2 - Restorative (Fillings)					
D2140	Amalgam - one surface, prim. or perm.	20	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth)	84
D2150	Amalgam - two surfaces, prim. or perm.	30	D2940	Protective restoration	30
D2160	Amalgam - three surfaces, prim. or perm.	40	D2950	Core buildup, including any pins	100
D2161	Amalgam - >=4 surfaces, prim. or perm.	55	D2951	Pin retention - per tooth, in addition to restoration ..	28
D2330	Resin-based composite - one surface, anterior	32	D2952	Post and core in addition to crown	141
D2331	Resin-based composite - two surfaces, anterior	42	D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated	77
D2332	Resin-based composite - three surfaces, anterior	52	D2954	Prefab. post and core in addition to crown	105
D2335	Resin-based composite - >=4 surfaces, anterior	100	D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	285
D2390	Resin-based composite crown, anterior	70	D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	436
D2391	Resin-based composite - one surface, posterior	45	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months)	54
D2392	Resin-based composite - two surfaces, posterior	55	D2980	Crown repair necessitated by restorative material failure	85
D2393	Resin-based composite - three surfaces, posterior	65	D2981	Inlay repair necessitated by restorative material failure	85
D2394	Resin-based composite - >=4 surfaces, posterior	115	D2982	Onlay repair necessitated by restorative material failure	85
Class 3 - Crown & Bridge			Class 3 - Endodontics		
D2510	Inlay - metallic - one surface	261	D3110	Pulp cap - direct (excl. final restoration)	13
D2520	Inlay - metallic - two surfaces	336	D3120	Pulp cap - indirect (excl. final restoration)	13
D2530	Inlay - metallic - three or more surfaces	375	D3220	Therapeutic pulpotomy (excl. final restor.)	100
D2542	Onlay - metallic - two surfaces	355	D3221	Pulpal debridement, prim. and perm. teeth	100
D2543	Onlay - metallic - three surfaces	375	D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years)	100
D2544	Onlay - metallic - four or more surfaces	391	D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	90
D2610	Inlay - porcelain/ceramic - one surface	317	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	102
D2620	Inlay - porcelain/ceramic - two surfaces	331	D3310	Endodontic therapy, anterior tooth (excl. final restor.)	550
D2630	Inlay - porcelain/ceramic - >=3 surfaces	374	D3320	Endodontic therapy, premolar tooth (excl. final restor.)	640
D2642	Onlay - porcelain/ceramic - two surfaces	375	D3330	Endodontic therapy, molar tooth (excl. final restor.) ..	780
D2643	Onlay - porcelain/ceramic - three surfaces	391	D3331	Treatment of root canal obstruction; non-surgical access	127
D2644	Onlay - porcelain/ceramic - >=4 surfaces	393	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	234
D2650	Inlay - resin-based composite - one surface	317	D3333	Internal root repair of perforation defects	119
D2651	Inlay - resin-based composite - two surfaces	331	D3346	Retreat of prev. root canal therapy - anterior	569
D2652	Inlay - resin-based composite - >=3 surfaces	374	D3347	Retreat of prev root canal therapy - premolar	658
D2662	Onlay - resin-based composite - two surfaces	375	D3348	Retreat of prev. root canal therapy - molar	776
D2663	Onlay - resin-based composite - three surfaces	391	D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal .	170
D2664	Onlay - resin-based composite - >=4 surfaces	393	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal)	83
D2710	Crown - resin based composite (indirect)	433	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.) .	179
D2712	Crown - 3/4 resin-based composite (indirect)	433	D3410	Apicoectomy - anterior	414
D2720	Crown - resin with high noble metal	465			
D2721	Crown - resin with predominately base metal	450			
D2722	Crown - resin with noble metal	450			
D2740	Crown - porcelain/ceramic	545			
D2750	Crown - porcelain fused to high noble metal	570			
D2751	Crown - porcelain fused to predominately base metal	520			
D2752	Crown - porcelain fused to noble metal	520			
D2780	Crown - 3/4 cast high noble metal	393			
D2781	Crown - 3/4 cast predominately base metal	368			
D2782	Crown - 3/4 cast noble metal	391			
D2783	Crown - 3/4 porcelain/ceramic	400			
D2790	Crown - full cast high noble metal	507			
D2791	Crown - full cast predominately base metal	455			
D2792	Crown - full cast noble metal	473			
D2794	Crown - titanium and titanium alloys	530			
D2910	Recement inlay, onlay/crown or partial coverage rest.	34			
D2915	Recement cast of prefabricated post and core (once in a lifetime)	34			
D2920	Recement inlay, onlay/crown or partial coverage rest.	27			
D2930	Prefab. stainless steel crown - prim. tooth	90			
D2931	Prefab. stainless steel crown - perm. tooth	90			
D2932	Prefabricated resin crown	66			
D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth)	84			

ADA CODE	DESCRIPTION	IN
D3421	Apicoectomy - premolar (first root)	446
D3425	Apicoectomy - molar (first root)	543
D3426	Apicoectomy - (each add. root).....	145
D3430	Retrograde filling - per root	138
D3450	Root amputation - per root	258
D3920	Hemisection, not inc. root canal therapy	194
Class 3 - Periodontics		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	198
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	368
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months)	379
D4260	Osseous surgery - >3 cont. teeth, per quad	600
D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months) ..	230
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months)	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months)	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)	341
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months)	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	401
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months)	626
D4274	Mesial/distal wedge procedure, single tooth ..	194
D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	30
D4341	Perio scaling and root planing - >3 cont teeth, per quad	97
D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	30
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	60
D4381	Localized delivery of antimicrobial agents.....	42
D4910	Periodontal maintenance	75
D4920	Unscheduled dressing change (by someone other than treating dentist)	49

ADA CODE	DESCRIPTION	IN
Class 3 - Prosthetics (Dentures)		
D5110	Complete denture - maxillary/mandibular	560
D5120	Complete denture - maxillary/mandibular	560
D5130	Immediate denture - maxillary/mandibular	565
D5140	Immediate denture - maxillary/mandibular	565
D5211	Maxillary/mandibular partial denture - resin base	375
D5212	Maxillary/mandibular partial denture - resin base	375
D5213	Maxillary/mandibular partial denture - cast metal ...	625
D5214	Maxillary/mandibular partial denture - cast metal	625
D5221	Immediate maxillary partial denture - resin base	375
D5222	Immediate mandibular partial denture - resin base...	375
D5223	Immediate maxillary partial denture - cast metal	625
D5224	Immediate mandibular partial denture - cast metal ..	625
D5225	Maxillary/mandibular partial denture - flexible base	625
D5226	Maxillary/mandibular partial denture - flexible base	625
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	318
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	318
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	318
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	318
D5410	Adjust complete denture - maxillary/mandibular	20
D5411	Adjust complete denture - maxillary/mandibular	20
D5421	Adjust partial denture - maxillary/mandibular	20
D5422	Adjust partial denture - maxillary/mandibular	20
D5511	Repair broken complete denture base, mandibular...	59
D5512	Repair broken complete denture base, maxillary.....	59
D5520	Replace missing or broken teeth - complete denture	65
D5611	Repair resin partial denture base, mandibular.....	59
D5612	Repair resin partial denture base, maxillary.....	59
D5621	Repair cast partial framework, mandibular	59
D5622	Repair cast partial framework, maxillary.....	59
D5630	Clasp repaired, replaced or added	59
D5640	Replace broken teeth - per tooth	65
D5650	Add tooth to existing partial denture	65
D5660	Clasp repaired, replaced or added	70
D5670	Replace all teeth and acrylic on cast metal framework.....	245
D5671	Replace all teeth and acrylic on cast metal framework.....	245
D5710	Rebase complete maxillary/mandibular denture	185
D5711	Rebase complete maxillary/mandibular denture	185
D5720	Rebase maxillary/mandibular partial denture	110
D5721	Rebase maxillary/mandibular partial denture	110
D5730	Reline complete maxillary/mandibular denture (chairside).....	93
D5731	Reline complete maxillary/mandibular denture (chairside).....	93
D5740	Reline maxillary/mandibular partial denture (chairside).....	93
D5741	Reline maxillary/mandibular partial denture (chairside)	93
D5750	Reline complete maxillary/mandibular denture (lab)	134
D5751	Reline complete maxillary/mandibular denture (lab)	134
D5760	Reline maxillary/mandibular partial denture (lab)	134
D5761	Reline maxillary/mandibular partial denture (lab)	134
D5820	Interim partial denture - maxillary/mandibular	228
D5821	Interim partial denture - maxillary/mandibular	228
D5850	Tissue conditioning - maxillary/mandibular	41
D5851	Tissue conditioning - maxillary/mandibular	41
D5863	Overdenture – complete maxillary	600
D5864	Overdenture – partial maxillary	565
D5865	Overdenture – complete mandibular	600
D5866	Overdenture – partial mandibular	565

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class 3 - Implant Services					
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months).....	1360	D6251	Pontic - resin with predominately base metal.....	442
D6056	Prefabricated abutment (includes placement).....	468	D6252	Pontic - resin with noble metal.....	508
D6057	Custom abutment (includes placement).....	560	D6545	Retainer - cast metal for resin bonded fixed prosthesis	251
D6058	Abutment supported porcelain/ceramic crown.....	705	D6602	Retainer inlay - cast high noble metal, two surfaces..	344
D6059	Abutment supported porcelain fused to metal crown (high noble)	665	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	379
D6060	Abutment supported porcelain fused to metal crown (base metal).....	600	D6604	Retainer inlay - cast predominantly base metal, two surfaces	394
D6061	Abutment supported porcelain fused to metal crown (noble metal)	640	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	379
D6062	Abutment supported cast metal crown (high noble) .	632	D6606	Retainer inlay - cast noble metal, two surfaces.....	394
D6063	Abutment supported cast metal crown (base metal).	600	D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	379
D6064	Abutment supported cast metal crown (noble metal)	620	D6610	Retainer onlay - cast high noble metal, two surfaces .	415
D6065	Implant supported porcelain/ceramic crown.....	705	D6611	Retainer onlay - cast high noble metal, >=3 surfaces .	401
D6066	Implant supported crown - porcelain fused to high noble alloys	665	D6612	Retainer onlay - cast predominantly base metal, two surfaces	415
D6067	Implant supported crown - high noble alloys.....	665	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	401
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	52	D6614	Retainer onlay - cast noble metal, two surfaces.....	415
D6082	Implant supported crown – porcelain fused to predominantly base alloys	600	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	401
D6083	Implant supported crown – porcelain fused to noble alloys	665	D6624	Retainer inlay - titanium.....	401
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	640	D6634	Retainer onlay - titanium.....	401
D6086	Implant supported crown – predominantly base alloys	600	D6710	Retainer crown - indirect resin based composite	502
D6087	Implant supported crown – noble alloys.....	620	D6720	Retainer crown - resin with metal	446
D6088	Implant supported crown – titanium and titanium alloys	640	D6721	Retainer crown - resin with metal	425
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth)	76	D6722	Retainer crown - resin with metal	425
D6092	Recent implant/abutment supported crown (once per tooth after 6 months from initial placement)	24	D6740	Retainer crown - porcelain/ceramic.....	506
D6093	Recent implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement)	35	D6750	Retainer crown - porcelain fused to high noble metal	520
D6094	Abutment supported crown - titanium and titanium alloys	640	D6751	Retainer crown - porcelain fused to predominately base metal.....	475
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140	D6752	Retainer crown - porcelain fused to noble metal.....	475
D6100	Implant removal, by report (once per tooth)	116	D6753	Retainer crown – porcelain fused to titanium and titanium alloys.....	502
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys.....	640	D6780	Retainer crown - 3/4 cast high noble metal	410
Class 3 - Bridge & Pontics			Class 3 - Oral Surgery		
D6205	Pontic - indirect resin based composite	520	D7111	Extraction, coronal remnants - primary tooth	40
D6210	Pontic - cast high noble metal	510	D7140	Extraction, erupted tooth or exposed root	50
D6211	Pontic - cast predominantly base metal	463	D7210	Extraction, erupted tooth req elev, etc	104
D6212	Pontic - cast noble metal	473	D7220	Removal of impacted tooth - soft tissue	130
D6214	Pontic - titanium and titanium alloys	520	D7230	Removal of impacted tooth - partially bony.....	190
D6240	Pontic - porcelain fused to high noble metal.....	570	D7240	Removal of impacted tooth - completely bony.....	225
D6241	Pontic - porcelain fused to predominately base metal	520	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	235
D6242	Pontic - porcelain fused to noble metal	520	D7250	Removal of residual tooth roots	120
D6243	Pontic – porcelain fused to titanium and titanium alloys	520	D7251	Coronectomy - intentional partial tooth removal (once per lifetime).....	235
D6245	Pontic - porcelain/ceramic.....	500	D7260	Oroantral fistula closure	689
D6250	Pontic - resin with high noble metal.....	552	D7261	Primary closure of a sinus perforation	200
			D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	414
			D7285	Biopsy of oral tissue - hard (bone, tooth).....	253
			D7286	Biopsy of oral tissue - soft	259
			D7287	Exfoliative cytological sample collection	50

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D7288	Brush biopsy - transepithelial sample collection	40			
D7310	Alveoloplasty in conjunction with extractions - per quad	201			
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	132			
D7320	Alveoloplasty not in conjunction with extractions - per quad	276			
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	228			
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).....	690			
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).....	1322			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc	322			
D7963	Frenuoplasty (once per site).....	322			
D7970	Excision of hyperplastic tissue - per arch.....	322			
D7971	Excision of pericoronal gingiva	106			
D7979	Non-surgical sialolithotomy.....	35			
D7980	Surgical sialolithotomy	644			
D7981	Excision of salivary gland, by report	2300			
D7982	Sialodochoplasty	1380			
D7983	Closure of salivary fistula.....	1196			
Class 3 - Adjunctive General Services					
D9110	Palliative (emergency) treatment of dental pain.....	35			
D9120	Fixed partial denture sectioning (once per tooth).....	35			
D9210	Local anesthesia	14			
D9222	Deep sedation/general anesthesia - first 15 minutes.	58			
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	58			
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	58			
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	58			
D9248	Non-intravenous conscious sedation	89			
D9310	Consultation (diagnostic service by nontreating dentist)	40			
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190			
D9942	Repair or reline of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement)	82			
D9944	Occlusal guard – hard appliance, full arch.....	220			
D9945	Occlusal guard – soft appliance, full arch	220			
D9946	Occlusal guard – hard appliance, partial arch	220			
D9995	Teledentistry – synchronous; real-time encounter (when available)	20			
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review (when available)	20			
D9997	Dental case management – patients with special health care needs.....	50			
Class 4 - Orthodontics - Not covered					0%
Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.					

Plan Exclusions

Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

Plan Limitations

Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months.
2. One emergency or problem focused exam (D0140) per Calendar Year.
3. One full mouth or panoramic x-ray per 60 months.
4. Periapical x-rays.
5. Bitewing x-rays, 2 per Calendar Year.
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year.

Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months.

Class III. Major Services:

1. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter.
2. Restoration services, limited to:
 - a. Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling.
 - b. Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially placed or last replaced.

- c. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
3. Crown build-up for non-vital teeth
4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
 - a. Pulpotomy
 - b. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage).
 - c. Apicoectomy
 - d. Retrograde fillings, per root per lifetime
5. Periodontic services, limited to:
 - a. Gingivectomy
 - b. Osseous surgery including flap entry and closure
 - c. One pedicle or free soft tissue graft per site per lifetime
 - d. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
 - e. One full mouth debridement per lifetime
 - f. Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
 - g. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years.
6. Prosthetic services, limited to:
 - a. Initial placement of removable dentures or fixed bridges
 - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
 - c. Addition of teeth to existing partial denture
 - d. One relining or rebasing of existing removable dentures per 24 months
 - e. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years.
7. One repair of dentures or fixed bridgework per 24 months
8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures
9. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year

Class IV. Orthodontia Services: Not Covered

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy.