

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



Select Plan Basic Kids 702xs (DC)
Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services (under age 19)
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$350 per child per calendar year for medically necessary treatment (maximum of \$700 for policy covering two or more children).
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			Restorative (Fillings)		
D9439	Office visit	10	D1354	Interim caries arresting medicament application - per tooth	0
D0120	Periodic oral eval - established patient	0	D1510	Space maintainer - fixed, unilateral - per quadrant	143
D0140	Limited oral eval - problem focused	0	D1516	Space maintainer - fixed - bilateral, maxillary	198
D0145	Oral eval for a patient under 3 years of age	0	D1517	Space maintainer - fixed - bilateral, mandibular	198
D0150	Comprehensive oral eval - new or established patient	0	D1520	Space maintainer - removable, unilateral - per quadrant	143
D0160	Detailed and extensive oral eval - problem focused ...	0	D1526	Space maintainer - removable - bilateral, maxillary ...	198
D0170	Re-evaluation - limited, problem focused	0	D1527	Space maintainer - removable - bilateral, mandibular	198
D0180	Comp. periodontal eval - new or established patient	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	34
D0210	Intraoral - complete series of radiographic images	26	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	34
D0220	Intraoral - periapical first radiographic image	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	34
D0230	Intraoral - periapical each add. radiographic image ...	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	143
D0240	Intraoral - occlusal radiographic image	0	Crown & Bridge		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.	41
D0270	Bitewing - single radiographic image	0	D2150	Amalgam - two surfaces, prim. or perm.	51
D0272	Bitewings - two radiographic images	0	D2160	Amalgam - three surfaces, prim. or perm.	64
D0273	Bitewings - three radiographic images	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D0274	Bitewings - four radiographic images	0	D2330	Resin-based composite - one surface, anterior	69
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D2331	Resin-based composite - two surfaces, anterior	83
D0330	Panoramic radiographic image	30	D2332	Resin-based composite - three surfaces, anterior	99
D0340	2D cephalometric radiographic image	0	D2335	Resin-based composite - >=4 surfaces, anterior	119
D0350	2D oral/facial photographic images (intraoral/extraoral)	0	D2390	Resin-based composite crown, anterior	192
D0351	3D photographic image	0	D2391	Resin-based composite - one surface, posterior	73
D0391	Interpretation of diagnostic image only	0	D2392	Resin-based composite - two surfaces, posterior	87
D0460	Pulp vitality tests	0	D2393	Resin-based composite - three surfaces, posterior	102
D0470	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces, posterior	123
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0			
D0601	Caries risk assessment & documentation, with a finding of low risk	0			
D0602	Caries risk assessment & documentation, with a finding of moderate risk	0			
D0603	Caries risk assessment & documentation, with a finding of high risk	0			
D1110	Prophylaxis (cleaning) - adult	13			
D1120	Prophylaxis (cleaning) - child	10			
D1206	Topical application of fluoride varnish	0			
D1208	Topical application of fluoride - excluding varnish	0			
D1310	Nutritional counseling for control of dental disease ..	0			
D1320	Tobacco counseling for control of prev. oral disease ..	0			
D1330	Oral hygiene instructions	0			
D1351	Sealant - per tooth	21			
D1352	Prev resin rest. mod/high caries risk – perm. tooth ...	21			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	419	D6066	Implant supported crown – porcelain fused to high noble alloys	523
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	419	D6067	Implant supported crown – high noble alloys	523
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	419	D6068	Abutment supp. retainer for porc/ceramic FPD	788
D5410	Adjust complete denture - maxillary	38	D6069	Abutment supp. retainer for porc/high noble FPD	843
D5411	Adjust complete denture - mandibular	38	D6070	Abutment supp. retainer for porc/pred. base FPD	695
D5421	Adjust partial denture - maxillary	38	D6071	Abutment supp. retainer for porc/noble FPD	704
D5422	Adjust partial denture - mandibular	38	D6072	Abutment supp. retainer for cast high noble FPD	788
D5511	Repair broken complete denture base, mandibular ...	87	D6073	Abutment supp. retainer for cast high noble FPD	749
D5512	Repair broken complete denture base, maxillary	87	D6074	Abutment supp. retainer for cast noble metal FPD	758
D5520	Replace missing or broken teeth - complete denture	87	D6075	Implant supported retainer for ceramic FPD	874
D5611	Repair resin partial denture base, mandibular	87	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	823
D5612	Repair resin partial denture base, maxillary	87	D6077	Implant supported retainer for metal FPD – high noble alloys	872
D5621	Repair cast partial framework, mandibular	87	D6080	Implant maintenance procedures	61
D5622	Repair cast partial framework, maxillary	87	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	63
D5630	Repair or replace broken retentive/clasping material - per tooth	115	D6082	Implant supported crown – porcelain fused to predominantly base alloys	523
D5640	Replace broken teeth - per tooth	87	D6083	Implant supported crown – porcelain fused to noble alloys	523
D5650	Add tooth to existing partial denture	87	D6086	Implant supported crown – predominantly base alloys	495
D5660	Add clasp to existing partial denture -per tooth	115	D6087	Implant supported crown – noble alloys	495
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	287	D6090	Repair implant supported prosthesis	362
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	287	D6091	Replacement of semi-precision or precision attachment	34
D5710	Rebase complete maxillary denture	260	D6095	Repair implant abutment, by report	391
D5711	Rebase complete mandibular denture	260	D6098	Implant supported retainer – porcelain fused to predominantly base alloys	695
D5720	Rebase maxillary partial denture	260	D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	843
D5721	Rebase mandibular partial denture	260	D6100	Implant removal, by report	241
D5730	Reline complete maxillary denture (chairside)	159	D6101	Debridement peri-implant defect	90
D5731	Reline complete mandibular denture (chairside)	159	D6102	Debridement and osseous contouring peri-implant defect	180
D5740	Reline maxillary partial denture (chairside)	155	D6103	Bone graft repair peri-implant defect	600
D5741	Reline mandibular partial denture (chairside)	155	D6104	Bone graft at time of implant placement	600
D5750	Reline complete maxillary denture (lab)	224	D6121	Implant supported retainer for metal FPD – predominantly base alloys	749
D5751	Reline complete mandibular denture (lab)	224	D6122	Implant supported retainer for metal FPD – noble alloys	758
D5760	Reline maxillary partial denture (lab)	224	D6190	Radiographic surgical implant index, by report	0
D5761	Reline mandibular partial denture (lab)	224			
D5810	Interim complete denture - maxillary	362			
D5811	Interim complete denture - mandibular	362			
D5820	Interim partial denture - maxillary	362			
D5821	Interim partial denture - mandibular	362			
D5850	Tissue conditioning - maxillary	79			
D5851	Tissue conditioning - mandibular	79			
Implant Services			Bridge & Pontics		
D6010	Surgical placement of implant body, endosteal	1716	D6210	Pontic - cast high noble metal	495
D6011	Second stage implant surgery	200	D6211	Pontic - cast predominately base metal	495
D6012	Surgical placement of interim implant body	1782	D6212	Pontic - cast noble metal	495
D6013	Surgical placement of mini implant	572	D6214	Pontic - titanium and titanium alloys	495
D6040	Surgical placement, eosteal implant	3564	D6240	Pontic - porcelain fused to high noble metal	523
D6050	Surgical placement, transosteal implant	4455	D6241	Pontic - porcelain fused to predominately base metal	523
D6055	Dental implant supported connecting bar	1611	D6242	Pontic - porcelain fused to noble metal	523
D6056	Prefabricated abutment	456	D6243	Pontic – porcelain fused to titanium and titanium alloys	495
D6058	Abutment supported porcelain/ceramic crown	560	D6245	Pontic - porcelain/ceramic	560
D6059	Abutment supported porcelain fused to metal crown - high noble metal	523	D6250	Pontic - resin with high noble metal	495
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	523	D6251	Pontic - resin with predominately base metal	495
D6061	Abutment supported porcelain fused to metal crown - noble metal	523	D6252	Pontic - resin with noble metal	495
D6062	Abutment supported cast metal crown - high noble metal	495	D6545	Ret. - cast metal for resin bonded fixed prosthesis	251
D6063	Abutment supported cast metal crown - predominantly based metal	495	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D6064	Abutment supported cast metal crown - noble metal	495	D6549	Resin retainer for resin bonded fixed prosthesis	251
D6065	Implant supported porcelain/ceramic crown	560	D6600	Retainer inlay - porc./ceramic, two surfaces	427
			D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445
			D6602	Retainer inlay - cast high noble metal, two surfaces ..	407

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D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D6606	Retainer inlay - cast noble metal, two surfaces	407
D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D6608	Retainer onlay - porc./ceramic, two surfaces	479
D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D6610	Retainer onlay - cast high noble metal, two surfaces .	458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .	524
D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D6614	Retainer onlay - cast noble metal, two surfaces	458
D6615	Retainer onlay - cast noble metal, >=3 surfaces	524
D6720	Retainer crown - resin with high noble metal	495
D6721	Retainer crown - resin with predominantly base metal	495
D6722	Retainer crown - resin with noble metal	495
D6740	Retainer crown - porcelain/ceramic	560
D6750	Retainer crown - porcelain fused to high noble metal	523
D6751	Retainer crown - porcelain fused to predominately base metal	523
D6752	Retainer crown - porcelain fused to noble metal	523
D6780	Retainer crown - 3/4 cast high noble metal	470
D6781	Retainer crown - 3/4 cast predominantly base metal	470
D6782	Retainer crown - 3/4 cast noble metal	470
D6783	Retainer crown - 3/4 porc./ceramic	511
D6790	Retainer crown - full cast high noble metal	495
D6791	Retainer crown - full cast predominately base metal .	495
D6792	Retainer crown - full cast noble metal	495
D6930	Recement or rebond fixed partial denture	69
D6980	Fixed partial denture repair, by report	172

Oral Surgery¹

D7111	Extraction, coronal remnants - primary tooth.....	56
D7140	Extraction, erupted tooth or exposed root	69
D7210	Extraction, erupted tooth req elev, etc	133
D7220	Removal of impacted tooth - soft tissue	151
D7230	Removal of impacted tooth - partially bony	196
D7240	Removal of impacted tooth - completely bony	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217
D7250	Removal of residual tooth roots.....	141
D7251	Coronectomy - intentional partial tooth removal	217
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	226
D7280	Exposure of an unerupted tooth	153
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. .	141
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	141
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	141
D7471	Removal of lateral exostosis	351
D7510	Incision and drainage of abscess - intraoral soft tissue	96
D7910	Suture of recent small wounds up to 5 cm	59
D7921	Collection application of blood concentrate	40
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	263
D7971	Excision of pericoronal gingiva	131

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7979	Non-surgical sialolithotomy	43
Orthodontics²		
D8010	Limited ortho. treatment of the primary dentition	3304
D8020	Limited ortho. treatment of the transitional dentition	3304
D8030	Limited ortho treatment - adolescent dentition	3422
D8050	Interceptive ortho. treatment of the primary dentition	3304
D8060	Interceptive ortho. treatment - transitional dentition	3304
D8070	Comp. ortho. treatment - transitional dentition	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8210	Removable appliance therapy	770
D8220	Fixed appliance therapy	783
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract) ..	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	413
D8701	Repair of fixed retainer, includes reattachment – maxillary	174
D8702	Repair of fixed retainer, includes reattachment – mandibular	174
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain	43
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D9219	Evaluation for deep sedation or general anesthesia ..	0
D9222	Deep sedation/general anesthesia - first 15 minutes .	103
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	37
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	103
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	103
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9944	Occlusal guard – hard appliance, full arch	272
D9945	Occlusal guard – soft appliance, full arch	272
D9946	Occlusal guard – hard appliance, partial arch	272
D9950	Occlusion analysis - mounted case	104
D9951	Occlusal adjustment - limited	66
D9952	Occlusal adjustment - complete	266
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter (when available)	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20
D9997	Dental case management – patients with special health care needs	50

- 1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
- 2 See exclusion #15 and limitation #29 for additional coverage information.

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 as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, 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 from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia is not a covered benefit under this policy. A discount is provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #29 concerning medically necessary orthodontia.

Plan Limitations

1. One evaluation (D0120, D0140, D0145, D0150, D0160, D0180) is covered once per six months, per patient. D0150 limited to once in 12 months.
2. One (1) teeth cleaning (D1110 or D1120) per 6 months, per patient.
3. One (1) fluoride application every 6 months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months, per patient starting at age two.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages 6-18. No more than one set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient up to age 18 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime.
8. One (1) space maintainer (D1510, D1516, D1517, D1520, D1526 or D1527) is covered per 24 months per patient, per arch. D1575 limited to once per lifetime.
9. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
10. Replacement of a primary stainless steel crown (under age 15), crown, denture, or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.

11. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
12. Relining and rebasing of dentures is covered once per 24 months, per patient.
13. Root canal treatment is covered once per lifetime.
14. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
15. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
16. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240), and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
17. Full mouth debridement is covered once per lifetime, per patient.
18. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
19. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
20. Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
21. Denture rebase and denture reline is limited to 1 in a 36 month period 6 months after initial placement.
22. One (1) 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 (2) years.
23. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
24. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
25. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one per 12 consecutive month period.
26. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
27. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
28. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
29. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
30. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year.

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 - under age 19 (coverage continues through end of month in which the Member turns 19) -

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D0150	Comprehensive oral eval - new or established patient	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	143
D0160	Detailed and extensive oral eval - problem focused....	0	D1526	Space maintainer - removable - bilateral, maxillary....	198
D0170	Re-evaluation - limited, problem focused	0	D1527	Space maintainer - removable - bilateral, mandibular	198
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D0230	Intraoral - periapical each add. radiographic image	0	D1556	Removal of fixed unilateral space maintainer – per quadrant.....	44
D0240	Intraoral - occlusal radiographic image	0	D1557	Removal of fixed bilateral space maintainer – maxillary	44
D0250	Extra-oral - 2D projection radiographic image	0	D1558	Removal of fixed bilateral space maintainer – mandibular	44
D0270	Bitewing - single radiographic image.....	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143
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D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2160	Amalgam - three surfaces, prim. or perm.	64
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D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2332	Resin-based composite - three surfaces, anterior.....	99
D0460	Pulp vitality tests	0	D2335	Resin-based composite - >=4 surfaces, anterior.....	119
D0470	Diagnostic casts	0	D2390	Resin-based composite crown, anterior.....	192
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	D2391	Resin-based composite - one surface, posterior	73
D0601	Caries risk assessment & documentation, with a finding of low risk	0	D2392	Resin-based composite - two surfaces, posterior.....	87
D0602	Caries risk assessment & documentation, with a finding of moderate risk	0	D2393	Resin-based composite - three surfaces, posterior	102
D0603	Caries risk assessment & documentation, with a finding of high risk	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D0999	Unspecified diagnostic procedure, by report	0			
D1110	Prophylaxis (cleaning) - adult	13			
D1120	Prophylaxis (cleaning) - child	10			
D1206	Topical application of fluoride varnish.....	0			
D1208	Topical application of fluoride - excluding varnish	0			
D1310	Nutritional counseling for control of dental disease ...	0			
D1320	Tobacco counseling for control of prev. oral disease...	0			
D1330	Oral hygiene instructions.....	0			
D1351	Sealant - per tooth	21			
D1352	Prev resin rest. mod/high caries risk – perm. tooth....	21			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4321	Provisional splinting - extracoronal	377	D5811	Interim complete denture - mandibular.....	362
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	D5820	Interim partial denture - maxillary	362
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63	D5821	Interim partial denture - mandibular	362
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45	D5850	Tissue conditioning - maxillary	79
D4355	Full mouth debridement	89	D5851	Tissue conditioning - mandibular	79
D4381	Localized delivery of antimicrobial agents.....	98	D5932	Obturator prosthesis, definitive	4800
D4910	Periodontal maintenance	74	D5933	Obturator prosthesis, modification	709
D4920	Unscheduled dressing change by non-treating dentist	84	D5934	Mandibular resection prosthesis w/ guide flange.....	4042
Prosthetics (Dentures)			D5935	Mandibular resection prosthesis w/o guide flange	3770
D5110	Complete denture - maxillary.....	697	D5936	Obturator prosthesis, interim.....	2049
D5120	Complete denture - mandibular.....	697	D5937	Trismus appliance, not in conj. with TMD	653
D5130	Immediate denture - maxillary.....	722	D5986	Fluoride gel carrier	126
D5140	Immediate denture - mandibular.....	722	D5991	Topical medicament carrier.....	126
D5211	Maxillary partial denture - resin base.....	649	Bridge & Pontics		
D5212	Mandibular partial denture - resin base.....	649	D6210	Pontic - cast high noble metal	495
D5213	Maxillary partial denture - cast metal	750	D6211	Pontic - cast predominately base metal	495
D5214	Mandibular partial denture - cast metal	750	D6240	Pontic - porcelain fused to high noble metal.....	523
D5221	Immediate maxillary partial denture - resin base	649	D6241	Pontic - porcelain fused to predominately base metal	523
D5222	Immediate mandibular partial denture - resin base....	649	D6242	Pontic - porcelain fused to noble metal	523
D5223	Immediate maxillary partial denture - cast metal	750	D6245	Pontic - porcelain/ceramic.....	560
D5224	Immediate mandibular partial denture - cast metal ...	750	D6250	Pontic - resin with high noble metal.....	495
D5225	Maxillary partial denture - flexible base.....	750	D6251	Pontic - resin with predominately base metal.....	495
D5226	Mandibular partial denture - flexible base.....	750	D6252	Pontic - resin with noble metal.....	495
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	419	D6545	Ret. - cast metal for resin bonded fixed prosthesis	251
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	419	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	419	D6600	Retainer inlay - porc./ceramic, two surfaces	427
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	419	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445
D5410	Adjust complete denture - maxillary.....	38	D6602	Retainer inlay - cast high noble metal, two surfaces ...	407
D5411	Adjust complete denture - mandibular	38	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425
D5421	Adjust partial denture - maxillary.....	38	D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5422	Adjust partial denture - mandibular.....	38	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D5511	Repair broken complete denture base, mandibular....	87	D6606	Retainer inlay - cast noble metal, two surfaces.....	407
D5512	Repair broken complete denture base, maxillary.....	87	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5520	Replace missing or broken teeth - complete denture .	87	D6608	Retainer onlay - porc./ceramic, two surfaces.....	479
D5611	Repair resin partial denture base, mandibular.....	87	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D5612	Repair resin partial denture base, maxillary.....	87	D6610	Retainer onlay - cast high noble metal, two surfaces..	458
D5621	Repair cast partial framework, mandibular	87	D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	524
D5622	Repair cast partial framework, maxillary.....	87	D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D5630	Repair or replace broken clasp	115	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D5640	Replace broken teeth - per tooth	87	D6614	Retainer onlay - cast noble metal, two surfaces.....	458
D5650	Add tooth to existing partial denture	87	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524
D5660	Add clasp to existing partial denture -per tooth	115	D6720	Retainer crown - resin with high noble metal	495
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287	D6721	Retainer crown - resin with predominantly base metal	495
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287	D6722	Retainer crown - resin with noble metal	495
D5710	Rebase complete maxillary denture.....	260	D6740	Retainer crown - porcelain/ceramic	560
D5711	Rebase complete mandibular denture	260	D6750	Retainer crown - porcelain fused to high noble metal	523
D5720	Rebase maxillary partial denture.....	260	D6751	Retainer crown - porcelain fused to predominately base metal	523
D5721	Rebase mandibular partial denture.....	260	D6752	Retainer crown - porcelain fused to noble metal.....	523
D5730	Reline complete maxillary denture (chairside).....	159	D6780	Retainer crown - 3/4 cast high noble metal	470
D5731	Reline complete mandibular denture (chairside).....	159	D6781	Retainer crown - 3/4 cast predominantly base metal .	470
D5740	Reline maxillary partial denture (chairside).....	155	D6782	Retainer crown - 3/4 cast noble metal	470
D5741	Reline mandibular partial denture (chairside).....	155	D6783	Retainer crown - 3/4 porc./ceramic	511
D5750	Reline complete maxillary denture (lab)	224	D6790	Retainer crown - full cast high noble metal.....	495
D5751	Reline complete mandibular denture (lab)	224	D6791	Retainer crown - full cast predominately base metal..	495
D5760	Reline maxillary partial denture (lab)	224	D6792	Retainer crown - full cast noble metal.....	495
D5761	Reline mandibular partial denture (lab)	224	D6930	Recement or rebond fixed partial denture.....	69
D5810	Interim complete denture - maxillary.....	362	D6980	Fixed partial denture repair, by report	172
			D6985	Pediatric partial denture, fixed	560

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Oral Surgery¹			D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103
D7111	Extraction, coronal remnants - primary tooth.....	56	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103
D7140	Extraction, erupted tooth or exposed root	69	D9248	Non-intravenous conscious sedation	145
D7210	Extraction, erupted tooth req. bone cut	133	D9310	Consultation (diagnostic service by nontreating dentist)	43
D7220	Removal of impacted tooth - soft tissue	151	D9440	Office visit after regularly scheduled hours.....	90
D7230	Removal of impacted tooth - partially bony	196	D9610	Therapeutic parenteral drug, single admin.	26
D7240	Removal of impacted tooth - completely bony	241	D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	70
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D7250	Removal of residual tooth roots	141	D9910	Application of desensitizing medicament	31
D7251	Coronectomy-intentional partial tooth removal	217	D9920	Behavior management, by report	68
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226	D9930	Treatment of complications (post-surgical)	43
D7272	Tooth transplantation	615	D9944	Occlusal guard – hard appliance.....	272
D7280	Exposure of an unerupted tooth	153	D9945	Occlusal guard – soft appliance, full arch.....	272
D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	231	D9946	Occlusal guard – hard appliance, partial arch	272
D7283	Place. of device to facilitate erupt. of impacted tooth	144	D9950	Occlusion analysis - mounted case.....	104
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60	D9951	Occlusal adjustment - limited.....	66
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ...	141	D9952	Occlusal adjustment - complete.....	266
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	141	D9986	Missed appointment	50
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	923	D9995	Teledentistry – synchronous; real-time encounter (when available)	20
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776	D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review (when available)	20
D7510	Incision and drainage of abscess - intraoral soft tissue	96	D9997	Dental case management – patients with special health care needs	50
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	112			
D7520	Incision/drainage of abscess - extra. soft tissue	116			
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	120			
D7910	Suture of recent small wounds up to 5 cm.....	59			
D7911	Complicated suture, <= 5 cm.....	69			
D7912	Complicated suture, > 5 cm.....	79			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	263			
D7963	Frenuloplasty.....	293			
D7970	Excision of hyperplastic tissue - per arch.....	233			
D7971	Excision of pericoronal gingiva	131			
D7979	Non-surgical sialolithotomy.....	43			
Orthodontics²					
D8060	Interceptive ortho. treatment - transitional dentition	3304			
D8070	Comp. ortho. treatment - transitional dentition	3304			
D8080	Comp. ortho. treatment - adolescent dentition	3422			
D8090	Comp. ortho. treatment - adult dentition	3658			
D8660	Pre-orthodontic treatment visit	413			
D8670	Periodic ortho. treatment visit (as part of contract) ...	118			
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413			
D8703	Replacement of lost or broken retainer – maxillary ...	179			
D8704	Replacement of lost or broken retainer – mandibular	179			
Adjunctive General Services					
D9110	Palliative (emergency) treatment of dental pain.....	43			
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0			
D9211	Regional block anesthesia	0			
D9212	Trigeminal division block anesthesia	0			
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0			
D9219	Evaluation for deep sedation or general anesthesia ...	0			
D9222	Deep sedation/general anesthesia - first 15 minutes..	103			
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103			
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37			

- 1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
- 2 See exclusion #14 and limitation #25 for additional coverage information.

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 as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, 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 from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia and Phase I Treatment for medically necessary orthodontia are not covered benefits under this policy. Discounts are provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #25 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per six (6) months, per patient.
4. Four bitewing x-ray films per six (6) months, per patient.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. One sealant per tooth, per patient up to age 19 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime.
8. One fixed space maintainer (D1510, D1516, D1517) per 5 years, per arch, per patient up to age 14, to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment). D1575 limited to once per lifetime.
9. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
10. Replacement of a crown (for teeth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling), bridge (that cannot be repaired) or denture is

covered if it is more than five (5) years from the date of original placement and cannot be restored.

11. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
13. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per patient, per quadrant.
14. 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 once per two years.
15. Full mouth debridement is covered once per 36 months, per patient.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
18. Periodontal maintenance following surgery is covered once per three (3) months.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
21. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
22. Occlusal guard with covered surgery, by report.
23. Gingivectomy, once per quadrant.
24. One pedicle, free soft tissue, subepithelial connective tissue or double pedicle graft per site.
25. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

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



Select Plan Basic Kids 702xs (MD)
Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services (under age 19)
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$350 per child per calendar year for medically necessary treatment (maximum of \$700 for policy covering two or more children). For any medically necessary treatments in which the member copayment listed below is over the annual out-of-pocket maximum, the member shall only be responsible up to the maximum and the Plan would be responsible for the remainder.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D1310	Nutritional counseling for control of dental disease ...	0
D9439	Office visit.....	10	D1320	Tobacco counseling for control of prev. oral disease...	0
D0120	Periodic oral eval - established patient	0	D1330	Oral hygiene instructions.....	0
D0140	Limited oral eval - problem focused.....	0	D1351	Sealant - per tooth	21
D0145	Oral eval for a patient under 3 years of age	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth	21
D0150	Comprehensive oral eval - new or established patient	0	D1354	Interim caries arresting medicament application - per tooth.....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	143
D0170	Re-evaluation - limited, problem focused	0	D1516	Space maintainer - fixed - bilateral, maxillary	198
D0210	Intraoral - complete series of radiographic images	26	D1517	Space maintainer - fixed - bilateral, mandibular	198
D0220	Intraoral - periapical first radiographic image	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	143
D0230	Intraoral - periapical each add. radiographic image	0	D1526	Space maintainer - removable - bilateral, maxillary....	198
D0240	Intraoral - occlusal radiographic image	0	D1527	Space maintainer - removable - bilateral, mandibular	198
D0250	Extra-oral - 2D projection radiographic image	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	34
D0270	Bitewing - single radiographic image.....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	34
D0272	Bitewings - two radiographic images.....	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34
D0273	Bitewings - three radiographic images	0	D1556	Removal of fixed unilateral space maintainer – per quadrant.....	44
D0274	Bitewings - four radiographic images	0	D1557	Removal of fixed bilateral space maintainer – maxillary	44
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1558	Removal of fixed bilateral space maintainer – mandibular	44
D0290	Posterior/anterior or lateral skull bone radiographic image.....	83	D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant.....	143
D0310	Sialography.....	370	Restorative (Fillings)		
D0320	Temporomandibular joint arthrogram, incl. injection.	562	D2140	Amalgam - one surface, prim. or perm.	41
D0321	Other temporomandibular joint radiographic images, by report.....	120	D2150	Amalgam - two surfaces, prim. or perm.....	51
D0330	Panoramic radiographic image	30	D2160	Amalgam - three surfaces, prim. or perm.	64
D0340	2D cephalometric radiographic image	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D0350	2D oral/facial photographic image obtained (intraorally/extraoral).....	0	D2330	Resin-based composite - one surface, anterior.....	69
D0351	3D photographic image	0	D2331	Resin-based composite - two surfaces, anterior	83
D0460	Pulp vitality tests	0	D2332	Resin-based composite - three surfaces, anterior	99
D0470	Diagnostic casts.....	0	D2335	Resin-based composite - >=4 surfaces, anterior.....	119
D0486	Accession of Brush Biopsy Sample	0	D2390	Resin-based composite crown, anterior.....	192
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	D2391	Resin-based composite - one surface, posterior	73
D0601	Caries risk assessment & documentation, with a finding of low risk.....	0	D2392	Resin-based composite - two surfaces, posterior.....	87
D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0	D2393	Resin-based composite - three surfaces, posterior	102
D0603	Caries risk assessment & documentation, with a finding of high risk.....	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D1110	Prophylaxis (cleaning) - adult	0	D2510	Inlay- metallic - one surface	407
D1120	Prophylaxis (cleaning) - child	0	D2520	Inlay- metallic - two surfaces.....	407
D1206	Topical application of fluoride varnish.....	0			
D1208	Topical application of fluoride - excluding varnish	0			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5212	Mandibular partial denture - resin base.....	649	D5865	Overdenture - complete mandibular.....	1694
D5213	Maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750	D5866	Overdenture - partial mandibular	1668
D5214	Mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750	D5992	Adjustment of prosthetic appliance, by report	24
D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649	D5993	Cleaning and maintenance prosthetic appliance	18
D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649	Implant Services		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750	D6058	Abutment supported porcelain/ceramic crown	560
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750	D6059	Abutment supported porcelain fused to metal crown - high noble metal	523
D5225	Maxillary partial denture - flexible base	750	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	523
D5226	Mandibular partial denture - flexible base	750	D6061	Abutment supported porcelain fused to metal crown - noble metal	523
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	419	D6066	Implant supported crown - porcelain fused to high noble alloys	523
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	419	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.....	63
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	419	D6082	Implant supported crown – porcelain fused to predominantly base alloys	523
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6083	Implant supported crown – porcelain fused to noble alloys	523
D5410	Adjust complete denture - maxillary	38	D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	523
D5411	Adjust complete denture - mandibular	38	Bridge & Pontics		
D5421	Adjust partial denture - maxillary.....	38	D6210	Pontic - cast high noble metal	495
D5422	Adjust partial denture - mandibular.....	38	D6211	Pontic - cast predominately base metal	495
D5511	Repair broken complete denture base, mandibular....	87	D6212	Pontic - cast noble metal	495
D5512	Repair broken complete denture base, maxillary.....	87	D6240	Pontic - porcelain fused to high noble metal.....	523
D5520	Replace missing or broken teeth - complete denture .	87	D6241	Pontic - porcelain fused to predominately base metal	523
D5611	Repair resin partial denture base, mandibular.....	87	D6242	Pontic - porcelain fused to noble metal	523
D5612	Repair resin partial denture base, maxillary.....	87	D6245	Pontic - porcelain/ceramic.....	560
D5621	Repair cast partial framework, mandibular	87	D6250	Pontic - resin with high noble metal.....	495
D5622	Repair cast partial framework, maxillary.....	87	D6251	Pontic - resin with predominately base metal.....	495
D5630	Repair or replace broken retentive/clasping material - per tooth	115	D6252	Pontic - resin with noble metal.....	495
D5640	Replace broken teeth - per tooth	87	D6545	Ret. - cast metal for resin bonded fixed prosthesis	251
D5650	Add tooth to existing partial denture	87	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D5660	Add clasp to existing partial denture -per tooth	115	D6549	Resin retainer - for resin bonded fixed prosthesis.....	251
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287	D6600	Retainer inlay - porc./ceramic, two surfaces	427
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445
D5710	Rebase complete maxillary denture.....	260	D6602	Retainer inlay - cast high noble metal, two surfaces ...	407
D5711	Rebase complete mandibular denture	260	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425
D5720	Rebase maxillary partial denture.....	260	D6604	Retainer inlay - cast predominately base metal, two surfaces	407
D5721	Rebase mandibular partial denture.....	260	D6605	Retainer inlay - cast predominately base metal, >=3 surfaces	425
D5730	Reline complete maxillary denture (chairside).....	159	D6606	Retainer inlay - cast noble metal, two surfaces	407
D5731	Reline complete mandibular denture (chairside).....	159	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5740	Reline maxillary partial denture (chairside).....	155	D6608	Retainer onlay - porc./ceramic, two surfaces.....	479
D5741	Reline mandibular partial denture (chairside).....	155	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D5750	Reline complete maxillary denture (lab)	224	D6610	Retainer onlay - cast high noble metal, two surfaces..	458
D5751	Reline complete mandibular denture (lab)	224	D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	524
D5760	Reline maxillary partial denture (lab).....	224	D6612	Retainer onlay - cast predominately base metal, two surfaces	458
D5761	Reline mandibular partial denture (lab)	224	D6613	Retainer onlay - cast predominately base metal, >=3 surfaces	524
D5810	Interim complete denture - maxillary.....	362	D6614	Retainer onlay - cast noble metal, two surfaces.....	458
D5811	Interim complete denture - mandibular.....	362	D6615	Retainer onlay - cast noble metal, >=3 surfaces	524
D5820	Interim partial denture - maxillary	362	D6720	Retainer crown - resin with high noble metal	495
D5821	Interim partial denture - mandibular	362	D6721	Retainer crown - resin with predominantly base metal	495
D5850	Tissue conditioning - maxillary	79	D6722	Retainer crown - resin with noble metal	495
D5851	Tissue conditioning - mandibular	79	D6740	Retainer crown - porcelain/ceramic	560
D5863	Overdenture - complete maxillary.....	1694	D6750	Retainer crown - porcelain fused to high noble metal	523
D5864	Overdenture - partial maxillary	1668			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6751	Retainer crown - porcelain fused to predominately base metal	523
D6752	Retainer crown - porcelain fused to noble metal	523
D6780	Retainer crown - 3/4 cast high noble metal	470
D6781	Retainer crown - 3/4 cast predominantly base metal ..	470
D6782	Retainer crown - 3/4 cast noble metal	470
D6783	Retainer crown - 3/4 porc./ceramic	511
D6790	Retainer crown - full cast high noble metal	495
D6791	Retainer crown - full cast predominately base metal..	495
D6792	Retainer crown - full cast noble metal.....	495
D6930	Recement or rebond fixed partial denture.....	69
D6980	Fixed partial denture repair, by report	172

Oral Surgery¹

D7111	Extraction, coronal remnants - primary tooth.....	56
D7140	Extraction, erupted tooth or exposed root	69
D7210	Extraction, erupted tooth req. bone cut	133
D7220	Removal of impacted tooth - soft tissue	151
D7230	Removal of impacted tooth - partially bony	196
D7240	Removal of impacted tooth - completely bony	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217
D7250	Removal of residual tooth roots	141
D7251	Coronectomy-intentional partial tooth removal	217
D7260	Oroantral fistula closure	578
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D7272	Tooth transplantation	615
D7280	Exposure of an unerupted tooth	153
D7285	Biopsy of oral tissue - hard (bone, tooth)	387
D7286	Biopsy of oral tissue - soft (all others)	295
D7290	Surgical repositioning of teeth	407
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	141
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ...	141
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	141
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	141
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	923
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776
D7410	Excision of benign lesion up to 1.25 cm	278
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	608
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	543
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	516
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	718
D7471	Removal of lateral exostosis	351
D7472	Removal of torus palatinus.....	480
D7473	Removal of torus mandibularis	480
D7510	Incision and drainage of abscess - intraoral soft tissue	96
D7520	Incision/drainage of abscess - extra. soft tissue	116
D7550	Partial ostect/sequestrect non-vital bone rem.....	336
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	263
D7970	Excision of hyperplastic tissue - per arch.....	233
D7971	Excision of pericoronal gingiva	131
D7979	Non-surgical sialolithotomy.....	43

Orthodontics²

D8070	Comp. ortho. treatment - transitional dentition	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8090	Comp. ortho. treatment - adult dentition	3658
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D8698	Re-cement or re-bond fixed retainer – maxillary	174
D8699	Re-cement or re-bond fixed retainer – mandibular	174
D8701	Repair of fixed retainer, includes reattachment – maxillary	174
D8702	Repair of fixed retainer, includes reattachment – mandibular	174
D8703	Replacement of lost or broken retainer – maxillary	174
D8704	Replacement of lost or broken retainer – mandibular	174

Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D9219	Evaluation for deep sedation or general anesthesia ...	0
D9222	Deep sedation/general anesthesia - first 15 minutes..	103
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103
D9248	Non-intravenous conscious sedation	145
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9410	House/extended care facility call	200
D9420	Hospital call	350
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9941	Fabrication of athletic mouthguard.....	102
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch	272
D9946	Occlusal guard – hard appliance, partial arch	272
D9950	Occlusion analysis - mounted case	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9986	Missed appointment	50
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

- 1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
- 2 See exclusion #11 and limitation #25 for additional coverage information.

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 as determined by the Plan.
3. Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Dispensing of drugs.
6. Hospitalization for the following: the operation or treatment for the fitting or wearing of dentures; orthodontic care or malocclusion, operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for the removal of tumors and cysts or treatment of injury to natural teeth due to an accident if the treatment is received within 6 months of the accident; and dental implants.
7. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
8. Procedures not listed as covered benefits under this Plan.
9. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan, (with the exception of out-of-area emergency dental services).
10. Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.
11. Non-medically necessary orthodontia is not a covered benefits under this policy. Orthodontia services are only provided for severe, dysfunctional, handicapping malocclusion. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #25 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150, D0160) is covered two (2) times per calendar year, per patient, per provider/location.
2. One (1) teeth cleaning (D1110 or D1120) is covered two (2) times per calendar year, per patient.
3. One (1) topical fluoride application (D1206 or D1208) is covered two (2) times per calendar year, per patient; four (4) fluoride varnish treatments are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnishes are covered per calendar year, per patient up to age two (2).
4. Two (2) bitewing x-rays are covered per calendar year, per patient, per provider/location (D0270 does not have a frequency limitation).
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per provider/location.
6. One (1) sealant per tooth is covered per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime.
8. One (1) space maintainer per 24 months, per quadrant (D1510 or D1520) or per arch (D1516, D1517, D1526 or D1527), per patient to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment); D1575 limited to once per 24 months.
9. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.

10. Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.
11. Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
12. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
13. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
14. Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
15. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per patient, per quadrant.
16. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu or a covered D1120/D1110, limited to once per two years.
17. Full mouth debridement is covered once per 24 months, per patient.
18. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
19. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
20. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
21. One (1) 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 (2) years.
22. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
23. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
24. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
25. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
26. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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



Select Plan Basic Kids 702xs (PA)
Description of Services, Member Copayments, Exclusions
and Limitations for Pediatric Services (under age 19)
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$350 per child per calendar year for medically necessary treatment (maximum of \$700 for policy covering two or more children).
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			Restorative (Fillings)		
D9439	Office visit.....	10	D1354	Interim caries arresting medicament application - per tooth.....	0
D0120	Periodic oral eval - established patient	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	143
D0140	Limited oral eval - problem focused.....	0	D1516	Space maintainer - fixed - bilateral, maxillary	198
D0145	Oral eval for a patient under 3 years of age	0	D1517	Space maintainer - fixed - bilateral, mandibular	198
D0150	Comprehensive oral eval - new or established patient	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	143
D0160	Detailed and extensive oral eval - problem focused....	0	D1526	Space maintainer - removable - bilateral, maxillary....	198
D0170	Re-evaluation - limited, problem focused	0	D1527	Space maintainer - removable - bilateral, mandibular	198
D0180	Comp. periodontal eval - new or established patient	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	34
D0210	Intraoral - complete series of radiographic images	26	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	34
D0220	Intraoral - periapical first radiographic image	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34
D0230	Intraoral - periapical each add. radiographic image	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143
D0240	Intraoral - occlusal radiographic image	0	Crown & Bridge		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.	41
D0270	Bitewing - single radiographic image.....	0	D2150	Amalgam - two surfaces, prim. or perm.....	51
D0272	Bitewings - two radiographic images.....	0	D2160	Amalgam - three surfaces, prim. or perm.	64
D0273	Bitewings - three radiographic images	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D0274	Bitewings - four radiographic images	0	D2330	Resin-based composite - one surface, anterior.....	69
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2331	Resin-based composite - two surfaces, anterior	83
D0330	Panoramic radiographic image	30	D2332	Resin-based composite - three surfaces, anterior.....	99
D0340	2D cephalometric radiographic image	0	D2335	Resin-based composite - >=4 surfaces, anterior.....	119
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2390	Resin-based composite crown, anterior.....	192
D0351	3D photographic image	0	D2391	Resin-based composite - one surface, posterior	73
D0391	Interpretation of diagnostic image only	0	D2392	Resin-based composite - two surfaces, posterior.....	87
D0460	Pulp vitality tests	0	D2393	Resin-based composite - three surfaces, posterior	102
D0470	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0			
D0601	Caries risk assessment and documentation, with a finding of low risk	0			
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0			
D0603	Caries risk assessment and documentation, with a finding of high risk	0			
D1110	Prophylaxis (cleaning) - adult	0			
D1120	Prophylaxis (cleaning) - child.....	0			
D1206	Topical application of fluoride varnish.....	0			
D1208	Topical application of fluoride - excluding varnish	0			
D1310	Nutritional counseling for control of dental disease ...	0			
D1320	Tobacco counseling for control of prev. oral disease...	0			
D1330	Oral hygiene instructions.....	0			
D1351	Sealant - per tooth	21			
D1352	Prev resin rest. mod/high caries risk – perm. tooth....	21			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	419	D6066	Implant supported crown – porcelain fused to high noble metal alloys	523
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	419	D6067	Implant supported crown – high noble metal alloys ...	523
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6068	Abutment supp. retainer for porc/ceramic FPD	788
D5410	Adjust complete denture - maxillary	38	D6069	Abutment supp. retainer for porc/high noble FPD.....	843
D5411	Adjust complete denture - mandibular	38	D6070	Abutment supp. retainer for porc/pred. base FPD.....	695
D5421	Adjust partial denture - maxillary	38	D6071	Abutment supp. retainer for porc/noble FPD	704
D5422	Adjust partial denture - mandibular.....	38	D6072	Abutment supp. retainer for cast high noble FPD	788
D5511	Repair broken complete denture base, mandibular....	87	D6073	Abutment supp. retainer for cast high noble FPD	749
D5512	Repair broken complete denture base, maxillary.....	87	D6074	Abutment supp. retainer for cast noble metal FPD.....	758
D5520	Replace missing or broken teeth - complete denture .	87	D6075	Implant supported retainer for ceramic FPD.....	874
D5611	Repair resin partial denture base, mandibular.....	87	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	823
D5612	Repair resin partial denture base, maxillary.....	87	D6077	Implant supported retainer for metal FPD – high noble metal alloys	872
D5621	Repair cast partial framework, mandibular	87	D6080	Implant maintenance procedures	61
D5622	Repair cast partial framework, maxillary.....	87	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.....	63
D5630	Repair or replace broken retentive/clasping material - per tooth	115	D6082	Implant supported crown – porcelain fused to predominantly base alloys	523
D5640	Replace broken teeth - per tooth	87	D6083	Implant supported crown – porcelain fused to noble alloys	523
D5650	Add tooth to existing partial denture	87	D6086	Implant supported crown – predominantly base alloys	495
D5660	Add clasp to existing partial denture - per tooth.....	115	D6087	Implant supported crown – noble alloys.....	495
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287	D6090	Repair implant supported prosthesis	362
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287	D6091	Replacement of semi-precision or precision attachment	34
D5710	Rebase complete maxillary denture.....	260	D6095	Repair implant abutment, by report	391
D5711	Rebase complete mandibular denture	260	D6098	Implant supported retainer – porcelain fused to predominantly base alloys	695
D5720	Rebase maxillary partial denture.....	260	D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	843
D5721	Rebase mandibular partial denture.....	260	D6100	Implant removal, by report	241
D5730	Reline complete maxillary denture (chairside).....	159	D6101	Debridement periimplant defect.....	90
D5731	Reline complete mandibular denture (chairside).....	159	D6102	Debridement and osseous contouring periimplant defect	180
D5740	Reline maxillary partial denture (chairside).....	155	D6103	Bone graft repair perrimplant defect	600
D5741	Reline mandibular partial denture (chairside).....	155	D6104	Bone graft at time of implant placement	600
D5750	Reline complete maxillary denture (lab)	224	D6190	Radiographic surgical implant index, by report.....	0
D5751	Reline complete mandibular denture (lab)	224			
D5760	Reline maxillary partial denture (lab)	224			
D5761	Reline mandibular partial denture (lab)	224			
D5810	Interim complete denture - maxillary.....	362			
D5811	Interim complete denture - mandibular.....	362			
D5820	Interim partial denture - maxillary	362			
D5821	Interim partial denture - mandibular	362			
D5850	Tissue conditioning - maxillary	79			
D5851	Tissue conditioning - mandibular	79			
Implant Services			Bridge & Pontics		
D6010	Surgical placement of implant body, endosteal	1716	D6210	Pontic - cast high noble metal	495
D6011	Second stage implant surgery	200	D6211	Pontic - cast predominately base metal	495
D6012	Surgical placement of interim implant body	1782	D6212	Pontic - cast noble metal	495
D6013	Surgical placement of mini implant.....	572	D6214	Pontic - titanium and titanium alloys	495
D6040	Surgical placement, eosteal implant	3564	D6240	Pontic - porcelain fused to high noble metal.....	523
D6050	Surgical placement, transosteal implant	4455	D6241	Pontic - porcelain fused to predominately base metal	523
D6055	Dental implant supported connecting bar	1611	D6242	Pontic - porcelain fused to noble metal	523
D6056	Prefabricated abutment	456	D6243	Pontic – porcelain fused to titanium and titanium alloys	495
D6058	Abutment supported porcelain/ceramic crown	560	D6245	Pontic - porcelain/ceramic.....	560
D6059	Abutment supported porcelain fused to metal crown - high noble metal	523	D6250	Pontic - resin with high noble metal.....	495
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	523	D6251	Pontic - resin with predominately base metal.....	495
D6061	Abutment supported porcelain fused to metal crown - noble metal	523	D6252	Pontic - resin with noble metal.....	495
D6062	Abutment supported cast metal crown - high noble metal	495	D6545	Ret. - cast metal for resin bonded fixed prosthesis	251
D6063	Abutment supported cast metal crown - predominantly based metal	495	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D6064	Abutment supported cast metal crown - noble metal	495	D6549	Resin retainer - for resin bonded fixed prosthesis.....	251
D6065	Implant supported porcelain/ceramic crown.....	560	D6600	Retainer inlay - porc./ceramic, two surfaces	427
			D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445
			D6602	Retainer inlay - cast high noble metal, two surfaces ...	407
			D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425
			D6604	Retainer inlay - cast predominately base metal, two surfaces	407

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425	Orthodontics²		
D6606	Retainer inlay - cast noble metal, two surfaces	407	D8010	Limited ortho. treatment of the primary dentition	3304
D6607	Retainer inlay - cast noble metal, >=3 surfaces	425	D8020	Limited ortho. treatment of the transitional dentition	3304
D6608	Retainer onlay - porc./ceramic, two surfaces	479	D8030	Limited ortho treatment - adolescent dentition	3422
D6609	Retainer onlay - porc./ceramic, three or more surfaces	499	D8050	Interceptive ortho. treatment of the primary dentition	3304
D6610	Retainer onlay - cast high noble metal, two surfaces..	458	D8060	Interceptive ortho. treatment - transitional dentition	3304
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	524	D8070	Comp. ortho. treatment - transitional dentition	3304
D6612	Retainer onlay - cast predominantly base metal, two surfaces	458	D8080	Comp. ortho. treatment - adolescent dentition	3422
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524	D8090	Comp. ortho. treatment - adult dentition	3658
D6614	Retainer onlay - cast noble metal, two surfaces.....	458	D8210	Removable appliance therapy	770
D6615	Retainer onlay - cast noble metal, >=3 surfaces	524	D8220	Fixed appliance therapy	783
D6720	Retainer crown - resin with high noble metal	495	D8660	Pre-orthodontic treatment visit	413
D6721	Retainer crown - resin with predominantly base metal	495	D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D6722	Retainer crown - resin with noble metal	495	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D6740	Retainer crown - porcelain/ceramic	560	Adjunctive General Services		
D6750	Retainer crown - porcelain fused to high noble metal	523	D9110	Palliative (emergency) treatment of dental pain.....	43
D6751	Retainer crown - porcelain fused to predominately base metal	523	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D6752	Retainer crown - porcelain fused to noble metal	523	D9211	Regional block anesthesia	0
D6780	Retainer crown - 3/4 cast high noble metal	470	D9212	Trigeminal division block anesthesia	0
D6781	Retainer crown - 3/4 cast predominantly base metal ..	470	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D6782	Retainer crown - 3/4 cast noble metal	470	D9219	Evaluation for deep sedation or general anesthesia ...	0
D6783	Retainer crown - 3/4 porc./ceramic	511	D9222	Deep sedation/general anesthesia - first 15 minutes..	103
D6790	Retainer crown - full cast high noble metal	495	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103
D6791	Retainer crown - full cast predominately base metal..	495	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D6792	Retainer crown - full cast noble metal.....	495	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103
D6930	Recement or rebond fixed partial denture.....	69	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103
D6980	Fixed partial denture repair, by report	172	D9310	Consultation (diagnostic service by nontreating dentist)	43
Oral Surgery¹			D9610	Therapeutic parenteral drug, single admin.	26
D7111	Extraction, coronal remnants - primary tooth.....	56	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D7140	Extraction, erupted tooth or exposed root	69	D9910	Application of desensitizing medicament	31
D7210	Extraction, erupted tooth req. bone cut	133	D9930	Treatment of complications (post-surgical)	43
D7220	Removal of impacted tooth - soft tissue	151	D9944	Occlusal guard – hard appliance, full arch.....	272
D7230	Removal of impacted tooth - partially bony	196	D9945	Occlusal guard – soft appliance, full arch	272
D7240	Removal of impacted tooth - completely bony	241	D9946	Occlusal guard – hard appliance, partial arch	272
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217	D9950	Occlusion analysis - mounted case	104
D7250	Removal of residual tooth roots	141	D9951	Occlusal adjustment - limited.....	66
D7251	Coronectomy-intentional partial tooth removal	217	D9952	Occlusal adjustment - complete	266
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226	D9986	Missed appointment	50
D7280	Exposure of an unerupted tooth	153	D9995	Teledentistry - synchronous; real-time encounter (when available)	20
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60	D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	141	D9997	Dental case management – patients with special health care needs	50
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad....	141	1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.		
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	141	2. See exclusion #15 and limitation #24 for additional coverage information.		
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	141	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.		
D7471	Removal of lateral exostosis	351			
D7510	Incision and drainage of abscess - intraoral soft tissue	96			
D7910	Suture of recent small wounds up to 5 cm.....	59			
D7921	Collection application of blood concentrate	40			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	263			
D7971	Excision of pericoronal gingiva	131			
D7979	Non-surgical sialolithotomy.....	43			

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 as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, 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 from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia is not a covered benefit under this policy. A discount is provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #24 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0140, D0145, D0150, D0180) is covered per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride application every six (6) months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime.
8. Replacement of a primary stainless steel crown (under age 15), crown, denture or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.
9. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary and Reasonable (UCR) fee, minus 25%.

10. One (1) relining and rebasing of dentures is covered per 24 months, per patient.
11. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
12. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
13. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240) and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
14. One (1) full mouth debridement is covered per lifetime, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
16. One (1) periodontal surgery of any type, including any associated material, is covered every 24 months, per quadrant or surgical site.
17. Periodontal maintenance is covered four (4) times per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
18. One (1) 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 (2) years.
19. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
20. General anesthesia and analgesic (only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions), including intravenous and non-intravenous sedation with a maximum of 60 minutes of services allowed (general anesthesia is not covered with procedure codes D9230, D9239 or D9243; intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; non-intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; requires a narrative of medical necessity be maintained in patient records).
21. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one (1) per 12 consecutive month period.
22. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
23. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
24. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
25. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).



Select Plan Basic Kids 702xs (VA)
Description of Services, Member Copayments,
Exclusions and Limitations for Pediatric Services
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$350 per child per calendar year for medically necessary treatment (maximum of \$700 for policy covering two or more children). The member shall only be responsible for the copayment listed in Member Copayment

column. Any procedure listed that has a Member Copayment above the annual out-of-pocket maximum may apply as these procedures are not considered medically necessary and are included as additional benefits. The Plan is responsible for the difference between the Actual Copayment and the Member Copayment for all medically necessary treatment.

- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
Diagnostic/Preventive			
D9439	Office visit	10	10
D0120	Periodic oral eval - established patient.....	0	0
D0140	Limited oral eval - problem focused	0	0
D0145	Oral eval for a patient under 3 years of age	0	0
D0150	Comprehensive oral eval - new or established patient.....	0	0
D0160	Detailed and extensive oral eval - problem focused	0	0
D0170	Re-evaluation - limited, problem focused	0	0
D0210	Intraoral - complete series of radiographic images	26	26
D0220/30	Intraoral - periapical first film and each additional	0	0
D0240	Intraoral - occlusal film	0	0
D0250	Extraoral - first film	0	0
D0270-74	Bitewing x-rays - 1-4 films	0	0
D0277	Vertical bitewings - 7 to 8 films.....	0	0
D0330	Panoramic film	30	30
D0340	Cephalometric film	0	0
D0350	Oral/facial photographic images	0	0
D0351	3D photographic image	0	0
D0460	Pulp vitality tests.....	0	0
D0470	Diagnostic casts.....	0	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	0
D0601/02/03	Caries risk assessment & documentation, with a finding of low/moderate/high risk	0	0
D1110	Prophylaxis (cleaning) - adult.....	0	0
D1120	Prophylaxis (cleaning) - child	0	0
D1206	Topical application of fluoride varnish.....	0	0
D1208	Topical application of fluoride - excluding varnish	0	0
D1310/20/30	Oral hygiene instructions.....	0	0
D1351	Sealant - per tooth	21	21
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	21	21
D1354	Interim caries arresting medicament application - per tooth.....	0	0
D1510/20	Space maintainer - fixed/removable, unilateral - per quadrant.....	143	143
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular.....	198	198
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular	198	198
D1551/52/53	Re-cement/re-bond bilateral/unilateral space maintainer – maxillary/mandibular.....	34	34
D1556/57/58	Removal of fixed bilateral/unilateral space maintainer – maxillary/mandibular.....	44	44
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143	143
Restorative (Fillings)			
D2140	Amalgam - one surface, prim. or perm.	41	41
D2150	Amalgam - two surfaces, prim. or perm.....	51	51
D2160	Amalgam - three surfaces, prim. or perm.	64	64

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	78
D2330	Resin-based composite - one surface, anterior	69	69
D2331	Resin-based composite - two surfaces, anterior	83	83
D2332	Resin-based composite - three surfaces, anterior	99	99
D2335	Resin-based composite - >=4 surfaces, anterior	119	119
D2390	Resin-based composite crown, anterior	192	192
D2391	Resin-based composite - one surface, posterior	73	73
D2392	Resin-based composite - two surfaces, posterior	87	87
D2393	Resin-based composite - three surfaces, posterior	102	102
D2394	Resin-based composite - >=4 surfaces, posterior	123	123
Crown & Bridge			
D2510/20	Inlay- metallic - one to two surfaces	407	407
D2530	Inlay - metallic - three or more surfaces	425	425
D2542	Onlay - metallic - two surfaces	458	458
D2543/44	Onlay - metallic - three or more surfaces	524	524
D2610/20	Inlay - porcelain/ceramic - one to two surfaces	427	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces	445	445
D2642	Onlay - porcelain/ceramic - two surfaces	479	479
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	350	499
D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	440	440
D2662/63/64	Onlay - resin-based composite - >=2 surfaces	444	444
D2710	Crown - resin based composite (indirect)	272	272
D2712	Crown - 3/4 resin-based composite (indirect)	485	485
D2720/21/22	Crown - resin with metal	350	495
D2740	Crown - porcelain/ceramic	350	560
D2750/51/52/53	Crown - porcelain fused to metal	350	523
D2780/81/82	Crown - 3/4 cast with metal	478	478
D2783	Crown - 3/4 porcelain/ceramic	511	511
D2790-94	Crown - full cast metal	350	495
D2910/20	Recement inlay, onlay/crown or partial coverage rest	43	43
D2915	Recement cast or prefab. post and core	82	82
D2929	Prefab. porcelain/ceramic crown - prim. tooth	350	560
D2930	Prefab. stainless steel crown - prim. tooth	110	110
D2931	Prefab. stainless steel crown - perm. tooth	121	121
D2932	Prefabricated resin crown	140	140
D2933	Prefab. stainless steel crown w/ resin window	271	271
D2934	Prefab. esthetic coated primary tooth	296	296
D2940	Protective restoration	39	39
D2941	Interim therapeutic restoration, primary dentition	31	31
D2950	Core buildup, including any pins	125	125
D2951	Pin retention - per tooth, in addition to restoration	22	22
D2952	Post and core in addition to crown	186	186
D2954	Prefab. post and core in addition to crown	154	154
D2955	Post removal (not in conj. with endo. therapy)	105	105
D2962	Labial veneer (porcelain laminate) - laboratory	350	449
D2970	Temporary crown (fractured tooth)	0	0
D2980/81/82/83	Crown, inlay, onlay or veneer repair	102	102
Endodontics¹			
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32	32
D3220	Therapeutic pulpotomy (excl. final restor.)	81	81
D3221	Pulpal debridement, prim. and perm. teeth	94	94
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	160	160
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	164	164
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	341	341
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	350	418
D3330	Endodontic therapy, molar tooth (excluding final restoration)	350	512
D3333	Internal root repair of perforation defects	105	105
D3346	Retreat of prev. root canal therapy, anterior	350	387
D3347	Retreat of prev root canal therapy - premolar	350	465
D3348	Retreat of prev. root canal therapy, molar	350	558
D3351	Apexification/recalcification - initial visit	202	202
D3352	Apexification/recalcification - interim med. repl.	350	589
D3353	Apexification/recalcification - final visit	350	449
D3355	Pulpal regeneration - initial visit	202	202
D3356	Pulpal regeneration - interim medication replacement	589	589

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D3357	Pulpal regeneration - completion of treatment	449	449
D3410	Apicoectomy - anterior	323	323
D3421	Apicoectomy - premolar (first root).....	350	364
D3425	Apicoectomy - molar (first root)	350	418
D3426	Apicoectomy - (each add. root)	152	152
D3427	Periradicular surgery w/o apicoectomy.....	266	266
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	743	743
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	582	582
D3430	Retrograde filling - per root	119	119
D3450	Root amputation - per root	234	234
D3920	Hemisection, not inc. root canal therapy	234	234
D3950	Canal prep/fitting of preformed dowel or post.....	136	136
Periodontics¹			
D0180	Comp. periodontal eval - new or established patient	0	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345	345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106	106
D4249	Clinical crown lengthening - hard tissue.....	350	576
D4260	Osseous surgery - >3 cont. teeth, per quad	350	499
D4261	Osseous surgery - <=3 cont. teeth, per quad	350	392
D4263	Bone replacement graft, first site in quad.....	350	743
D4264	Bone replacement graft, each add. site in quad.	350	582
D4268	Surgical revision proc., per tooth.....	358	358
D4270	Pedicle soft tissue graft procedure.....	350	643
D4273	Autogenous connective tissue graft proc.....	350	800
D4274	Mesial/distal wedge procedure, single tooth.....	308	308
D4277	Free soft tissue graft, per tooth.....	350	654
D4278	Free soft tissue graft, each add. tooth.....	100	100
D4320	Provisional splinting - intracoronal	350	427
D4321	Provisional splinting - extracoronal	350	377
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63	63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	45	45
D4355	Full mouth debridement.....	89	89
D4381	Localized delivery of antimicrobial agents	98	98
D4910	Periodontal maintenance	74	74
Prosthetics (Dentures)			
D5110/20	Complete denture - maxillary/mandibular.....	350	697
D5130/40	Immediate denture - maxillary/mandibular.....	350	722
D5211/12	Maxillary/mandibular partial denture - resin base	350	649
D5213/14	Maxillary/mandibular partial denture - cast metal framework	350	750
D5221/22	Immediate maxillary/mandibular partial denture	649	649
D5223/24	Immediate maxillary/mandibular partial denture	750	750
D5225/26	Maxillary/mandibular partial denture - flexible base	350	750
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	350	419
D5284/86	Rem. unilateral partial denture - one piece flexible/resin base	350	419
D5410/11	Adjust complete denture - maxillary/mandibular.....	38	38
D5421/22	Adjust partial denture - maxillary/mandibular.....	38	38
D5511/12	Repair broken complete denture base, maxillary/mandibular	87	87
D5520	Replace missing or broken teeth - complete denture	87	87
D5611/12	Repair resin partial denture base, maxillary/mandibular	87	87
D5621/22	Repair cast partial framework, maxillary/mandibular	87	87
D5630/60	Clasp repaired, replaced or added	115	115
D5640/50	Replace broken tooth/add tooth to existing partial denture.....	87	87
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular)	287	287
D5710/11	Rebase complete maxillary/mandibular denture	260	260
D5720/21	Rebase maxillary/mandibular partial denture	260	260
D5730/31	Reline complete maxillary/mandibular denture (chairside)	159	159
D5740/41	Reline maxillary/mandibular partial denture (chairside)	155	155
D5750/51	Reline complete maxillary/mandibular denture (lab).....	224	224

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5760/61	Reline maxillary/mandibular partial denture (lab).....	224	224
D5810/11	Interim complete denture - maxillary/mandibular	362	362
D5820/21	Interim partial denture - maxillary/mandibular	362	362
D5850/51	Tissue conditioning - maxillary/mandibular	79	79
D5951	Feeding aid.....	350	1395
Bridge & Pontics			
D6205	Pontic - indirect resin based composite	350	445
D6210-14	Pontic - metal.....	350	495
D6240/41/42	Pontic - porcelain fused to metal.....	350	523
D6243	Pontic - porcelain fused to titanium and titanium alloys	350	495
D6245	Pontic - porcelain/ceramic.....	350	560
D6250/51/52	Pontic - resin with metal	350	495
D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	350	393
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	251
D6600	Retainer inlay - porc./ceramic, two surfaces	427	427
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	445
D6602	Retainer inlay - cast high noble metal, two surfaces.....	407	407
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces	407	407
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces.....	425	425
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	407
D6607	Retainer inlay - cast noble metal, >=3 surfaces	425	425
D6608	Retainer onlay - porc./ceramic, two surfaces.....	479	479
D6609	Retainer onlay - porc./ceramic, three or more surfaces	499	499
D6610	Retainer onlay - cast high noble metal, two surfaces.....	458	458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces.....	524	524
D6612	Retainer onlay - cast predominantly base metal, two surfaces	458	458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524	524
D6614	Retainer onlay - cast noble metal, two surfaces.....	458	458
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524	524
D6710	Retainer crown - indirect resin based composite.....	350	445
D6720/21/22	Retainer crown - resin with metal	350	495
D6740	Retainer crown - porcelain/ceramic	350	560
D6750/51/52	Retainer crown - porcelain fused to metal.....	350	523
D6753	Retainer crown - porcelain fused to titanium and titanium alloys.....	350	495
D6780/81/82	Retainer crown - 3/4 cast metal	470	470
D6783	Retainer crown - 3/4 porc./ceramic.....	511	511
D6784	Retainer crown - 3/4 titanium and titanium alloys	350	495
D6790-94	Retainer crown - full cast metal.....	350	495
D6930	Recement or rebond fixed partial denture.....	69	69
D6980	Fixed partial denture repair, by report	172	172
Oral Surgery¹			
D7111	Extraction, coronal remnants - primary tooth	56	56
D7140	Extraction, erupted tooth or exposed root	69	69
D7210	Extraction, erupted tooth req. bone cut	133	133
D7220	Removal of impacted tooth - soft tissue	151	151
D7230	Removal of impacted tooth - partially bony.....	196	196
D7240	Removal of impacted tooth - completely bony.....	241	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217	217
D7250	Removal of residual tooth roots	141	141
D7251	Coronectomy-intentional partial tooth removal	217	217
D7260	Oroantral fistula closure	350	578
D7261	Primary closure of a sinus perforation	350	465
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226	226
D7280	Exposure of an unerupted tooth	153	153
D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	231	231
D7283	Place. of device to facilitate erupt. of impacted tooth.....	144	144
D7285	Biopsy of oral tissue - hard (bone, tooth).....	350	387
D7286	Biopsy of oral tissue - soft (all others)	295	295
D7288	Brush biopsy - transepithelial sample collect.....	93	93
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60	60
D7310/20	Alveoloplasty, per quadrant.....	141	141
D7311/21	Alveoloplasty in conj. with/without extractions.....	141	141

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	350	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm	350	543
D7471	Removal of lateral exostosis	350	351
D7472/73	Removal of torus palatinus/mandibularis	350	480
D7485	Surgical reduction of osseous tuberosity	568	568
D7510	Incision and drainage of abscess - intraoral soft tissue	96	96
D7511	Incision/drainage of abscess - intra. soft tissue, comp.....	112	112
D7880	Occlusal orthotic device for TMJ, "by report"	272	272
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	25	25
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263	263
D7963	Frenuloplasty	293	293
D7970	Excision of hyperplastic tissue - per arch.....	233	233
D7971	Excision of pericoronar gingiva	131	131
D7972	Surgical reduction of fibrous tuberosity	521	521
D7979	Non-surgical sialolithotomy	43	43
Orthodontics²			
D8020	Limited ortho. treatment of the transitional dentition	350	3304
D8030	Limited ortho treatment - adolescent dentition	350	3422
D8040	Limited ortho treatment - adult dentition	3658	3658
D8070	Comp. ortho. treatment - transitional dentition	3304	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	350	3422
D8090	Comp. ortho. treatment - adult dentition	3658	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting).....	350	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting).....	350	783
D8660	Pre-orthodontic treatment visit	350	413
D8670	Periodic ortho. treatment visit (as part of contract)	118	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413	413
D8701/02	Repair of fixed retainer, includes reattachment – maxillary/mandibular	174	174
D8703/04	Replacement of lost or broken retainer – maxillary/mandibular	179	179
D8999	Unspecified orthodontic procedure, by report	0	0
Adjunctive General Services			
D9110	Palliative (emergency) treatment of dental pain.....	43	43
D9210/15	Local anesthesia	0	0
D9211/12	Regional block anesthesia.....	0	0
D9219	Evaluation for deep sedation or general anesthesia.....	0	0
D9222/23	Deep sedation/general anesthesia - each 15 minute increment.....	103	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37	37
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment	103	103
D9248	Non-intravenous conscious sedation	145	145
D9310	Consultation (diagnostic service by nontreating dentist)	43	43
D9420	Hospital call.....	350	350
D9440	Office visit after regularly scheduled hours.....	90	90
D9610	Therapeutic parenteral drug, single admin.	26	26
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	70	70
D9613	Infiltration of sustained release therapeutic drug – single/multiple sites	190	190
D9630	Drugs or medicaments dispensed in the office for home use	42	42
D9910	Application of desensitizing medicament	31	31
D9920	Behavior management, by report	68	68
D9930	Treatment of complications (post-surgical).....	43	43
D9944/45/46	Occlusal guard – hard/soft appliance, full/partial arch	272	272
D9950	Occlusion analysis - mounted case	104	104
D9951	Occlusal adjustment - limited	66	66
D9952	Occlusal adjustment - complete	266	266
D9986	Missed appointment	50	50
D9995/96	Teledentistry - synchronous/asynchronous.....	20	20
D9997	Dental case management – patients with special health care needs.....	50	50

- 1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. See Plan Exclusion #13.
- 2 See limitation #23 for additional coverage information.

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 Individual Dental Policy titled "State-Specific Exclusions or Exceptions" for additional exclusions and/or exceptions to the following exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not medically necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, 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 from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services or an occlusal orthotic device, by report, for temporomandibular pain, dysfunction or associated musculature.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics and palliative emergency pain treatment). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia are not covered benefits under this policy. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #23 concerning medically necessary orthodontia.
12. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per quadrant, per patient.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
14. Full mouth debridement is covered once per 12 months, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months, per patient. Must have pocket depths of five (5) millimeters or greater.
16. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site, per patient.
17. Periodontal maintenance after active therapy is covered four (4) times per 12 months, per patient.
18. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. General anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 150 minutes or 10 units of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment.
21. Occlusal guard, by report (for grinding and clenching of teeth)
22. Apexification, apicoectomy and clinical crown lengthening are each covered once per tooth, per provider, per lifetime.
23. Orthodontics is only covered if medically necessary and is limited to once per lifetime. Patient copayments will apply to the routine orthodontic appliance portion of services only, including pre-orthodontic visit, radiographs, treatment plan, records, diagnostic models, initial banding, debanding, one set of retainers and 12 months of retainer adjustments. Additional costs incurred will become the patient's responsibility.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

Plan Limitations

1. One (1) evaluation (D0120, D0145 or D0150) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride treatment is covered per six (6) months, per patient.
4. One (1) sealant per tooth, per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
5. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime
6. One (1) space maintainer (D1510, D1516, D1517, D1520, D1526 or D1527) is covered per 12 months, per quadrant (unilateral) or per arch (bilateral), per patient; one (1) distal shoe space maintainer (D1575), fixed, unilateral per 24 months.
7. Replacement of a filling is covered if it is more than 12 months from the date of original placement.
8. Replacement of a crown, denture or labial veneer is covered if it is more than five (5) years from the date of original placement.
9. Replacement of a primary stainless steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
10. Relining and rebasing of dentures is covered once per tooth per 24 months, per patient, only after six (6) months of initial placement.
11. Root canal treatment is covered once per tooth, per lifetime, per patient. Retreatment of previous root canal therapy is