

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



Select Plan Premium Kids 706s (DC)
Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services (under age 19)
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			Restorative (Fillings)		
D9439	Office visit	0	D1354	Interim caries arresting medicament application - per tooth	0
D0120	Periodic oral eval - established patient	0	D1510	Space maintainer - fixed, unilateral - per quadrant	0
D0140	Limited oral eval - problem focused	0	D1516	Space maintainer - fixed - bilateral, maxillary	0
D0145	Oral eval for a patient under 3 years of age	0	D1517	Space maintainer - fixed - bilateral, mandibular	0
D0150	Comprehensive oral eval - new or established patient	0	D1520	Space maintainer - removable, unilateral - per quadrant	0
D0160	Detailed and extensive oral eval - problem focused ...	0	D1526	Space maintainer - removable - bilateral, maxillary ...	0
D0170	Re-evaluation - limited, problem focused	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0180	Comp. periodontal eval - new or established patient	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0
D0210	Intraoral - complete series of radiographic images	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0
D0220	Intraoral - periapical first radiographic image	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	0
D0230	Intraoral - periapical each add. radiographic image ...	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	0
D0240	Intraoral - occlusal radiographic image	0	Crown & Bridge		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.	21
D0270	Bitewing - single radiographic image	0	D2150	Amalgam - two surfaces, prim. or perm.	26
D0272	Bitewings - two radiographic images	0	D2160	Amalgam - three surfaces, prim. or perm.	32
D0273	Bitewings - three radiographic images	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	39
D0274	Bitewings - four radiographic images	0	D2330	Resin-based composite - one surface, anterior	35
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D2331	Resin-based composite - two surfaces, anterior	42
D0330	Panoramic radiographic image	0	D2332	Resin-based composite - three surfaces, anterior	50
D0340	2D cephalometric radiographic image	0	D2335	Resin-based composite - >=4 surfaces, anterior	60
D0350	2D oral/facial photographic images (intraoral/extraoral)	0	D2390	Resin-based composite crown, anterior	96
D0351	3D photographic image	0	D2391	Resin-based composite - one surface, posterior	37
D0391	Interpretation of diagnostic image only	0	D2392	Resin-based composite - two surfaces, posterior	44
D0460	Pulp vitality tests	0	D2393	Resin-based composite - three surfaces, posterior	51
D0470	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces, posterior	62
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0			
D0601	Caries risk assessment & documentation, with a finding of low risk	0			
D0602	Caries risk assessment & documentation, with a finding of moderate risk	0			
D0603	Caries risk assessment & documentation, with a finding of high risk	0			
D1110	Prophylaxis (cleaning) - adult	0			
D1120	Prophylaxis (cleaning) - child	0			
D1206	Topical application of fluoride varnish	0			
D1208	Topical application of fluoride - excluding varnish	0			
D1310	Nutritional counseling for control of dental disease ..	0			
D1320	Tobacco counseling for control of prev. oral disease ..	0			
D1330	Oral hygiene instructions	0			
D1351	Sealant - per tooth	0			
D1352	Prev resin rest. mod/high caries risk – perm. tooth ...	0			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3333	Internal root repair of perforation defects	53
D2650	Inlay - resin-based composite - one surface	220	D3346	Retreat of prev. root canal therapy, anterior	194
D2651	Inlay - resin-based composite - two surfaces	220	D3347	Retreat of prev. root canal therapy - premolar	233
D2652	Inlay - resin-based composite - >=3 surfaces	220	D3348	Retreat of prev. root canal therapy - molar	279
D2662	Onlay - resin-based composite - two surfaces	222	D3351	Apexification/recalcification - initial visit	101
D2663	Onlay - resin-based composite - three surfaces	222	D3352	Apexification/recalcification - interim med. repl.	295
D2664	Onlay - resin-based composite - >=4 surfaces	222	D3353	Apexification/recalcification - final visit	225
D2710	Crown - resin based composite (indirect)	136	D3355	Pulpal regeneration - initial visit	101
D2712	Crown - 3/4 resin-based composite (indirect)	243	D3356	Pulpal regeneration - interim medication replacement	295
D2720	Crown - resin with high noble metal	248	D3357	Pulpal regeneration - completion of treatment	225
D2721	Crown - resin with predominantly base metal	248	D3410	Apicoectomy - anterior	162
D2722	Crown - resin with noble metal	248	D3421	Apicoectomy - premolar (first root)	182
D2740	Crown - porcelain/ceramic	280	D3425	Apicoectomy - molar (first root)	209
D2750	Crown - porcelain fused to high noble metal	262	D3426	Apicoectomy (each add. root)	76
D2751	Crown - porcelain fused to predominantly base metal	262	D3427	Periradicular surgery w/o apicoectomy	133
D2752	Crown - porcelain fused to noble metal	262	D3430	Retrograde filling - per root	60
D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3450	Root amputation - per root	117
D2780	Crown - 3/4 cast high noble metal	239	D3920	Hemisection, not inc. root canal therapy	117
D2781	Crown - 3/4 cast predominantly base metal	239	D3950	Canal prep/fitting of preformed dowel or post	68
D2782	Crown - 3/4 cast noble metal	239			
D2783	Crown - 3/4 porcelain/ceramic	256	Periodontics¹		
D2790	Crown - full cast high noble metal	248	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140
D2791	Crown - full cast predominately base metal	248	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	50
D2792	Crown - full cast noble metal	248	D4212	Gingivectomy or gingivoplasty, rest., per tooth	20
D2794	Crown - titanium and titanium alloys	248	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173
D2910	Recement inlay	22	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	53
D2920	Recement crown	22	D4249	Clinical crown lengthening - hard tissue	288
D2929	Prefab. porcelain/ceramic crown - prim. tooth	280	D4260	Osseous surgery - >3 cont. teeth, per quad	250
D2930	Prefab. stainless steel crown - prim. tooth	55	D4261	Osseous surgery - <=3 cont. teeth, per quad	196
D2931	Prefab. stainless steel crown - perm. tooth	61	D4268	Surgical revision proc., per tooth	179
D2932	Prefabricated resin crown	70	D4270	Pedicle soft tissue graft procedure	322
D2940	Protective restoration	20	D4273	Autogenous connective tissue graft proc.	400
D2941	Interim therapeutic restoration, primary dentition	16	D4274	Mesial/distal wedge procedure, single tooth	154
D2949	Restorative foundation for an indirect restoration	0	D4277	Free soft tissue graft, per tooth	327
D2950	Core buildup, including any pins	63	D4278	Free soft tissue graft, each add. tooth	50
D2951	Pin retention - per tooth, in addition to restoration ...	11	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55
D2952	Post and core in addition to crown	93	D4342	Perio scaling and root planing - <= 3 teeth, per quad	32
D2954	Prefab. post and core in addition to crown	77	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23
D2955	Post removal (not in conj. with endo. therapy)	53	D4355	Full mouth debridement	45
D2970	Temporary crown (fractured tooth)	0	D4381	Localized delivery of antimicrobial agents	49
D2980	Crown repair necessitated by restorative material failure	51	D4910	Periodontal maintenance	37
D2981	Inlay repair necessitated by restorative material failure	51	D4921	Gingival irrigation - per quadrant	0
D2982	Onlay repair necessitated by restorative material failure	51			
D2983	Veneer repair necessitated by restorative material failure	51	Prosthetics (Dentures)		
D2990	Resin infiltration lesion	21	D5110	Complete denture - maxillary	349
			D5120	Complete denture - mandibular	349
Endodontics¹			D5130	Immediate denture - maxillary	361
D3110	Pulp cap - direct (excl. final restoration)	16	D5140	Immediate denture - mandibular	361
D3120	Pulp cap - indirect (excl. final restoration)	16	D5211	Maxillary partial denture - resin base	325
D3220	Therapeutic pulpotomy (excl. final restor.)	41	D5212	Mandibular partial denture - resin base	325
D3221	Pulpal debridement, prim. and perm. teeth	47	D5213	Maxillary partial denture - cast metal	375
D3222	Partial pulpotomy for apexogenesis	80	D5214	Mandibular partial denture - cast metal	375
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	80	D5221	Immediate maxillary partial denture - resin base	325
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	82	D5222	Immediate mandibular partial denture - resin base ...	325
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171	D5223	Immediate maxillary partial denture - cast metal	375
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209	D5224	Immediate mandibular partial denture - cast metal ..	375
D3330	Endodontic therapy, molar tooth (excluding final restoration)	256	D5225	Maxillary partial denture - flexible base	375
			D5226	Mandibular partial denture - flexible base	375
			D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	210

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	D6066	Implant supported crown – porcelain fused to high noble alloys	262
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210	D6067	Implant supported crown – high noble alloys	262
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	210	D6068	Abutment supp. retainer for porc/ceramic FPD	394
D5410	Adjust complete denture - maxillary	19	D6069	Abutment supp. retainer for porc/high noble FPD	422
D5411	Adjust complete denture - mandibular	19	D6070	Abutment supp. retainer for porc/pred. base FPD	348
D5421	Adjust partial denture - maxillary	19	D6071	Abutment supp. retainer for porc/noble FPD	352
D5422	Adjust partial denture - mandibular	19	D6072	Abutment supp. retainer for cast high noble FPD	394
D5511	Repair broken complete denture base, mandibular ...	44	D6073	Abutment supp. retainer for cast high noble FPD	375
D5512	Repair broken complete denture base, maxillary	44	D6074	Abutment supp. retainer for cast noble metal FPD ...	379
D5520	Replace missing or broken teeth - complete denture	44	D6075	Implant supported retainer for ceramic FPD	437
D5611	Repair resin partial denture base, mandibular	44	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	412
D5612	Repair resin partial denture base, maxillary	44	D6077	Implant supported retainer for metal FPD – high noble alloys	436
D5621	Repair cast partial framework, mandibular	44	D6080	Implant maintenance procedures	31
D5622	Repair cast partial framework, maxillary	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
D5630	Repair or replace broken retentive/clasping material - per tooth	58	D6082	Implant supported crown – porcelain fused to predominantly base alloys	262
D5640	Replace broken teeth - per tooth	44	D6083	Implant supported crown – porcelain fused to noble alloys	262
D5650	Add tooth to existing partial denture	44	D6086	Implant supported crown – predominantly base alloys	248
D5660	Add clasp to existing partial denture -per tooth	58	D6087	Implant supported crown – noble alloys	248
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	144	D6090	Repair implant supported prosthesis	181
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	144	D6091	Replacement of semi-precision or precision attachment	17
D5710	Rebase complete maxillary denture	130	D6095	Repair implant abutment, by report	196
D5711	Rebase complete mandibular denture	130	D6098	Implant supported retainer – porcelain fused to predominantly base alloys	348
D5720	Rebase maxillary partial denture	130	D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	422
D5721	Rebase mandibular partial denture	130	D6100	Implant removal, by report	121
D5730	Reline complete maxillary denture (chairside)	80	D6101	Debridement peri-implant defect	45
D5731	Reline complete mandibular denture (chairside)	80	D6102	Debridement and osseous contouring periimplant defect	90
D5740	Reline maxillary partial denture (chairside)	78	D6103	Bone graft repair peri-implant defect	300
D5741	Reline mandibular partial denture (chairside)	78	D6104	Bone graft at time of implant placement	300
D5750	Reline complete maxillary denture (lab)	112	D6121	Implant supported retainer for metal FPD – predominantly base alloys	375
D5751	Reline complete mandibular denture (lab)	112	D6122	Implant supported retainer for metal FPD – noble alloys	379
D5760	Reline maxillary partial denture (lab)	112	D6190	Radiographic surgical implant index, by report	0
D5761	Reline mandibular partial denture (lab)	112			
D5810	Interim complete denture - maxillary	181			
D5811	Interim complete denture - mandibular	181			
D5820	Interim partial denture - maxillary	181			
D5821	Interim partial denture - mandibular	181			
D5850	Tissue conditioning - maxillary	40			
D5851	Tissue conditioning - mandibular	40			
Implant Services			Bridge & Pontics		
D6010	Surgical placement of implant body, endosteal	858	D6210	Pontic - cast high noble metal	248
D6011	Second stage implant surgery	100	D6211	Pontic - cast predominately base metal	248
D6012	Surgical placement of interim implant body	891	D6212	Pontic - cast noble metal	248
D6013	Surgical placement of mini implant	286	D6214	Pontic - titanium and titanium alloys	248
D6040	Surgical placement, eposteal implant	1782	D6240	Pontic - porcelain fused to high noble metal	262
D6050	Surgical placement, transosteal implant	2228	D6241	Pontic - porcelain fused to predominately base metal	262
D6055	Dental implant supported connecting bar	806	D6242	Pontic - porcelain fused to noble metal	262
D6056	Prefabricated abutment	228	D6243	Pontic – porcelain fused to titanium and titanium alloys	248
D6058	Abutment supported porcelain/ceramic crown	280	D6245	Pontic - porcelain/ceramic	280
D6059	Abutment supported porcelain fused to metal crown - high noble metal	262	D6250	Pontic - resin with high noble metal	248
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262	D6251	Pontic - resin with predominately base metal	248
D6061	Abutment supported porcelain fused to metal crown - noble metal	262	D6252	Pontic - resin with noble metal	248
D6062	Abutment supported cast metal crown - high noble metal	248	D6545	Ret. - cast metal for resin bonded fixed prosthesis	126
D6063	Abutment supported cast metal crown - predominantly based metal	248	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197
D6064	Abutment supported cast metal crown - noble metal	248	D6549	Resin retainer for resin bonded fixed prosthesis	126
D6065	Implant supported porcelain/ceramic crown	280	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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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 Surgery¹		
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	109
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113
D7280	Exposure of an unerupted tooth	77
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30
D7310	Alveoloplasty in conj. w/ extractions, >=4 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
D7471	Removal of lateral exostosis	176
D7510	Incision and drainage of abscess - intraoral soft tissue	48
D7910	Suture of recent small wounds up to 5 cm	30
D7921	Collection application of blood concentrate	20
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	132
D7971	Excision of pericoronal gingiva	66

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7979	Non-surgical sialolithotomy	22
Orthodontics²		
D8010	Limited ortho. treatment of the primary dentition	3304
D8020	Limited ortho. treatment of the transitional dentition	3304
D8030	Limited ortho treatment - adolescent dentition	3422
D8050	Interceptive ortho. treatment of the primary dentition	3304
D8060	Interceptive ortho. treatment - transitional dentition	3304
D8070	Comp. ortho. treatment - transitional dentition	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8210	Removable appliance therapy	770
D8220	Fixed appliance therapy	783
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract) ..	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	413
D8701	Repair of fixed retainer, includes reattachment – maxillary	174
D8702	Repair of fixed retainer, includes reattachment – mandibular	174
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain	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 – single or multiple sites	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
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter (when available)	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20
D9997	Dental case management – patients with special health care needs	50
1	Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.	
2	See exclusion #15 and limitation #29 for additional coverage information.	
Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.		

Plan Exclusions

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

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

Plan Limitations

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

11. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
12. Relining and rebasing of dentures is covered once per 24 months, per patient.
13. Root canal treatment is covered once per lifetime.
14. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
15. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
16. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240), and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
17. Full mouth debridement is covered once per lifetime, per patient.
18. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
19. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
20. Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
21. Denture rebase and denture reline is limited to 1 in a 36 month period 6 months after initial placement.
22. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
23. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
24. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
25. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one per 12 consecutive month period.
26. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
27. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
28. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
29. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
30. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D1354	Interim caries arresting medicament application - per tooth.....	0
D9439	Office visit.....	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	0
D0120	Periodic oral eval - established patient	0	D1516	Space maintainer - fixed - bilateral, maxillary	0
D0140	Limited oral eval - problem focused	0	D1517	Space maintainer - fixed - bilateral, mandibular	0
D0145	Oral eval for a patient under 3 years of age	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	0
D0150	Comprehensive oral eval - new or established patient	0	D1526	Space maintainer - removable - bilateral, maxillary	0
D0160	Detailed and extensive oral eval - problem focused....	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0170	Re-evaluation - limited, problem focused	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0
D0180	Comp. periodontal eval - new or established patient .	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0
D0210	Intraoral - complete series of radiographic images	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0
D0220	Intraoral - periapical first radiographic image	0	D1556	Removal of fixed unilateral space maintainer – per quadrant.....	0
D0230	Intraoral - periapical each add. radiographic image	0	D1557	Removal of fixed bilateral space maintainer – maxillary	0
D0240	Intraoral - occlusal radiographic image	0	D1558	Removal of fixed bilateral space maintainer – mandibular	0
D0250	Extra-oral - 2D projection radiographic image	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0
D0270	Bitewing - single radiographic image.....	0	Restorative (Fillings)		
D0272	Bitewings - two radiographic images.....	0	D2140	Amalgam - one surface, prim. or perm.	21
D0273	Bitewings - three radiographic images	0	D2150	Amalgam - two surfaces, prim. or perm.	26
D0274	Bitewings - four radiographic images	0	D2160	Amalgam - three surfaces, prim. or perm.	32
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	39
D0322	Tomographic survey	0	D2330	Resin-based composite - one surface, anterior.....	35
D0330	Panoramic radiographic image	0	D2331	Resin-based composite - two surfaces, anterior	42
D0340	2D cephalometric radiographic image	0	D2332	Resin-based composite - three surfaces, anterior	50
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2335	Resin-based composite - >=4 surfaces, anterior.....	60
D0460	Pulp vitality tests	0	D2390	Resin-based composite crown, anterior.....	96
D0470	Diagnostic casts	0	D2391	Resin-based composite - one surface, posterior	37
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	D2392	Resin-based composite - two surfaces, posterior.....	44
D0601	Caries risk assessment & documentation, with a finding of low risk	0	D2393	Resin-based composite - three surfaces, posterior	51
D0602	Caries risk assessment & documentation, with a finding of moderate risk	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	62
D0603	Caries risk assessment & documentation, with a finding of high risk	0	Crown & Bridge		
D0999	Unspecified diagnostic procedure, by report	0	D2510	Inlay- metallic - one surface	204
D1110	Prophylaxis (cleaning) - adult	0	D2520	Inlay- metallic - two surfaces	204
D1120	Prophylaxis (cleaning) - child	0	D2530	Inlay - metallic - three or more surfaces.....	213
D1206	Topical application of fluoride varnish.....	0	D2542	Onlay - metallic-two surfaces	229
D1208	Topical application of fluoride - excluding varnish	0	D2543	Onlay - metallic - three surfaces.....	262
D1310	Nutritional counseling for control of dental disease ...	0			
D1320	Tobacco counseling for control of prev. oral disease...	0			
D1330	Oral hygiene instructions.....	0			
D1351	Sealant - per tooth	0			
D1352	Prev resin rest. mod/high caries risk – perm. tooth	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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	D3427	Periradicular surgery w/o apicoectomy.....	133
D2751	Crown - porcelain fused to predominantly base metal	262	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	372
D2752	Crown - porcelain fused to noble metal.....	262	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291
D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3430	Retrograde filling - per root.....	60
D2780	Crown - 3/4 cast high noble metal	239	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	204
D2781	Crown - 3/4 cast predominantly base metal	239	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	408
D2782	Crown - 3/4 cast noble metal	239	D3450	Root amputation - per root	117
D2783	Crown - 3/4 porcelain/ceramic.....	256	D3920	Hemisection, not inc. root canal therapy	117
D2790	Crown - full cast high noble metal.....	248	D3950	Canal prep/fitting of preformed dowel or post	68
D2791	Crown - full cast predominately base metal.....	248		Periodontics¹	
D2792	Crown - full cast noble metal.....	248	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140
D2799	Provisional crown	0	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	50
D2910	Recement inlay	22	D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20
D2915	Recement cast or prefab. post and core.....	41	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173
D2920	Recement crown	22	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	53
D2930	Prefab. stainless steel crown - prim. tooth.....	55	D4260	Osseous surgery - >3 cont. teeth, per quad	250
D2931	Prefab. stainless steel crown - perm. tooth.....	61	D4261	Osseous surgery - <=3 cont. teeth, per quad	196
D2932	Prefabricated resin crown	70	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	372
D2933	Prefab. stainless steel crown w/ resin window	136	D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	291
D2940	Protective restoration	20	D4265	Biologic materials to aid in soft and osseous tissue regeneration.....	204
D2941	Interim therapeutic restoration, primary dentition.....	16	D4266	Guided tissue regen. - resorb. barrier, per site.....	408
D2950	Core buildup, including any pins	63	D4267	Guided tissue regen. - non-resorb. barrier, per site	399
D2951	Pin retention - per tooth, in addition to restoration ...	11	D4268	Surgical revision proc., per tooth	179
D2952	Post and core in addition to crown	93	D4270	Pedicle soft tissue graft procedure.....	322
D2953	Each add. indirectly fabricated post - same tooth.....	25	D4273	Autogenous connective tissue graft proc.	400
D2954	Prefab. post and core in addition to crown	77	D4274	Mesial/distal wedge procedure, single tooth	154
D2955	Post removal (not in conj. with endo. therapy).....	53	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
D2957	Each add. prefab post - same tooth	20	D4276	Comb. connec. tissue/double pedicle graft, per tooth	510
D2970	Temporary crown (fractured tooth)	0	D4320	Provisional splinting - intracoronal.....	214
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			
	Endodontics¹				
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			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4321	Provisional splinting - extracoronal	189	D5811	Interim complete denture - mandibular.....	181
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55	D5820	Interim partial denture - maxillary	181
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	32	D5821	Interim partial denture - mandibular	181
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23	D5850	Tissue conditioning - maxillary	40
D4355	Full mouth debridement	45	D5851	Tissue conditioning - mandibular	40
D4381	Localized delivery of antimicrobial agents.....	49	D5932	Obturator prosthesis, definitive	2400
D4910	Periodontal maintenance	37	D5933	Obturator prosthesis, modification	355
D4920	Unscheduled dressing change by non-treating dentist	42	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
	Prosthetics (Dentures)			Bridge & Pontics	
D5110	Complete denture - maxillary.....	349	D6210	Pontic - cast high noble metal	248
D5120	Complete denture - mandibular.....	349	D6211	Pontic - cast predominately base metal	248
D5130	Immediate denture - maxillary	361	D6240	Pontic - porcelain fused to high noble metal.....	262
D5140	Immediate denture - mandibular	361	D6241	Pontic - porcelain fused to predominately base metal	262
D5211	Maxillary partial denture - resin base.....	325	D6242	Pontic - porcelain fused to noble metal	262
D5212	Mandibular partial denture - resin base.....	325	D6245	Pontic - porcelain/ceramic.....	280
D5213	Maxillary partial denture - cast metal	375	D6250	Pontic - resin with high noble metal.....	248
D5214	Mandibular partial denture - cast metal	375	D6251	Pontic - resin with predominately base metal.....	248
D5221	Immediate maxillary partial denture - resin base	325	D6252	Pontic - resin with noble metal.....	248
D5222	Immediate mandibular partial denture - resin base...	325	D6545	Ret. - cast metal for resin bonded fixed prosthesis	126
D5223	Immediate maxillary partial denture - cast metal	375	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197
D5224	Immediate mandibular partial denture - cast metal ...	375	D6600	Retainer inlay - porc./ceramic, two surfaces	214
D5225	Maxillary partial denture - flexible base.....	375	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223
D5226	Mandibular partial denture - flexible base.....	375	D6602	Retainer inlay - cast high noble metal, two surfaces ...	204
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	210	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	D6604	Retainer inlay - cast predominantly base metal, two surfaces	204
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	210	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	210	D6606	Retainer inlay - cast noble metal, two surfaces	204
D5410	Adjust complete denture - maxillary	19	D6607	Retainer inlay - cast noble metal, >=3 surfaces	213
D5411	Adjust complete denture - mandibular	19	D6608	Retainer onlay - porc./ceramic, two surfaces.....	240
D5421	Adjust partial denture - maxillary.....	19	D6609	Retainer onlay - porc./ceramic, three or more surfaces	250
D5422	Adjust partial denture - mandibular.....	19	D6610	Retainer onlay - cast high noble metal, two surfaces..	229
D5511	Repair broken complete denture base, mandibular....	44	D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	262
D5512	Repair broken complete denture base, maxillary.....	44	D6612	Retainer onlay - cast predominantly base metal, two surfaces	229
D5520	Replace missing or broken teeth - complete denture .	44	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262
D5611	Repair resin partial denture base, mandibular.....	44	D6614	Retainer onlay - cast noble metal, two surfaces.....	229
D5612	Repair resin partial denture base, maxillary.....	44	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	262
D5621	Repair cast partial framework, mandibular	44	D6720	Retainer crown - resin with high noble metal	248
D5622	Repair cast partial framework, maxillary.....	44	D6721	Retainer crown - resin with predominantly base metal	248
D5630	Repair or replace broken clasp	58	D6722	Retainer crown - resin with noble metal	248
D5640	Replace broken teeth - per tooth	44	D6740	Retainer crown - porcelain/ceramic	280
D5650	Add tooth to existing partial denture	44	D6750	Retainer crown - porcelain fused to high noble metal	262
D5660	Add clasp to existing partial denture -per tooth	58	D6751	Retainer crown - porcelain fused to predominately base metal	262
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144	D6752	Retainer crown - porcelain fused to noble metal.....	262
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144	D6780	Retainer crown - 3/4 cast high noble metal	235
D5710	Rebase complete maxillary denture.....	130	D6781	Retainer crown - 3/4 cast predominantly base metal .	235
D5711	Rebase complete mandibular denture	130	D6782	Retainer crown - 3/4 cast noble metal	235
D5720	Rebase maxillary partial denture.....	130	D6783	Retainer crown - 3/4 porc./ceramic	256
D5721	Rebase mandibular partial denture.....	130	D6790	Retainer crown - full cast high noble metal.....	248
D5730	Reline complete maxillary denture (chairside).....	80	D6791	Retainer crown - full cast predominantly base metal..	248
D5731	Reline complete mandibular denture (chairside).....	80	D6792	Retainer crown - full cast noble metal.....	248
D5740	Reline maxillary partial denture (chairside).....	78	D6930	Recement or rebond fixed partial denture	35
D5741	Reline mandibular partial denture (chairside).....	78	D6980	Fixed partial denture repair, by report	86
D5750	Reline complete maxillary denture (lab)	112	D6985	Pediatric partial denture, fixed	280
D5751	Reline complete mandibular denture (lab)	112			
D5760	Reline maxillary partial denture (lab)	112			
D5761	Reline mandibular partial denture (lab)	112			
D5810	Interim complete denture - maxillary.....	181			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Oral Surgery¹			D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D7111	Extraction, coronal remnants - primary tooth.....	28	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D7140	Extraction, erupted tooth or exposed root	35	D9248	Non-intravenous conscious sedation	73
D7210	Extraction, erupted tooth req elev, etc	67	D9310	Consultation (diagnostic service by nontreating dentist)	22
D7220	Removal of impacted tooth - soft tissue	76	D9440	Office visit after regularly scheduled hours.....	45
D7230	Removal of impacted tooth - partially bony	98	D9610	Therapeutic parenteral drug, single admin.	13
D7240	Removal of impacted tooth - completely bony	121	D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	35
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	109	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D7250	Removal of residual tooth roots.....	71	D9910	Application of desensitizing medicament	16
D7251	Coronectomy-intentional partial tooth removal	109	D9920	Behavior management, by report	34
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113	D9930	Treatment of complications (post-surgical)	22
D7272	Tooth transplantation	308	D9944	Occlusal guard – hard appliance, full arch.....	136
D7280	Exposure of an unerupted tooth	77	D9945	Occlusal guard – soft appliance, full arch	136
D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	116	D9946	Occlusal guard – hard appliance, partial arch	136
D7283	Place. of device to facilitate erupt. of impacted tooth	72	D9950	Occlusion analysis - mounted case.....	52
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30	D9951	Occlusal adjustment - limited.....	33
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ...	71	D9952	Occlusal adjustment - complete.....	133
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71	D9986	Missed appointment	50
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	462	D9995	Teledentistry – synchronous; real-time encounter (when available)	20
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	888	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20
D7510	Incision and drainage of abscess - intraoral soft tissue	48	D9997	Dental case management – patients with special health care needs	50
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			
D7910	Suture of recent small wounds up to 5 cm.....	30			
D7911	Complicated suture, <= 5 cm.....	35			
D7912	Complicated suture, > 5 cm.....	40			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	132			
D7963	Frenuloplasty.....	147			
D7970	Excision of hyperplastic tissue - per arch.....	117			
D7971	Excision of pericoronal gingiva	66			
D7979	Non-surgical sialolithotomy.....	22			
Orthodontics²					
D8060	Interceptive ortho. treatment - transitional dentition	3304			
D8070	Comp. ortho. treatment - transitional dentition	3304			
D8080	Comp. ortho. treatment - adolescent dentition	3422			
D8090	Comp. ortho. treatment - adult dentition	3658			
D8660	Pre-orthodontic treatment visit	413			
D8670	Periodic ortho. treatment visit (as part of contract) ...	118			
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413			
D8703	Replacement of lost or broken retainer – maxillary ...	179			
D8704	Replacement of lost or broken retainer – mandibular	179			
Adjunctive General Services					
D9110	Palliative (emergency) treatment of dental pain.....	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			

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

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

Plan Exclusions

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

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

Plan Limitations

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

placement and cannot be restored.

11. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
13. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per patient, per quadrant.
14. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to once per two years.
15. Full mouth debridement is covered once per 36 months, per patient.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
18. Periodontal maintenance following surgery is covered once per three (3) months.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
21. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
22. Occlusal guard with covered surgery, by report.
23. Gingivectomy, once per quadrant.
24. One pedicle, free soft tissue, subepithelial connective tissue or double pedicle graft per site.
25. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

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



Select Plan Premium Kids 706s (MD)
Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services (under age 19)
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D1310	Nutritional counseling for control of dental disease ...	0
D9439	Office visit.....	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0120	Periodic oral eval - established patient	0	D1330	Oral hygiene instructions.....	0
D0140	Limited oral eval - problem focused.....	0	D1351	Sealant - per tooth	0
D0145	Oral eval for a patient under 3 years of age	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth	0
D0150	Comprehensive oral eval - new or established patient	0	D1354	Interim caries arresting medicament application - per tooth.....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	0
D0170	Re-evaluation - limited, problem focused	0	D1516	Space maintainer - fixed - bilateral, maxillary	0
D0210	Intraoral - complete series of radiographic images	0	D1517	Space maintainer - fixed - bilateral, mandibular	0
D0220	Intraoral - periapical first radiographic image	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	0
D0230	Intraoral - periapical each add. radiographic image	0	D1526	Space maintainer - removable - bilateral, maxillary....	0
D0240	Intraoral - occlusal radiographic image	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0250	Extra-oral - 2D projection radiographic image	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0
D0270	Bitewing - single radiographic image.....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0
D0272	Bitewings - two radiographic images.....	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0
D0273	Bitewings - three radiographic images	0	D1556	Removal of fixed unilateral space maintainer – per quadrant.....	0
D0274	Bitewings - four radiographic images	0	D1557	Removal of fixed bilateral space maintainer – maxillary	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1558	Removal of fixed bilateral space maintainer – mandibular	0
D0290	Posterior/anterior or lateral skull bone radiographic image.....	0	D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant.....	0
D0310	Sialography	0	Restorative (Fillings)		
D0320	Temporomandibular joint arthrogram, incl. injection .	0	D2140	Amalgam - one surface, prim. or perm.	21
D0321	Other temporomandibular joint radiographic images, by report.....	0	D2150	Amalgam - two surfaces, prim. or perm.....	26
D0330	Panoramic radiographic image	0	D2160	Amalgam - three surfaces, prim. or perm.	32
D0340	2D cephalometric radiographic image	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	39
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2330	Resin-based composite - one surface, anterior.....	35
D0351	3D photographic image	0	D2331	Resin-based composite - two surfaces, anterior	42
D0460	Pulp vitality tests	0	D2332	Resin-based composite - three surfaces, anterior	50
D0470	Diagnostic casts.....	0	D2335	Resin-based composite - >=4 surfaces, anterior.....	60
D0486	Accession of Brush Biopsy Sample	0	D2390	Resin-based composite crown, anterior.....	96
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	D2391	Resin-based composite - one surface, posterior	37
D0601	Caries risk assessment & documentation, with a finding of low risk.....	0	D2392	Resin-based composite - two surfaces, posterior.....	44
D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0	D2393	Resin-based composite - three surfaces, posterior	51
D0603	Caries risk assessment & documentation, with a finding of high risk.....	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	62
D1110	Prophylaxis (cleaning) - adult	0	D2510	Inlay- metallic - one surface	204
D1120	Prophylaxis (cleaning) - child.....	0	D2520	Inlay- metallic - two surfaces.....	204
D1206	Topical application of fluoride varnish.....	0			
D1208	Topical application of fluoride - excluding varnish	0			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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
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) - chairside.....	217
D2961	Labial veneer (resin laminate) - laboratory	301
D2962	Labial veneer (porcelain laminate) - laboratory	225
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

Endodontics¹

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82
D3310	Endodontic therapy, anterior tooth.....	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209
D3330	Endodontic therapy, molar tooth (excluding final restoration.....	256
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 (each additional root).....	76
D3427	Periradicular surgery w/o apicoectomy.....	133
D3430	Retrograde filling - per root.....	60
D3450	Root amputation (resection) - per root.....	117
D3470	Intentional reimplantation	359
D3920	Hemisection, not inc. root canal therapy	117
D3950	Canal prep/fitting of preformed dowel or post	68

Periodontics¹

D0180	Comp. periodontal eval - new or established patient .	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	50
D4230	Anatomical crown exposure, >=4 teeth per quad.	227
D4231	Anatomical crown exposure, 1-3 teeth per quad.....	212
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	173
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	53
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
D4268	Surgical revision proc., per tooth	179
D4274	Mesial/distal wedge procedure, single tooth.....	154
D4320	Provisional splinting - intracoronal.....	214
D4321	Provisional splinting - extracoronal	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	45
D4355	Full mouth debridement	45
D4381	Localized delivery of antimicrobial agents.....	49
D4910	Periodontal maintenance	37
D4920	Unscheduled dressing change by non-treating dentist	42

Prosthetics (Dentures)

D5110	Complete denture - maxillary.....	349
D5120	Complete denture - mandibular.....	349
D5130	Immediate denture - maxillary	361
D5140	Immediate denture - mandibular	361
D5211	Maxillary partial denture - resin base.....	325

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5212	Mandibular partial denture - resin base.....	325	D5865	Overdenture - complete mandibular.....	847
D5213	Maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	375	D5866	Overdenture - partial mandibular	834
D5214	Mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	375	D5992	Adjustment of prosthetic appliance, by report	12
D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	325	D5993	Cleaning and maintenance prosthetic appliance	9
D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	325	Implant Services		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	375	D6058	Abutment supported porcelain/ceramic crown	280
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	375	D6059	Abutment supported porcelain fused to metal crown - high noble metal	262
D5225	Maxillary partial denture - flexible base	375	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262
D5226	Mandibular partial denture - flexible base	375	D6061	Abutment supported porcelain fused to metal crown - noble metal	262
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	210	D6066	Implant supported crown - porcelain fused to high noble alloys	262
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210	D6082	Implant supported crown – porcelain fused to predominantly base alloys	262
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210	D6083	Implant supported crown – porcelain fused to noble alloys	262
D5410	Adjust complete denture - maxillary	19	D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	262
D5411	Adjust complete denture - mandibular	19	Bridge & Pontics		
D5421	Adjust partial denture - maxillary.....	19	D6210	Pontic - cast high noble metal	248
D5422	Adjust partial denture - mandibular.....	19	D6211	Pontic - cast predominately base metal	248
D5511	Repair broken complete denture base, mandibular....	44	D6212	Pontic - cast noble metal	248
D5512	Repair broken complete denture base, maxillary.....	44	D6240	Pontic - porcelain fused to high noble metal.....	262
D5520	Replace missing or broken teeth - complete denture .	44	D6241	Pontic - porcelain fused to predominately base metal	262
D5611	Repair resin partial denture base, mandibular.....	44	D6242	Pontic - porcelain fused to noble metal	262
D5612	Repair resin partial denture base, maxillary.....	44	D6245	Pontic - porcelain/ceramic.....	280
D5621	Repair cast partial framework, mandibular	44	D6250	Pontic - resin with high noble metal.....	248
D5622	Repair cast partial framework, maxillary.....	44	D6251	Pontic - resin with predominately base metal.....	248
D5630	Repair or replace broken retentive/clasping material - per tooth	58	D6252	Pontic - resin with noble metal.....	248
D5640	Replace broken teeth - per tooth	44	D6545	Ret. - cast metal for resin bonded fixed prosthesis	126
D5650	Add tooth to existing partial denture	44	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197
D5660	Add clasp to existing partial denture -per tooth	58	D6549	Resin retainer - for resin bonded fixed prosthesis.....	126
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144	D6600	Retainer inlay - porc./ceramic, two surfaces	214
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223
D5710	Rebase complete maxillary denture.....	130	D6602	Retainer inlay - cast high noble metal, two surfaces ...	204
D5711	Rebase complete mandibular denture	130	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213
D5720	Rebase maxillary partial denture.....	130	D6604	Retainer inlay - cast predominately base metal, two surfaces	204
D5721	Rebase mandibular partial denture.....	130	D6605	Retainer inlay - cast predominately base metal, >=3 surfaces	213
D5730	Reline complete maxillary denture (chairside).....	80	D6606	Retainer inlay - cast noble metal, two surfaces	204
D5731	Reline complete mandibular denture (chairside).....	80	D6607	Retainer inlay - cast noble metal, >=3 surfaces	213
D5740	Reline maxillary partial denture (chairside).....	78	D6608	Retainer onlay - porc./ceramic, two surfaces.....	240
D5741	Reline mandibular partial denture (chairside).....	78	D6609	Retainer onlay - porc./ceramic, three or more surfaces	250
D5750	Reline complete maxillary denture (lab)	112	D6610	Retainer onlay - cast high noble metal, two surfaces..	229
D5751	Reline complete mandibular denture (lab)	112	D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	262
D5760	Reline maxillary partial denture (lab).....	112	D6612	Retainer onlay - cast predominately base metal, two surfaces	229
D5761	Reline mandibular partial denture (lab)	112	D6613	Retainer onlay - cast predominately base metal, >=3 surfaces	262
D5810	Interim complete denture - maxillary.....	181	D6614	Retainer onlay - cast noble metal, two surfaces.....	229
D5811	Interim complete denture - mandibular.....	181	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	262
D5820	Interim partial denture - maxillary	181	D6720	Retainer crown - resin with high noble metal	248
D5821	Interim partial denture - mandibular	181	D6721	Retainer crown - resin with predominately base metal	248
D5850	Tissue conditioning - maxillary	40	D6722	Retainer crown - resin with noble metal	248
D5851	Tissue conditioning - mandibular	40	D6740	Retainer crown - porcelain/ceramic	280
D5863	Overdenture - complete maxillary.....	847	D6750	Retainer crown - porcelain fused to high noble metal	262
D5864	Overdenture - partial maxillary	834			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6751	Retainer crown - porcelain fused to predominately base metal	262	D8090	Comp. ortho. treatment - adult dentition	3658
D6752	Retainer crown - porcelain fused to noble metal	262	D8660	Pre-orthodontic treatment visit	413
D6780	Retainer crown - 3/4 cast high noble metal	235	D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D6781	Retainer crown - 3/4 cast predominantly base metal	235	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D6782	Retainer crown - 3/4 cast noble metal	235	D8698	Re-cement or re-bond fixed retainer – maxillary	174
D6783	Retainer crown - 3/4 porc./ceramic	256	D8699	Re-cement or re-bond fixed retainer – mandibular	174
D6790	Retainer crown - full cast high noble metal	248	D8701	Repair of fixed retainer, includes reattachment – maxillary	174
D6791	Retainer crown - full cast predominately base metal..	248	D8702	Repair of fixed retainer, includes reattachment – mandibular	174
D6792	Retainer crown - full cast noble metal.....	248	D8703	Replacement of lost or broken retainer – maxillary	179
D6930	Recement or rebond fixed partial denture.....	35	D8704	Replacement of lost or broken retainer – mandibular	179
D6980	Fixed partial denture repair, by report	86			
Oral Surgery¹			Adjunctive General Services		
D7111	Extraction, coronal remnants - primary tooth	28	D9110	Palliative (emergency) treatment of dental pain.....	22
D7140	Extraction, erupted tooth or exposed root	35	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D7210	Extraction, erupted tooth req. bone cut	67	D9211	Regional block anesthesia	0
D7220	Removal of impacted tooth - soft tissue	76	D9212	Trigeminal division block anesthesia	0
D7230	Removal of impacted tooth - partially bony	98	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D7240	Removal of impacted tooth - completely bony	121	D9219	Evaluation for deep sedation or general anesthesia ...	0
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109	D9222	Deep sedation/general anesthesia - first 15 minutes..	52
D7250	Removal of residual tooth roots	71	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D7251	Coronectomy-intentional partial tooth removal	109	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D7260	Oroantral fistula closure	289	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D7272	Tooth transplantation	308	D9248	Non-intravenous conscious sedation	73
D7280	Exposure of an unerupted tooth	77	D9310	Consultation (diagnostic service by nontreating dentist)	22
D7285	Biopsy of oral tissue - hard (bone, tooth)	194	D9410	House/extended care facility call	100
D7286	Biopsy of oral tissue - soft (all others)	148	D9420	Hospital call	175
D7290	Surgical repositioning of teeth	204	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30	D9910	Application of desensitizing medicament	16
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ...	71	D9930	Treatment of complications (post-surgical)	22
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ...	71	D9941	Fabrication of athletic mouthguard.....	51
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71	D9944	Occlusal guard – hard appliance, full arch.....	136
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	71	D9945	Occlusal guard – soft appliance, full arch	136
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	462	D9946	Occlusal guard – hard appliance, partial arch	136
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	888	D9950	Occlusion analysis - mounted case	52
D7410	Excision of benign lesion up to 1.25 cm	139	D9951	Occlusal adjustment - limited.....	33
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	304	D9952	Occlusal adjustment - complete.....	133
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	177	D9986	Missed appointment	50
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	272	D9995	Teledentistry – synchronous; real-time encounter (when available)	20
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	258	D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review (when available)	20
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	359	D9997	Dental case management – patients with special health care needs	50
D7471	Removal of lateral exostosis	176			
D7472	Removal of torus palatinus.....	240			
D7473	Removal of torus mandibularis	240			
D7510	Incision and drainage of abscess - intraoral soft tissue	48			
D7520	Incision/drainage of abscess - extra. soft tissue	58			
D7550	Partial ostect/sequestrect non-vital bone rem.....	168			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	132			
D7970	Excision of hyperplastic tissue - per arch.....	117			
D7971	Excision of pericoronal gingiva	66			
D7979	Non-surgical sialolithotomy.....	22			
Orthodontics²					
D8070	Comp. ortho. treatment - transitional dentition	3304			
D8080	Comp. ortho. treatment - adolescent dentition	3422			
			1	Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.	
			2	See exclusion #11 and limitation #25 for additional coverage information.	
			Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.		

Plan Exclusions

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

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

Plan Limitations

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

10. Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.
11. Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
12. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
13. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
14. Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
15. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per patient, per quadrant.
16. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu or a covered D1120/D1110, limited to once per two years.
17. Full mouth debridement is covered once per 24 months, per patient.
18. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
19. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
20. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
21. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
22. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
23. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
24. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
25. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
26. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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



Select Plan Premium 705xa (NJ)
Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)
 - Coverage begins the first day of the month following the month in which the Member turns 19 -

Plan Highlights

- This plan has fixed 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 a Non-Participating Dentist. See exclusion 11.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D2390	Resin-based composite crown, anterior	175
D9439	Office visit	10	D2391	Resin-based composite - one surface, posterior	68
D0120	Periodic oral eval - established patient	0	D2392	Resin-based composite - two surfaces, posterior	80
D0140	Limited oral eval - problem focused.....	0	D2393	Resin-based composite - three surfaces, posterior	93
D0150	Comprehensive oral eval - new or established patient	0	D2394	Resin-based composite - >=4 surfaces, posterior	112
D0160	Detailed and extensive oral eval - problem focused.....	0	Crown & Bridge		
D0170	Re-evaluation - limited, problem focused.....	0	D2510/20	Inlay - metallic - one or two surfaces	390
D0210	Intraoral - complete series of radiographic images.....	26	D2530	Inlay - metallic - three or more surfaces	407
D0220	Intraoral - periapical first radiographic image	0	D2542	Onlay - metallic-two surfaces.....	423
D0230	Intraoral - periapical each add. radiographic image	0	D2543/44	Onlay - metallic-three or four surfaces	511
D0240	Intraoral - occlusal radiographic image.....	0	D2610/20	Inlay - porcelain/ceramic - one or two surfaces	410
D0250	Extra-oral - 2D projection radiographic image	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	427
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2642	Onlay - porcelain/ceramic - two surfaces	439
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces.....	459
D0330	Panoramic radiographic image.....	30	D2650/51/52	Inlay - resin-based composite - one or more surfaces.....	425
D0340	2D cephalometric radiographic image.....	0	D2662/63/64	Onlay - resin-based composite - two or more surfaces	429
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally.....	0	D2710	Crown - resin based composite (indirect)	259
D0351	3D photographic image	0	D2712	Crown - 3/4 resin-based composite (indirect).....	450
D0460	Pulp vitality tests.....	0	D2720/21/22	Crown - resin with metal	470
D0470	Diagnostic casts	0	D2740	Crown - porcelain/ceramic.....	531
D1110	Prophylaxis (cleaning) - adult	0	D2750/51/52	Crown - porcelain fused metal	495
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2753	Crown - porcelain fused to titanium and titanium alloys	495
D1206	Topical application of fluoride varnish	0	D2780/81/82	Crown - 3/4 cast with metal	457
D1208	Topical application of fluoride - excluding varnish.....	0	D2783	Crown - 3/4 porcelain/ceramic	469
D1310/20/30	Oral hygiene instructions.....	0	D2790/91/92	Crown - full cast metal.....	481
Restorative (Fillings)			D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	41
D2140	Amalgam - one surface.....	37	D2931	Prefab. stainless steel crown	119
D2150	Amalgam - two surfaces	46	D2932	Prefabricated resin crown	135
D2160	Amalgam - three surfaces.....	58	D2940	Protective restoration	37
D2161	Amalgam - >=4 surfaces	69	D2950	Core buildup, including any pins	120
D2330	Resin-based composite - one surface, anterior	64	D2951	Pin retention - per tooth, in addition to restoration	22
D2331	Resin-based composite - two surfaces, anterior	76	D2952	Post and core in addition to crown	181
D2332	Resin-based composite - three surfaces, anterior	90	D2954	Prefab. post and core in addition to crown ..	148
D2335	Resin-based composite - >=4 surfaces, anterior	109	D2955	Post removal (not in conj. with endo. therapy).....	101
			D2980/81/82	Crown, inlay or onlay repair necessitated by restorative material failure.....	93

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Endodontics¹			D4910	Periodontal maintenance	66 / 73
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28 / 31	Prosthetics (Dentures)		
D3220	Therapeutic pulpotomy (excl. final restor.) ...	81 / 90	D5110/20	Complete denture - maxillary/mandibular ...	664
D3221	Pulpal debridement	87 / 96	D5130/40	Immediate denture - maxillary/mandibular .	708
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325 / 357	D5211/12	Maxillary/mandibular partial denture - resin base	613
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395 / 435	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488 / 537	D5221/22	Immediate maxillary/mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
D3333	Internal root repair of perforation defects ...	96 / 106	D5223/24	Immediate maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3346	Retreat of prev. root canal therapy, anterior	356 / 393	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D3347	Retreat of prev. root canal therapy, premolar	418 / 461	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	397
D3348	Retreat of prev. root canal therapy, molar ...	527 / 581	D5284/86	Rem. unilateral partial denture - one piece flexible/resin base (including clasps and teeth) - per quadrant	397
D3410	Apicoectomy - anterior	310 / 342	D5410/11	Adjust complete denture - maxillary/mandibular	35
D3421	Apicoectomy - premolar (first root)	333 / 367	D5421/22	Adjust partial denture - maxillary/mandibular	35
D3425	Apicoectomy - molar (first root)	379 / 418	D5511/12	Repair broken complete denture base, mandibular/maxillary	84
D3426	Apicoectomy - (each add. root)	148 / 164	D5520	Replace missing or broken teeth - complete denture	84
D3430	Retrograde filling - per root	113 / 125	D5611/12	Repair resin partial denture base, mandibular/maxillary	84
D3450	Root amputation - per root	202 / 223	D5621/22	Repair cast partial framework, mandibular/maxillary	84
D3920	Hemisection, not inc. root canal therapy	202 / 222	D5630/60	Clasp repaired, replaced or added	112
D3950	Canal prep/fitting of preformed dowel or post	125 / 138	D5640/60	Replace broken teeth or add tooth to existing partial denture - per tooth	84
Periodontics¹			D5670/71	Replace all teeth and acrylic on cast metal framework	263
D0180	Comp. periodontal eval - new or established patient	36 / 40	D5710/11	Rebase complete maxillary/mandibular denture	253
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	265 / 292	D5720/21	Rebase maxillary/mandibular partial denture	253
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94 / 103	D5730/31	Reline complete maxillary/mandibular denture (chairside)	152
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.	324 / 357	D5740/41	Reline maxillary/mandibular partial denture (chairside)	152
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.	90 / 99	D5750/51	Reline complete maxillary/mandibular denture (lab)	214
D4260	Osseous surgery - >3 cont. teeth, per quad.	485 / 534	D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D4261	Osseous surgery - <=3 cont. teeth, per quad	360 / 396	D5810/11	Interim complete denture - maxillary/mandibular	333
D4263	Bone replacement graft - retained natural tooth - first site in quad	502 / 553	D5820/21	Interim partial denture - maxillary/mandibular	333
D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393 / 433	D5850/51	Tissue conditioning - maxillary/mandibular .	75
D4265	Biological materials to aid in soft and osseous tissue regeneration	275 / 303	Bridge & Pontics		
D4268	Surgical revision proc., per tooth	329 / 362	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	57
D4270	Pedicle soft tissue graft procedure	434 / 478	D6210/11/12	Pontic - metal	481
D4273	Autogenous connective tissue graft procedure, first tooth	540 / 595	D6240/41/42	Pontic - porcelain fused metal	495
D4274	Mesial/distal wedge procedure, single tooth	308 / 339			
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576 / 634			
D4277	Free soft tissue graft procedure, first tooth ..	441 / 486			
D4278	Free soft tissue graft procedure, each add. tooth	68 / 75			
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105 / 116			
D4342	Perio scaling and root planing - <= 3 teeth, per quad.	57 / 63			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39 / 43			
D4355	Full mouth debridement	77 / 86			
D4381	Localized delivery of antimicrobial agents ...	90 / 100			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6243	Pontic – porcelain fused to titanium and titanium alloys	495	D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth	211 / 232
D6245	Pontic - porcelain/ceramic	531	D7280	Exposure of an unerupted tooth	111 / 122
D6250/51/52	Pontic - resin with metal.....	470	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	41 / 45
D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	233	D7310/20	Alveoloplasty, per quad	135 / 149
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	364	D7510	Incision and drainage of abscess - intraoral soft tissue.....	91 / 100
D6549	Resin retainer - for resin bonded fixed prosthesis.....	233	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	25 / 28
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	256 / 282
D6601	Retainer inlay - porc./ceramic, >=3 surfaces.	427	D7979	Non-surgical sialolithotomy.....	43 / 48
D6602	Retainer inlay - cast high noble metal, two surfaces	390			
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	Orthodontics		
D6604	Retainer inlay - cast predominantly base metal, two surfaces	390	D8090	Comp. ortho. treatment - adult dentition	3658
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces.....	407	D8660	Pre-orthodontic treatment visit	413
D6606	Retainer inlay - cast noble metal, two surfaces	390	D8670	Periodic ortho. treatment visit (as part of contract).....	118
D6607	Retainer inlay - cast noble metal, >=3 surfaces	407	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413
D6608	Retainer onlay - porc./ceramic, two surfaces	439			
D6609	Retainer onlay - porc./ceramic, three or more surfaces	459	Adjunctive General Services		
D6610	Retainer onlay - cast high noble metal, two surfaces	423	D9110	Palliative (emergency) treatment of dental pain	43
D6611	Retainer onlay - cast high noble metal, >=3 surfaces.....	511	D9210/15	Local anesthesia.....	0
D6612	Retainer onlay - cast predominantly base metal, two surfaces	423	D9211	Regional block anesthesia	0
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces.....	511	D9212	Trigeminal division block anesthesia.....	0
D6614	Retainer onlay - cast noble metal, two surfaces.....	423	D9219	Evaluation for deep sedation or general anesthesia	0
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	511	D9222/23	Deep sedation/general anesthesia - each 15 minute increment.....	103
D6720/21/22	Retainer crown - resin with metal.....	470	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D6740	Retainer crown - porcelain/ceramic.....	531	D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment	103
D6750/51/52	Retainer crown - porcelain fused metal.....	495	D9310	Consultation (diagnostic service by nontreating dentist).....	42
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	495	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	190
D6780/81/82	Retainer crown - 3/4 cast high noble metal..	457	D9910	Application of desensitizing medicament.....	31
D6783	Retainer crown - 3/4 porc./ceramic.....	469	D9930	Treatment of complications (post-surgical) ..	43
D6784	Retainer crown – 3/4 titanium and titanium alloys	495	D9944/45/46	Occlusal guard – hard/soft appliance, full/ partial arch.....	298 / 298
D6790/91/92	Retainer crown - full cast metal.....	481	D9950	Occlusion analysis - mounted case	81 / 90
D6794	Retainer crown - titanium	495	D9951	Occlusal adjustment - limited.....	62 / 62
D6930	Recement or rebond fixed partial denture...	66	D9952	Occlusal adjustment - complete.....	255 / 255
D6980	Fixed partial denture repair, by report.....	157	D9986	Missed appointment	50
			D9995/96	Teledentistry – synchronous/asynchronous .	20
			D9997	Dental case management – patients with special health care needs	50
Oral Surgery¹					
D7111	Extraction, coronal remnants - primary tooth	45 / 50	1.	Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist. If the listed procedure contains a (/), the second listed fee represents the copayment due to the Participating Plan Specialist after referral. See Plan Exclusion #13.	
D7140	Extraction, erupted tooth or exposed root...	63 / 70			
D7210	Extraction, erupted tooth req elev, etc	127 / 140			
D7220	Removal of impacted tooth - soft tissue.....	144 / 159			
D7230	Removal of impacted tooth - partially bony .	189 / 208			
D7240	Removal of impacted tooth - completely bony	227 / 250			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181 / 200			
D7250	Surgical removal of residual tooth roots.....	136 / 150			
D7251	Coronectomy - intentional partial tooth removal	181 / 200			

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. 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, with the exception of the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.
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 Services under this Plan.
11. 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).
12. Services related to the treatment of TMD (Temporomandibular Disorder).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Plan Specialist (with the exception of orthodontics).
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
5. Two (2) bitewing x-rays are covered per calendar year per patient.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
9. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan.
10. Relining and rebasing of dentures is covered once every 24 months per patient.
11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
12. Root planing or scaling is covered once every 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, limited to once per two years.
14. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
15. Full mouth debridement is covered once per lifetime 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 per patient. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
19. Coronectomy - intentional partial tooth removal, once per lifetime.
20. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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



Select Plan Premium Pediatric 706s (NJ)
Description of Services, Member Copayments,
Exclusions and Limitations for Pediatric Services
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

- This plan has fixed 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: \$350 per Member per calendar year for Necessary and Appropriate Dental Services treatment (maximum of \$700 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)
Diagnostic/Preventive			D0385	Maxillofacial MRI/ultrasound image capture	0
D9439	Office visit	0	D0386	Maxillofacial MRI/ultrasound image capture	0
D0120	Periodic oral eval - established patient	0	D0391	Interpretation of diagnostic image only	0
D0140	Limited oral eval - problem focused	0	D0414	Lab processing of microbial specimen to include culture & sensitivity studies	50
D0145	Oral eval for a patient under 3 years of age	0	D0415	Collection of microorganisms for culture and sensitivity	29
D0150	Comprehensive oral eval - new or established patient	0	D0416	Viral culture	0
D0160	Detailed and extensive oral eval - problem focused ...	0	D0417	Collection/Prep of saliva sample for lab	0
D0170	Re-evaluation - limited, problem focused	0	D0418	Analysis of saliva sample	32
D0171	Re-evaluation - post-operative office visit	41	D0422	Collection and preparation of genetic sample material for lab analysis and report	50
D0180	Comp. periodontal eval - new or established patient	0	D0423	Genetic test for susceptibility to diseases	75
D0210	Intraoral - complete series of radiographic images ...	0	D0425	Caries susceptibility tests	27
D0220	Intraoral - periapical first radiographic image	0	D0431	Adjunctive pre-diagnostic	49
D0230	Intraoral - periapical each add. radiographic image ...	0	D0460	Pulp vitality tests	0
D0240	Intraoral - occlusal radiographic image	0	D0470	Diagnostic casts	0
D0250	Extra-oral - 2D projection radiographic image	0	D0472	Accession of tissue, gross exam, prep, transm	0
D0251	Extra-oral posterior dental radiographic image	44	D0473	Accession of tissue, gross and micro. exam., prep, transm	0
D0270	Bitewing - single radiographic image	0	D0474	Accession of tissue, gross and micro. exam., prep, transm	0
D0272	Bitewings - two radiographic images	0	D0480	Accession of exfoliative cytologic smears, micro. exam., prep, transm	0
D0273	Bitewings - three radiographic images	0	D0486	Lab accession trans cytologic sample, micro. exam., prep, transm	0
D0274	Bitewings - four radiographic images	0	D0502	Other oral pathology procedures, by report	0
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl premalignant and malignant lesions	0
D0310	Sialography	0	D0601	Caries risk assessment & documentation, with a finding of low risk	0
D0320	Temporomandibular joint arthrogram, incl. injection	0	D0602	Caries risk assessment & documentation, with a finding of moderate risk	0
D0321	Other temporomandibular joint radiographic images, by report	0	D0603	Caries risk assessment & documentation, with a finding of high risk	0
D0322	Tomographic survey	0	D1110	Prophylaxis (cleaning) - adult	0
D0330	Panoramic radiographic image	0	D1120	Prophylaxis (cleaning) - child	0
D0340	2D cephalometric radiographic image	0	D1206	Topical application of fluoride varnish	0
D0350	2D oral/facial photographic images (intraoral/extraoral)	0	D1208	Topical application of fluoride - excluding varnish	0
D0351	3D photographic image	0	D1310	Nutritional counseling for control of dental disease ..	0
D0364	Cone Beam CT limited view-less than one jaw	0	D1320	Tobacco counseling for control of prev. oral disease ..	0
D0365	Cone Beam CT one full dental arch (mandibular/maxillary)	0	D1330	Oral hygiene instructions	0
D0366	Cone Beam CT one full dental arch (mandibular/maxillary)	0	D1351	Sealant - per tooth	0
D0367	Cone Beam CT both jaws	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth ...	0
D0368	Cone Beam CT- TMJ	0	D1354	Interim caries arresting medicament application - per tooth	0
D0369	Maxillofacial MRI/ultrasound	0			
D0370	Maxillofacial MRI/ultrasound	0			
D0380	Cone beam CT image capture-less than one jaw	0			
D0381	Cone beam CT image capture one arch (mandibular/maxillary)	0			
D0382	Cone beam CT image capture one arch (mandibular/maxillary)	0			
D0383	Cone beam CT image capture both jaws	0			
D0384	Cone beam CT image capture- TMJ	0			

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

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D1510	Space maintainer – fixed, unilateral – per quadrant ..	0	D2752	Crown - porcelain fused to noble metal	262
D1516	Space maintainer - fixed - bilateral, maxillary	0	D2753	Crown - porcelain fused to titanium and titanium alloys	262
D1517	Space maintainer - fixed - bilateral, mandibular	0	D2780	Crown - 3/4 cast high noble metal	239
D1520	Space maintainer – removable, unilateral – per quadrant	0	D2781	Crown - 3/4 cast predominantly base metal	239
D1526	Space maintainer - removable - bilateral, maxillary ...	0	D2782	Crown - 3/4 cast noble metal	239
D1527	Space maintainer - removable - bilateral, mandibular	0	D2783	Crown - 3/4 porcelain/ceramic	256
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0	D2790	Crown - full cast high noble metal	248
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0	D2791	Crown - full cast predominately base metal	248
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	0	D2792	Crown - full cast noble metal	248
D1556	Removal of fixed unilateral space maintainer – per quadrant	0	D2910	Recement inlay	22
D1557	Removal of fixed bilateral space maintainer – maxillary	0	D2915	Recement cast or prefab. post and core	41
D1558	Removal of fixed bilateral space maintainer – mandibular	0	D2920	Recement crown	22
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	0	D2929	Prefab. porcelain/ceramic crown - prim. tooth	280
Restorative (Fillings)			D2930	Prefab. stainless steel crown - prim. tooth	55
D2140	Amalgam - one surface, prim. or perm.	21	D2931	Prefab. stainless steel crown - perm. tooth	61
D2150	Amalgam - two surfaces, prim. or perm.	26	D2932	Prefabricated resin crown	70
D2160	Amalgam - three surfaces, prim. or perm.	32	D2933	Prefab. stainless steel crown w/ resin window	136
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	D2934	Prefab. esthetic coated primary tooth	148
D2330	Resin-based composite - one surface, anterior	35	D2940	Protective restoration	20
D2331	Resin-based composite - two surfaces, anterior	42	D2950	Core buildup, including any pins	63
D2332	Resin-based composite - three surfaces, anterior	50	D2951	Pin retention - per tooth, in addition to restoration ...	11
D2335	Resin-based composite - >=4 surfaces, anterior	60	D2952	Post and core in addition to crown	93
D2390	Resin-based composite crown, anterior	96	D2953	Each add. indirectly fabricated post - same tooth	25
D2391	Resin-based composite - one surface, posterior	37	D2954	Prefab. post and core in addition to crown	77
D2392	Resin-based composite - two surfaces, posterior	44	D2955	Post removal (not in conj. with endo. therapy)	53
D2393	Resin-based composite - three surfaces, posterior	51	D2957	Each add. prefab post - same tooth	20
D2394	Resin-based composite - >=4 surfaces, posterior	62	D2970	Temporary crown (fractured tooth)	0
D2410	Gold foil - one surface	84	D2971	New crown under partial denture framework	37
D2420	Gold foil - two surfaces	99	D2975	Coping	113
D2430	Gold foil - three surfaces	134	D2980	Crown repair necessitated by restorative material failure	51
Crown & Bridge			D2981	Inlay repair necessitated by restorative material failure	51
D2510	Inlay- metallic - one surface	204	D2982	Onlay repair necessitated by restorative material failure	51
D2520	Inlay- metallic - two surfaces	204	Endodontics¹		
D2530	Inlay - metallic - three or more surfaces	213	D3110	Pulp cap - direct (excl. final restoration)	16
D2542	Onlay - metallic-two surfaces	229	D3120	Pulp cap - indirect (excl. final restoration)	16
D2543	Onlay - metallic - three surfaces	262	D3220	Therapeutic pulpotomy (excl. final restor.)	41
D2544	Onlay - metallic - four or more surfaces	262	D3221	Pulpal debridement, prim. and perm. teeth	47
D2610	Inlay - porcelain/ceramic - one surface	214	D3222	Partial pulpotomy for apexogenesis	80
D2620	Inlay - porcelain/ceramic - two surfaces	214	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	80
D2630	Inlay - porcelain/ceramic - >=3 surfaces	223	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	82
D2642	Onlay - porcelain/ceramic - two surfaces	240	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171
D2643	Onlay - porcelain/ceramic - three surfaces	250	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3330	Endodontic therapy, molar tooth (excluding final restoration)	256
D2650	Inlay - resin-based composite - one surface	220	D3331	Treatment of root canal obstr. non-surgical	104
D2651	Inlay - resin-based composite - two surfaces	220	D3332	Incomp. endo. therapy-inop. or fractured tooth	92
D2652	Inlay - resin-based composite - >=3 surfaces	220	D3333	Internal root repair of perforation defects	53
D2662	Onlay - resin-based composite - two surfaces	222	D3346	Retreat of prev. root canal therapy, anterior	194
D2663	Onlay - resin-based composite - three surfaces	222	D3347	Retreat of prev root canal therapy - premolar	233
D2664	Onlay - resin-based composite - >=4 surfaces	222	D3348	Retreat of prev. root canal therapy, molar	279
D2710	Crown - resin based composite (indirect)	136	D3351	Apexification/recalcification - initial visit	101
D2712	Crown - 3/4 resin-based composite (indirect)	243	D3352	Apexification/recalcification - interim med. repl.	295
D2720	Crown - resin with high noble metal	248	D3353	Apexification/recalcification - final visit	225
D2721	Crown - resin with predominantly base metal	248	D3355	Pulpal regeneration - initial visit	101
D2722	Crown - resin with noble metal	248	D3356	Pulpal regeneration - interim medication replacement	295
D2740	Crown - porcelain/ceramic	280	D3357	Pulpal regeneration - completion of treatment	225
D2750	Crown - porcelain fused to high noble metal	262	D3410	Apicoectomy - anterior	162
D2751	Crown - porcelain fused to predominantly base metal	262			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3421	Apicoectomy - premolar (first root)	182	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasp materials, rests and teeth)	350
D3425	Apicoectomy - molar (first root)	209	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasp materials, rests and teeth)	350
D3426	Apicoectomy/periradicular surgery (each add. root)	76	D5221	Immediate maxillary partial denture – resin base (including retentive/clasp materials, rests and teeth)	325
D3427	Periradicular surgery w/o apicoectomy	133	D5222	Immediate mandibular partial denture – resin base (including retentive/clasp materials, rests and teeth)	325
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	350	D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasp materials, rests and teeth)	350
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291	D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasp materials, rests and teeth)	350
D3430	Retrograde filling - per root	60	D5225	Maxillary partial denture - flexible base	350
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	204	D5226	Mandibular partial denture - flexible base	350
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	350	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	210
D3450	Root amputation - per root	117	D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210
D3910	Surg. proc. for isol. of tooth w/ rubber dam	29	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210
D3920	Hemisection, not inc. root canal therapy	117	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	210
D3950	Canal prep/fitting of preformed dowel or post	68	D5410	Adjust complete denture - maxillary	19
Periodontics¹			D5411	Adjust complete denture - mandibular	19
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140	D5421	Adjust partial denture - maxillary	19
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	50	D5422	Adjust partial denture - mandibular	19
D4212	Gingivectomy or gingivoplasty, rest., per tooth	20	D5511	Repair broken complete denture base, mandibular	44
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173	D5512	Repair broken complete denture base, maxillary	44
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	53	D5520	Replace missing or broken teeth - complete denture	44
D4245	Apically positioned flap	93	D5611	Repair resin partial denture base, mandibular	44
D4249	Clinical crown lengthening - hard tissue	288	D5612	Repair resin partial denture base, maxillary	44
D4260	Osseous surgery - >3 cont. teeth, per quad	250	D5621	Repair cast partial framework, mandibular	44
D4261	Osseous surgery - <=3 cont. teeth, per quad	196	D5622	Repair cast partial framework, maxillary	44
D4263	Bone replacement graft - retained natural tooth - first site in quad.	350	D5630	Repair or replace broken retentive/clasp material - per tooth	58
D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	291	D5640	Replace broken teeth - per tooth	44
D4265	Biologic materials to aid in soft and osseous tissue regeneration	204	D5650	Add tooth to existing partial denture	44
D4266	Guided tissue regen. - resorb. barrier, per site	350	D5660	Add clasp to existing partial denture -per tooth	58
D4267	Guided tissue regen. - non-resorb. barrier, per site	350	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	144
D4268	Surgical revision proc., per tooth	179	D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	144
D4270	Pedicle soft tissue graft procedure	322	D5710	Rebase complete maxillary denture	130
D4273	Autogenous connective tissue graft proc.	350	D5711	Rebase complete mandibular denture	130
D4274	Mesial/distal wedge procedure, single tooth	154	D5720	Rebase maxillary partial denture	130
D4275	Non-autogenous connective tissue graft (including recipient site and donor material)	350	D5721	Rebase mandibular partial denture	130
D4276	Comb. connec. tissue/double pedicle graft, per tooth	350	D5730	Reline complete maxillary denture (chairside)	80
D4277	Free soft tissue graft, per tooth	327	D5731	Reline complete mandibular denture (chairside)	80
D4278	Free soft tissue graft, each add. tooth	50	D5740	Reline maxillary partial denture (chairside)	78
D4320	Provisional splinting - intracoronal	214	D5741	Reline mandibular partial denture (chairside)	78
D4321	Provisional splinting - extracoronal	189	D5750	Reline complete maxillary denture (lab)	112
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55	D5751	Reline complete mandibular denture (lab)	112
D4342	Perio scaling and root planing - <= 3 teeth, per quad	32	D5760	Reline maxillary partial denture (lab)	112
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23	D5761	Reline mandibular partial denture (lab)	112
D4355	Full mouth debridement	45	D5810	Interim complete denture - maxillary	181
D4381	Localized delivery of antimicrobial agents	49	D5811	Interim complete denture - mandibular	181
D4910	Periodontal maintenance	37	D5820	Interim partial denture - maxillary	181
Prosthetics (Dentures)			D5821	Interim partial denture - mandibular	181
D5110	Complete denture - maxillary	349	D5850	Tissue conditioning - maxillary	40
D5120	Complete denture - mandibular	349	D5851	Tissue conditioning - mandibular	40
D5130	Immediate denture - maxillary	350	D5862	Precision attachment, by report	194
D5140	Immediate denture - mandibular	350	D5863	Overdenture - complete maxillary	350
D5211	Maxillary partial denture - resin base	325			
D5212	Mandibular partial denture - resin base	325			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5864	Overdenture - partial maxillary	350
D5865	Overdenture - complete mandibular	350
D5866	Overdenture - partial mandibular	350
D5875	Mod. of remov prosthesis post implant surgery	41
D5911	Facial moulage (sectional)	74
D5912	Facial moulage (complete)	74
D5913	Nasal prosthesis	350
D5914	Auricular prosthesis	350
D5915	Orbital prosthesis	350
D5916	Ocular prosthesis	350
D5919	Facial prosthesis	194
D5922	Nasal septal prosthesis	194
D5923	Ocular prosthesis, interim	350
D5924	Cranial prosthesis	350
D5925	Facial augmentation implant prosthesis	350
D5926	Nasal prosthesis, replacement	169
D5927	Auricular prosthesis, replacement	350
D5928	Orbital prosthesis, replacement	350
D5929	Facial prosthesis, replacement	255
D5931	Obturator prosthesis, surgical	350
D5932	Obturator prosthesis, definitive	350
D5933	Obturator prosthesis, modification	350
D5934	Mandibular resection prosthesis w/ guide flange	350
D5935	Mandibular resection prosthesis w/o guide flange	350
D5936	Obturator prosthesis, interim	350
D5951	Feeding aid	350
D5952	Speech aid prosthesis	350
D5953	Speech aid prosthesis, adult	350
D5954	Palatal augmentation prosthesis	350
D5955	Palatal lift prosthesis, definitive	350
D5958	Palatal lift prosthesis, interim	350
D5959	Palatal lift prosthesis, modification	350
D5960	Speech aid prosthesis, modification	278
D5982	Surgical stent	44
D5983	Radiation carrier	350
D5984	Radiation shield	350
D5985	Radiation cone locator	350
D5986	Fluoride gel carrier	63
D5987	Commissure splint	350
D5988	Surgical splint	63
D5991	Topical medicament carrier	63
D5992	Adjustment of prosthetic appliance, by report	12
D5993	Cleaning and maintenance prosthetic appliance	9
D5994	Periodontal medicament carrier	150

Implant Services

D6010	Surgical placement of implant body, endosteal	350
D6011	Second stage implant surgery	100
D6012	Surgical placement of interim implant body	350
D6013	Surgical placement of mini implant	286
D6040	Surgical placement, eosteal implant	350
D6050	Surgical placement, transosteal implant	350
D6051	Interim abutment	197
D6055	Dental implant supported connecting bar	350
D6056	Prefabricated abutment	228
D6057	Custom fabricated abutment	350
D6058	Abutment supported porcelain/ceramic crown	280
D6059	Abutment supported porcelain fused to metal crown - high noble metal	262
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262
D6061	Abutment supported porcelain fused to metal crown - noble metal	262
D6062	Abutment supported cast metal crown - high noble metal	248
D6063	Abutment supported cast metal crown - predominantly based metal	248

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6064	Abutment supported cast metal crown - noble metal	248
D6065	Implant supported porcelain/ceramic crown	280
D6066	Implant supported crown – porcelain fused to high noble alloys	262
D6067	Implant supported crown – high noble alloys	262
D6068	Abutment supp. retainer for porc/ceramic FPD	350
D6069	Abutment supp. retainer for porc/high noble FPD	350
D6070	Abutment supp. retainer for porc/pred. base FPD	348
D6071	Abutment supp. retainer for porc/noble FPD	350
D6072	Abutment supp. retainer for cast high noble FPD	350
D6073	Abutment supp. retainer for cast high noble FPD	350
D6074	Abutment supp. retainer for cast noble metal FPD	350
D6080	Implant maintenance procedures	31
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
D6090	Repair implant supported prosthesis	181
D6091	Replacement of semi-precision or precision attachment	17
D6092	Re-cement implant/abutment supp. crown	56
D6093	Re-cement impl/abutment supp. fixed par	86
D6095	Repair implant abutment, by report	196
D6110	Implant / abut supp rem dent for edentulous arch - maxillary	350
D6111	Implant / abut supp rem dent for edentulous arch - mandibular	350
D6112	Implant / abut supp rem dent for partially edentulous arch - maxillary	350
D6113	Implant / abut supp rem dent for partially edentulous arch - mandibular	350
D6114	Implant / abut supp fixed dent for edentulous arch - maxillary	350
D6115	Implant / abut supp fixed dent for edentulous arch - mandibular	350
D6116	Implant / abut supp fixed dent for partially edentulous arch - maxillary	350
D6117	Implant / abut supp fixed dent for partially edentulous arch - mandibular	350
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	350

Bridge & Pontics

D6205	Pontic - indirect resin based composite	223
D6210	Pontic - cast high noble metal	248
D6211	Pontic - cast predominately base metal	248
D6212	Pontic - cast noble metal	248
D6240	Pontic - porcelain fused to high noble metal	262
D6241	Pontic - porcelain fused to predominately base metal	262
D6242	Pontic - porcelain fused to noble metal	262
D6245	Pontic - porcelain/ceramic	280
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 prost	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 predominately base metal, two surfaces	204
D6605	Retainer inlay - cast predominately base metal, >=3 surfaces	213
D6606	Retainer inlay - cast noble metal, two surfaces	204
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6608	Retainer onlay - porc./ceramic, two surfaces	240	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. .	71
D6609	Retainer onlay - porc./ceramic, three or more surfaces	250	D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ..	71
D6610	Retainer onlay - cast high noble metal, two surfaces .	229	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .	262	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	71
D6612	Retainer onlay - cast predominantly base metal, two surfaces	229	D7340	Vestibuloplasty - ridge ext. sec. epithel.	350
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262	D7350	Vestibuloplasty - ridge ext. inc. grafts, etc	350
D6614	Retainer onlay - cast noble metal, two surfaces	229	D7410	Excision of benign lesion up to 1.25 cm	139
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262	D7411	Excision of benign lesion > 1.25 cm	113
D6710	Retainer crown - indirect resin based composite	223	D7412	Excision of benign lesion, complicated	157
D6720	Retainer crown - resin with high noble metal	248	D7413	Excision of malignant lesion up to 1.25 cm	286
D6721	Retainer crown - resin with predominantly base metal	248	D7414	Excision of malignant lesion > 1.25 cm	252
D6722	Retainer crown - resin with noble metal	248	D7415	Excision of malignant lesion, complicated	350
D6740	Retainer crown - porcelain/ceramic	280	D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	304
D6750	Retainer crown - porcelain fused to high noble metal	262	D7441	Exc. of malignant tumor- lesion diam. >1.25cm	350
D6751	Retainer crown - porcelain fused to predominately base metal	262	D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	177
D6752	Retainer crown - porcelain fused to noble metal	262	D7451	Removal of benign odon cyst/tumor - diam >1.25cm	272
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	262	D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm	258
D6780	Retainer crown - 3/4 cast high noble metal	235	D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm	350
D6781	Retainer crown - 3/4 cast predominantly base metal	235	D7465	Destruct. of lesion(s) by phys or chem method	150
D6782	Retainer crown - 3/4 cast noble metal	235	D7471	Removal of lateral exostosis	176
D6783	Retainer crown - 3/4 porc./ceramic	256	D7472	Removal of torus palatinus	240
D6784	Retainer crown - 3/4 titanium and titanium alloys	235	D7473	Removal of torus mandibularis	240
D6790	Retainer crown - full cast high noble metal	248	D7485	Surgical reduction of osseous tuberosity	284
D6791	Retainer crown - full cast predominately base metal .	248	D7490	Radical resection of maxilla or mandible	350
D6792	Retainer crown - full cast noble metal	248	D7510	Incision and drainage of abscess - intraoral soft tissue	48
D6930	Recement or rebond fixed partial denture	35	D7511	Incision/drainage of abscess - intra. soft tissue, comp.	56
D6950	Precision attachment	189	D7520	Incision/drainage of abscess - extra. soft tissue	58
D6980	Fixed partial denture repair, by report	86	D7521	Incision/drainage of abscess - extra. soft tissue, comp.	60
D6985	Pediatric partial denture, fixed	280	D7530	Foreign body rem from muc./skin/subcut tissue	44
Oral Surgery¹			D7540	Reaction producing foreign bodies removal	350
D7111	Extraction, coronal remnants - primary tooth ..	28	D7550	Partial ostect/sequestrect non-vital bone rem.	168
D7140	Extraction, erupted tooth or exposed root	35	D7560	Max. sinusotomy for tooth fragment removal	350
D7210	Extraction, erupted tooth req elev, etc	67	D7610	Maxillary - open reduction (teeth immobilized)	350
D7220	Removal of impacted tooth - soft tissue	76	D7620	Maxillary - closed reduction (teeth immobilized)	350
D7230	Removal of impacted tooth - partially bony	98	D7630	Mandible - open reduction (teeth immobilized)	350
D7240	Removal of impacted tooth - completely bony	121	D7640	Mandible - closed reduction (teeth immobilize)	350
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109	D7650	Malar and/or zygomatic arch - open reduction	350
D7250	Removal of residual tooth roots	71	D7660	Malar and/or zygomatic arch- closed reduction	350
D7251	Coronectomy-intentional partial tooth removal	109	D7670	Alveolus - closed reduction	265
D7260	Oroantral fistula closure	289	D7671	Alveolus- open reduction(incl. teeth stabil.)	267
D7261	Primary closure of a sinus perforation	233	D7680	Facial bones - complicated reduction	350
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113	D7710	Maxillary - open reduction	350
D7272	Tooth transplantation	308	D7720	Maxillary - closed reduction	350
D7280	Exposure of an unerupted tooth	77	D7730	Mandible - open reduction	350
D7282	Mobil. of erupted/malpositioned tooth to aid eruption	116	D7740	Mandible - closed reduction	350
D7283	Place. of device to facilitate erupt. of impacted tooth	72	D7750	Malar and/or zygomatic arch - open reduction	350
D7285	Biopsy of oral tissue - hard (bone, tooth)	194	D7760	Malar and/or zygomatic arch- closed reduction	350
D7286	Biopsy of oral tissue - soft (all others)	148	D7770	Alveolus - open reduction stabiliz. of teeth	350
D7287	Exfoliative cytological sample collection	14	D7771	Alveolus, closed reduction stabiliz. of teeth	104
D7288	Brush biopsy - transepithelial sample collect	47	D7780	Facial bones - complicated reduction	350
D7290	Surgical repositioning of teeth	204	D7810	Open reduction of dislocation	350
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30	D7820	Closed reduction of dislocation	171
D7292	Surgical placement of temp anch device	273	D7830	Manipulation under anesthesia	142
D7293	Surgical placement of temp anch req flap	283	D7840	Condylectomy	350
D7294	Surgical placement: w/o fl ap	66	D7850	Surgical discectomy, with/without implant	350
D7295	Bone harvesting-autogenous grafting procedure	87	D7854	Synovectomy	350
			D7858	Joint reconstruction	350
			D7860	Arthrotomy	350
			D7865	Arthroplasty	350
			D7870	Arthrocentesis	79
			D7871	Non-arthroscopic lysis and lavage	276
			D7872	Arthroscopy - diagnosis, w/ or w/out biopsy	350

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7873	Arthroscopy-surgical-lavage/lysis of adhesion	350
D7874	Arthroscopy - surgical: disc reposit/stabiliz	350
D7875	Arthroscopy - surgical: synovectomy	350
D7876	Arthroscopy - surgical: discectomy	350
D7877	Arthroscopy - surgical: debridement	350
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
D7920	Skin graft - identify defect	350
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	350
D7941	Osteotomy - mandibular rami	350
D7943	Osteotomy - mandibular rami with bone graft	350
D7944	Osteotomy- segmented/ subapical-per sext/quad	350
D7945	Osteotomy - body of mandible	350
D7946	LeFort I (maxillary - total)	350
D7947	LeFort I (maxillary - segmented)	350
D7948	LeFort II or LeFort III	350
D7949	LeFort II or LeFort III - with bone graft	350
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
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	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	350
D7982	Sialodochoplasty	350
D7983	Closure of salivary fistula	350
D7990	Emergency tracheotomy	350
D7991	Coronoidectomy	350
D7995	Synthetic graft - mandible or facial bones	270
D7996	Implant-mandible for augmentation purposes	350
D7997	Appliance removal (not by original dentist)	135
Orthodontics²		
D8010	Limited ortho. treatment of the primary dentition	350
D8020	Limited ortho. treatment of the transitional dentition	350
D8030	Limited ortho treatment - adolescent dentition	350
D8040	Limited ortho treatment - adult dentition	350
D8050	Interceptive ortho. treatment of the primary dentition	350
D8060	Interceptive ortho. treatment - transitional dentition	350
D8070	Comp. ortho. treatment - transitional dentition	350
D8080	Comp. ortho. treatment - adolescent dentition	350
D8090	Comp. ortho. treatment - adult dentition	350
D8660	Pre-orthodontic treatment visit	350
D8670	Periodic ortho. treatment visit (as part of contract) ..	118
D8680	Orthodontic retainer (rem. of appl./placement of retainer(s))	350
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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8703	Replacement of lost or broken retainer – maxillary ...	179
D8704	Replacement of lost or broken retainer – mandibular	179
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain	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
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	Office visit after regularly scheduled hours	45
D9450	Case pres, detailed/ext 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 – single or multiple sites	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
D9971	Odontoplasty 1 - 2 teeth	24
D9974	Internal bleaching - per tooth	82
D9986	Missed appointment	50
D9995	Teledentistry - synchronous; real-time encounter (when available)	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20
D9997	Dental case management – patients with special health care needs	50
1	Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating 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 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 unfilled 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), limited to two per calendar year (when available).

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



Select Plan Premium Kids 706s (PA)
Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services (under age 19)
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			Restorative (Fillings)		
D9439	Office visit.....	0	D1354	Interim caries arresting medicament application - per tooth.....	0
D0120	Periodic oral eval - established patient	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	0
D0140	Limited oral eval - problem focused.....	0	D1516	Space maintainer - fixed - bilateral, maxillary	0
D0145	Oral eval for a patient under 3 years of age	0	D1517	Space maintainer - fixed - bilateral, mandibular	0
D0150	Comprehensive oral eval - new or established patient	0	D1520	Space maintainer - removable, unilateral - per quadrant	0
D0160	Detailed and extensive oral eval - problem focused....	0	D1526	Space maintainer - removable - bilateral, maxillary....	0
D0170	Re-evaluation - limited, problem focused	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0180	Comp. periodontal eval - new or established patient .	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0
D0210	Intraoral - complete series of radiographic images	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0
D0220	Intraoral - periapical first film	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0
D0230	Intraoral - periapical each add. Film.....	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0
D0240	Intraoral - occlusal film	0	Crown & Bridge		
D0250	Extraoral - first film	0	D2140	Amalgam - one surface, prim. or perm.	21
D0270	Bitewing x-rays - single film	0	D2150	Amalgam - two surfaces, prim. or perm.....	26
D0272	Bitewing x-rays - two films.....	0	D2160	Amalgam - three surfaces, prim. or perm.	32
D0273	Bitewing x-rays - three films	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	39
D0274	Bitewing x-rays - four films	0	D2330	Resin-based composite - one surface, anterior.....	35
D0277	Vertical bitewings - 7 to 8 films	0	D2331	Resin-based composite - two surfaces, anterior	42
D0330	Panoramic radiographic image	0	D2332	Resin-based composite - three surfaces, anterior.....	50
D0340	2D cephalometric radiographic image	0	D2335	Resin-based composite - >=4 surfaces, anterior.....	60
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2390	Resin-based composite crown, anterior.....	96
D0351	3D photographic image	0	D2391	Resin-based composite - one surface, posterior	37
D0391	Interpretation of diagnostic image only	0	D2392	Resin-based composite - two surfaces, posterior.....	44
D0460	Pulp vitality tests	0	D2393	Resin-based composite - three surfaces, posterior	51
D0470	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	62
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0			
D0601	Caries risk assessment and documentation, with a finding of low risk.....	0			
D0602	Caries risk assessment and documentation, with a finding of moderate risk.....	0			
D0603	Caries risk assessment and documentation, with a finding of high risk.....	0			
D1110	Prophylaxis (cleaning) - adult	0			
D1120	Prophylaxis (cleaning) - child.....	0			
D1206	Topical application of fluoride varnish.....	0			
D1208	Topical application of fluoride - excluding varnish	0			
D1310	Nutritional counseling for control of dental disease ...	0			
D1320	Tobacco counseling for control of prev. oral disease...	0			
D1330	Oral hygiene instructions.....	0			
D1351	Sealant - per tooth	0			
D1352	Prev resin rest. mod/high caries risk – perm. tooth....	0			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3333	Internal root repair of perforation defects	53
D2650	Inlay - resin-based composite - one surface	220	D3346	Retreat of prev. root canal therapy, anterior	194
D2651	Inlay - resin-based composite - two surfaces	220	D3347	Retreat of prev. root canal therapy - premolar	233
D2652	Inlay - resin-based composite - >=3 surfaces	220	D3348	Retreat of prev. root canal therapy, molar	279
D2662	Onlay - resin-based composite - two surfaces	222	D3351	Apexification/recalcification - initial visit	101
D2663	Onlay - resin-based composite - three surfaces	222	D3352	Apexification/recalcification - interim med. repl.	295
D2664	Onlay - resin-based composite - >=4 surfaces	222	D3353	Apexification/recalcification - final visit	225
D2710	Crown - resin based composite (indirect)	136	D3355	Pulpal regeneration - initial visit	101
D2712	Crown - 3/4 resin-based composite (indirect)	243	D3356	Pulpal regeneration - interim medication replacement	295
D2720	Crown - resin with high noble metal	248	D3357	Pulpal regeneration - completion of treatment	225
D2721	Crown - resin with predominantly base metal	248	D3410	Apicoectomy - anterior	162
D2722	Crown - resin with noble metal	248	D3421	Apicoectomy - premolar (first root)	182
D2740	Crown - porcelain/ceramic	280	D3425	Apicoectomy - molar (first root)	209
D2750	Crown - porcelain fused to high noble metal	262	D3426	Apicoectomy (each add. root)	76
D2751	Crown - porcelain fused to predominantly base metal ..	262	D3427	Periradicular surgery w/o apicoectomy	133
D2752	Crown - porcelain fused to noble metal	262	D3430	Retrograde filling - per root	60
D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3450	Root amputation - per root	117
D2780	Crown - 3/4 cast high noble metal	239	D3920	Hemisection, not inc. root canal therapy	117
D2781	Crown - 3/4 cast predominantly base metal	239	D3950	Canal prep/fitting of preformed dowel or post	68
D2782	Crown - 3/4 cast noble metal	239			
D2783	Crown - 3/4 porcelain/ceramic	256	Periodontics¹		
D2790	Crown - full cast high noble metal	248	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140
D2791	Crown - full cast predominately base metal	248	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. .	50
D2792	Crown - full cast noble metal	248	D4212	Gingivectomy or gingivoplasty, rest., per tooth	20
D2794	Crown - titanium and titanium alloys	248	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173
D2910	Recement inlay	22	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	53
D2920	Recement crown	22	D4249	Clinical crown lengthening - hard tissue	288
D2929	Prefab. porcelain/ceramic crown - prim. tooth	280	D4260	Osseous surgery - >3 cont. teeth, per quad	250
D2930	Prefab. stainless steel crown - prim. tooth	55	D4261	Osseous surgery - <=3 cont. teeth, per quad	196
D2931	Prefab. stainless steel crown - perm. tooth	61	D4268	Surgical revision proc., per tooth	179
D2932	Prefabricated resin crown	70	D4270	Pedicle soft tissue graft procedure	322
D2940	Protective restoration	20	D4273	Autogenous connective tissue graft proc.	400
D2941	Interim therapeutic restoration, primary dentition	16	D4274	Mesial/distal wedge procedure, single tooth	154
D2949	Restorative foundation for an indirect restoration	0	D4277	Free soft tissue graft, per tooth	327
D2950	Core buildup, including any pins	63	D4278	Free soft tissue graft, each add. tooth	50
D2951	Pin retention - per tooth, in addition to restoration ...	11	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55
D2952	Post and core in addition to crown	93	D4342	Perio scaling and root planing - <= 3 teeth, per quad .	32
D2954	Prefab. post and core in addition to crown	77	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23
D2955	Post removal (not in conj. with endo. therapy)	53	D4355	Full mouth debridement	45
D2970	Temporary crown (fractured tooth)	0	D4381	Localized delivery of antimicrobial agents	49
D2980	Crown repair necessitated by restorative material failure	51	D4910	Periodontal maintenance	37
D2981	Inlay repair necessitated by restorative material failure	51	D4921	Gingival irrigation - per quadrant	0
D2982	Onlay repair necessitated by restorative material failure	51			
D2983	Veneer repair necessitated by restorative material failure	51	Prosthetics (Dentures)		
D2990	Resin infiltration lesion	21	D5110	Complete denture - maxillary	349
			D5120	Complete denture - mandibular	349
Endodontics¹			D5130	Immediate denture - maxillary	361
D3110	Pulp cap - direct (excl. final restoration)	16	D5140	Immediate denture - mandibular	361
D3120	Pulp cap - indirect (excl. final restoration)	16	D5211	Maxillary partial denture - resin base	325
D3220	Therapeutic pulpotomy (excl. final restor.)	41	D5212	Mandibular partial denture - resin base	325
D3221	Pulpal debridement, prim. and perm. teeth	47	D5213	Maxillary partial denture - cast metal	375
D3222	Partial pulpotomy for apexogenesis	80	D5214	Mandibular partial denture - cast metal	375
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	80	D5221	Immediate maxillary partial denture - resin base	325
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	82	D5222	Immediate mandibular partial denture - resin base ...	325
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171	D5223	Immediate maxillary partial denture - cast metal	375
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209	D5224	Immediate mandibular partial denture - cast metal ...	375
D3330	Endodontic therapy, molar tooth (excluding final restoration)	256	D5225	Maxillary partial denture - flexible base	375
			D5226	Mandibular partial denture - flexible base	375
			D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	210

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	D6066	Implant supported crown – porcelain fused to high noble metal alloys	262
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210	D6067	Implant supported crown – high noble metal alloys ...	262
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210	D6068	Abutment supp. retainer for porc/ceramic FPD	394
D5410	Adjust complete denture - maxillary	19	D6069	Abutment supp. retainer for porc/high noble FPD.....	422
D5411	Adjust complete denture - mandibular	19	D6070	Abutment supp. retainer for porc/pred. base FPD.....	348
D5421	Adjust partial denture - maxillary	19	D6071	Abutment supp. retainer for porc/noble FPD	352
D5422	Adjust partial denture - mandibular.....	19	D6072	Abutment supp. retainer for cast high noble FPD	394
D5511	Repair broken complete denture base, mandibular....	44	D6073	Abutment supp. retainer for cast high noble FPD	375
D5512	Repair broken complete denture base, maxillary.....	44	D6074	Abutment supp. retainer for cast noble metal FPD.....	379
D5520	Replace missing or broken teeth - complete denture .	44	D6075	Implant supported retainer for ceramic FPD.....	437
D5611	Repair resin partial denture base, mandibular.....	44	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	412
D5612	Repair resin partial denture base, maxillary.....	44	D6077	Implant supported retainer for metal FPD – high noble metal alloys	436
D5621	Repair cast partial framework, mandibular	44	D6080	Implant maintenance procedures	31
D5622	Repair cast partial framework, maxillary.....	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
D5630	Repair or replace broken retentive/clasping material - per tooth	58	D6082	Implant supported crown – porcelain fused to predominantly base alloys	262
D5640	Replace broken teeth - per tooth	44	D6083	Implant supported crown – porcelain fused to noble alloys	262
D5650	Add tooth to existing partial denture	44	D6086	Implant supported crown – predominantly base alloys	248
D5660	Add clasp to existing partial denture - per tooth.....	58	D6087	Implant supported crown – noble alloys.....	248
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144	D6090	Repair implant supported prosthesis	181
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144	D6091	Replacement of semi-precision or precision attachment	17
D5710	Rebase complete maxillary denture.....	130	D6095	Repair implant abutment, by report	196
D5711	Rebase complete mandibular denture	130	D6098	Implant supported retainer – porcelain fused to predominantly base alloys	348
D5720	Rebase maxillary partial denture.....	130	D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	422
D5721	Rebase mandibular partial denture.....	130	D6100	Implant removal, by report	121
D5730	Reline complete maxillary denture (chairside).....	80	D6101	Debridement periimplant defect.....	45
D5731	Reline complete mandibular denture (chairside).....	80	D6102	Debridement and osseous contouring periimplant defect	90
D5740	Reline maxillary partial denture (chairside).....	78	D6103	Bone graft repair perrimplant defect	300
D5741	Reline mandibular partial denture (chairside).....	78	D6104	Bone graft at time of implant placement	300
D5750	Reline complete maxillary denture (lab)	112	D6190	Radiographic surgical implant index, by report.....	0
D5751	Reline complete mandibular denture (lab)	112			
D5760	Reline maxillary partial denture (lab)	112			
D5761	Reline mandibular partial denture (lab)	112			
D5810	Interim complete denture - maxillary.....	181			
D5811	Interim complete denture - mandibular.....	181			
D5820	Interim partial denture - maxillary	181			
D5821	Interim partial denture - mandibular	181			
D5850	Tissue conditioning - maxillary	40			
D5851	Tissue conditioning - mandibular	40			
Implant Services			Bridge & Pontics		
D6010	Surgical placement of implant body, endosteal	858	D6210	Pontic - cast high noble metal	248
D6011	Second stage implant surgery	100	D6211	Pontic - cast predominately base metal	248
D6012	Surgical placement of interim implant body	891	D6212	Pontic - cast noble metal	248
D6013	Surgical placement of mini implant.....	286	D6214	Pontic - titanium and titanium alloys	248
D6040	Surgical placement, eosteal implant	1782	D6240	Pontic - porcelain fused to high noble metal.....	262
D6050	Surgical placement, transosteal implant	2228	D6241	Pontic - porcelain fused to predominately base metal	262
D6055	Dental implant supported connecting bar	806	D6242	Pontic - porcelain fused to noble metal	262
D6056	Prefabricated abutment	228	D6243	Pontic – porcelain fused to titanium and titanium alloys	248
D6058	Abutment supported porcelain/ceramic crown	280	D6245	Pontic - porcelain/ceramic.....	280
D6059	Abutment supported porcelain fused to metal crown - high noble metal	262	D6250	Pontic - resin with high noble metal.....	248
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262	D6251	Pontic - resin with predominately base metal.....	248
D6061	Abutment supported porcelain fused to metal crown - noble metal	262	D6252	Pontic - resin with noble metal.....	248
D6062	Abutment supported cast metal crown - high noble metal	248	D6545	Ret. - cast metal for resin bonded fixed prosthesis	126
D6063	Abutment supported cast metal crown - predominantly based metal	248	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197
D6064	Abutment supported cast metal crown - noble metal	248	D6549	Resin retainer - for resin bonded fixed prosthesis.....	126
D6065	Implant supported porcelain/ceramic crown.....	280	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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213	Orthodontics²		
D6606	Retainer inlay - cast noble metal, two surfaces	204	D8010	Limited ortho. treatment of the primary dentition	3304
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213	D8020	Limited ortho. treatment of the transitional dentition	3304
D6608	Retainer onlay - porc./ceramic, two surfaces	240	D8030	Limited ortho treatment - adolescent dentition	3422
D6609	Retainer onlay - porc./ceramic, three or more surfaces	250	D8050	Interceptive ortho. treatment of the primary dentition	3304
D6610	Retainer onlay - cast high noble metal, two surfaces..	229	D8060	Interceptive ortho. treatment - transitional dentition	3304
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	262	D8070	Comp. ortho. treatment - transitional dentition	3304
D6612	Retainer onlay - cast predominantly base metal, two surfaces	229	D8080	Comp. ortho. treatment - adolescent dentition	3422
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262	D8090	Comp. ortho. treatment - adult dentition	3658
D6614	Retainer onlay - cast noble metal, two surfaces.....	229	D8210	Removable appliance therapy	770
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262	D8220	Fixed appliance therapy	783
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	Adjunctive General Services		
D6750	Retainer crown - porcelain fused to high noble metal	262	D9110	Palliative (emergency) treatment of dental pain.....	22
D6751	Retainer crown - porcelain fused to predominately base metal	262	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D6752	Retainer crown - porcelain fused to noble metal	262	D9211	Regional block anesthesia	0
D6780	Retainer crown - 3/4 cast high noble metal	235	D9212	Trigeminal division block anesthesia	0
D6781	Retainer crown - 3/4 cast predominantly base metal	235	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D6782	Retainer crown - 3/4 cast noble metal	235	D9219	Evaluation for deep sedation or general anesthesia ...	0
D6783	Retainer crown - 3/4 porc./ceramic	256	D9222	Deep sedation/general anesthesia - first 15 minutes..	52
D6790	Retainer crown - full cast high noble metal	248	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D6791	Retainer crown - full cast predominately base metal..	248	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D6792	Retainer crown - full cast noble metal.....	248	D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.....	52
D6930	Recement or rebond fixed partial denture.....	35	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D6980	Fixed partial denture repair, by report	86	D9310	Consultation (diagnostic service by nontreating dentist)	22
Oral Surgery¹			D9610	Therapeutic parenteral drug, single admin.	13
D7111	Extraction, coronal remnants - primary tooth	28	D9613	Infiltration of sustained release therapeutic drug - single or multiple sites.....	190
D7140	Extraction, erupted tooth or exposed root	35	D9910	Application of desensitizing medicament	16
D7210	Extraction, erupted tooth req. bone cut	67	D9930	Treatment of complications (post-surgical)	22
D7220	Removal of impacted tooth - soft tissue	76	D9944	Occlusal guard - hard appliance, full arch.....	136
D7230	Removal of impacted tooth - partially bony	98	D9945	Occlusal guard - soft appliance, full arch	136
D7240	Removal of impacted tooth - completely bony	121	D9946	Occlusal guard - hard appliance, partial arch	136
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109	D9950	Occlusion analysis - mounted case	52
D7250	Removal of residual tooth roots	71	D9951	Occlusal adjustment - limited.....	33
D7251	Coronectomy-intentional partial tooth removal	109	D9952	Occlusal adjustment - complete	133
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113	D9986	Missed appointment	50
D7280	Exposure of an unerupted tooth	77	D9995	Teledentistry - synchronous; real-time encounter (when available)	20
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30	D9996	Teledentistry - asynchronous; information store and forwarded to dentist for subsequent review (when available)	20
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	71	D9997	Dental case management - patients with special health care needs	50
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ...	71	1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.		
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71	2. See exclusion #15 and limitation #24 for additional coverage information.		
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	71	Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.		
D7471	Removal of lateral exostosis	176			
D7510	Incision and drainage of abscess - intraoral soft tissue	48			
D7910	Suture of recent small wounds up to 5 cm.....	30			
D7921	Collection application of blood concentrate	20			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	132			
D7971	Excision of pericoronal gingiva	66			
D7979	Non-surgical sialolithotomy.....	22			

Plan Exclusions

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

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

Plan Limitations

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

10. One (1) relining and rebasing of dentures is covered per 24 months, per patient.
11. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
12. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
13. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240) and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
14. One (1) full mouth debridement is covered per lifetime, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
16. One (1) periodontal surgery of any type, including any associated material, is covered every 24 months, per quadrant or surgical site.
17. Periodontal maintenance is covered four (4) times per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
18. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
19. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
20. General anesthesia and analgesic (only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions), including intravenous and non-intravenous sedation with a maximum of 60 minutes of services allowed (general anesthesia is not covered with procedure codes D9230, D9239 or D9243; intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; non-intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; requires a narrative of medical necessity be maintained in patient records).
21. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one (1) per 12 consecutive month period.
22. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
23. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
24. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
25. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).



Select Plan Premium Kids 706s (VA)
Description of Services, Member Copayments,
Exclusions and Limitations for Pediatric Services
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

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

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

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
Diagnostic/Preventive			
D9439	Office visit	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 - complete 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
D0460	Pulp vitality tests	0	0
D0470	Diagnostic casts	0	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	0
D0601/02/03	Caries risk assessment & documentation, with a finding of low/moderate/high risk	0	0
D1110	Prophylaxis (cleaning) - adult	0	0
D1120	Prophylaxis (cleaning) - child	0	0
D1206	Topical application of fluoride varnish	0	0
D1208	Topical application of fluoride - excluding varnish	0	0
D1310/20/30	Oral hygiene instructions	0	0
D1351	Sealant - per tooth	0	0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	0	0
D1354	Interim caries arresting 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
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
Restorative (Fillings)			
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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
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
Crown & Bridge			
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
D2929	Prefab. porcelain/ceramic crown - prim. 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
Endodontics¹			
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
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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
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
D3427	Periradicular surgery w/o apicoectomy	133	133
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
D3920	Hemisection, not inc. root canal therapy	117	117
D3950	Canal prep/fitting of preformed dowel or post	68	68
Periodontics¹			
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 proc., inc. root planing - >3 cont. teeth, per quad	173	173
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	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.	350	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.	350	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
D4320	Provisional splinting - intracoronal	214	214
D4321	Provisional splinting - extracoronal	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	45	45
D4381	Localized delivery of antimicrobial agents	49	49
D4910	Periodontal maintenance	37	37
Prosthetics (Dentures)			
D5110/20	Complete denture - maxillary/mandibular	349	349
D5130/40	Immediate denture - maxillary/mandibular	350	361
D5211/12	Maxillary/mandibular partial denture - resin base	325	325
D5213/14	Maxillary/mandibular partial denture - cast metal framework	350	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	350	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
D5730/31	Reline complete maxillary/mandibular denture (chairside)	80	80
D5740/41	Reline maxillary/mandibular partial denture (chairside)	78	78
D5750/51	Reline complete maxillary/mandibular denture (lab)	112	112

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5760/61	Reline maxillary/mandibular partial denture (lab)	112	112
D5810/11	Interim complete denture - maxillary/mandibular	181	181
D5820/21	Interim partial denture - maxillary/mandibular	181	181
D5850/51	Tissue conditioning - maxillary/mandibular	40	40
D5951	Feeding aid	350	698
Bridge & Pontics			
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
Oral Surgery¹			
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	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/without extractions	71	71

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
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
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
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	132	132
D7963	Frenuloplasty	147	147
D7970	Excision of hyperplastic tissue - per arch	117	117
D7971	Excision of pericoronar gingiva	66	66
D7972	Surgical reduction of fibrous tuberosity	261	261
D7979	Non-surgical sialolithotomy	22	22
Orthodontics²			
D8020	Limited ortho. treatment of the transitional dentition	350	3304
D8030	Limited ortho treatment - adolescent dentition	350	3422
D8040	Limited ortho treatment - adult dentition	3658	3658
D8070	Comp. ortho. treatment - transitional dentition	3304	3304
D8080	Comp. ortho. treatment - adolescent dentition	350	3422
D8090	Comp. ortho. treatment - adult dentition	3658	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting)	350	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting)	350	783
D8660	Pre-orthodontic treatment visit	350	413
D8670	Periodic ortho. treatment visit (as part of contract)	118	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	413	413
D8701/02	Repair of fixed retainer, includes reattachment – maxillary/mandibular	174	174
D8703/04	Replacement of lost or broken retainer – maxillary/mandibular	179	179
D8999	Unspecified orthodontic procedure, by report	0	0
Adjunctive General Services			
D9110	Palliative (emergency) treatment of dental pain	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
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 – single or multiple sites	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
D9986	Missed appointment	50	50
D9995/96	Teledentistry - synchronous/asynchronous	20	20
D9997	Dental case management – patients with special health care needs	50	50

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

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

Plan Exclusions

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

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

Plan Limitations

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