



**Select Plan Premium Kids 706s (DC)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year 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: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 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)
<b>Diagnostic/Preventive</b>			D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
D0120	Office visit.....	0	D0701	Panoramic radiographic image – image capture only ..	0
D0140	Periodic oral eval - established patient .....	0	D0702	2-D cephalometric radiographic image – image capture only .....	0
D0145	Limited oral eval - problem focused.....	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0145	Oral eval for a patient under 3 years of age .....	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0180	Comp. periodontal eval - new or established patient ..	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D1110	Prophylaxis (cleaning) - adult .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D1120	Prophylaxis (cleaning) - child .....	0
D0230	Intraoral - periapical each add. radiographic image .....	0	D1206	Topical application of fluoride varnish.....	0
D0240	Intraoral - occlusal radiographic image .....	0	D1208	Topical application of fluoride - excluding varnish .....	0
D0250	Extra-oral - 2D projection radiographic image .....	0	D1310	Nutritional counseling for control of dental disease ....	0
D0270	Bitewing - single radiographic image.....	0	D1320	Tobacco counseling for control of prev. oral disease....	0
D0272	Bitewings - two radiographic images.....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0
D0273	Bitewings - three radiographic images .....	0	D1330	Oral hygiene instructions.....	0
D0274	Bitewings - four radiographic images .....	0	D1351	Sealant - per tooth .....	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth .....	0
D0330	Panoramic radiographic image .....	0	D1354	Application of caries arresting medicament - per tooth.....	0
D0340	2D cephalometric radiographic image .....	0	D1355	Caries preventive medicament application – per tooth.....	0
D0350	2D oral/facial photographic images (intraoral/extraoral) .....	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	26	D1516	Space maintainer - fixed - bilateral, maxillary .....	0
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1517	Space maintainer - fixed - bilateral, mandibular .....	0
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1526	Space maintainer - removable - bilateral, maxillary .....	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D1527	Space maintainer - removable - bilateral, mandibular ..	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary .....	0
D0391	Interpretation of diagnostic image only .....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular .....	0
D0460	Pulp vitality tests .....	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0
D0470	Diagnostic casts .....	0			
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0			
D0601	Caries risk assessment & documentation, with a finding of low risk.....	0			
D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0
<b>Restorative (Fillings)</b>		
D2140	Amalgam - one surface, prim. or perm. ....	21
D2150	Amalgam - two surfaces, prim. or perm.....	26
D2160	Amalgam - three surfaces, prim. or perm. ....	32
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	39
D2330	Resin-based composite - one surface, anterior .....	35
D2331	Resin-based composite - two surfaces, anterior .....	42
D2332	Resin-based composite - three surfaces, anterior.....	50
D2335	Resin-based composite - >=4 surfaces, anterior.....	60
D2390	Resin-based composite crown, anterior.....	96
D2391	Resin-based composite - one surface, posterior .....	37
D2392	Resin-based composite - two surfaces, posterior.....	44
D2393	Resin-based composite - three surfaces, posterior .....	51
D2394	Resin-based composite - >=4 surfaces, posterior.....	62
<b>Crown &amp; Bridge</b>		
D2510	Inlay - metallic - one surface.....	204
D2520	Inlay - metallic - two surfaces.....	204
D2530	Inlay - metallic - three or more surfaces.....	213
D2542	Onlay - metallic-two surfaces .....	229
D2543	Onlay - metallic - three surfaces.....	262
D2544	Onlay - metallic - four or more surfaces .....	262
D2610	Inlay - porcelain/ceramic - one surface .....	214
D2620	Inlay - porcelain/ceramic - two surfaces.....	214
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223
D2642	Onlay - porcelain/ceramic - two surfaces .....	240
D2643	Onlay - porcelain/ceramic - three surfaces.....	250
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	250
D2650	Inlay - resin-based composite - one surface.....	220
D2651	Inlay - resin-based composite - two surfaces .....	220
D2652	Inlay - resin-based composite - >=3 surfaces.....	220
D2662	Onlay - resin-based composite - two surfaces.....	222
D2663	Onlay - resin-based composite - three surfaces .....	222
D2664	Onlay - resin-based composite - >=4 surfaces .....	222
D2710	Crown - resin based composite (indirect).....	136
D2712	Crown - 3/4 resin-based composite (indirect).....	243
D2720	Crown - resin with high noble metal .....	248
D2721	Crown - resin with predominantly base metal .....	248
D2722	Crown - resin with noble metal .....	248
D2740	Crown - porcelain/ceramic .....	280
D2750	Crown - porcelain fused to high noble metal .....	262
D2751	Crown - porcelain fused to predominantly base metal .....	262
D2752	Crown - porcelain fused to noble metal .....	262
D2753	Crown - porcelain fused to titanium and titanium alloys .....	262
D2780	Crown - 3/4 cast high noble metal .....	239
D2781	Crown - 3/4 cast predominantly base metal .....	239
D2782	Crown - 3/4 cast noble metal .....	239
D2783	Crown - 3/4 porcelain/ceramic.....	256
D2790	Crown - full cast high noble metal.....	248
D2791	Crown - full cast predominately base metal.....	248
D2792	Crown - full cast noble metal.....	248
D2794	Crown - titanium and titanium alloys.....	248
D2910	Recement inlay .....	22
D2920	Recement crown .....	22
D2928	Prefab. porcelain/ceramic crown – permanent tooth..	280
D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	280
D2930	Prefab. stainless steel crown - prim. tooth.....	55
D2931	Prefab. stainless steel crown - perm. tooth.....	61
D2932	Prefabricated resin crown.....	70
D2940	Protective restoration.....	20
D2941	Interim therapeutic restoration, primary dentition.....	16
D2949	Restorative foundation for an indirect restoration.....	0
D2950	Core buildup, including any pins .....	63

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2951	Pin retention - per tooth, in addition to restoration ....	11
D2952	Post and core in addition to crown .....	93
D2954	Prefab. post and core in addition to crown .....	77
D2955	Post removal (not in conj. with endo. therapy).....	53
D2970	Temporary crown (fractured tooth) .....	0
D2980	Crown repair necessitated by restorative material failure .....	51
D2981	Inlay repair necessitated by restorative material failure .....	51
D2982	Onlay repair necessitated by restorative material failure.....	51
D2983	Veneer repair necessitated by restorative material failure .....	51
D2990	Resin infiltration lesion.....	21
<b>Endodontics<sup>1</sup></b>		
D3110	Pulp cap - direct (excl. final restoration).....	16
D3120	Pulp cap - indirect (excl. final restoration).....	16
D3220	Therapeutic pulpotomy (excl. final restor.).....	41
D3221	Pulpal debridement, prim. and perm. teeth .....	47
D3222	Partial pulpotomy for apexogenesis .....	80
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256
D3333	Internal root repair of perforation defects.....	53
D3346	Retreat of prev. root canal therapy, anterior.....	194
D3347	Retreat of prev root canal therapy - premolar .....	233
D3348	Retreat of prev. root canal therapy - molar .....	279
D3351	Apexification/recalcification - initial visit.....	101
D3352	Apexification/recalcification - interim med. repl.....	295
D3353	Apexification/recalcification - final visit .....	225
D3355	Pulpal regeneration - initial visit.....	101
D3356	Pulpal regeneration - interim medication replacement .....	295
D3357	Pulpal regeneration - completion of treatment .....	225
D3410	Apicoectomy - anterior.....	162
D3421	Apicoectomy - premolar (first root).....	182
D3425	Apicoectomy - molar (first root).....	209
D3426	Apicoectomy (each add. root) .....	76
D3430	Retrograde filling - per root.....	60
D3450	Root amputation - per root .....	117
D3471	Surgical repair of root resorption - anterior .....	162
D3472	Surgical repair of root resorption – premolar .....	182
D3473	Surgical repair of root resorption – molar .....	209
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior....	162
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar ..	182
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar .....	209
D3920	Hemisection, not inc. root canal therapy.....	117
D3921	Decoronation or submergence of an erupted tooth ...	100
D3950	Canal prep/fitting of preformed dowel or post .....	68
<b>Periodontics<sup>1</sup></b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad...	50
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys .....	412	D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	213
D6077	Implant supported retainer for metal FPD – high noble alloys .....	436	D6608	Retainer onlay - porc./ceramic, two surfaces .....	240
D6080	Implant maintenance procedures .....	31	D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	250
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.....	32	D6610	Retainer onlay - cast high noble metal, two surfaces...	229
D6082	Implant supported crown – porcelain fused to predominantly base alloys.....	262	D6611	Retainer onlay - cast high noble metal, >=3 surfaces ...	262
D6083	Implant supported crown – porcelain fused to noble alloys .....	262	D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	229
D6086	Implant supported crown – predominantly base alloys .....	248	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	262
D6087	Implant supported crown – noble alloys.....	248	D6614	Retainer onlay - cast noble metal, two surfaces.....	229
D6090	Repair implant supported prosthesis .....	181	D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	262
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment .....	17	D6720	Retainer crown - resin with high noble metal .....	248
D6095	Repair implant abutment, by report .....	196	D6721	Retainer crown - resin with predominantly base metal .....	248
D6098	Implant supported retainer – porcelain fused to predominantly base alloys .....	348	D6722	Retainer crown - resin with noble metal .....	248
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys .....	422	D6740	Retainer crown - porcelain/ceramic .....	280
D6100	Surgical removal of implant body.....	121	D6750	Retainer crown - porcelain fused to high noble metal .	262
D6101	Debridement peri-implant defect .....	45	D6751	Retainer crown - porcelain fused to predominately base metal.....	262
D6102	Debridement and osseous contouring periimplant defect .....	90	D6752	Retainer crown - porcelain fused to noble metal .....	262
D6103	Bone graft repair peri-implant defect.....	300	D6780	Retainer crown - 3/4 cast high noble metal .....	235
D6104	Bone graft at time of implant placement .....	300	D6781	Retainer crown - 3/4 cast predominantly base metal ..	235
D6105	Removal of implant body not requiring bone removal or flap elevation .....	61	D6782	Retainer crown - 3/4 cast noble metal.....	235
D6121	Implant supported retainer for metal FPD – predominantly base alloys .....	375	D6783	Retainer crown - 3/4 porc./ceramic .....	256
D6122	Implant supported retainer for metal FPD – noble alloys .....	379	D6790	Retainer crown - full cast high noble metal.....	248
D6190	Radiographic surgical implant index, by report.....	0	D6791	Retainer crown - full cast predominately base metal...	248
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	35	D6792	Retainer crown - full cast noble metal.....	248
<b>Bridge &amp; Pontics</b>			D6930	Recement or rebond fixed partial denture.....	35
D6210	Pontic - cast high noble metal .....	248	D6980	Fixed partial denture repair, by report .....	86
D6211	Pontic - cast predominately base metal .....	248	<b>Oral Surgery<sup>1</sup></b>		
D6212	Pontic - cast noble metal .....	248	D7111	Extraction, coronal remnants - primary tooth .....	28
D6214	Pontic - titanium and titanium alloys .....	248	D7140	Extraction, erupted tooth or exposed root .....	35
D6240	Pontic - porcelain fused to high noble metal.....	262	D7210	Extraction, erupted tooth req elev, etc .....	67
D6241	Pontic - porcelain fused to predominately base metal.	262	D7220	Removal of impacted tooth - soft tissue .....	76
D6242	Pontic - porcelain fused to noble metal .....	262	D7230	Removal of impacted tooth - partially bony .....	98
D6243	Pontic – porcelain fused to titanium and titanium alloys .....	248	D7240	Removal of impacted tooth - completely bony .....	121
D6245	Pontic - porcelain/ceramic.....	280	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	109
D6250	Pontic - resin with high noble metal.....	248	D7250	Removal of residual tooth roots.....	71
D6251	Pontic - resin with predominately base metal.....	248	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	109
D6252	Pontic - resin with noble metal.....	248	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113
D6545	Ret. - cast metal for resin bonded fixed prosthesis .....	126	D7280	Exposure of an unerupted tooth .....	77
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	197	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	30
D6549	Resin retainer for resin bonded fixed prosthesis.....	126	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ...	71
D6600	Retainer inlay - porc./ceramic, two surfaces .....	214	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	71
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	223	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad. ....	71
D6602	Retainer inlay - cast high noble metal, two surfaces ...	204	D7471	Removal of lateral exostosis .....	176
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213	D7509	Marsupialization of odontogenic cyst .....	360
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	204	D7510	Incision and drainage of abscess - intraoral soft tissue.	48
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	213	D7910	Suture of recent small wounds up to 5 cm.....	30
D6606	Retainer inlay - cast noble metal, two surfaces.....	204	D7921	Collection application of blood concentrate .....	20
			D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
			D7961	Buccal/labial frenectomy (frenulectomy).....	132
			D7962	Lingual frenectomy (frenulectomy).....	132
			D7971	Excision of pericoronal gingiva .....	66
			D7979	Non-surgical sialolithotomy.....	22
			<b>Orthodontics<sup>2</sup></b>		
			D8010	Limited ortho. treatment of the primary dentition .....	3304

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8020	Limited ortho. treatment of the transitional dentition	3304
D8030	Limited ortho treatment - adolescent dentition .....	3422
D8070	Comp. ortho. treatment - transitional dentition .....	3304
D8080	Comp. ortho. treatment - adolescent dentition .....	3422
D809	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 treatment of dental pain – per visit .....	22
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...	52
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D9310	Consultation (diagnostic service by nontreating dentist) .....	22
D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190
D9910	Application of desensitizing medicament .....	16
D9930	Treatment of complications (post-surgical) .....	22
D9944	Occlusal guard – hard appliance, full arch.....	136
D9945	Occlusal guard – soft appliance, full arch .....	136
D9946	Occlusal guard – hard appliance, partial arch .....	136
D9950	Occlusion analysis - mounted case .....	52
D9951	Occlusal adjustment - limited.....	33
D9952	Occlusal adjustment - complete .....	133
D9953	Reline custom sleep apnea appliance (indirect).....	158
D9986	Missed appointment .....	50
D9995	Teledentistry – synchronous; real-time encounter (when available) .....	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available) .....	0
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) application of caries arresting medicament 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 relines 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), must be accompanied by a covered procedure.

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



**Select Plan Premium Kids 706s (DE)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year 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: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 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 required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>			D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
	Office visit.....	0	D0701	Panoramic radiographic image – image capture only .	0
D0120	Periodic oral eval - established patient .....	0	D0702	2-D cephalometric radiographic image – image capture only .....	0
D0140	Limited oral eval - problem focused.....	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0145	Oral eval for a patient under 3 years of age .....	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0180	Comp. periodontal eval - new or established patient .	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D0999	Unspecified diagnostic procedure, by report .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D1110	Prophylaxis (cleaning) - adult .....	0
D0230	Intraoral - periapical each add. radiographic image ....	0	D1120	Prophylaxis (cleaning) - child .....	0
D0240	Intraoral - occlusal radiographic image .....	0	D1206	Topical application of fluoride varnish.....	0
D0250	Extra-oral - 2D projection radiographic image .....	0	D1208	Topical application of fluoride - excluding varnish .....	0
D0270	Bitewing - single radiographic image.....	0	D1310	Nutritional counseling for control of dental disease ...	0
D0272	Bitewings - two radiographic images.....	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0273	Bitewings - three radiographic images .....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0
D0274	Bitewings - four radiographic images .....	0	D1330	Oral hygiene instructions.....	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1351	Sealant - per tooth .....	0
D0322	Tomographic survey .....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth ....	0
D0330	Panoramic radiographic image .....	0	D1354	Application of caries arresting medicament - per tooth.....	0
D0340	2D cephalometric radiographic image .....	0	D1355	Caries preventive medicament application – per tooth.....	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D1510	Space maintainer - fixed, unilateral - per quadrant....	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0	D1516	Space maintainer - fixed - bilateral, maxillary .....	0
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1517	Space maintainer - fixed - bilateral, mandibular .....	0
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1526	Space maintainer - removable - bilateral, maxillary ....	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary .....	0
D0460	Pulp vitality tests .....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular .....	0
D0470	Diagnostic casts .....	0			
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0			
D0601	Caries risk assessment & documentation, with a finding of low risk .....	0			
D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0	D2931	Prefab. stainless steel crown - perm. tooth.....	61
D1556	Removal of fixed unilateral space maintainer – per quadrant.....	0	D2932	Prefabricated resin crown .....	70
D1557	Removal of fixed bilateral space maintainer – maxillary.....	0	D2933	Prefab. stainless steel crown w/ resin window .....	136
D1558	Removal of fixed bilateral space maintainer – mandibular .....	0	D2940	Protective restoration .....	20
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0	D2941	Interim therapeutic restoration, primary dentition.....	16
<b>Restorative (Fillings)</b>			D2950	Core buildup, including any pins .....	63
D2140	Amalgam - one surface, prim. or perm. ....	21	D2951	Pin retention - per tooth, in addition to restoration ...	11
D2150	Amalgam - two surfaces, prim. or perm. ....	26	D2952	Post and core in addition to crown .....	93
D2160	Amalgam - three surfaces, prim. or perm. ....	32	D2953	Each add. indirectly fabricated post - same tooth.....	25
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	39	D2954	Prefab. post and core in addition to crown .....	77
D2330	Resin-based composite - one surface, anterior .....	35	D2955	Post removal (not in conj. with endo. therapy).....	53
D2331	Resin-based composite - two surfaces, anterior .....	42	D2957	Each add. prefab post - same tooth .....	20
D2332	Resin-based composite - three surfaces, anterior.....	50	D2970	Temporary crown (fractured tooth) .....	0
D2335	Resin-based composite - >=4 surfaces, anterior.....	60	D2980	Crown repair necessitated by restorative material failure .....	51
D2390	Resin-based composite crown, anterior.....	96	D2981	Inlay repair necessitated by restorative material failure .....	51
D2391	Resin-based composite - one surface, posterior .....	37	D2982	Onlay repair necessitated by restorative material failure .....	51
D2392	Resin-based composite - two surfaces, posterior.....	44	D2983	Veneer repair necessitated by restorative material failure .....	51
D2393	Resin-based composite - three surfaces, posterior .....	51	D2990	Resin infiltration lesion.....	21
D2394	Resin-based composite - >=4 surfaces, posterior.....	62	<b>Endodontics'</b>		
<b>Crown &amp; Bridge</b>			D3110	Pulp cap - direct (excl. final restoration).....	16
D2510	Inlay- metallic - one surface .....	204	D3120	Pulp cap - indirect (excl. final restoration).....	16
D2520	Inlay- metallic - two surfaces.....	204	D3220	Therapeutic pulpotomy (excl. final restor.).....	41
D2530	Inlay - metallic - three or more surfaces.....	213	D3221	Pulpal debridement, prim. and perm. teeth .....	47
D2542	Onlay - metallic-two surfaces.....	229	D3222	Partial pulpotomy for apexogenesis .....	80
D2543	Onlay - metallic - three surfaces.....	262	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80
D2544	Onlay - metallic - four or more surfaces.....	262	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82
D2610	Inlay - porcelain/ceramic - one surface .....	214	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171
D2620	Inlay - porcelain/ceramic - two surfaces.....	214	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256
D2642	Onlay - porcelain/ceramic - two surfaces.....	240	D3332	Incomp. endo. therapy-inop. or fractured tooth.....	92
D2643	Onlay - porcelain/ceramic - three surfaces.....	250	D3333	Internal root repair of perforation defects.....	53
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	250	D3346	Retreat of prev. root canal therapy, anterior.....	194
D2650	Inlay - resin-based composite - one surface.....	220	D3347	Retreat of prev. root canal therapy - premolar.....	233
D2651	Inlay - resin-based composite - two surfaces .....	220	D3348	Retreat of prev. root canal therapy, molar .....	279
D2652	Inlay - resin-based composite - >=3 surfaces.....	220	D3351	Apexification/recalcification - initial visit.....	101
D2662	Onlay - resin-based composite - two surfaces.....	222	D3352	Apexification/recalcification - interim med. repl.....	295
D2663	Onlay - resin-based composite - three surfaces .....	222	D3353	Apexification/recalcification - final visit .....	225
D2664	Onlay - resin-based composite - >=4 surfaces.....	222	D3355	Pulpal regeneration - initial visit.....	101
D2710	Crown - resin based composite (indirect).....	136	D3356	Pulpal regeneration - interim medication replacement .....	295
D2712	Crown - 3/4 resin-based composite (indirect).....	243	D3357	Pulpal regeneration - completion of treatment .....	225
D2720	Crown - resin with high noble metal .....	248	D3410	Apicoectomy - anterior.....	162
D2721	Crown - resin with predominantly base metal .....	248	D3421	Apicoectomy - premolar (first root) .....	182
D2722	Crown - resin with noble metal .....	248	D3425	Apicoectomy - molar (first root).....	209
D2740	Crown - porcelain/ceramic .....	280	D3426	Apicoectomy (each add. root).....	76
D2750	Crown - porcelain fused to high noble metal .....	262	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	372
D2751	Crown - porcelain fused to predominantly base metal .....	262	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site .....	291
D2752	Crown - porcelain fused to noble metal.....	262	D3430	Retrograde filling - per root.....	60
D2753	Crown - porcelain fused to titanium and titanium alloys .....	262	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg. ....	204
D2780	Crown - 3/4 cast high noble metal .....	239	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg. ....	408
D2781	Crown - 3/4 cast predominantly base metal .....	239	D3450	Root amputation - per root .....	117
D2782	Crown - 3/4 cast noble metal.....	239	D3471	Surgical repair of root resorption - anterior .....	162
D2783	Crown - 3/4 porcelain/ceramic.....	256	D3472	Surgical repair of root resorption – premolar .....	182
D2790	Crown - full cast high noble metal.....	248	D3473	Surgical repair of root resorption – molar.....	209
D2791	Crown - full cast predominately base metal.....	248			
D2792	Crown - full cast noble metal.....	248			
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression .....	0			
D2910	Recement inlay.....	22			
D2915	Recement cast or prefab. post and core.....	41			
D2920	Recement crown .....	22			
D2930	Prefab. stainless steel crown - prim. tooth.....	55			



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	162	D5222	Immediate mandibular partial denture - resin base....	325
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .	182	D5223	Immediate maxillary partial denture - cast metal .....	375
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar .....	209	D5224	Immediate mandibular partial denture - cast metal .....	375
D3920	Hemisection, not inc. root canal therapy .....	117	D5225	Maxillary partial denture - flexible base .....	375
D3921	Decoronation or submergence of an erupted tooth ..	100	D5226	Mandibular partial denture - flexible base .....	375
D3950	Canal prep/fitting of preformed dowel or post .....	68	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	375
<b>Periodontics'</b>			D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	375
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	140	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	210
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	50	D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	210
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	210
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53	D5410	Adjust complete denture - maxillary .....	19
D4260	Osseous surgery - >3 cont. teeth, per quad .....	250	D5411	Adjust complete denture - mandibular .....	19
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	196	D5421	Adjust partial denture - maxillary.....	19
D4263	Bone replacement graft - retained natural tooth - first site in quad. ....	372	D5422	Adjust partial denture - mandibular .....	19
D4264	Bone replacement graft - retained natural tooth - each add. site in quad. ....	291	D5511	Repair broken complete denture base, mandibular....	44
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site .....	204	D5512	Repair broken complete denture base, maxillary.....	44
D4266	Guided tissue regen. - resorb. barrier, per site.....	408	D5520	Replace missing or broken teeth - complete denture .	44
D4267	Guided tissue regen. - non-resorb. barrier, per site ...	399	D5611	Repair resin partial denture base, mandibular .....	44
D4268	Surgical revision proc., per tooth .....	179	D5612	Repair resin partial denture base, maxillary.....	44
D4270	Pedicle soft tissue graft procedure .....	322	D5621	Repair cast partial framework, mandibular .....	44
D4273	Autogenous connective tissue graft proc. ....	400	D5622	Repair cast partial framework, maxillary.....	44
D4274	Mesial/distal wedge procedure, single tooth .....	154	D5630	Repair or replace broken clasp .....	58
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft Soft tissue allograft .....	427	D5640	Replace broken teeth - per tooth .....	44
D4276	Comb. connec. tissue/double and pedicle graft, per tooth.....	510	D5650	Add tooth to existing partial denture .....	44
D4286	Removal of non-resorbable barrier .....	90	D5660	Add clasp to existing partial denture -per tooth .....	58
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns .....	214	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns .....	189	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	55	D5710	Rebase complete maxillary denture .....	130
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	32	D5711	Rebase complete mandibular denture .....	130
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23	D5720	Rebase maxillary partial denture.....	130
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	45	D5721	Rebase mandibular partial denture.....	130
D4381	Localized delivery of antimicrobial agents.....	49	D5725	Rebase hybrid prosthesis.....	130
D4910	Periodontal maintenance .....	37	D5730	Reline complete maxillary denture (direct) .....	80
D4920	Unscheduled dressing change by non-treating dentist	42	D5731	Reline complete mandibular denture (direct) .....	80
<b>Prosthetics (Dentures)</b>			D5740	Reline maxillary partial denture (direct).....	78
D5110	Complete denture - maxillary.....	349	D5741	Reline mandibular partial denture (direct).....	78
D5120	Complete denture - mandibular .....	349	D5750	Reline complete maxillary denture (indirect).....	112
D5130	Immediate denture - maxillary.....	361	D5751	Reline complete mandibular denture (indirect).....	112
D5140	Immediate denture - mandibular .....	361	D5760	Reline maxillary partial denture (indirect).....	112
D5211	Maxillary partial denture - resin base.....	325	D5761	Reline mandibular partial denture (indirect).....	112
D5212	Mandibular partial denture - resin base.....	325	D5765	Soft liner for complete or partial removable denture – indirect .....	50
D5213	Maxillary partial denture - cast metal .....	375	D5810	Interim complete denture - maxillary.....	181
D5214	Mandibular partial denture - cast metal .....	375	D5811	Interim complete denture - mandibular.....	181
D5221	Immediate maxillary partial denture - resin base .....	325	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	181
			D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular .....	181
			D5850	Tissue conditioning - maxillary .....	40
			D5851	Tissue conditioning - mandibular .....	40
			D5932	Obturator prosthesis, definitive .....	2400
			D5933	Obturator prosthesis, modification .....	355
			D5934	Mandibular resection prosthesis w/ guide flange .....	2021
			D5935	Mandibular resection prosthesis w/o guide flange .....	1885
			D5936	Obturator prosthesis, interim .....	1025
			D5937	Trismus appliance, not in conj. with TMD .....	327
			D5986	Fluoride gel carrier .....	63
			D5991	Topical medicament carrier .....	63

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Bridge &amp; Pontics</b>			D7280	Exposure of an unerupted tooth .....	77
D6210	Pontic - cast high noble metal .....	248	D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	116
D6211	Pontic - cast predominately base metal .....	248	D7283	Place. of device to facilitate erupt. of impacted tooth	72
D6240	Pontic - porcelain fused to high noble metal.....	262	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	30
D6241	Pontic - porcelain fused to predominately base metal	262	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	71
D6242	Pontic - porcelain fused to noble metal .....	262	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	71
D6245	Pontic - porcelain/ceramic.....	280	D7340	Vestibuloplasty - ridge ext. sec. epithel. ....	462
D6250	Pontic - resin with high noble metal.....	248	D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	888
D6251	Pontic - resin with predominately base metal.....	248	D7509	Marsupialization of odontogenic cyst .....	360
D6252	Pontic - resin with noble metal.....	248	D7510	Incision and drainage of abscess - intraoral soft tissue	48
D6545	Ret. - cast metal for resin bonded fixed prosthesis ....	126	D7511	Incision/drainage of abscess - intra. soft tissue, comp.	56
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197	D7520	Incision/drainage of abscess - extra. soft tissue .....	58
D6600	Retainer inlay - porc./ceramic, two surfaces .....	214	D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	60
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	223	D7910	Suture of recent small wounds up to 5 cm.....	30
D6602	Retainer inlay - cast high noble metal, two surfaces..	204	D7911	Complicated suture, <= 5 cm.....	35
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213	D7912	Complicated suture, > 5 cm.....	40
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	204	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	213	D7961	Buccal/labial frenectomy (frenulectomy).....	132
D6606	Retainer inlay - cast noble metal, two surfaces.....	204	D7962	Lingual frenectomy (frenulectomy) .....	132
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	213	D7963	Frenuloplasty.....	147
D6608	Retainer onlay - porc./ceramic, two surfaces.....	240	D7970	Excision of hyperplastic tissue - per arch.....	117
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	250	D7971	Excision of pericoronal gingiva .....	66
D6610	Retainer onlay - cast high noble metal, two surfaces..	229	D7979	Non-surgical sialolithotomy.....	22
D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	262	<b>Orthodontics<sup>2</sup></b>		
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	229	D8060	Interceptive ortho. treatment - transitional dentition	3304
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	262	D8070	Comp. ortho. treatment - transitional dentition .....	3304
D6614	Retainer onlay - cast noble metal, two surfaces.....	229	D8080	Comp. ortho. treatment - adolescent dentition .....	3422
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	262	D8090	Comp. ortho. treatment - adult dentition .....	3658
D6720	Retainer crown - resin with high noble metal .....	248	D8660	Pre-orthodontic treatment visit .....	413
D6721	Retainer crown - resin with predominantly base metal .....	248	D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D6722	Retainer crown - resin with noble metal .....	248	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D6740	Retainer crown - porcelain/ceramic .....	280	D8703	Replacement of lost or broken retainer – maxillary ....	179
D6750	Retainer crown - porcelain fused to high noble metal	262	D8704	Replacement of lost or broken retainer – mandibular	179
D6751	Retainer crown - porcelain fused to predominately base metal .....	262	<b>Adjunctive General Services</b>		
D6752	Retainer crown - porcelain fused to noble metal .....	262	D9110	Palliative treatment of dental pain – per visit .....	22
D6780	Retainer crown - 3/4 cast high noble metal .....	235	D9210	Local anesthesia not in conj. w/ operative/surg. procedures .....	0
D6781	Retainer crown - 3/4 cast predominantly base metal ..	235	D9211	Regional block anesthesia .....	0
D6782	Retainer crown - 3/4 cast noble metal .....	235	D9212	Trigeminal division block anesthesia .....	0
D6783	Retainer crown - 3/4 porc./ceramic .....	256	D9215	Local anesthesia in conj. w/ operative/surg. procedures .....	0
D6790	Retainer crown - full cast high noble metal.....	248	D9219	Evaluation for deep sedation or general anesthesia ...	0
D6791	Retainer crown - full cast predominately base metal..	248	D9222	Deep sedation/general anesthesia - first 15 minutes..	52
D6792	Retainer crown - full cast noble metal.....	248	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D6930	Recement or rebond fixed partial denture.....	35	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D6980	Fixed partial denture repair, by report .....	86	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D6985	Pediatric partial denture, fixed.....	280	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
<b>Oral Surgery<sup>1</sup></b>			D9248	Non-intravenous conscious sedation .....	73
D7111	Extraction, coronal remnants - primary tooth.....	28	D9310	Consultation (diagnostic service by nontreating dentist) .....	22
D7140	Extraction, erupted tooth or exposed root .....	35	D9440	Office visit after regularly scheduled hours.....	45
D7210	Extraction, erupted tooth req elev, etc .....	67	D9610	Therapeutic parenteral drug, single admin. ....	13
D7220	Removal of impacted tooth - soft tissue .....	76	D9612	Therapeutic parenteral drug, 2 or more admin., diff. med. ....	35
D7230	Removal of impacted tooth - partially bony.....	98	D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D7240	Removal of impacted tooth - completely bony .....	121	D9910	Application of desensitizing medicament .....	16
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	109	D9920	Behavior management, by report .....	34
D7250	Removal of residual tooth roots.....	71			
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	109			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113			
D7272	Tooth transplantation .....	308			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9930	Treatment of complications (post-surgical).....	22
D9944	Occlusal guard – hard appliance, full arch.....	136
D9945	Occlusal guard – soft appliance, full arch.....	136
D9946	Occlusal guard – hard appliance, partial arch.....	136
D9950	Occlusion analysis - mounted case.....	52
D9951	Occlusal adjustment - limited.....	33
D9952	Occlusal adjustment - complete.....	133
D9953	Reline custom sleep apnea appliance (indirect).....	158
D9986	Missed appointment.....	50
D9995	Teledentistry – synchronous; real-time encounter.....	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.....	0
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 #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) application of caries arresting medicament 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.
26. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.



**Select Plan Premium Kids 706s (MD)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year 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: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 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	MEMBER COPAYMENT(S)	DESCRIPTION	ADA CODE	MEMBER COPAYMENT(S)	DESCRIPTION
<b>Diagnostic/Preventive</b>			D0603	0	Caries risk assessment & documentation, with a finding of high risk.....
	0	Office visit.....	D0701	0	Panoramic radiographic image – image capture only .
D0120	0	Periodic oral eval - established patient .....	D0702	0	2-D cephalometric radiographic image – image capture only .....
D0140	0	Limited oral eval - problem focused.....	D0703	0	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....
D0145	0	Oral eval for a patient under 3 years of age .....	D0705	0	Extra-oral posterior dental radiographic image – image capture only.....
D0150	0	Comprehensive oral eval - new or established patient	D0706	0	Intraoral – occlusal radiographic image – image capture only .....
D0160	0	Detailed and extensive oral eval - problem focused....	D0707	0	Intraoral – periapical radiographic image – image capture only .....
D0170	0	Re-evaluation - limited, problem focused .....	D0708	0	Intraoral – bitewing radiographic image – image capture only .....
D0210	0	Intraoral – comprehensive series of radiographic images .....	D0709	0	Intraoral – comprehensive series of radiographic images – image capture only.....
D0220	0	Intraoral - periapical first radiographic image .....	D1110	0	Prophylaxis (cleaning) - adult .....
D0230	0	Intraoral - periapical each add. radiographic image ....	D1120	0	Prophylaxis (cleaning) - child .....
D0240	0	Intraoral - occlusal radiographic image .....	D1206	0	Topical application of fluoride varnish.....
D0250	0	Extra-oral - 2D projection radiographic image .....	D1208	0	Topical application of fluoride - excluding varnish .....
D0270	0	Bitewing - single radiographic image.....	D1310	0	Nutritional counseling for control of dental disease ...
D0272	0	Bitewings - two radiographic images.....	D1320	0	Tobacco counseling for control of prev. oral disease...
D0273	0	Bitewings - three radiographic images .....	D1330	0	Oral hygiene instructions.....
D0274	0	Bitewings - four radiographic images .....	D1351	0	Sealant - per tooth .....
D0277	0	Vertical bitewings - 7 to 8 radiographic images.....	D1352	0	Prev resin rest. mod/high caries risk – perm. tooth ....
D0310	0	Sialography.....	D1354	0	Application of caries arresting medicament - per tooth.....
D0320	0	Temporomandibular joint arthrogram, incl. injection .	D1510	0	Space maintainer - fixed, unilateral - per quadrant.....
D0321	0	Other temporomandibular joint radiographic images, by report.....	D1516	0	Space maintainer - fixed - bilateral, maxillary .....
D0330	0	Panoramic radiographic image .....	D1517	0	Space maintainer - fixed - bilateral, mandibular .....
D0340	0	2D cephalometric radiographic image .....	D1520	0	Space maintainer - removable, unilateral - per quadrant.....
D0350	0	2D oral/facial photographic image obtained intra-orally or extra-orally .....	D1526	0	Space maintainer - removable - bilateral, maxillary....
D0372	0	Intraoral tomosynthesis – comprehensive series of radiographic images .....	D1527	0	Space maintainer - removable - bilateral, mandibular
D0373	0	Intraoral tomosynthesis – bitewing radiographic image.....	D1551	0	Re-cement or re-bond bilateral space maintainer – maxillary .....
D0374	0	Intraoral tomosynthesis – periapical radiographic image .....	D1552	0	Re-cement or re-bond bilateral space maintainer – mandibular .....
D0387	0	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only .....	D1553	0	Re-cement or re-bond unilateral space maintainer – per quadrant.....
D0388	0	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	D1556	0	Removal of fixed unilateral space maintainer – per quadrant.....
D0389	0	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	D1557	0	Removal of fixed bilateral space maintainer – maxillary .....
D0460	0	Pulp vitality tests .....	D1558	0	Removal of fixed bilateral space maintainer – mandibular .....
D0470	0	Diagnostic casts .....	D1575	0	Distal shoe space maintainer - fixed, unilateral - per quadrant.....
D0486	0	Accession of Brush Biopsy Sample .....			
D0600	0	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....			
D0601	0	Caries risk assessment & documentation, with a finding of low risk.....			
D0602	0	Caries risk assessment & documentation, with a finding of moderate risk.....			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Restorative (Fillings)</b>			D2961	Labial veneer (resin laminate) - indirect.....	301
D2140	Amalgam - one surface, prim. or perm.....	21	D2962	Labial veneer (porcelain laminate) - indirect.....	225
D2150	Amalgam - two surfaces, prim. or perm.....	26	D2980	Crown repair necessitated by restorative material failure .....	51
D2160	Amalgam - three surfaces, prim. or perm. ....	32	D2981	Inlay repair necessitated by restorative material failure .....	51
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	39	D2982	Onlay repair necessitated by restorative material failure .....	51
D2330	Resin-based composite - one surface, anterior .....	35	D2983	Veneer repair necessitated by restorative material failure .....	51
D2331	Resin-based composite - two surfaces, anterior .....	42	<b>Endodontics<sup>1</sup></b>		
D2332	Resin-based composite - three surfaces, anterior.....	50	D3110	Pulp cap - direct (excl. final restoration) .....	16
D2335	Resin-based composite - >=4 surfaces, anterior.....	60	D3120	Pulp cap - indirect (excl. final restoration).....	16
D2390	Resin-based composite crown, anterior.....	96	D3220	Therapeutic pulpotomy (excl. final restor.).....	41
D2391	Resin-based composite - one surface, posterior .....	37	D3221	Pulpal debridement, prim. and perm. teeth .....	47
D2392	Resin-based composite - two surfaces, posterior.....	44	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80
D2393	Resin-based composite - three surfaces, posterior .....	51	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82
D2394	Resin-based composite - >=4 surfaces, posterior.....	62	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171
D2510	Inlay- metallic - one surface .....	204	D3320	Endodontic therapy, premolar tooth (excluding final restoration) .....	209
D2520	Inlay- metallic - two surfaces .....	204	D3330	Endodontic therapy, molar tooth (excluding final restoration) .....	256
D2530	Inlay - metallic - three or more surfaces.....	213	D3332	Incomp. endo. therapy-inop. or fractured tooth.....	92
D2542	Onlay - metallic-two surfaces .....	229	D3333	Internal root repair of perforation defects .....	53
D2543	Onlay - metallic - three surfaces.....	262	D3346	Retreat of prev. root canal therapy, anterior.....	194
D2544	Onlay - metallic - four or more surfaces .....	262	D3347	Retreat of prev root canal therapy - premolar .....	233
D2610	Inlay - porcelain/ceramic - one surface .....	214	D3348	Retreat of prev. root canal therapy, molar .....	279
D2620	Inlay - porcelain/ceramic - two surfaces.....	214	D3351	Apexification/recalcification - initial visit.....	101
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223	D3352	Apexification/recalcification - interim med. repl.....	295
D2642	Onlay - porcelain/ceramic - two surfaces.....	240	D3353	Apexification/recalcification - final visit .....	225
D2643	Onlay - porcelain/ceramic - three surfaces.....	250	D3355	Pulpal regeneration - initial visit.....	101
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	250	D3356	Pulpal regeneration - interim medication replacement .....	295
D2650	Inlay - resin-based composite - one surface .....	220	D3357	Pulpal regeneration - completion of treatment .....	225
D2651	Inlay - resin-based composite - two surfaces.....	220	D3410	Apicoectomy - anterior.....	162
D2652	Inlay - resin-based composite - >=3 surfaces.....	220	D3421	Apicoectomy - premolar (first root) .....	182
D2662	Onlay - resin-based composite - two surfaces.....	222	D3425	Apicoectomy - molar (first root).....	209
D2663	Onlay - resin-based composite - three surfaces .....	222	D3426	Apicoectomy (each additional root) .....	76
D2664	Onlay - resin-based composite - >=4 surfaces .....	222	D3430	Retrograde filling - per root.....	60
D2710	Crown - resin based composite (indirect).....	136	D3450	Root amputation (resection) - per root .....	117
D2712	Crown - 3/4 resin-based composite (indirect).....	243	D3470	Intentional reimplantation .....	359
D2720	Crown - resin with high noble metal .....	248	D3471	Surgical repair of root resorption - anterior .....	162
D2721	Crown - resin with predominantly base metal .....	248	D3472	Surgical repair of root resorption – premolar .....	182
D2722	Crown - resin with noble metal .....	248	D3473	Surgical repair of root resorption – molar .....	209
D2740	Crown - porcelain/ceramic .....	280	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior... ..	162
D2750	Crown - porcelain fused to high noble metal .....	262	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar . ..	182
D2751	Crown - porcelain fused to predominantly base metal .....	262	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar .....	209
D2752	Crown - porcelain fused to noble metal .....	262	D3920	Hemisection, not inc. root canal therapy .....	117
D2753	Crown - porcelain fused to titanium and titanium alloys .....	262	D3921	Decoronation or submergence of an erupted tooth ..	100
D2780	Crown - 3/4 cast high noble metal .....	239	D3950	Canal prep/fitting of preformed dowel or post .....	68
D2781	Crown - 3/4 cast predominantly base metal .....	239	<b>Periodontics<sup>1</sup></b>		
D2782	Crown - 3/4 cast noble metal .....	239	D0180	Comp. periodontal eval - new or established patient .	0
D2783	Crown - 3/4 porcelain/ceramic.....	256	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	140
D2790	Crown - full cast high noble metal.....	248	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	50
D2791	Crown - full cast predominately base metal.....	248	D4230	Anatomical crown exposure, >=4 teeth per quad.....	227
D2792	Crown - full cast noble metal.....	248	D4231	Anatomical crown exposure, 1-3 teeth per quad.....	212
D2794	Crown - titanium and titanium alloys .....	248	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173
D2910	Recement inlay .....	22	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53
D2920	Recement crown .....	22			
D2928	Prefab. porcelain/ceramic crown – permanent tooth.	280			
D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	280			
D2930	Prefab. stainless steel crown - prim. tooth.....	55			
D2931	Prefab. stainless steel crown - perm. tooth.....	61			
D2932	Prefabricated resin crown .....	70			
D2933	Prefab. stainless steel crown w/ resin window .....	136			
D2934	Prefab. esthetic coated primary tooth .....	148			
D2940	Protective restoration .....	20			
D2941	Interim therapeutic restoration, primary dentition.....	16			
D2950	Core buildup, including any pins .....	63			
D2951	Pin retention - per tooth, in addition to restoration ...	11			
D2952	Post and core in addition to crown .....	93			
D2954	Prefab. post and core in addition to crown .....	77			
D2955	Post removal (not in conj. with endo. therapy).....	53			
D2960	Labial veneer (resin laminate) - direct.....	217			



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6250	Pontic - resin with high noble metal.....	248
D6251	Pontic - resin with predominately base metal.....	248
D6252	Pontic - resin with noble metal.....	248
D6545	Ret. - cast metal for resin bonded fixed prosthesis ....	126
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197
D6549	Resin retainer - for resin bonded fixed prosthesis.....	126
D6600	Retainer inlay - porc./ceramic, two surfaces .....	214
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	223
D6602	Retainer inlay - cast high noble metal, two surfaces...	204
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	204
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	213
D6606	Retainer inlay - cast noble metal, two surfaces.....	204
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	213
D6608	Retainer onlay - porc./ceramic, two surfaces.....	240
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	250
D6610	Retainer onlay - cast high noble metal, two surfaces..	229
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	262
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	229
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	262
D6614	Retainer onlay - cast noble metal, two surfaces.....	229
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	262
D6720	Retainer crown - resin with high noble metal .....	248
D6721	Retainer crown - resin with predominantly base metal .....	248
D6722	Retainer crown - resin with noble metal .....	248
D6740	Retainer crown - porcelain/ceramic .....	280
D6750	Retainer crown - porcelain fused to high noble metal	262
D6751	Retainer crown - porcelain fused to predominately base metal .....	262
D6752	Retainer crown - porcelain fused to noble metal .....	262
D6780	Retainer crown - 3/4 cast high noble metal .....	235
D6781	Retainer crown - 3/4 cast predominantly base metal .	235
D6782	Retainer crown - 3/4 cast noble metal .....	235
D6783	Retainer crown - 3/4 porc./ceramic .....	256
D6790	Retainer crown - full cast high noble metal.....	248
D6791	Retainer crown - full cast predominately base metal..	248
D6792	Retainer crown - full cast noble metal.....	248
D6930	Recement or rebond fixed partial denture.....	35
D6980	Fixed partial denture repair, by report .....	86

### Oral Surgery'

D7111	Extraction, coronal remnants - primary tooth.....	28
D7140	Extraction, erupted tooth or exposed root .....	35
D7210	Extraction, erupted tooth req. bone cut .....	67
D7220	Removal of impacted tooth - soft tissue .....	76
D7230	Removal of impacted tooth - partially bony.....	98
D7240	Removal of impacted tooth - completely bony .....	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	109
D7250	Removal of residual tooth roots.....	71
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	109
D7260	Oroantral fistula closure .....	289
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113
D7272	Tooth transplantation .....	308
D7280	Exposure of an unerupted tooth .....	77
D7285	Biopsy of oral tissue - hard (bone, tooth).....	194
D7286	Biopsy of oral tissue - soft (all others) .....	148
D7290	Surgical repositioning of teeth .....	204
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	30
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	71
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad....	71

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	71
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad. ....	71
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	462
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	888
D7410	Excision of benign lesion up to 1.25 cm .....	139
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm.....	304
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	177
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	272
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	258
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	359
D7471	Removal of lateral exostosis .....	176
D7472	Removal of torus palatinus.....	240
D7473	Removal of torus mandibularis .....	240
D7509	Marsupialization of odontogenic cyst .....	360
D7510	Incision and drainage of abscess - intraoral soft tissue	48
D7520	Incision/drainage of abscess - extra. soft tissue .....	58
D7550	Partial ostect/osteotom non-vital bone rem.....	168
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
D7961	Buccal/labial frenectomy (frenulectomy).....	132
D7962	Lingual frenectomy (frenulectomy) .....	132
D7970	Excision of hyperplastic tissue - per arch.....	117
D7971	Excision of pericoronal gingiva .....	66
D7979	Non-surgical sialolithotomy.....	22

### Orthodontics<sup>2</sup>

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
D8696	Repair of orthodontic appliances – maxillary.....	100
D8697	Repair of orthodontic appliances – mandibular .....	100
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 ....	179
D8704	Replacement of lost or broken retainer – mandibular.	179

### Adjunctive General Services

D9110	Palliative treatment of dental pain – per visit .....	22
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..	52
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D9248	Non-intravenous conscious sedation .....	73
D9310	Consultation (diagnostic service by nontreating dentist) .....	22
D9410	House/extended care facility call .....	100
D9420	Hospital call.....	175

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190
D9910	Application of desensitizing medicament .....	16
D9930	Treatment of complications (post-surgical) .....	22
D9941	Fabrication of athletic mouthguard.....	51
D9944	Occlusal guard – hard appliance, full arch.....	136
D9945	Occlusal guard – soft appliance, full arch.....	136
D9946	Occlusal guard – hard appliance, partial arch .....	136
D9950	Occlusion analysis - mounted case.....	52
D9951	Occlusal adjustment - limited.....	33
D9952	Occlusal adjustment - complete.....	133
D9953	Reline custom sleep apnea appliance (indirect).....	158
D9986	Missed appointment .....	50
D9995	Teledentistry – synchronous; real-time encounter.....	0
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review.....	0
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 #24 for additional coverage information.

### 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 #24 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 (D1208) is covered two (2) times per calendar year, per patient; four (4) topical fluoride varnish treatments (D1206) are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnish treatments (D1206) 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) application of caries arresting medicament per primary tooth is covered per lifetime.
8. One (1) space maintainer per 24 months, per quadrant (D1510, D1520 or D1575) 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).
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. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
13. Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
14. 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.
15. 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.
16. Full mouth debridement is covered once per 24 months, per patient.
17. 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.
18. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
19. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
20. 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.
21. Coronectomy, intentional partial tooth removal, one (1) per lifetime per patient per tooth.
22. 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.
23. 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.
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), must be accompanied by a covered procedure.



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



**Select Plan Premium *Pediatric 706s* (NJ)**  
**Description of Services, Member Copayments,**  
**Exclusions and Limitations for Pediatric Services**

- Coverage continues through end of the year in which the Member turns 19 -

**Plan Highlights**

- This plan has fixed Member Copayments.
- This plan requires Members to use Participating Dentists except for out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist. See exclusion 7.
- Annual Out-of-Pocket Maximum: \$400 per Member per calendar year for Necessary and Appropriate Dental Services treatment (maximum of \$800 for policy covering two or more Members). The Member shall only be responsible for the Member Copayment listed in the Member Copayment column.
- 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)
<b>Diagnostic/Preventive</b>			D0380	Cone beam CT image capture-less than one jaw .....	0
	Office visit.....	0	D0381	Cone bean CT image capture one arch (mandibular/ maxillary).....	0
D0120	Periodic oral eval - established patient .....	0	D0382	Cone bean CT image capture one arch (mandibular/ maxillary).....	0
D0140	Limited oral eval - problem focused .....	0	D0383	Cone beam CT image capture both jaws .....	0
D0145	Oral eval for a patient under 3 years of age .....	0	D0384	Cone beam CT image capture- TMJ.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0385	Maxillofacial MRI/ultrasound image capture .....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0386	Maxillofacial MRI/ultrasound image capture .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0
D0171	Re-evaluation - post-operative office visit .....	41	D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0
D0180	Comp. periodontal eval - new or established patient .	0	D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D0391	Interpretation of diagnostic image only .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D0414	Lab processing of microbial specimen to include culture & sensitivity studies .....	50
D0230	Intraoral - periapical each add. radiographic image ....	0	D0415	Collection of microorganisms for culture and sensitivity .....	29
D0240	Intraoral - occlusal radiographic image .....	0	D0416	Viral culture .....	0
D0250	Extra-oral - 2D projection radiographic image .....	0	D0417	Collection/Prep of saliva sample for lab.....	0
D0251	Extra-oral posterior dental radiographic image.....	44	D0418	Analysis of saliva sample .....	32
D0270	Bitewing - single radiographic image.....	0	D0422	Collection and preparation of genetic sample material for lab analysis and report .....	50
D0272	Bitewings - two radiographic images.....	0	D0423	Genetic test for susceptibility to diseases .....	75
D0273	Bitewings - three radiographic images .....	0	D0425	Caries susceptibility tests .....	27
D0274	Bitewings - four radiographic images .....	0	D0431	Adjunctive pre-diagnostic.....	49
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D0460	Pulp vitality tests .....	0
D0310	Sialography .....	0	D0470	Diagnostic casts .....	0
D0320	Temporomandibular joint arthrogram, incl. injection .	0	D0472	Accession of tissue, gross exam, prep, transm .....	0
D0321	Other temporomandibular joint radiographic images, by report.....	0	D0473	Accession of tissue, gross and micro. exam., prep, transm .....	0
D0322	Tomographic survey .....	0	D0474	Accession of tissue, gross and micro. exam., prep, transm .....	0
D0330	Panoramic radiographic image .....	0	D0480	Accession of exfoliative cytologic smears, micro. exam., prep, transm .....	0
D0340	2D cephalometric radiographic image .....	0	D0486	Lab accession trans cytologic sample, micro. exam., prep, transm .....	0
D0350	2D oral/facial photographic images (intraoral/ extraoral) .....	0	D0502	Other oral pathology procedures, by report .....	0
D0351	3D photographic image .....	0	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl pre-malignant and malignant lesions .....	0
D0364	Cone Beam CT limited view-less than one jaw.....	0	D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0365	Cone Beam CT one full dental arch (mandibular/ maxillary).....	0	D0602	Caries risk assessment & documentation, with a finding of moderate risk .....	0
D0366	Cone Beam CT one full dental arch (mandibular/ maxillary).....	0			
D0367	Cone Beam CT both jaws.....	0			
D0368	Cone Beam CT- TMJ.....	0			
D0369	Maxillofacial MRI/ultrasound .....	0			
D0370	Maxillofacial MRI/ultrasound .....	0			
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0			
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0			
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D0603	Caries risk assessment & documentation, with a finding of high risk.....	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	62
D0701	Panoramic radiographic image – image capture only .	0	D2410	Gold foil - one surface .....	84
D0702	2-D cephalometric radiographic image – image capture only .....	0	D2420	Gold foil - two surfaces.....	99
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0	D2430	Gold foil - three surfaces .....	134
D0704	3-D photographic image – image capture only .....	0	<b>Crown &amp; Bridge</b>		
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2510	Inlay- metallic - one surface .....	204
D0706	Intraoral – occlusal radiographic image – image capture only .....	0	D2520	Inlay- metallic - two surfaces.....	204
D0707	Intraoral – periapical radiographic image – image capture only .....	0	D2530	Inlay - metallic - three or more surfaces.....	213
D0708	Intraoral – bitewing radiographic image – image capture only .....	0	D2542	Onlay - metallic-two surfaces .....	229
D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0	D2543	Onlay - metallic - three surfaces.....	262
D1110	Prophylaxis (cleaning) - adult .....	0	D2544	Onlay - metallic - four or more surfaces .....	262
D1120	Prophylaxis (cleaning) - child .....	0	D2610	Inlay - porcelain/ceramic - one surface .....	214
D1206	Topical application of fluoride varnish.....	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	214
D1208	Topical application of fluoride - excluding varnish .....	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223
D1310	Nutritional counseling for control of dental disease ...	0	D2642	Onlay - porcelain/ceramic - two surfaces .....	240
D1320	Tobacco counseling for control of prev. oral disease...	0	D2643	Onlay - porcelain/ceramic - three surfaces.....	250
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	250
D1330	Oral hygiene instructions.....	0	D2650	Inlay - resin-based composite - one surface .....	220
D1351	Sealant - per tooth .....	0	D2651	Inlay - resin-based composite - two surfaces .....	220
D1352	Prev resin rest. mod/high caries risk – perm. tooth....	0	D2652	Inlay - resin-based composite - >=3 surfaces.....	220
D1354	Application of caries arresting medicament - per tooth.....	0	D2662	Onlay - resin-based composite - two surfaces.....	222
D1355	Caries preventive medicament application – per tooth.....	0	D2663	Onlay - resin-based composite - three surfaces .....	222
D1510	Space maintainer – fixed, unilateral – per quadrant ...	0	D2664	Onlay - resin-based composite - >=4 surfaces.....	222
D1516	Space maintainer - fixed - bilateral, maxillary .....	0	D2710	Crown - resin based composite (indirect).....	136
D1517	Space maintainer - fixed - bilateral, mandibular .....	0	D2712	Crown - 3/4 resin-based composite (indirect).....	243
D1520	Space maintainer – removable, unilateral – per quadrant.....	0	D2720	Crown - resin with high noble metal .....	248
D1526	Space maintainer - removable - bilateral, maxillary ....	0	D2721	Crown - resin with predominantly base metal .....	248
D1527	Space maintainer - removable - bilateral, mandibular .....	0	D2722	Crown - resin with noble metal .....	248
D1551	Re-cement or re-bond bilateral space maintainer – maxillary .....	0	D2740	Crown - porcelain/ceramic .....	280
D1552	Re-cement or re-bond bilateral space maintainer – mandibular.....	0	D2750	Crown - porcelain fused to high noble metal .....	262
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0	D2751	Crown - porcelain fused to predominantly base metal .....	262
D1556	Removal of fixed unilateral space maintainer – per quadrant.....	0	D2752	Crown - porcelain fused to noble metal.....	262
D1557	Removal of fixed bilateral space maintainer – maxillary .....	0	D2753	Crown - porcelain fused to titanium and titanium alloys .....	262
D1558	Removal of fixed bilateral space maintainer – mandibular .....	0	D2780	Crown - 3/4 cast high noble metal .....	239
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0	D2781	Crown - 3/4 cast predominantly base metal .....	239
<b>Restorative (Fillings)</b>			D2782	Crown - 3/4 cast noble metal .....	239
D2140	Amalgam - one surface, prim. or perm. ....	21	D2783	Crown - 3/4 porcelain/ceramic.....	256
D2150	Amalgam - two surfaces, prim. or perm.....	26	D2790	Crown - full cast high noble metal.....	248
D2160	Amalgam - three surfaces, prim. or perm. ....	32	D2791	Crown - full cast predominately base metal.....	248
D2161	Amalgam - >=4 surfaces, prim. or perm.....	39	D2792	Crown - full cast noble metal.....	248
D2330	Resin-based composite - one surface, anterior .....	35	D2910	Recement inlay.....	22
D2331	Resin-based composite - two surfaces, anterior .....	42	D2915	Recement cast or prefab. post and core.....	41
D2332	Resin-based composite - three surfaces, anterior.....	50	D2920	Recement crown .....	22
D2335	Resin-based composite - >=4 surfaces, anterior.....	60	D2928	Prefab. porcelain/ceramic crown – permanent tooth .	280
D2390	Resin-based composite crown, anterior.....	96	D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	280
D2391	Resin-based composite - one surface, posterior .....	37	D2930	Prefab. stainless steel crown - prim. tooth.....	55
D2392	Resin-based composite - two surfaces, posterior.....	44	D2931	Prefab. stainless steel crown - perm. tooth.....	61
D2393	Resin-based composite - three surfaces, posterior .....	51	D2932	Prefabricated resin crown .....	70
			D2933	Prefab. stainless steel crown w/ resin window .....	136
			D2934	Prefab. esthetic coated primary tooth .....	148
			D2940	Protective restoration .....	20
			D2950	Core buildup, including any pins .....	63
			D2951	Pin retention - per tooth, in addition to restoration ...	11
			D2952	Post and core in addition to crown .....	93
			D2953	Each add. indirectly fabricated post - same tooth.....	25
			D2954	Prefab. post and core in addition to crown .....	77
			D2955	Post removal (not in conj. with endo. therapy).....	53
			D2957	Each add. prefab post - same tooth .....	20
			D2970	Temporary crown (fractured tooth) .....	0
			D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.....	37
			D2975	Coping .....	113
			D2980	Crown repair necessitated by restorative material failure .....	51
			D2981	Inlay repair necessitated by restorative material failure .....	51

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2982	Onlay repair necessitated by restorative material failure .....	51
<b>Endodontics<sup>1</sup></b>		
D3110	Pulp cap - direct (excl. final restoration).....	16
D3120	Pulp cap - indirect (excl. final restoration).....	16
D3220	Therapeutic pulpotomy (excl. final restor.).....	41
D3221	Pulpal debridement, prim. and perm. teeth .....	47
D3222	Partial pulpotomy for apexogenesis .....	80
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256
D3331	Treatment of root canal obstr. non-surgical .....	104
D3332	Incomp. endo. therapy-inop. or fractured tooth.....	92
D3333	Internal root repair of perforation defects .....	53
D3346	Retreat of prev. root canal therapy, anterior .....	194
D3347	Retreat of prev root canal therapy - premolar .....	233
D3348	Retreat of prev. root canal therapy, molar .....	279
D3351	Apexification/recalcification - initial visit.....	101
D3352	Apexification/recalcification - interim med. repl.....	295
D3353	Apexification/recalcification - final visit .....	225
D3355	Pulpal regeneration - initial visit.....	101
D3356	Pulpal regeneration - interim medication replacement .....	295
D3357	Pulpal regeneration - completion of treatment .....	225
D3410	Apicoectomy - anterior.....	162
D3421	Apicoectomy - premolar (first root) .....	182
D3425	Apicoectomy - molar (first root).....	209
D3426	Apicoectomy/periradicular surgery (each add. root) ..	76
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	350
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site .....	291
D3430	Retrograde filling - per root.....	60
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg. ....	204
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg. ....	400
D3450	Root amputation - per root .....	117
D3471	Surgical repair of root resorption - anterior .....	162
D3472	Surgical repair of root resorption – premolar .....	182
D3473	Surgical repair of root resorption – molar .....	209
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	162
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .	182
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar .....	209
D3910	Surg. proc. for isol. of tooth w/ rubber dam .....	29
D3920	Hemisection, not inc. root canal therapy .....	117
D3921	Decoronation or submergence of an erupted tooth ..	100
D3950	Canal prep/fitting of preformed dowel or post .....	68
<b>Periodontics<sup>1</sup></b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	50
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53
D4245	Apically positioned flap .....	93
D4249	Clinical crown lengthening - hard tissue.....	288
D4260	Osseous surgery - >3 cont. teeth, per quad .....	250
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	196
D4263	Bone replacement graft - retained natural tooth - first site in quad. ....	372
D4264	Bone replacement graft - retained natural tooth - each add. site in quad. ....	291
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site .....	204
D4266	Guided tissue regen. - resorb. barrier, per site.....	400
D4267	Guided tissue regen. - non-resorb. barrier, per site ...	399
D4268	Surgical revision proc., per tooth .....	179
D4270	Pedicle soft tissue graft procedure.....	322
D4273	Autogenous connective tissue graft proc. ....	375
D4274	Mesial/distal wedge procedure, single tooth .....	154
D4275	Non-autogenous connective tissue graft (including recipient site and donor material).....	400
D4276	Comb. connec. tissue/double and pedicle graft, per tooth.....	400
D4277	Free soft tissue graft, per tooth.....	327
D4278	Free soft tissue graft, each add. tooth.....	50
D4286	Removal of non-resorbable barrier .....	90
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns .....	214
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns .....	189
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	45
D4381	Localized delivery of antimicrobial agents.....	49
D4910	Periodontal maintenance .....	37
<b>Prosthetics (Dentures)</b>		
D5110	Complete denture - maxillary.....	349
D5120	Complete denture - mandibular.....	349
D5130	Immediate denture - maxillary .....	350
D5140	Immediate denture - mandibular .....	350
D5211	Maxillary partial denture - resin base.....	325
D5212	Mandibular partial denture - resin base.....	325
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	350
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth).....	350
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth).....	325
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth).....	325
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	350
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	350
D5225	Maxillary partial denture - flexible base.....	350
D5226	Mandibular partial denture - flexible base.....	350



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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.....	32	D6710	Retainer crown - indirect resin based composite.....	223
D6090	Repair implant supported prosthesis .....	181	D6720	Retainer crown - resin with high noble metal .....	248
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment.....	17	D6721	Retainer crown - resin with predominantly base metal .....	248
D6092	Re-cement implant/abutment supp. crown.....	56	D6722	Retainer crown - resin with noble metal .....	248
D6093	Re-cement impl/abutment supp. fixed par .....	86	D6740	Retainer crown - porcelain/ceramic .....	280
D6095	Repair implant abutment, by report .....	196	D6750	Retainer crown - porcelain fused to high noble metal .....	262
D6110	Implant / abut supp rem dent for edentulous arch - maxillary.....	400	D6751	Retainer crown - porcelain fused to predominately base metal.....	262
D6111	Implant / abut supp rem dent for edentulous arch - mandibular.....	400	D6752	Retainer crown - porcelain fused to noble metal.....	262
D6112	Implant / abut supp rem dent for partially edentulous arch - maxillary.....	400	D6753	Retainer crown - porcelain fused to titanium and titanium alloys.....	262
D6113	Implant / abut supp rem dent for partially edentulous arch - mandibular.....	400	D6780	Retainer crown - 3/4 cast high noble metal .....	235
D6114	Implant / abut supp fixed dent for edentulous arch - maxillary.....	400	D6781	Retainer crown - 3/4 cast predominantly base metal .....	235
D6115	Implant / abut supp fixed dent for edentulous arch - mandibular.....	400	D6782	Retainer crown - 3/4 cast noble metal .....	235
D6116	Implant / abut supp fixed dent for partially edentulous arch - maxillary.....	400	D6783	Retainer crown - 3/4 porc./ceramic .....	256
D6117	Implant / abut supp fixed dent for partially edentulous arch - mandibular.....	400	D6784	Retainer crown - 3/4 titanium and titanium alloys.....	235
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys .....	400	D6790	Retainer crown - full cast high noble metal.....	248
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	69	D6791	Retainer crown - full cast predominately base metal..	248
			D6792	Retainer crown - full cast noble metal.....	248
			D6930	Recement or rebond fixed partial denture.....	35
			D6950	Precision attachment.....	189
			D6980	Fixed partial denture repair, by report .....	86
			D6985	Pediatric partial denture, fixed.....	280
				<b>Oral Surgery*</b>	
			D7111	Extraction, coronal remnants - primary tooth.....	28
			D7140	Extraction, erupted tooth or exposed root .....	35
			D7210	Extraction, erupted tooth req elev, etc .....	67
			D7220	Removal of impacted tooth - soft tissue .....	76
			D7230	Removal of impacted tooth - partially bony.....	98
			D7240	Removal of impacted tooth - completely bony.....	121
			D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	109
			D7250	Removal of residual tooth roots.....	71
			D7251	Coronectomy - intentional partial tooth removal, impacted teeth only .....	109
			D7260	Oroantral fistula closure.....	289
			D7261	Primary closure of a sinus perforation .....	233
			D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113
			D7272	Tooth transplantation.....	308
			D7280	Exposure of an unerupted tooth .....	77
			D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	116
			D7283	Place. of device to facilitate erupt. of impacted tooth .....	72
			D7285	Biopsy of oral tissue - hard (bone, tooth).....	194
			D7286	Biopsy of oral tissue - soft (all others) .....	148
			D7287	Exfoliative cytological sample collection .....	14
			D7288	Brush biopsy - transepithelial sample collect .....	47
			D7290	Surgical repositioning of teeth .....	204
			D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	30
			D7292	Placement of temporary anchorage device (screw retained plate) requiring flap .....	273
			D7293	Placement of temporary anchorage device requiring flap .....	283
			D7294	Placement of temporary anchorage device without flap .....	66
			D7295	Bone harvesting-autogenous grafting procedure.....	87
			D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	71
			D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ...	71
			D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	71
			D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad. ....	71
			D7340	Vestibuloplasty - ridge ext. sec. epithel.....	400
			D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	400
			D7410	Excision of benign lesion up to 1.25 cm .....	139

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7411	Excision of benign lesion > 1.25 cm.....	113
D7412	Excision of benign lesion, complicated.....	157
D7413	Excision of malignant lesion up to 1.25 cm.....	286
D7414	Excision of malignant lesion > 1.25 cm.....	252
D7415	Excision of malignant lesion, complicated.....	400
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm.....	304
D7441	Exc. of malignant tumor- lesion diam. >1.25cm.....	367
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm.....	177
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.....	272
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	258
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	359
D7465	Destruct. of lesion(s) by phys or chem method.....	150
D7471	Removal of lateral exostosis.....	176
D7472	Removal of torus palatinus.....	240
D7473	Removal of torus mandibularis.....	240
D7485	Surgical reduction of osseous tuberosity.....	284
D7490	Radical resection of maxilla or mandible.....	400
D7509	Marsupialization of odontogenic cyst.....	360
D7510	Incision and drainage of abscess - intraoral soft tissue.....	48
D7511	Incision/drainage of abscess - intra. soft tissue, comp.....	56
D7520	Incision/drainage of abscess - extra. soft tissue.....	58
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	60
D7530	Foreign body rem from muc./skin/subcut tissue.....	44
D7540	Reaction producing foreign bodies removal.....	400
D7550	Partial ostect/sequestrect non-vital bone rem.....	168
D7560	Max. sinusotomy for tooth fragment removal.....	400
D7610	Maxillary - open reduction (teeth immobilized).....	400
D7620	Maxillary - closed reduction (teeth immobilized).....	400
D7630	Mandible - open reduction (teeth immobilized).....	400
D7640	Mandible - closed reduction (teeth immobilize).....	400
D7650	Malar and/or zygomatic arch - open reduction.....	400
D7660	Malar and/or zygomatic arch- closed reduction.....	400
D7670	Alveolus - closed reduction.....	265
D7671	Alveolus- open reduction(incl. teeth stabil.).....	267
D7680	Facial bones - complicated reduction.....	400
D7710	Maxillary - open reduction.....	400
D7720	Maxillary - closed reduction.....	400
D7730	Mandible - open reduction.....	400
D7740	Mandible - closed reduction.....	400
D7750	Malar and/or zygomatic arch - open reduction.....	400
D7760	Malar and/or zygomatic arch- closed reduction.....	400
D7770	Alveolus - open reduction stabiliz. of teeth.....	400
D7771	Alveolus, closed reduction stabiliz. of teeth.....	104
D7780	Facial bones - complicated reduction.....	400
D7810	Open reduction of dislocation.....	400
D7820	Closed reduction of dislocation.....	171
D7830	Manipulation under anesthesia.....	142
D7840	Condylectomy.....	400
D7850	Surgical discectomy, with/without implant.....	400
D7854	Synovectomy.....	400
D7858	Joint reconstruction.....	400
D7860	Arthrotomy.....	400
D7865	Arthroplasty.....	400
D7870	Arthrocentesis.....	79
D7871	Non-arthroscopic lysis and lavage.....	276
D7872	Arthroscopy - diagnosis, w/ or w/out biopsy.....	400
D7873	Arthroscopy-surgical-lavage/lysis of adhesion.....	400
D7874	Arthroscopy - surgical: disc reposit/stabiliz.....	400
D7875	Arthroscopy - surgical: synovectomy.....	400
D7876	Arthroscopy - surgical: discectomy.....	400
D7877	Arthroscopy - surgical: debridement.....	400
D7880	Occlusal orthotic device, by report.....	136
D7910	Suture of recent small wounds up to 5 cm.....	30
D7911	Complicated suture, <= 5 cm.....	35
D7912	Complicated suture, > 5 cm.....	40

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7920	Skin graft - identify defect.....	400
D7921	Collection application of blood concentrate.....	20
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	20
D7940	Osteoplasty - for orthognathic deformities.....	400
D7941	Osteotomy - mandibular rami.....	400
D7943	Osteotomy - mandibular rami with bone graft.....	400
D7944	Osteotomy- segmented/ subapical-per sext/quad.....	400
D7945	Osteotomy - body of mandible.....	400
D7946	LeFort I (maxillary - total).....	400
D7947	LeFort I (maxillary - segmented).....	400
D7948	LeFort II or LeFort III.....	400
D7949	LeFort II or LeFort III - with bone graft.....	400
D7950	Osseous, osteoperiosteal, or cartilage graft.....	157
D7951	Sinus Augmentation via lateral approach.....	309
D7952	Sinus augmentation via vertical approach.....	160
D7955	Repair of maxillofacial soft and hard tissue.....	161
D7961	Buccal/labial frenectomy (frenulectomy).....	132
D7962	Lingual frenectomy (frenulectomy).....	132
D7963	Frenuloplasty.....	147
D7970	Excision of hyperplastic tissue - per arch.....	117
D7971	Excision of pericoronal gingiva.....	66
D7972	Surgical reduction of fibrous tuberosity.....	261
D7979	Non-surgical sialolithotomy.....	22
D7980	Surgical sialolithotomy.....	114
D7981	Excision of salivary gland, by report.....	400
D7982	Sialodochoplasty.....	400
D7983	Closure of salivary fistula.....	370
D7990	Emergency tracheotomy.....	379
D7991	Coronoidectomy.....	400
D7995	Synthetic graft - mandible or facial bones.....	270
D7996	Implant-mandible for augmentation purposes.....	400
D7997	Appliance removal (not by original dentist).....	135
<b>Orthodontics<sup>2</sup></b>		
D8010	Limited ortho. treatment of the primary dentition.....	400
D8020	Limited ortho. treatment of the transitional dentition.....	400
D8030	Limited ortho treatment - adolescent dentition.....	400
D8040	Limited ortho treatment - adult dentition.....	400
D8070	Comp. ortho. treatment - transitional dentition.....	400
D8080	Comp. ortho. treatment - adolescent dentition.....	400
D8090	Comp. ortho. treatment - adult dentition.....	400
D8660	Pre-orthodontic treatment visit.....	400
D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D8680	Orthodontic retainer (rem. of appl./placement of retainer(s)).....	400
D8681	Removable orthodontic retainer adjustment.....	31
D8696	Repair of orthodontic appliance – maxillary.....	100
D8697	Repair of orthodontic appliance – mandibular.....	100
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 ...	179
D8704	Replacement of lost or broken retainer – mandibular.....	179
<b>Adjunctive General Services</b>		
D9110	Palliative treatment of dental pain – per visit.....	22
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..	52

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D9248	Non-intravenous conscious sedation .....	73
D9310	Consultation (diagnostic service by nontreating dentist) .....	22
D9410	House/extended care facility call .....	100
D9420	Hospital call .....	175
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed .....	0
D9440	Office visit after regularly scheduled hours.....	45
D9450	Case presentation, subsequent to detailed and extensive treatment planning .....	22
D9610	Therapeutic parenteral drug, single admin. ....	13
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med. ....	35
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D9630	Drugs or medicaments dispensed in the office for home use.....	21
D9910	Application of desensitizing medicament .....	16
D9911	Appl. of desen. resin for cervical/root surf.....	38
D9920	Behavior management, by report .....	34
D9930	Treatment of complications (post-surgical) .....	22
D9941	Fabrication of athletic mouthguard.....	51
D9942	Repair and/or reline of occlusal guard .....	105
D9943	Occlusal guard adjustment.....	46
D9944	Occlusal guard – hard appliance, full arch.....	136
D9945	Occlusal guard – soft appliance, full arch.....	136
D9946	Occlusal guard – hard appliance, partial arch .....	136
D9950	Occlusion analysis - mounted case.....	52
D9951	Occlusal adjustment - limited.....	33
D9952	Occlusal adjustment - complete.....	133
D9953	Reline custom sleep apnea appliance (indirect).....	153
D9971	Odontoplasty 1 - 2 teeth .....	24
D9974	Internal bleaching - per tooth .....	82
D9986	Missed appointment .....	50
D9995	Teledentistry - synchronous; real-time encounter .....	0
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review.....	0
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 Plan Specialist.
2. See limitation #12 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

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not Necessary and Appropriate Dental Services 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. 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, with the exception of the necessary care and treatment of medically diagnosed

5. congenital defects and birth abnormalities.
5. 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.
6. Procedures not listed as covered services under this Plan.
7. Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or the Plan (with the exception of out-of-area emergency dental services).

#### 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. Extraoral panoramic film/view and bitewings may be substituted for the full mouth series with the same frequency limit.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. Sealants, limited to one time application to all occlusal surfaces that are unfiled and caries free, in premolars and permanent molars. Replacement of sealants can be considered with pre-authorization.
7. Space maintainers to maintain space for eruption of permanent tooth/teeth, includes placement and removal.
8. Denture rebase following 12 months post denture insertion and subject to pre-authorization, denture rebase is covered and includes adjustments for first 6 months following service. Denture relines following 12 months post denture insertion denture relines are covered once a year without pre-authorization and includes adjustments for first 6 months following service.
9. One root scaling and planing (D4341, D4342 or D4346) per quadrant of mouth per six (6) months, subject to pre-authorization.
10. Periodontal maintenance following surgery, subject to pre-authorization.
11. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 2 hours of services is allowed for general anesthesia and intravenous conscious sedation. There is no maximum for 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. Non-intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure code D9222, D9223, D9239 or D9243.
12. Orthodontic treatment requires pre-authorization and is not considered for cosmetic purposes. Orthodontic consultation can be provided once annually as needed by the same provider. Pre-orthodontic treatment visit for completion of the HLD (NJ-Mod2) assessment form and diagnostic photographs and panoramic radiograph/views is required for consideration of services. Orthodontic cases that require extraction of permanent teeth must be approved for orthodontic treatment prior to extractions being provided. The orthodontic approval should be submitted with referral to oral surgeon or Participating Dentist providing the extractions and extractions should not be provided without proof of approval for orthodontic service. Initiation of treatment should take into consideration time needed to treat the case to ensure treatment is completed prior to 19th birthday. Periodic oral evaluation, preventive services and needed dental treatment must be provided prior to initiation of orthodontic treatment. The placement of the appliance represents the treatment start date. Reimbursement includes placement and removal of appliance. Removal can be requested by report as separate service for provider that did not start case and requires pre-authorization. Completion of treatment must be documented to include diagnostic photographs and panoramic radiograph/view of completed case and submitted when active treatment has ended and bands are removed. Date of service used is date of band removal.
13. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

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



**Select Plan Premium Kids 706s (PA)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year 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: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 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)
<b>Diagnostic/Preventive</b>			D0701	Panoramic radiographic image – image capture only	0
	Office visit .....	0	D0702	2-D cephalometric radiographic image – image capture only .....	0
D0120	Periodic oral eval - established patient .....	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only .....	0
D0140	Limited oral eval - problem focused .....	0	D0705	Extra-oral posterior dental radiographic image – image capture only .....	0
D0145	Oral eval for a patient under 3 years of age .....	0	D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0150	Comprehensive oral eval - new or established patient	0	D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0160	Detailed and extensive oral eval - problem focused ...	0	D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only .....	0
D0180	Comp. periodontal eval - new or established patient	0	D1110	Prophylaxis (cleaning) - adult .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D1120	Prophylaxis (cleaning) - child .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D1206	Topical application of fluoride varnish .....	0
D0230	Intraoral - periapical each add. radiographic image ...	0	D1208	Topical application of fluoride - excluding varnish .....	0
D0240	Intraoral - occlusal radiographic image .....	0	D1310	Nutritional counseling for control of dental disease ..	0
D0250	Extra-oral - 2D projection radiographic image .....	0	D1320	Tobacco counseling for control of prev. oral disease ..	0
D0270	Bitewing - single radiographic image .....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0
D0272	Bitewings - two radiographic images .....	0	D1330	Oral hygiene instructions .....	0
D0273	Bitewings - three radiographic images .....	0	D1351	Sealant - per tooth .....	0
D0274	Bitewings - four radiographic images .....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth ...	0
D0277	Vertical bitewings - 7 to 8 radiographic images .....	0	D1354	Application of caries arresting medicament - per tooth .....	0
D0330	Panoramic radiographic image .....	0	D1355	Caries preventive medicament application – per tooth .....	0
D0340	2D cephalometric radiographic image .....	0	D1510	Space maintainer - fixed, unilateral - per quadrant ....	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D1516	Space maintainer - fixed - bilateral, maxillary .....	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0	D1517	Space maintainer - fixed - bilateral, mandibular .....	0
D0373	Intraoral tomosynthesis – bitewing radiographic image .....	0	D1520	Space maintainer - removable, unilateral - per quadrant .....	0
D0374	Intraoral tomosynthesis – periapical radiographic image .....	0	D1526	Space maintainer - removable - bilateral, maxillary ...	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only .....	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary .....	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular .....	0
D0391	Interpretation of diagnostic image only .....	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant .....	0
D0460	Pulp vitality tests .....	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant .....	0
D0470	Diagnostic casts .....	0	<b>Restorative (Fillings)</b>		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0	D2140	Amalgam - one surface, prim. or perm. ....	21
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			

Dominion National; P.O. Box 21522; Eagan, MN 55121-0522

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2150	Amalgam - two surfaces, prim. or perm. ....	26	D2981	Inlay repair necessitated by restorative material failure .....	51
D2160	Amalgam - three surfaces, prim. or perm. ....	32	D2982	Onlay repair necessitated by restorative material failure .....	51
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	39	D2983	Veneer repair necessitated by restorative material failure .....	51
D2330	Resin-based composite - one surface, anterior .....	35	D2990	Resin infiltration lesion .....	21
D2331	Resin-based composite - two surfaces, anterior .....	42	<b>Endodontics<sup>1</sup></b>		
D2332	Resin-based composite - three surfaces, anterior .....	50	D3110	Pulp cap - direct (excl. final restoration) .....	16
D2335	Resin-based composite - >=4 surfaces, anterior .....	60	D3120	Pulp cap - indirect (excl. final restoration) .....	16
D2390	Resin-based composite crown, anterior .....	96	D3220	Therapeutic pulpotomy (excl. final restor.) .....	41
D2391	Resin-based composite - one surface, posterior .....	37	D3221	Pulpal debridement, prim. and perm. teeth .....	47
D2392	Resin-based composite - two surfaces, posterior .....	44	D3222	Partial pulpotomy for apexogenesis .....	80
D2393	Resin-based composite - three surfaces, posterior ....	51	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth .....	80
D2394	Resin-based composite - >=4 surfaces, posterior .....	62	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth .....	82
<b>Crown &amp; Bridge</b>			D3310	Endodontic therapy, anterior tooth (excluding final restoration) .....	171
D2510	Inlay- metallic - one surface .....	204	D3320	Endodontic therapy, premolar tooth (excluding final restoration) .....	209
D2520	Inlay- metallic - two surfaces .....	204	D3330	Endodontic therapy, molar tooth (excluding final restoration) .....	256
D2530	Inlay - metallic - three or more surfaces .....	213	D3333	Internal root repair of perforation defects .....	53
D2542	Onlay - metallic-two surfaces .....	229	D3346	Retreat of prev. root canal therapy, anterior .....	194
D2543	Onlay - metallic - three surfaces .....	262	D3347	Retreat of prev. root canal therapy - premolar .....	233
D2544	Onlay - metallic - four or more surfaces .....	262	D3348	Retreat of prev. root canal therapy, molar .....	279
D2610	Inlay - porcelain/ceramic - one surface .....	214	D3351	Apexification/recalcification - initial visit .....	101
D2620	Inlay - porcelain/ceramic - two surfaces .....	214	D3352	Apexification/recalcification - interim med. repl. ....	295
D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	223	D3353	Apexification/recalcification - final visit .....	225
D2642	Onlay - porcelain/ceramic - two surfaces .....	240	D3355	Pulpal regeneration - initial visit .....	101
D2643	Onlay - porcelain/ceramic - three surfaces .....	250	D3356	Pulpal regeneration - interim medication replacement .....	295
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	250	D3357	Pulpal regeneration - completion of treatment .....	225
D2650	Inlay - resin-based composite - one surface .....	220	D3410	Apicoectomy - anterior .....	162
D2651	Inlay - resin-based composite - two surfaces .....	220	D3421	Apicoectomy - premolar (first root) .....	182
D2652	Inlay - resin-based composite - >=3 surfaces .....	220	D3425	Apicoectomy - molar (first root) .....	209
D2662	Onlay - resin-based composite - two surfaces .....	222	D3426	Apicoectomy (each add. root) .....	76
D2663	Onlay - resin-based composite - three surfaces .....	222	D3430	Retrograde filling - per root .....	60
D2664	Onlay - resin-based composite - >=4 surfaces .....	222	D3450	Root amputation - per root .....	117
D2710	Crown - resin based composite (indirect) .....	136	D3471	Surgical repair of root resorption - anterior .....	162
D2712	Crown - 3/4 resin-based composite (indirect) .....	243	D3472	Surgical repair of root resorption - premolar .....	182
D2720	Crown - resin with high noble metal .....	248	D3473	Surgical repair of root resorption - molar .....	209
D2721	Crown - resin with predominantly base metal .....	248	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior ..	162
D2722	Crown - resin with noble metal .....	248	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar ..	182
D2740	Crown - porcelain/ceramic .....	280	D3503	urgical exposure of root surface without apicoectomy or repair of root resorption - molar.....	209
D2750	Crown - porcelain fused to high noble metal .....	262	D3920	Hemisection, not inc. root canal therapy .....	117
D2751	Crown - porcelain fused to predominantly base metal ..	262	D3921	Decoronation or submergence of an erupted tooth ..	100
D2752	Crown - porcelain fused to noble metal .....	262	D3950	Canal prep/fitting of preformed dowel or post .....	68
D2753	Crown - porcelain fused to titanium and titanium alloys .....	262	<b>Periodontics<sup>1</sup></b>		
D2780	Crown - 3/4 cast high noble metal .....	239	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	140
D2781	Crown - 3/4 cast predominantly base metal .....	239	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	50
D2782	Crown - 3/4 cast noble metal .....	239	D4212	Gingivectomy or gingivoplasty, rest., per tooth .....	20
D2783	Crown - 3/4 porcelain/ceramic .....	256	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	173
D2790	Crown - full cast high noble metal .....	248	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	53
D2791	Crown - full cast predominately base metal .....	248	D4249	Clinical crown lengthening - hard tissue .....	288
D2792	Crown - full cast noble metal .....	248	D4260	Osseous surgery - >3 cont. teeth, per quad .....	250
D2794	Crown - titanium and titanium alloys .....	248	D4261	Osseous surgery - <=3 cont. teeth, per quad .....	196
D2910	Recement inlay .....	22	D4268	Surgical revision proc., per tooth .....	179
D2920	Recement crown .....	22	D4270	Pedicle soft tissue graft procedure .....	322
D2928	Prefab. porcelain/ceramic crown - permanent tooth ..	280	D4273	Autogenous connective tissue graft proc. ....	400
D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	280	D4274	Mesial/distal wedge procedure, single tooth .....	154
D2930	Prefab. stainless steel crown - prim. tooth .....	55			
D2931	Prefab. stainless steel crown - perm. tooth .....	61			
D2932	Prefabricated resin crown .....	70			
D2940	Protective restoration .....	20			
D2941	Interim therapeutic restoration, primary dentition ....	16			
D2949	Restorative foundation for an indirect restoration ....	0			
D2950	Core buildup, including any pins .....	63			
D2951	Pin retention - per tooth, in addition to restoration ...	11			
D2952	Post and core in addition to crown .....	93			
D2954	Prefab. post and core in addition to crown .....	77			
D2955	Post removal (not in conj. with endo. therapy) .....	53			
D2970	Temporary crown (fractured tooth) .....	0			
D2980	Crown repair necessitated by restorative material failure .....	51			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4277	Free soft tissue graft, per tooth .....	327	D5740	Reline maxillary partial denture (direct) .....	78
D4278	Free soft tissue graft, each add. tooth .....	50	D5741	Reline mandibular partial denture (direct) .....	78
D4286	Removal of non-resorbable barrier .....	90	D5750	Reline complete maxillary denture (indirect) .....	112
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	55	D5751	Reline complete mandibular denture (indirect) .....	112
D4342	Perio scaling and root planing - <= 3 teeth, per quad	32	D5760	Reline maxillary partial denture (indirect) .....	112
D4346	caling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23	D5761	Reline mandibular partial denture (indirect) .....	112
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	45	D5765	Soft liner for complete or partial removable denture – indirect .....	50
D4381	Localized delivery of antimicrobial agents .....	49	D5810	Interim complete denture - maxillary .....	181
D4910	Periodontal maintenance .....	37	D5811	Interim complete denture - mandibular .....	181
D4921	Gingival irrigation with a medicinal agent – per quadrant .....	0	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	181
<b>Prosthetics (Dentures)</b>			<b>Implant Services</b>		
D5110	Complete denture - maxillary .....	349	D6010	Surgical placement of implant body, endosteal .....	858
D5120	Complete denture - mandibular .....	349	D6011	Second stage implant surgery .....	100
D5130	Immediate denture - maxillary .....	361	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant .....	891
D5140	Immediate denture - mandibular .....	361	D6013	Surgical placement of mini implant .....	286
D5211	Maxillary partial denture - resin base .....	325	D6040	Surgical placement, eposteal implant .....	1782
D5212	Mandibular partial denture - resin base .....	325	D6050	Surgical placement, transosteal implant .....	2228
D5213	Maxillary partial denture - cast metal .....	375	D6055	Dental implant supported connecting bar .....	806
D5214	Mandibular partial denture - cast metal .....	375	D6056	Prefabricated abutment .....	228
D5221	Immediate maxillary partial denture - resin base .....	325	D6058	Abutment supported porcelain/ceramic crown .....	280
D5222	Immediate mandibular partial denture - resin base .....	325	D6059	Abutment supported porcelain fused to metal crown - high noble metal .....	262
D5223	Immediate maxillary partial denture - cast metal .....	375	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal .....	262
D5224	Immediate mandibular partial denture - cast metal .....	375	D6061	Abutment supported porcelain fused to metal crown - noble metal .....	262
D5225	Maxillary partial denture - flexible base .....	375	D6062	Abutment supported cast metal crown - high noble metal .....	248
D5226	Mandibular partial denture - flexible base .....	375	D6063	Abutment supported cast metal crown - predominantly based metal .....	248
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	375	D6064	Abutment supported cast metal crown - noble metal .....	248
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	375	D6065	Implant supported porcelain/ceramic crown .....	280
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	210	D6066	Implant supported crown – porcelain fused to high noble metal alloys .....	262
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	210	D6067	Implant supported crown – high noble metal alloys .....	262
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	210	D6068	Abutment supp. retainer for porc/ceramic FPD .....	394
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	210	D6069	Abutment supp. retainer for porc/high noble FPD .....	422
D5410	Adjust complete denture - maxillary .....	19	D6070	Abutment supp. retainer for porc/pred. base FPD .....	348
D5411	Adjust complete denture - mandibular .....	19	D6071	Abutment supp. retainer for porc/noble FPD .....	352
D5421	Adjust partial denture - maxillary .....	19	D6072	Abutment supp. retainer for cast high noble FPD .....	394
D5422	Adjust partial denture - mandibular .....	19	D6073	Abutment supp. retainer for cast high noble FPD .....	375
D5511	Repair broken complete denture base, mandibular .....	44	D6074	Abutment supp. retainer for cast noble metal FPD .....	379
D5512	Repair broken complete denture base, maxillary .....	44	D6075	Implant supported retainer for ceramic FPD .....	437
D5520	Replace missing or broken teeth - complete denture	44	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys .....	412
D5611	Repair resin partial denture base, mandibular .....	44	D6077	Implant supported retainer for metal FPD – high noble metal alloys .....	436
D5612	Repair resin partial denture base, maxillary .....	44	D6080	Implant maintenance procedures .....	31
D5621	Repair cast partial framework, mandibular .....	44	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 .....	32
D5622	Repair cast partial framework, maxillary .....	44	D6082	Implant supported crown – porcelain fused to predominantly base alloys .....	262
D5630	Repair or replace broken retentive/clasping material - per tooth .....	58	D6083	Implant supported crown – porcelain fused to noble alloys .....	262
D5640	Replace broken teeth - per tooth .....	44	D6086	Implant supported crown – predominantly base alloys .....	248
D5650	Add tooth to existing partial denture .....	44	D6087	Implant supported crown – noble alloys .....	248
D5660	Add clasp to existing partial denture - per tooth .....	58	D6090	Repair implant supported prosthesis .....	181
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) .....	144	D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment .....	17
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	144	D6095	Repair implant abutment, by report .....	196
D5710	Rebase complete maxillary denture .....	130			
D5711	Rebase complete mandibular denture .....	130			
D5720	Rebase maxillary partial denture .....	130			
D5721	Rebase mandibular partial denture .....	130			
D5725	Rebase hybrid prosthesis .....	130			
D5730	Reline complete maxillary denture (direct) .....	80			
D5731	Reline complete mandibular denture (direct) .....	80			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6098	Implant supported retainer – porcelain fused to predominantly base alloys .....	348	D6930	Recement or rebond fixed partial denture .....	35
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys .....	422	D6980	Fixed partial denture repair, by report .....	86
D6100	Surgical removal of implant body .....	121	<b>Oral Surgery<sup>1</sup></b>		
D6101	Debridement periimplant defect .....	45	D7111	Extraction, coronal remnants - primary tooth .....	28
D6102	Deridement and osseous contouring periimplant defect .....	90	D7140	Extraction, erupted tooth or exposed root .....	35
D6103	Bone graft repair perrimplant defect .....	300	D7210	Extraction, erupted tooth req. bone cut .....	67
D6104	Bone graft at time of implant placement .....	300	D7220	Removal of impacted tooth - soft tissue .....	76
D6105	Removal of implant body not requiring bone removal or flap elevation .....	61	D7230	Removal of impacted tooth - partially bony .....	98
D6190	Radiographic surgical implant index, by report .....	0	D7240	Removal of impacted tooth - completely bony .....	121
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	35	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	109
<b>Bridge &amp; Pontics</b>			D7250	Removal of residual tooth roots .....	71
D6210	Pontic - cast high noble metal .....	248	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	109
D6211	Pontic - cast predominately base metal .....	248	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	113
D6212	Pontic - cast noble metal .....	248	D7280	Exposure of an unerupted tooth .....	77
D6214	Pontic - titanium and titanium alloys .....	248	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	30
D6240	Pontic - porcelain fused to high noble metal .....	262	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. .	71
D6241	Pontic - porcelain fused to predominately base metal	262	D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ..	71
D6242	Pontic - porcelain fused to noble metal .....	262	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	71
D6243	Pontic – porcelain fused to titanium and titanium alloys .....	248	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad. ....	71
D6245	Pontic - porcelain/ceramic .....	280	D7471	Removal of lateral exostosis .....	176
D6250	Pontic - resin with high noble metal .....	248	D7509	Marsupialization of odontogenic cyst .....	360
D6251	Pontic - resin with predominately base metal .....	248	D7510	Incision and drainage of abscess - intraoral soft tissue	48
D6252	Pontic - resin with noble metal .....	248	D7910	Suture of recent small wounds up to 5 cm .....	30
D6545	Ret. - cast metal for resin bonded fixed prosthesis ....	126	D7921	Collection application of blood concentrate .....	20
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
D6549	Resin retainer - for resin bonded fixed prosthesis .....	126	D7961	Buccal/labial frenectomy (frenulectomy) .....	132
D6600	Retainer inlay - porc./ceramic, two surfaces .....	214	D7962	Lingual frenectomy (frenulectomy) .....	132
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	223	D7971	Excision of pericoronal gingiva .....	66
D6602	Retainer inlay - cast high noble metal, two surfaces ..	204	D7979	Non-surgical sialolithotomy .....	22
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	213	<b>Orthodontics<sup>2</sup></b>		
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	204	D8010	Limited ortho. treatment of the primary dentition ....	3304
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	213	D8020	Limited ortho. treatment of the transitional dentition	3304
D6606	Retainer inlay - cast noble metal, two surfaces .....	204	D8030	Limited ortho treatment - adolescent dentition .....	3422
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	213	D8070	Comp. ortho. treatment - transitional dentition .....	3304
D6608	Retainer onlay - porc./ceramic, two surfaces .....	240	D8080	Comp. ortho. treatment - adolescent dentition .....	3422
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	250	D8090	Comp. ortho. treatment - adult dentition .....	3658
D6610	Retainer onlay - cast high noble metal, two surfaces .	229	D8210	Removable appliance therapy .....	770
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .	262	D8220	Fixed appliance therapy .....	783
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	229	D8660	Pre-orthodontic treatment visit .....	413
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	262	D8670	Periodic ortho. treatment visit (as part of contract) ..	118
D6614	Retainer onlay - cast noble metal, two surfaces .....	229	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)) .....	413
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	262	<b>Adjunctive General Services</b>		
D6720	Retainer crown - resin with high noble metal .....	248	D9110	Palliative treatment of dental pain – per visit .....	22
D6721	Retainer crown - resin with predominantly base metal .....	248	D9210	Local anesthesia not in conj. w/ operative/surg. procedures .....	0
D6722	Retainer crown - resin with noble metal .....	248	D9211	Regional block anesthesia .....	0
D6740	Retainer crown - porcelain/ceramic .....	280	D9212	Trigeminal division block anesthesia .....	0
D6750	Retainer crown - porcelain fused to high noble metal	262	D9215	Local anesthesia in conj. w/ operative/surg. procedures .....	0
D6751	Retainer crown - porcelain fused to predominately base metal .....	262	D9219	Evaluation for deep sedation or general anesthesia ..	0
D6752	Retainer crown - porcelain fused to noble metal .....	262	D9222	Deep sedation/general anesthesia - first 15 minutes .	52
D6780	Retainer crown - 3/4 cast high noble metal .....	235	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment .....	52
D6781	Retainer crown - 3/4 cast predominantly base metal	235	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis .....	19
D6782	Retainer crown - 3/4 cast noble metal .....	235	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes .....	52
D6783	Retainer crown - 3/4 porc./ceramic .....	256	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment .....	52
D6790	Retainer crown - full cast high noble metal .....	248	D9310	Consultation (diagnostic service by nontreating dentist) .....	22
D6791	Retainer crown - full cast predominately base metal .	248	D9610	Therapeutic parenteral drug, single admin. ....	13
D6792	Retainer crown - full cast noble metal .....	248			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190
D9910	Application of desensitizing medicament .....	16
D9930	Treatment of complications (post-surgical) .....	22
D9944	Occlusal guard – hard appliance, full arch .....	136
D9945	Occlusal guard – soft appliance, full arch .....	136
D9946	Occlusal guard – hard appliance, partial arch .....	136
D9950	Occlusion analysis - mounted case .....	52
D9951	Occlusal adjustment - limited .....	33
D9952	Occlusal adjustment - complete .....	133
D9953	Reline custom sleep apnea appliance (indirect) .....	158
D9986	Missed appointment .....	50
D9995	Teledentistry – synchronous; real-time encounter.....	0
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review.....	0
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 #24 for additional coverage information

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### 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) application of caries arresting medicament 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), must be accompanied by a covered procedure.



**Select Plan Premium Kids 706s (VA)**  
**Description of Services, Member Copayments,**  
**Exclusions and Limitations for Pediatric Services**

- Coverage continues through end of year 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: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 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)
<b>Diagnostic/Preventive</b>			
	Office visit .....	0 .....	0
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 - comprehensive series of radiographic images.....	0.....	0
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 .....	0.....	0
D0340	Cephalometric film .....	0.....	0
D0350	Oral/facial photographic images .....	0.....	0
D0351	3D photographic image .....	0.....	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0.....	0
D0373	Intraoral tomosynthesis – bitewing radiographic image .....	0.....	0
D0374	Intraoral tomosynthesis – periapical radiographic image .....	0.....	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0.....	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only.....	0.....	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only.....	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
D0701-09	Image capture only procedures.....	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
D1310/20/21/30	Oral hygiene instructions.....	0.....	0
D1351	Sealant - per tooth .....	0.....	0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth.....	0.....	0
D1354	Application of caries arresting medicament - per tooth.....	0.....	0
D1355	Caries preventive medicament application – per tooth .....	0.....	0
D1510/20	Space maintainer - fixed/removable, unilateral - per quadrant .....	0.....	0
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular .....	0.....	0

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular .....	0.....	0
D1551/52/53	Re-cement/re-bond bilateral/unilateral space maintainer – maxillary/mandibular .....	0.....	0
D1556/57/58	Removal of fixed bilateral/unilateral space maintainer – maxillary/mandibular .....	0.....	0
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant .....	0.....	0
<b>Restorative (Fillings)</b>			
D2140	Amalgam - one surface, prim. or perm. ....	21.....	21
D2150	Amalgam - two surfaces, prim. or perm. ....	26.....	26
D2160	Amalgam - three surfaces, prim. or perm. ....	32.....	32
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	39.....	39
D2330	Resin-based composite - one surface, anterior .....	35.....	35
D2331	Resin-based composite - two surfaces, anterior .....	42.....	42
D2332	Resin-based composite - three surfaces, anterior .....	50.....	50
D2335	Resin-based composite - >=4 surfaces, anterior.....	60.....	60
D2390	Resin-based composite crown, anterior.....	96.....	96
D2391	Resin-based composite - one surface, posterior .....	37.....	37
D2392	Resin-based composite - two surfaces, posterior.....	44.....	44
D2393	Resin-based composite - three surfaces, posterior .....	51.....	51
D2394	Resin-based composite - >=4 surfaces, posterior.....	62.....	62
<b>Crown &amp; Bridge</b>			
D2510/20	Inlay- metallic - one to two surfaces.....	204.....	204
D2530	Inlay - metallic - three or more surfaces.....	213.....	213
D2542	Onlay - metallic-two surfaces .....	229.....	229
D2543/44	Onlay - metallic - three or more surfaces .....	262.....	262
D2610/20	Inlay - porcelain/ceramic - one to two surfaces .....	214.....	214
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223.....	223
D2642	Onlay - porcelain/ceramic - two surfaces .....	240.....	240
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces .....	250.....	250
D2650/51/52	Inlay - resin-based composite - >=1 surface(s) .....	220.....	220
D2662/63/64	Onlay - resin-based composite - >=2 surfaces .....	222.....	222
D2710	Crown - resin based composite (indirect).....	136.....	136
D2712	Crown - 3/4 resin-based composite (indirect).....	243.....	243
D2720/21/22	Crown - resin with metal .....	248.....	248
D2740	Crown - porcelain/ceramic .....	280.....	280
D2750/51/52/53	Crown - porcelain fused to metal .....	262.....	262
D2780/81/82	Crown - 3/4 cast with metal .....	239.....	239
D2783	Crown - 3/4 porcelain/ceramic.....	256.....	256
D2790-94	Crown - full cast metal.....	248.....	248
D2910/20	Recement inlay, onlay/crown or partial coverage rest .....	22.....	22
D2915	Recement cast or prefab. post and core.....	41.....	41
D2928/29	Prefab. porcelain/ceramic crown - prim. or perm. tooth .....	280.....	280
D2930	Prefab. stainless steel crown - prim. tooth.....	55.....	55
D2931	Prefab. stainless steel crown - perm. tooth.....	61.....	61
D2932	Prefabricated resin crown .....	70.....	70
D2933	Prefab. stainless steel crown w/ resin window .....	136.....	136
D2934	Prefab. esthetic coated primary tooth .....	148.....	148
D2940	Protective restoration .....	20.....	20
D2941	Interim therapeutic restoration, primary dentition.....	16.....	16
D2950	Core buildup, including any pins .....	63.....	63
D2951	Pin retention - per tooth, in addition to restoration .....	11.....	11
D2952	Post and core in addition to crown .....	93.....	93
D2954	Prefab. post and core in addition to crown .....	77.....	77
D2955	Post removal (not in conj. with endo. therapy).....	53.....	53
D2962	Labial veneer (porcelain laminate) - laboratory .....	225.....	225
D2970	Temporary crown (fractured tooth) .....	0.....	0
D2980/81/82/83	Crown, inlay, onlay or veneer repair.....	51.....	51
<b>Endodontics'</b>			
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	16.....	16
D3220	Therapeutic pulpotomy (excl. final restor.).....	41.....	41
D3221	Pulpal debridement, prim. and perm. teeth .....	47.....	47
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80.....	80
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82.....	82
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171.....	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209.....	209
D3330	Endodontic therapy, molar tooth (excluding final restoration) .....	256.....	256
D3333	Internal root repair of perforation defects .....	53.....	53

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D3346	Retreat of prev. root canal therapy, anterior .....	194.....	194
D3347	Retreat of prev root canal therapy - premolar .....	233.....	233
D3348	Retreat of prev. root canal therapy, molar .....	279.....	279
D3351	Apexification/recalcification - initial visit.....	101.....	101
D3352	Apexification/recalcification - interim med. repl.....	295.....	295
D3353	Apexification/recalcification - final visit .....	225.....	225
D3355	Pulpal regeneration - initial visit.....	101.....	101
D3356	Pulpal regeneration - interim medication replacement .....	295.....	295
D3357	Pulpal regeneration - completion of treatment .....	225.....	225
D3410	Apicoectomy - anterior .....	162.....	162
D3421	Apicoectomy - premolar (first root).....	182.....	182
D3425	Apicoectomy - molar (first root) .....	209.....	209
D3426	Apicoectomy - (each add. root).....	76.....	76
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site .....	372.....	372
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site .....	291.....	291
D3430	Retrograde filling - per root.....	60.....	60
D3450	Root amputation - per root .....	117.....	117
D3471	Surgical repair of root resorption - anterior .....	162.....	162
D3472	Surgical repair of root resorption – premolar .....	182.....	182
D3473	Surgical repair of root resorption – molar .....	209.....	209
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior .....	162.....	162
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .....	182.....	182
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	209.....	209
D3920	Hemisection, not inc. root canal therapy .....	117.....	117
D3921	Decoronation or submergence of an erupted tooth .....	100.....	100
D3950	Canal prep/fitting of preformed dowel or post .....	68.....	68
<b>Periodontics<sup>1</sup></b>			
D0180	Comp. periodontal eval - new or established patient .....	0.....	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	140.....	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	50.....	50
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173.....	173
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53.....	53
D4249	Clinical crown lengthening - hard tissue.....	288.....	288
D4260	Osseous surgery - >3 cont. teeth, per quad .....	250.....	250
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	196.....	196
D4263	Bone replacement graft, first site in quad.....	372.....	372
D4264	Bone replacement graft, each add. site in quad.....	291.....	291
D4268	Surgical revision proc., per tooth .....	179.....	179
D4270	Pedicle soft tissue graft procedure .....	322.....	322
D4273	Autogenous connective tissue graft proc. ....	375.....	400
D4274	Mesial/distal wedge procedure, single tooth.....	154.....	154
D4277	Free soft tissue graft, per tooth.....	327.....	327
D4278	Free soft tissue graft, each add. tooth.....	50.....	50
D4286	Removal of non-resorbable barrier.....	90.....	90
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns .....	214.....	214
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns .....	189.....	189
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	55.....	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	32.....	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	23.....	23
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	45.....	45
D4381	Localized delivery of antimicrobial agents.....	49.....	49
D4910	Periodontal maintenance .....	37.....	37
<b>Prosthetics (Dentures)</b>			
D5110/20	Complete denture - maxillary/mandibular.....	349.....	349
D5130/40	Immediate denture - maxillary/mandibular .....	361.....	361
D5211/12	Maxillary/mandibular partial denture - resin base.....	325.....	325
D5213/14	Maxillary/mandibular partial denture - cast metal framework .....	375.....	375
D5221/22	Immediate maxillary/mandibular partial denture.....	325.....	325
D5223/24	Immediate maxillary/mandibular partial denture.....	375.....	375
D5225/26	Maxillary/mandibular partial denture - flexible base.....	375.....	375

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	375.....	375
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	375.....	375
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	210.....	210
D5284/86	Rem. unilateral partial denture - one piece flexible/resin base.....	210.....	210
D5410/11	Adjust complete denture - maxillary/mandibular.....	19.....	19
D5421/22	Adjust partial denture - maxillary/mandibular.....	19.....	19
D5511/12	Repair broken complete denture base, maxillary/mandibular.....	44.....	44
D5520	Replace missing or broken teeth - complete denture.....	44.....	44
D5611/12	Repair resin partial denture base, maxillary/mandibular.....	44.....	44
D5621/22	Repair cast partial framework, maxillary/mandibular.....	44.....	44
D5630/60	Clasp repaired, replaced or added.....	58.....	58
D5640/50	Replace broken tooth/add tooth to existing partial denture.....	44.....	44
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular).....	144.....	144
D5710/11	Rebase complete maxillary/mandibular denture.....	130.....	130
D5720/21	Rebase maxillary/mandibular partial denture.....	130.....	130
D5725	Rebase hybrid prosthesis.....	130.....	130
D5730/31	Reline complete maxillary/mandibular denture (direct).....	80.....	80
D5740/41	Reline maxillary/mandibular partial denture (direct).....	78.....	78
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	112.....	112
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	112.....	112
D5765	Soft liner for complete or partial removable denture - indirect.....	50.....	50
D5810/11	Interim complete denture - maxillary/mandibular.....	181.....	181
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular.....	181.....	181
D5850/51	Tissue conditioning - maxillary/mandibular.....	40.....	40
D5951	Feeding aid.....	400.....	698
<b>Bridge &amp; Pontics</b>			
D6205	Pontic - indirect resin based composite.....	223.....	223
D6210-14	Pontic - metal.....	248.....	248
D6240/41/42	Pontic - porcelain fused to metal.....	262.....	262
D6243	Pontic - porcelain fused to titanium and titanium alloys.....	248.....	248
D6245	Pontic - porcelain/ceramic.....	280.....	280
D6250/51/52	Pontic - resin with metal.....	248.....	248
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	126.....	126
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	197.....	197
D6549	Resin retainer - for resin bonded fixed prosthesis.....	126.....	126
D6600	Retainer inlay - porc./ceramic, two surfaces.....	214.....	214
D6601	Retainer inlay - porc./ceramic, >=3 surfaces.....	223.....	223
D6602	Retainer inlay - cast high noble metal, two surfaces.....	204.....	204
D6603	Retainer inlay - cast high noble metal, >=3 surfaces.....	213.....	213
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	204.....	204
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces.....	213.....	213
D6606	Retainer inlay - cast noble metal, two surfaces.....	204.....	204
D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	213.....	213
D6608	Retainer onlay - porc./ceramic, two surfaces.....	240.....	240
D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	250.....	250
D6610	Retainer onlay - cast high noble metal, two surfaces.....	229.....	229
D6611	Retainer onlay - cast high noble metal, >=3 surfaces.....	262.....	262
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	229.....	229
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces.....	262.....	262
D6614	Retainer onlay - cast noble metal, two surfaces.....	229.....	229
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	262.....	262
D6710	Retainer crown - indirect resin based composite.....	223.....	223
D6720/21/22	Retainer crown - resin with metal.....	248.....	248
D6740	Retainer crown - porcelain/ceramic.....	280.....	280
D6750/51/52	Retainer crown - porcelain fused to metal.....	262.....	262
D6753	Retainer crown - porcelain fused to titanium and titanium alloys.....	248.....	248
D6780/81/82	Retainer crown - 3/4 cast metal.....	235.....	235
D6783	Retainer crown - 3/4 porc./ceramic.....	256.....	256
D6784	Retainer crown - 3/4 titanium and titanium alloys.....	248.....	248
D6790-94	Retainer crown - full cast metal.....	248.....	248
D6930	Recement or rebond fixed partial denture.....	35.....	35
D6980	Fixed partial denture repair, by report.....	86.....	86



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
<b>Oral Surgery<sup>1</sup></b>			
D7111	Extraction, coronal remnants - primary tooth .....	28.....	28
D7140	Extraction, erupted tooth or exposed root .....	35.....	35
D7210	Extraction, erupted tooth req. bone cut .....	67.....	67
D7220	Removal of impacted tooth - soft tissue .....	76.....	76
D7230	Removal of impacted tooth - partially bony .....	98.....	98
D7240	Removal of impacted tooth - completely bony .....	121.....	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	109.....	109
D7250	Removal of residual tooth roots .....	71.....	71
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	109.....	109
D7260	Oroantral fistula closure .....	289.....	289
D7261	Primary closure of a sinus perforation .....	233.....	233
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	113.....	113
D7280	Exposure of an unerupted tooth .....	77.....	77
D7282	Mobil. of erupted/malpositioned tooth to aid eruption .....	116.....	116
D7283	Place. of device to facilitate erupt. of impacted tooth .....	72.....	72
D7285	Biopsy of oral tissue - hard (bone, tooth).....	194.....	194
D7286	Biopsy of oral tissue - soft (all others) .....	148.....	148
D7288	Brush biopsy - transepithelial sample collect.....	47.....	47
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	30.....	30
D7310/20	Alveoloplasty, per quadrant .....	71.....	71
D7311/21	Alveoloplasty in conj. with/out extractions.....	71.....	71
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm .....	177.....	177
D7451	Removal of benign odon cyst/tumor - diam >1.25cm .....	272.....	272
D7471	Removal of lateral exostosis .....	176.....	176
D7472/73	Removal of torus palatinus/mandibularis .....	240.....	240
D7485	Surgical reduction of osseous tuberosity .....	284.....	284
D7509	Marsupialization of odontogenic cyst.....	360.....	360
D7510	Incision and drainage of abscess - intraoral soft tissue .....	48.....	48
D7511	Incision/drainage of abscess - intra. soft tissue, comp.....	56.....	56
D7880	Occlusal orthotic device for TMJ, by report .....	136.....	136
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25.....	25
D7961/62	Buccal/labial or lingual frenectomy (frenulectomy) .....	132.....	132
D7963	Frenuloplasty.....	147.....	147
D7970	Excision of hyperplastic tissue - per arch.....	117.....	117
D7971	Excision of pericoronal gingiva .....	66.....	66
D7972	Surgical reduction of fibrous tuberosity .....	261.....	261
D7979	Non-surgical sialolithotomy.....	22.....	22
<b>Orthodontics<sup>2</sup></b>			
D8020	Limited ortho. treatment of the transitional dentition .....	400.....	3304
D8030	Limited ortho treatment - adolescent dentition .....	400.....	3422
D8040	Limited ortho treatment - adult dentition.....	400.....	3658
D8070	Comp. ortho. treatment - transitional dentition .....	400.....	3304
D8080	Comp. ortho. treatment - adolescent dentition .....	400.....	3422
D8090	Comp. ortho. treatment - adult dentition .....	400.....	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting).....	400.....	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting).....	400.....	783
D8660	Pre-orthodontic treatment visit .....	400.....	413
D8670	Periodic ortho. treatment visit (as part of contract) .....	118.....	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)) .....	400.....	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
<b>Adjunctive General Services</b>			
D9110	Palliative treatment of dental pain – per visit .....	22.....	22
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.....	52.....	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19.....	19
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment .....	52.....	52
D9248	Non-intravenous conscious sedation .....	73.....	73
D9310	Consultation (diagnostic service by nontreating dentist).....	22.....	22
D9420	Hospital call .....	175.....	175

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D9440	Office visit after regularly scheduled hours.....	45.....	45
D9610	Therapeutic parenteral drug, single admin. ....	13.....	13
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.....	35.....	35
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190.....	190
D9630	Drugs or medicaments dispensed in the office for home use.....	21.....	21
D9910	Application of desensitizing medicament .....	16.....	16
D9920	Behavior management, by report .....	34.....	34
D9930	Treatment of complications (post-surgical).....	22.....	22
D9944/45/46	Occlusal guard – hard/soft appliance, full/partial arch .....	136.....	136
D9950	Occlusion analysis - mounted case.....	52.....	52
D9951	Occlusal adjustment - limited.....	33.....	33
D9952	Occlusal adjustment - complete.....	133.....	133
D9953	Reline custom sleep apnea appliance (indirect).....	158.....	158
D9986	Missed appointment .....	50.....	50
D9995/96	Teledentistry - synchronous/asynchronous.....	0.....	0
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.

**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.

**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) application of caries arresting medicament 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 onlay (porcelain/ceramic, four or more surfaces), 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 covered once per tooth, per lifetime, per patient.
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), must be accompanied by a covered procedure.