

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



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

**Plan Highlights**

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>			<b>Crown &amp; Bridge</b>		
D9439	Office visit .....	10	D2510	Inlay - metallic - one surface .....	390
D0120	Periodic oral eval - established patient .....	0	D2520	Inlay - metallic - two surfaces .....	390
D0140	Limited oral eval - problem focused .....	0	D2530	Inlay - metallic - three or more surfaces .....	407
D0150	Comprehensive oral eval - new or established patient .....	0	D2542	Onlay - metallic-two surfaces .....	423
D0160	Detailed and extensive oral eval - problem focused	0	D2543	Onlay - metallic-three surfaces .....	511
D0170	Re-evaluation - limited, problem focused .....	0	D2544	Onlay - metallic-four or more surfaces .....	511
D0180	Comp. periodontal eval - new or established patient .....	36	D2610	Inlay - porcelain/ceramic - one surface .....	410
D0210	Intraoral - complete series of radiographic images	26	D2620	Inlay - porcelain/ceramic - two surfaces .....	410
D0220	Intraoral - periapical first radiographic image .....	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	427
D0230	Intraoral - periapical each add. radiographic image	0	D2642	Onlay - porcelain/ceramic - two surfaces .....	439
D0240	Intraoral - occlusal radiographic image .....	0	D2643	Onlay - porcelain/ceramic - three surfaces .....	459
D0250	Extra-oral - 2D projection radiographic image .....	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	459
D0270-74	Bitewing x-rays - 1 to 4 radiographic images .....	0	D2650	Inlay - resin-based composite - one surface .....	425
D0277	Vertical bitewings - 7 to 8 radiographic images .....	0	D2651	Inlay - resin-based composite - two surfaces .....	425
D0330	Panoramic radiographic image .....	30	D2652	Inlay - resin-based composite - >=3 surfaces .....	425
D0340	2D cephalometric radiographic image .....	0	D2662	Onlay - resin-based composite - two surfaces .....	429
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D2663	Onlay - resin-based composite - three surfaces .....	429
D0351	3D photographic image .....	0	D2664	Onlay - resin-based composite - >=4 surfaces .....	429
D0460	Pulp vitality tests .....	0	D2710	Crown - resin based composite (indirect) .....	259
D0470	Diagnostic casts .....	0	D2712	Crown - 3/4 resin-based composite (indirect) .....	450
D1110	Prophylaxis (cleaning) - adult .....	0	D2720/21/22	Crown - resin with metal .....	470
D1110*	Additional cleaning (expecting mothers or Diabetics) .....	40	D2740	Crown - porcelain/ceramic .....	531
D1206	Topical application of fluoride varnish .....	0	D2750/51/52	Crown - porcelain fused metal .....	495
D1208	Topical application of fluoride - excluding varnish	0	D2753	Crown - porcelain fused to titanium and titanium alloys .....	495
D1310	Nutritional counseling for control of dental disease	0	D2780/81/82	Crown - 3/4 cast with metal .....	457
D1320	Tobacco counseling for the control and prevention of oral disease .....	0	D2783	Crown - 3/4 porcelain/ceramic .....	469
D1330	Oral hygiene instructions .....	0	D2790/91/92	Crown - full cast metal .....	481
<b>Restorative (Fillings)</b>			D2910/20	Recement inlay, onlay/crown or partial coverage rest. ....	41
D2140	Amalgam - one surface, prim. or perm. ....	37	D2931	Prefab. stainless steel crown .....	119
D2150	Amalgam - two surfaces, prim. or perm. ....	46	D2932	Prefabricated resin crown .....	135
D2160	Amalgam - three surfaces, prim. or perm. ....	58	D2940	Protective restoration .....	37
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	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
D2390	Resin-based composite crown, anterior .....	175	D2980	Crown repair necessitated by restorative material failure .....	93
D2391	Resin-based composite - one surface, posterior .....	68	D2981	Inlay repair necessitated by restorative material failure .....	93
D2392	Resin-based composite - two surfaces, posterior .....	80	D2982	Onlay repair necessitated by restorative material failure .....	93
D2393	Resin-based composite - three surfaces, posterior	93	<b>Endodontics<sup>1</sup></b>		
D2394	Resin-based composite - >=4 surfaces, posterior ...	112	D3110/20	Pulp cap - direct/indirect (excl. final restoration) ...	28

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3220	Therapeutic pulpotomy (excl. final restor.) .....	81	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3221	Pulpal debridement .....	87	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	325	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .	722
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	395	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .	722
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	488	D5225/26	Maxillary/mandibular partial denture - flexible base .....	722
D3333	Internal root repair of perforation defects .....	96	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular .....	397
D3346	Retreat of prev. root canal therapy, anterior .....	356	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant ..	397
D3347	Retreat of prev. root canal therapy, premolar .....	418	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	397
D3348	Retreat of prev. root canal therapy, molar .....	527	D5410/11	Adjust complete denture - maxillary/mandibular ..	35
D3410	Apicoectomy - anterior .....	310	D5421/22	Adjust partial denture - maxillary/mandibular .....	35
D3421	Apicoectomy - premolar (first root).....	333	D5511	Repair broken complete denture base, mandibular	84
D3425	Apicoectomy - molar (first root) .....	379	D5512	Repair broken complete denture base, maxillary ..	84
D3426	Apicoectomy - (each add. root) .....	148	D5520	Replace missing or broken teeth - complete denture .....	84
D3430	Retrograde filling - per root .....	113	D5611	Repair resin partial denture base, mandibular .....	84
D3450	Root amputation - per root .....	202	D5612	Repair resin partial denture base, maxillary .....	84
D3920	Hemisection, not inc. root canal therapy .....	202	D5621	Repair cast partial framework, mandibular .....	84
D3950	Canal prep/fitting of preformed dowel or post .....	125	D5622	Repair cast partial framework, maxillary .....	84
<b>Periodontics<sup>1</sup></b>			D5630/60	Clasp repaired, replaced or added .....	112
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	265	D5640	Replace broken teeth - per tooth .....	84
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	94	D5650	Add tooth to existing partial denture .....	84
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad .....	324	D5670/71	Replace all teeth and acrylic on cast metal framework .....	263
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad .....	90	D5710/11	Rebase complete maxillary/mandibular denture ...	253
D4260	Osseous surgery - >3 cont. teeth, per quad .....	485	D5720/21	Rebase maxillary/mandibular partial denture .....	253
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360	D5730/31	Reline complete maxillary/mandibular denture (chairside) .....	152
D4263	Bone replacement graft - retained natural tooth - first site in quad .....	502	D5740/41	Reline maxillary/mandibular partial denture (chairside) .....	152
D4264	Bone replacement graft - retained natural tooth - each additional site in quad .....	393	D5750/51	Reline complete maxillary/mandibular denture (lab) .....	214
D4265	Biological materials to aid in soft and osseous tissue regeneration .....	275	D5760/61	Reline maxillary/mandibular partial denture (lab) .	214
D4268	Surgical revision proc., per tooth .....	329	D5810/11	Interim complete denture - maxillary/mandibular	333
D4270	Pedicle soft tissue graft procedure .....	434	D5820/21	Interim partial denture - maxillary/mandibular .....	333
D4273	Autogenous connective tissue graft procedure, first tooth .....	540	D5850/51	Tissue conditioning - maxillary/mandibular .....	75
D4274	Mesial/distal wedge procedure, single tooth .....	308	<b>Bridge &amp; Pontics</b>		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	576	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4277	Free soft tissue graft procedure, first tooth .....	441	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
D4278	Free soft tissue graft procedure, each add. tooth ..	68	D6210/11/12	Pontic - metal .....	481
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	105	D6240/41/42	Pontic - porcelain fused metal .....	495
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	57	D6243	Pontic – porcelain fused to titanium and titanium alloys .....	495
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	39	D6245	Pontic - porcelain/ceramic .....	531
D4355	Full mouth debridement .....	77	D6250/51/52	Pontic - resin with metal .....	470
D4381	Localized delivery of antimicrobial agents .....	90	D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	233
D4910	Periodontal maintenance .....	66	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	364
<b>Prosthetics (Dentures)</b>			D6549	Resin retainer - for resin bonded fixed prosthesis ..	233
D5110/20	Complete denture - maxillary/mandibular .....	664	D6600	Retainer inlay - porc./ceramic, two surfaces .....	410
D5130/40	Immediate denture - maxillary/mandibular .....	708	D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	427
D5211/12	Maxillary/mandibular partial denture - resin base	613			
D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .....	722			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6602	Retainer inlay - cast high noble metal, two surfaces .....	390	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)) .....	413
D6603	Retainer inlay - cast high noble metal, >=3 surfaces .....	407	<b>Adjunctive General Services</b>		
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	390	D9110	Palliative (emergency) treatment of dental pain ....	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	407	D9210/15	Local anesthesia .....	0
D6606	Retainer inlay - cast noble metal, two surfaces .....	390	D9211	Regional block anesthesia .....	0
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	407	D9212	Trigeminal division block anesthesia .....	0
D6608	Retainer onlay - porc./ceramic, two surfaces .....	439	D9219	Evaluation for deep sedation or general anesthesia	0
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	459	D9222	Deep sedation/general anesthesia - first 15 minutes .....	103
D6610	Retainer onlay - cast high noble metal, two surfaces .....	423	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr .....	103
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .....	511	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis ....	37
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	423	D9239	Intravenous moderate sedation/analgesia – first 15 minutes .....	103
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	511	D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min .....	103
D6614	Retainer onlay - cast noble metal, two surfaces .....	423	D9310	Consultation (diagnostic service by nontreating dentist) .....	42
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	511	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites .....	190
D6720/21/22	Retainer crown - resin with metal .....	470	D9910	Application of desensitizing medicament .....	31
D6740	Retainer crown - porcelain/ceramic .....	531	D9930	Treatment of complications (post-surgical) .....	43
D6750/51/52	Retainer crown - porcelain fused metal .....	495	D9944	Occlusal guard – hard appliance, full arch .....	298
D6753	Retainer crown – porcelain fused to titanium and titanium alloys .....	495	D9945	Occlusal guard – soft appliance, full arch .....	298
D6780	Retainer crown - 3/4 cast high noble metal .....	457	D9946	Occlusal guard – hard appliance, partial arch .....	298
D6781	Retainer crown - 3/4 cast predominantly base metal .....	457	D9950	Occlusion analysis - mounted case .....	81
D6782	Retainer crown - 3/4 cast noble metal .....	457	D9951	Occlusal adjustment - limited .....	62
D6783	Retainer crown - 3/4 porc./ceramic .....	469	D9952	Occlusal adjustment - complete .....	255
D6784	Retainer crown – 3/4 titanium and titanium alloys .....	495	D9986	Missed appointment .....	50
D6790/91/92	Retainer crown - full cast metal .....	481	D9995	Teledentistry – synchronous; real-time encounter	20
D6794	Retainer crown - titanium .....	495	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review ...	20
D6930	Recement or rebond fixed partial denture .....	66	D9997	Dental case management – patients with special health care needs .....	50
D6980	Fixed partial denture repair, by report .....	157			
<b>Oral Surgery<sup>1</sup></b>					
D7111	Extraction, coronal remnants - primary tooth.....	45	1	As performed by a Participating General Dentist. See Plan Exclusion #13.	
D7140	Extraction, erupted tooth or exposed root .....	63	2	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist’s UCR fees. See exclusion #15 for additional coverage exclusions.	
D7210	Extraction, erupted tooth req elev, etc .....	127	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.		
D7220	Removal of impacted tooth - soft tissue .....	144			
D7230	Removal of impacted tooth - partially bony .....	189			
D7240	Removal of impacted tooth - completely bony .....	227			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	181			
D7250	Removal of residual tooth roots .....	136			
D7251	Coronectomy - intentional partial tooth removal ..	181			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	211			
D7280	Exposure of an unerupted tooth .....	111			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	41			
D7310/20	Alveoloplasty, per quad .....	135			
D7510	Incision and drainage of abscess - intraoral soft tissue .....	91			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	256			
D7979	Non-surgical sialolithotomy .....	43			
<b>Orthodontics<sup>2</sup></b>					
D8090	Comp. ortho. treatment - adult dentition .....	3658			
D8660	Pre-orthodontic treatment visit .....	413			
D8670	Periodic ortho. treatment visit (as part of contract)	118			

## 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 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 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).
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 and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
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. 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. 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. 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
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).
21. Orthodontia treatment is limited to once per lifetime.



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

**Plan Highlights**

- This plan has fixed copayments.
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- 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.

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D0160	Detailed and extensive oral eval - problem focused	0	D2543	Onlay - metallic-three surfaces .....	511
D0170	Re-evaluation - limited, problem focused .....	0	D2544	Onlay - metallic-four or more surfaces .....	511
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D2160	Amalgam - three surfaces, prim. or perm. ....	58	D2940	Protective restoration .....	37
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	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
D2390	Resin-based composite crown, anterior .....	175	D2980	Crown repair necessitated by restorative material failure .....	93
D2391	Resin-based composite - one surface, posterior .....	68	D2981	Inlay repair necessitated by restorative material failure .....	93
D2392	Resin-based composite - two surfaces, posterior .....	80	D2982	Onlay repair necessitated by restorative material failure .....	93
D2393	Resin-based composite - three surfaces, posterior	93	<b>Endodontics<sup>1</sup></b>		
D2394	Resin-based composite - >=4 surfaces, posterior ...	112	D3110/20	Pulp cap - direct/indirect (excl. final restoration) ...	28

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DMNMA21DOBINFAM - DCDEPAVA

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3220	Therapeutic pulpotomy (excl. final restor.) .....	81	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3221	Pulpal debridement .....	87	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	325	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .	722
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	395	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .	722
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	488	D5225/26	Maxillary/mandibular partial denture - flexible base .....	722
D3333	Internal root repair of perforation defects .....	96	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular .....	397
D3346	Retreat of prev. root canal therapy, anterior .....	356	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant ..	397
D3347	Retreat of prev. root canal therapy, premolar .....	418	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	397
D3348	Retreat of prev. root canal therapy, molar .....	527	D5410/11	Adjust complete denture - maxillary/mandibular ..	35
D3410	Apicoectomy - anterior .....	310	D5421/22	Adjust partial denture - maxillary/mandibular .....	35
D3421	Apicoectomy - premolar (first root).....	333	D5511	Repair broken complete denture base, mandibular	84
D3425	Apicoectomy - molar (first root) .....	379	D5512	Repair broken complete denture base, maxillary ..	84
D3426	Apicoectomy - (each add. root) .....	148	D5520	Replace missing or broken teeth - complete denture .....	84
D3430	Retrograde filling - per root .....	113	D5611	Repair resin partial denture base, mandibular .....	84
D3450	Root amputation - per root .....	202	D5612	Repair resin partial denture base, maxillary .....	84
D3920	Hemisection, not inc. root canal therapy .....	202	D5621	Repair cast partial framework, mandibular .....	84
D3950	Canal prep/fitting of preformed dowel or post .....	125	D5622	Repair cast partial framework, maxillary .....	84
<b>Periodontics<sup>1</sup></b>			D5630/60	Clasp repaired, replaced or added .....	112
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	265	D5640	Replace broken teeth - per tooth .....	84
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	94	D5650	Add tooth to existing partial denture .....	84
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad .....	324	D5670/71	Replace all teeth and acrylic on cast metal framework .....	263
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad .....	90	D5710/11	Rebase complete maxillary/mandibular denture ...	253
D4260	Osseous surgery - >3 cont. teeth, per quad .....	485	D5720/21	Rebase maxillary/mandibular partial denture .....	253
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360	D5730/31	Reline complete maxillary/mandibular denture (chairside) .....	152
D4263	Bone replacement graft - retained natural tooth - first site in quad .....	502	D5740/41	Reline maxillary/mandibular partial denture (chairside) .....	152
D4264	Bone replacement graft - retained natural tooth - each additional site in quad .....	393	D5750/51	Reline complete maxillary/mandibular denture (lab) .....	214
D4265	Biological materials to aid in soft and osseous tissue regeneration .....	275	D5760/61	Reline maxillary/mandibular partial denture (lab) .	214
D4268	Surgical revision proc., per tooth .....	329	D5810/11	Interim complete denture - maxillary/mandibular	333
D4270	Pedicle soft tissue graft procedure .....	434	D5820/21	Interim partial denture - maxillary/mandibular .....	333
D4273	Autogenous connective tissue graft procedure, first tooth .....	540	D5850/51	Tissue conditioning - maxillary/mandibular .....	75
D4274	Mesial/distal wedge procedure, single tooth .....	308	<b>Bridge &amp; Pontics</b>		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	576	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4277	Free soft tissue graft procedure, first tooth .....	441	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
D4278	Free soft tissue graft procedure, each add. tooth ..	68	D6210/11/12	Pontic - metal .....	481
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	105	D6240/41/42	Pontic - porcelain fused metal .....	495
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	57	D6243	Pontic – porcelain fused to titanium and titanium alloys .....	495
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	39	D6245	Pontic - porcelain/ceramic .....	531
D4355	Full mouth debridement .....	77	D6250/51/52	Pontic - resin with metal .....	470
D4381	Localized delivery of antimicrobial agents .....	90	D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	233
D4910	Periodontal maintenance .....	66	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	364
<b>Prosthetics (Dentures)</b>			D6549	Resin retainer - for resin bonded fixed prosthesis ..	233
D5110/20	Complete denture - maxillary/mandibular .....	664	D6600	Retainer inlay - porc./ceramic, two surfaces .....	410
D5130/40	Immediate denture - maxillary/mandibular .....	708	D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	427
D5211/12	Maxillary/mandibular partial denture - resin base	613			
D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .....	722			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6602	Retainer inlay - cast high noble metal, two surfaces .....	390	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)) .....	413
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	<b>Adjunctive General Services</b>		
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	390	D9110	Palliative (emergency) treatment of dental pain ....	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	407	D9210/15	Local anesthesia .....	0
D6606	Retainer inlay - cast noble metal, two surfaces .....	390	D9211	Regional block anesthesia .....	0
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	407	D9212	Trigeminal division block anesthesia .....	0
D6608	Retainer onlay - porc./ceramic, two surfaces .....	439	D9219	Evaluation for deep sedation or general anesthesia	0
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	459	D9222	Deep sedation/general anesthesia - first 15 minutes .....	103
D6610	Retainer onlay - cast high noble metal, two surfaces .....	423	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr .....	103
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .....	511	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis ....	37
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	423	D9239	Intravenous moderate sedation/analgesia – first 15 minutes .....	103
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	511	D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min .....	103
D6614	Retainer onlay - cast noble metal, two surfaces .....	423	D9310	Consultation (diagnostic service by nontreating dentist) .....	42
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	511	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites .....	190
D6720/21/22	Retainer crown - resin with metal .....	470	D9910	Application of desensitizing medicament .....	31
D6740	Retainer crown - porcelain/ceramic .....	531	D9930	Treatment of complications (post-surgical) .....	43
D6750/51/52	Retainer crown - porcelain fused metal .....	495	D9944	Occlusal guard – hard appliance, full arch .....	298
D6753	Retainer crown – porcelain fused to titanium and titanium alloys .....	495	D9945	Occlusal guard – soft appliance, full arch .....	298
D6780	Retainer crown - 3/4 cast high noble metal .....	457	D9946	Occlusal guard – hard appliance, partial arch .....	298
D6781	Retainer crown - 3/4 cast predominantly base metal .....	457	D9950	Occlusion analysis - mounted case .....	81
D6782	Retainer crown - 3/4 cast noble metal .....	457	D9951	Occlusal adjustment - limited .....	62
D6783	Retainer crown - 3/4 porc./ceramic .....	469	D9952	Occlusal adjustment - complete .....	255
D6784	Retainer crown – 3/4 titanium and titanium alloys	495	D9986	Missed appointment .....	50
D6790/91/92	Retainer crown - full cast metal .....	481	D9995	Teledentistry – synchronous; real-time encounter	20
D6794	Retainer crown - titanium .....	495	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review ...	20
D6930	Recement or rebond fixed partial denture .....	66	D9997	Dental case management – patients with special health care needs .....	50
D6980	Fixed partial denture repair, by report .....	157			
<b>Oral Surgery<sup>1</sup></b>					
D7111	Extraction, coronal remnants - primary tooth.....	45	1	As performed by a Participating General Dentist. See Plan Exclusion #13.	
D7140	Extraction, erupted tooth or exposed root .....	63	2	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist’s UCR fees. See exclusion #15 for additional coverage exclusions.	
D7210	Extraction, erupted tooth req elev, etc .....	127	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.		
D7220	Removal of impacted tooth - soft tissue .....	144			
D7230	Removal of impacted tooth - partially bony .....	189			
D7240	Removal of impacted tooth - completely bony .....	227			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	181			
D7250	Removal of residual tooth roots .....	136			
D7251	Coronectomy - intentional partial tooth removal ..	181			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	211			
D7280	Exposure of an unerupted tooth .....	111			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	41			
D7310/20	Alveoloplasty, per quad .....	135			
D7510	Incision and drainage of abscess - intraoral soft tissue .....	91			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	256			
D7979	Non-surgical sialolithotomy .....	43			
<b>Orthodontics<sup>2</sup></b>					
D8090	Comp. ortho. treatment - adult dentition .....	3658			
D8660	Pre-orthodontic treatment visit .....	413			
D8670	Periodic ortho. treatment visit (as part of contract)	118			

## 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 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 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).
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 and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
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. 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. 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. 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
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).
21. Orthodontia treatment is limited to once per lifetime.



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



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

**Plan Highlights**

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>			D2392	Resin-based composite - two surfaces, posterior ..	80
D9439	Office visit .....	10	D2393	Resin-based composite - three surfaces, posterior	93
D0120	Periodic oral eval - established patient .....	0	D2394	Resin-based composite - >=4 surfaces, posterior ...	112
D0140	Limited oral eval - problem focused .....	0	<b>Crown &amp; Bridge</b>		
D0150	Comprehensive oral eval - new or established patient .....	0	D2510	Inlay - metallic - one surface .....	390
D0160	Detailed and extensive oral eval - problem focused .....	0	D2520	Inlay - metallic - two surfaces .....	390
D0170	Re-evaluation - limited, problem focused .....	0	D2530	Inlay - metallic - three or more surfaces .....	407
D0180	Comp. periodontal eval - new or established patient .....	36	D2542	Onlay - metallic-two surfaces .....	423
D0210	Intraoral - complete series of radiographic images	26	D2543	Onlay - metallic-three surfaces .....	511
D0220	Intraoral - periapical first radiographic image .....	0	D2544	Onlay - metallic-four or more surfaces .....	511
D0230	Intraoral - periapical each add. radiographic image .....	0	D2610	Inlay - porcelain/ceramic - one surface .....	410
D0240	Intraoral - occlusal radiographic image .....	0	D2620	Inlay - porcelain/ceramic - 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	Onlay - porcelain/ceramic - three surfaces .....	459
D0330	Panoramic radiographic image .....	30	D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	459
D0340	2D cephalometric radiographic image .....	0	D2650	Inlay - resin-based composite - one surface .....	425
D0350	2D oral/facial photographic images (intraoral/extraoral) .....	0	D2651	Inlay - resin-based composite - two surfaces .....	425
D0351	3D photographic image .....	0	D2652	Inlay - resin-based composite - >=3 surfaces .....	425
D0460	Pulp vitality tests .....	0	D2662	Onlay - resin-based composite - two surfaces .....	429
D0470	Diagnostic casts .....	0	D2663	Onlay - resin-based composite - three surfaces .....	429
D1110	Prophylaxis (cleaning) - adult .....	0	D2664	Onlay - resin-based composite - >=4 surfaces .....	429
D1110*	Additional cleaning (expecting mothers or Diabetics) .....	40	D2710	Crown - resin based composite (indirect) .....	259
D1206	Topical application of fluoride varnish .....	0	D2712	Crown - 3/4 resin-based composite (indirect) .....	450
D1208	Topical application of fluoride - excluding varnish .....	0	D2720/21/22	Crown - resin with metal .....	470
D1310	Nutritional counseling for control of dental disease .....	0	D2740	Crown - porcelain/ceramic .....	531
D1320	Tobacco counseling for the control and prevention of oral disease .....	0	D2750/51/52	Crown - porcelain fused metal .....	495
D1330	Oral hygiene instructions .....	0	D2753	Crown - porcelain fused to titanium and titanium alloys .....	495
<b>Restorative (Fillings)</b>			D2780/81/82	Crown - 3/4 cast with metal .....	457
D2140	Amalgam - one surface, prim. or perm. ....	37	D2783	Crown - 3/4 porcelain/ceramic .....	469
D2150	Amalgam - two surfaces, prim. or perm. ....	46	D2790/91/92	Crown - full cast metal .....	481
D2160	Amalgam - three surfaces, prim. or perm. ....	58	D2910/20	Recement inlay, onlay/crown or partial coverage rest. ....	41
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	69	D2931	Prefab. stainless steel crown - perm. tooth .....	119
D2330	Resin-based composite - one surface, anterior .....	64	D2932	Prefabricated resin crown .....	135
D2331	Resin-based composite - two surfaces, anterior ....	76	D2940	Protective restoration .....	37
D2332	Resin-based composite - three surfaces, anterior ..	90	D2950	Core buildup, including any pins .....	120
D2335	Resin-based composite - >=4 surfaces, anterior ....	109	D2951	Pin retention - per tooth, in addition to restoration .....	22
D2390	Resin-based composite crown, anterior .....	175	D2952	Post and core in addition to crown .....	181
D2391	Resin-based composite - one surface, posterior ....	68	D2954	Prefab. post and core in addition to crown .....	148
			D2955	Post removal (not in conj. with endo. therapy) .....	101
			D2980	Crown repair necessitated by restorative material failure .....	93

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2981	Inlay repair necessitated by restorative material failure .....	93			
D2982	Onlay repair necessitated by restorative material failure .....	93			
<b>Endodontics<sup>1</sup></b>			<b>Prosthetics (Dentures)</b>		
D3110/20	Pulp cap - direct/indirect (excl. final restoration) ...	28	D5110/20	Complete denture - maxillary/mandibular .....	664
D3220	Therapeutic pulpotomy (excl. final restor.) .....	81	D5130/40	Immediate denture - maxillary/mandibular .....	708
D3221	Pulpal debridement .....	87	D5211/12	Maxillary/mandibular partial denture - resin base	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	325	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .....	722
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	395	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	488	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3333	Internal root repair of perforation defects .....	96	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .	722
D3346	Retreat of prev. root canal therapy, anterior .....	356	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)..	722
D3347	Retreat of prev. root canal therapy, premolar .....	418	D5225/26	Maxillary/mandibular partial denture - flexible base .....	722
D3348	Retreat of prev. root canal therapy, molar .....	527	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular .....	397
D3410	Apicoectomy - anterior .....	310	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant ..	397
D3421	Apicoectomy - premolar (first root).....	333	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	397
D3425	Apicoectomy - molar (first root) .....	379	D5410/11	Adjust complete denture - maxillary/mandibular ..	35
D3426	Apicoectomy - (each add. root) .....	148	D5421/22	Adjust partial denture - maxillary/mandibular .....	35
D3430	Retrograde filling - per root .....	113	D5511	Repair broken complete denture base, mandibular	84
D3450	Root amputation (resection) - per root .....	202	D5512	Repair broken complete denture base, maxillary ..	84
D3920	Hemisection, not inc. root canal therapy .....	202	D5520	Replace missing or broken teeth - complete denture .....	84
D3950	Canal prep/fitting of preformed dowel or post .....	125	D5611	Repair resin partial denture base, mandibular .....	84
<b>Periodontics<sup>1</sup></b>			D5612	Repair resin partial denture base, maxillary .....	84
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	265	D5621	Repair cast partial framework, mandibular .....	84
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	94	D5622	Repair cast partial framework, maxillary .....	84
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad .....	324	D5630/60	Clasp repaired, replaced or added .....	112
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad .....	90	D5640	Replace broken teeth - per tooth .....	84
D4260	Osseous surgery - >3 cont. teeth, per quad .....	485	D5650	Add tooth to existing partial denture .....	84
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360	D5670/71	Replace all teeth and acrylic on cast metal framework .....	263
D4263	Bone replacement graft - retained natural tooth - first site in quad .....	502	D5710/11	Rebase complete maxillary/mandibular denture ...	253
D4264	Bone replacement graft - retained natural tooth - each additional site in quad.....	393	D5720/21	Rebase maxillary/mandibular partial denture .....	253
D4265	Biological materials to aid in soft and osseous tissue regeneration .....	275	D5730/31	Reline complete maxillary/mandibular denture (chairside) .....	152
D4268	Surgical revision proc., per tooth .....	329	D5740/41	Reline maxillary/mandibular partial denture (chairside) .....	152
D4270	Pedicle soft tissue graft procedure .....	434	D5750/51	Reline complete maxillary/mandibular denture (lab) .....	214
D4273	Autogenous connective tissue graft procedure, first tooth .....	540	D5760/61	Reline maxillary/mandibular partial denture (lab) .	214
D4274	Mesial/distal wedge procedure, single tooth.....	308	D5810/11	Interim complete denture - maxillary/mandibular	333
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	576	D5820/21	Interim partial denture - maxillary/mandibular .....	333
D4277	Free soft tissue graft procedure, first tooth .....	441	D5850/51	Tissue conditioning - maxillary/mandibular .....	75
D4278	Free soft tissue graft procedure, each add. tooth ..	68	<b>Bridge &amp; Pontics</b>		
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	105	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	57	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
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	39	D6210/11/12	Pontic - metal .....	481
D4355	Full mouth debridement .....	77	D6240/41/42	Pontic - porcelain fused metal .....	495
D4381	Localized delivery of antimicrobial agents .....	90	D6243	Pontic – porcelain fused to titanium and titanium alloys .....	495
D4910	Periodontal maintenance .....	66			



### 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).
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 and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialist's UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees, as the amount varies by provider
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. 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. 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. 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
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).
21. Orthodontia treatment is limited to once per lifetime.



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)
<b>Diagnostic/Preventive</b>			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	<b>Crown &amp; Bridge</b>		
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
<b>Restorative (Fillings)</b>			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)
<b>Endodontics<sup>1</sup></b>			D4910	Periodontal maintenance .....	66 / 73
D3110/20	Pulp cap - direct/indirect (excl. final restoration) .....	28 / 31	<b>Prosthetics (Dentures)</b>		
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
<b>Periodontics<sup>1</sup></b>			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	<b>Bridge &amp; Pontics</b>		
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			



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

**Plan Highlights**

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>			<b>Crown &amp; Bridge</b>		
D9439	Office visit .....	10	D2510	Inlay - metallic - one surface .....	390
D0120	Periodic oral eval - established patient .....	0	D2520	Inlay - metallic - two surfaces .....	390
D0140	Limited oral eval - problem focused .....	0	D2530	Inlay - metallic - three or more surfaces .....	407
D0150	Comprehensive oral eval - new or established patient .....	0	D2542	Onlay - metallic-two surfaces .....	423
D0160	Detailed and extensive oral eval - problem focused	0	D2543	Onlay - metallic-three surfaces .....	511
D0170	Re-evaluation - limited, problem focused .....	0	D2544	Onlay - metallic-four or more surfaces .....	511
D0180	Comp. periodontal eval - new or established patient .....	36	D2610	Inlay - porcelain/ceramic - one surface .....	410
D0210	Intraoral - complete series of radiographic images	26	D2620	Inlay - porcelain/ceramic - two surfaces .....	410
D0220	Intraoral - periapical first radiographic image .....	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	427
D0230	Intraoral - periapical each add. radiographic image	0	D2642	Onlay - porcelain/ceramic - two surfaces .....	439
D0240	Intraoral - occlusal radiographic image .....	0	D2643	Onlay - porcelain/ceramic - three surfaces .....	459
D0250	Extra-oral - 2D projection radiographic image .....	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	459
D0270-74	Bitewing x-rays - 1 to 4 radiographic images .....	0	D2650	Inlay - resin-based composite - one surface .....	425
D0277	Vertical bitewings - 7 to 8 radiographic images .....	0	D2651	Inlay - resin-based composite - two surfaces .....	425
D0330	Panoramic radiographic image .....	30	D2652	Inlay - resin-based composite - >=3 surfaces .....	425
D0340	2D cephalometric radiographic image .....	0	D2662	Onlay - resin-based composite - two surfaces .....	429
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D2663	Onlay - resin-based composite - three surfaces .....	429
D0351	3D photographic image .....	0	D2664	Onlay - resin-based composite - >=4 surfaces .....	429
D0460	Pulp vitality tests .....	0	D2710	Crown - resin based composite (indirect) .....	259
D0470	Diagnostic casts .....	0	D2712	Crown - 3/4 resin-based composite (indirect) .....	450
D1110	Prophylaxis (cleaning) - adult .....	0	D2720/21/22	Crown - resin with metal .....	470
D1110*	Additional cleaning (expecting mothers or Diabetics) .....	40	D2740	Crown - porcelain/ceramic .....	531
D1206	Topical application of fluoride varnish .....	0	D2750/51/52	Crown - porcelain fused metal .....	495
D1208	Topical application of fluoride - excluding varnish	0	D2753	Crown - porcelain fused to titanium and titanium alloys .....	495
D1310	Nutritional counseling for control of dental disease	0	D2780/81/82	Crown - 3/4 cast with metal .....	457
D1320	Tobacco counseling for the control and prevention of oral disease .....	0	D2783	Crown - 3/4 porcelain/ceramic .....	469
D1330	Oral hygiene instructions .....	0	D2790/91/92	Crown - full cast metal .....	481
<b>Restorative (Fillings)</b>			D2910/20	Recement inlay, onlay/crown or partial coverage rest. ....	41
D2140	Amalgam - one surface, prim. or perm. ....	37	D2931	Prefab. stainless steel crown .....	119
D2150	Amalgam - two surfaces, prim. or perm. ....	46	D2932	Prefabricated resin crown .....	135
D2160	Amalgam - three surfaces, prim. or perm. ....	58	D2940	Protective restoration .....	37
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	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
D2390	Resin-based composite crown, anterior .....	175	D2980	Crown repair necessitated by restorative material failure .....	93
D2391	Resin-based composite - one surface, posterior .....	68	D2981	Inlay repair necessitated by restorative material failure .....	93
D2392	Resin-based composite - two surfaces, posterior .....	80	D2982	Onlay repair necessitated by restorative material failure .....	93
D2393	Resin-based composite - three surfaces, posterior	93	<b>Endodontics<sup>1</sup></b>		
D2394	Resin-based composite - >=4 surfaces, posterior ...	112	D3110/20	Pulp cap - direct/indirect (excl. final restoration) ...	28

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3220	Therapeutic pulpotomy (excl. final restor.) .....	81	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3221	Pulpal debridement .....	87	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	325	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .	722
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	395	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .	722
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	488	D5225/26	Maxillary/mandibular partial denture - flexible base .....	722
D3333	Internal root repair of perforation defects .....	96	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular .....	397
D3346	Retreat of prev. root canal therapy, anterior .....	356	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant ..	397
D3347	Retreat of prev. root canal therapy, premolar .....	418	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	397
D3348	Retreat of prev. root canal therapy, molar .....	527	D5410/11	Adjust complete denture - maxillary/mandibular ..	35
D3410	Apicoectomy - anterior .....	310	D5421/22	Adjust partial denture - maxillary/mandibular .....	35
D3421	Apicoectomy - premolar (first root).....	333	D5511	Repair broken complete denture base, mandibular	84
D3425	Apicoectomy - molar (first root) .....	379	D5512	Repair broken complete denture base, maxillary ..	84
D3426	Apicoectomy - (each add. root) .....	148	D5520	Replace missing or broken teeth - complete denture .....	84
D3430	Retrograde filling - per root .....	113	D5611	Repair resin partial denture base, mandibular .....	84
D3450	Root amputation - per root .....	202	D5612	Repair resin partial denture base, maxillary .....	84
D3920	Hemisection, not inc. root canal therapy .....	202	D5621	Repair cast partial framework, mandibular .....	84
D3950	Canal prep/fitting of preformed dowel or post .....	125	D5622	Repair cast partial framework, maxillary .....	84
<b>Periodontics<sup>1</sup></b>			D5630/60	Clasp repaired, replaced or added .....	112
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	265	D5640	Replace broken teeth - per tooth .....	84
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	94	D5650	Add tooth to existing partial denture .....	84
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad .....	324	D5670/71	Replace all teeth and acrylic on cast metal framework .....	263
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad .....	90	D5710/11	Rebase complete maxillary/mandibular denture ...	253
D4260	Osseous surgery - >3 cont. teeth, per quad .....	485	D5720/21	Rebase maxillary/mandibular partial denture .....	253
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360	D5730/31	Reline complete maxillary/mandibular denture (chairside) .....	152
D4263	Bone replacement graft - retained natural tooth - first site in quad .....	502	D5740/41	Reline maxillary/mandibular partial denture (chairside) .....	152
D4264	Bone replacement graft - retained natural tooth - each additional site in quad .....	393	D5750/51	Reline complete maxillary/mandibular denture (lab) .....	214
D4265	Biological materials to aid in soft and osseous tissue regeneration .....	275	D5760/61	Reline maxillary/mandibular partial denture (lab) .	214
D4268	Surgical revision proc., per tooth .....	329	D5810/11	Interim complete denture - maxillary/mandibular	333
D4270	Pedicle soft tissue graft procedure .....	434	D5820/21	Interim partial denture - maxillary/mandibular .....	333
D4273	Autogenous connective tissue graft procedure, first tooth .....	540	D5850/51	Tissue conditioning - maxillary/mandibular .....	75
D4274	Mesial/distal wedge procedure, single tooth .....	308	<b>Bridge &amp; Pontics</b>		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	576	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4277	Free soft tissue graft procedure, first tooth .....	441	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
D4278	Free soft tissue graft procedure, each add. tooth ..	68	D6210/11/12	Pontic - metal .....	481
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	105	D6240/41/42	Pontic - porcelain fused metal .....	495
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	57	D6243	Pontic – porcelain fused to titanium and titanium alloys .....	495
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	39	D6245	Pontic - porcelain/ceramic .....	531
D4355	Full mouth debridement .....	77	D6250/51/52	Pontic - resin with metal .....	470
D4381	Localized delivery of antimicrobial agents .....	90	D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	233
D4910	Periodontal maintenance .....	66	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	364
<b>Prosthetics (Dentures)</b>			D6549	Resin retainer - for resin bonded fixed prosthesis ..	233
D5110/20	Complete denture - maxillary/mandibular .....	664	D6600	Retainer inlay - porc./ceramic, two surfaces .....	410
D5130/40	Immediate denture - maxillary/mandibular .....	708	D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	427
D5211/12	Maxillary/mandibular partial denture - resin base	613			
D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .....	722			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6602	Retainer inlay - cast high noble metal, two surfaces .....	390	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)) .....	413
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	<b>Adjunctive General Services</b>		
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	390	D9110	Palliative (emergency) treatment of dental pain ....	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	407	D9210/15	Local anesthesia .....	0
D6606	Retainer inlay - cast noble metal, two surfaces .....	390	D9211	Regional block anesthesia .....	0
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	407	D9212	Trigeminal division block anesthesia .....	0
D6608	Retainer onlay - porc./ceramic, two surfaces .....	439	D9219	Evaluation for deep sedation or general anesthesia	0
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	459	D9222	Deep sedation/general anesthesia - first 15 minutes .....	103
D6610	Retainer onlay - cast high noble metal, two surfaces .....	423	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr .....	103
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .....	511	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis ....	37
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	423	D9239	Intravenous moderate sedation/analgesia – first 15 minutes .....	103
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	511	D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min .....	103
D6614	Retainer onlay - cast noble metal, two surfaces .....	423	D9310	Consultation (diagnostic service by nontreating dentist) .....	42
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	511	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites .....	190
D6720/21/22	Retainer crown - resin with metal .....	470	D9910	Application of desensitizing medicament .....	31
D6740	Retainer crown - porcelain/ceramic .....	531	D9930	Treatment of complications (post-surgical) .....	43
D6750/51/52	Retainer crown - porcelain fused metal .....	495	D9944	Occlusal guard – hard appliance, full arch .....	298
D6753	Retainer crown – porcelain fused to titanium and titanium alloys .....	495	D9945	Occlusal guard – soft appliance, full arch .....	298
D6780	Retainer crown - 3/4 cast high noble metal .....	457	D9946	Occlusal guard – hard appliance, partial arch .....	298
D6781	Retainer crown - 3/4 cast predominantly base metal .....	457	D9950	Occlusion analysis - mounted case .....	81
D6782	Retainer crown - 3/4 cast noble metal .....	457	D9951	Occlusal adjustment - limited .....	62
D6783	Retainer crown - 3/4 porc./ceramic .....	469	D9952	Occlusal adjustment - complete .....	255
D6784	Retainer crown – 3/4 titanium and titanium alloys	495	D9986	Missed appointment .....	50
D6790/91/92	Retainer crown - full cast metal .....	481	D9995	Teledentistry – synchronous; real-time encounter	20
D6794	Retainer crown - titanium .....	495	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review ...	20
D6930	Recement or rebond fixed partial denture .....	66	D9997	Dental case management – patients with special health care needs .....	50
D6980	Fixed partial denture repair, by report .....	157			
<b>Oral Surgery<sup>1</sup></b>					
D7111	Extraction, coronal remnants - primary tooth.....	45	1	As performed by a Participating General Dentist. See Plan Exclusion #13.	
D7140	Extraction, erupted tooth or exposed root .....	63	2	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist’s UCR fees. See exclusion #15 for additional coverage exclusions.	
D7210	Extraction, erupted tooth req elev, etc .....	127	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.		
D7220	Removal of impacted tooth - soft tissue .....	144			
D7230	Removal of impacted tooth - partially bony .....	189			
D7240	Removal of impacted tooth - completely bony .....	227			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	181			
D7250	Removal of residual tooth roots .....	136			
D7251	Coronectomy - intentional partial tooth removal ..	181			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	211			
D7280	Exposure of an unerupted tooth .....	111			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	41			
D7310/20	Alveoloplasty, per quad .....	135			
D7510	Incision and drainage of abscess - intraoral soft tissue .....	91			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	256			
D7979	Non-surgical sialolithotomy .....	43			
<b>Orthodontics<sup>2</sup></b>					
D8090	Comp. ortho. treatment - adult dentition .....	3658			
D8660	Pre-orthodontic treatment visit .....	413			
D8670	Periodic ortho. treatment visit (as part of contract)	118			

## 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 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 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).
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 and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
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. 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. 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. 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
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).
21. Orthodontia treatment is limited to once per lifetime.



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



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

**Plan Highlights**

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>			<b>Crown &amp; Bridge</b>		
D9439	Office visit .....	10	D2510	Inlay - metallic - one surface .....	390
D0120	Periodic oral eval - established patient .....	0	D2520	Inlay - metallic - two surfaces .....	390
D0140	Limited oral eval - problem focused .....	0	D2530	Inlay - metallic - three or more surfaces .....	407
D0150	Comprehensive oral eval - new or established patient .....	0	D2542	Onlay - metallic-two surfaces .....	423
D0160	Detailed and extensive oral eval - problem focused	0	D2543	Onlay - metallic-three surfaces .....	511
D0170	Re-evaluation - limited, problem focused .....	0	D2544	Onlay - metallic-four or more surfaces .....	511
D0180	Comp. periodontal eval - new or established patient .....	36	D2610	Inlay - porcelain/ceramic - one surface .....	410
D0210	Intraoral - complete series of radiographic images	26	D2620	Inlay - porcelain/ceramic - two surfaces .....	410
D0220	Intraoral - periapical first radiographic image .....	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	427
D0230	Intraoral - periapical each add. radiographic image	0	D2642	Onlay - porcelain/ceramic - two surfaces .....	439
D0240	Intraoral - occlusal radiographic image .....	0	D2643	Onlay - porcelain/ceramic - three surfaces .....	459
D0250	Extra-oral - 2D projection radiographic image .....	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	459
D0270-74	Bitewing x-rays - 1 to 4 radiographic images .....	0	D2650	Inlay - resin-based composite - one surface .....	425
D0277	Vertical bitewings - 7 to 8 radiographic images .....	0	D2651	Inlay - resin-based composite - two surfaces .....	425
D0330	Panoramic radiographic image .....	30	D2652	Inlay - resin-based composite - >=3 surfaces .....	425
D0340	2D cephalometric radiographic image .....	0	D2662	Onlay - resin-based composite - two surfaces .....	429
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D2663	Onlay - resin-based composite - three surfaces .....	429
D0351	3D photographic image .....	0	D2664	Onlay - resin-based composite - >=4 surfaces .....	429
D0460	Pulp vitality tests .....	0	D2710	Crown - resin based composite (indirect) .....	259
D0470	Diagnostic casts .....	0	D2712	Crown - 3/4 resin-based composite (indirect) .....	450
D1110	Prophylaxis (cleaning) - adult .....	0	D2720/21/22	Crown - resin with metal .....	470
D1110*	Additional cleaning (expecting mothers or Diabetics) .....	40	D2740	Crown - porcelain/ceramic .....	531
D1206	Topical application of fluoride varnish .....	0	D2750/51/52	Crown - porcelain fused metal .....	495
D1208	Topical application of fluoride - excluding varnish	0	D2753	Crown - porcelain fused to titanium and titanium alloys .....	495
D1310	Nutritional counseling for control of dental disease	0	D2780/81/82	Crown - 3/4 cast with metal .....	457
D1320	Tobacco counseling for the control and prevention of oral disease .....	0	D2783	Crown - 3/4 porcelain/ceramic .....	469
D1330	Oral hygiene instructions .....	0	D2790/91/92	Crown - full cast metal .....	481
<b>Restorative (Fillings)</b>			D2910/20	Recement inlay, onlay/crown or partial coverage rest. ....	41
D2140	Amalgam - one surface, prim. or perm. ....	37	D2931	Prefab. stainless steel crown .....	119
D2150	Amalgam - two surfaces, prim. or perm. ....	46	D2932	Prefabricated resin crown .....	135
D2160	Amalgam - three surfaces, prim. or perm. ....	58	D2940	Protective restoration .....	37
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	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
D2390	Resin-based composite crown, anterior .....	175	D2980	Crown repair necessitated by restorative material failure .....	93
D2391	Resin-based composite - one surface, posterior .....	68	D2981	Inlay repair necessitated by restorative material failure .....	93
D2392	Resin-based composite - two surfaces, posterior .....	80	D2982	Onlay repair necessitated by restorative material failure .....	93
D2393	Resin-based composite - three surfaces, posterior	93	<b>Endodontics<sup>1</sup></b>		
D2394	Resin-based composite - >=4 surfaces, posterior ...	112	D3110/20	Pulp cap - direct/indirect (excl. final restoration) ...	28

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3220	Therapeutic pulpotomy (excl. final restor.) .....	81	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3221	Pulpal debridement .....	87	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	325	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .	722
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	395	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .	722
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	488	D5225/26	Maxillary/mandibular partial denture - flexible base .....	722
D3333	Internal root repair of perforation defects .....	96	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular .....	397
D3346	Retreat of prev. root canal therapy, anterior .....	356	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant ..	397
D3347	Retreat of prev. root canal therapy, premolar .....	418	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	397
D3348	Retreat of prev. root canal therapy, molar .....	527	D5410/11	Adjust complete denture - maxillary/mandibular ..	35
D3410	Apicoectomy - anterior .....	310	D5421/22	Adjust partial denture - maxillary/mandibular .....	35
D3421	Apicoectomy - premolar (first root).....	333	D5511	Repair broken complete denture base, mandibular	84
D3425	Apicoectomy - molar (first root) .....	379	D5512	Repair broken complete denture base, maxillary ..	84
D3426	Apicoectomy - (each add. root) .....	148	D5520	Replace missing or broken teeth - complete denture .....	84
D3430	Retrograde filling - per root .....	113	D5611	Repair resin partial denture base, mandibular .....	84
D3450	Root amputation - per root .....	202	D5612	Repair resin partial denture base, maxillary .....	84
D3920	Hemisection, not inc. root canal therapy .....	202	D5621	Repair cast partial framework, mandibular .....	84
D3950	Canal prep/fitting of preformed dowel or post .....	125	D5622	Repair cast partial framework, maxillary .....	84
<b>Periodontics<sup>1</sup></b>			D5630/60	Clasp repaired, replaced or added .....	112
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	265	D5640	Replace broken teeth - per tooth .....	84
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	94	D5650	Add tooth to existing partial denture .....	84
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad .....	324	D5670/71	Replace all teeth and acrylic on cast metal framework .....	263
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad .....	90	D5710/11	Rebase complete maxillary/mandibular denture ...	253
D4260	Osseous surgery - >3 cont. teeth, per quad .....	485	D5720/21	Rebase maxillary/mandibular partial denture .....	253
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360	D5730/31	Reline complete maxillary/mandibular denture (chairside) .....	152
D4263	Bone replacement graft - retained natural tooth - first site in quad .....	502	D5740/41	Reline maxillary/mandibular partial denture (chairside) .....	152
D4264	Bone replacement graft - retained natural tooth - each additional site in quad .....	393	D5750/51	Reline complete maxillary/mandibular denture (lab) .....	214
D4265	Biological materials to aid in soft and osseous tissue regeneration .....	275	D5760/61	Reline maxillary/mandibular partial denture (lab) .	214
D4268	Surgical revision proc., per tooth .....	329	D5810/11	Interim complete denture - maxillary/mandibular	333
D4270	Pedicle soft tissue graft procedure .....	434	D5820/21	Interim partial denture - maxillary/mandibular .....	333
D4273	Autogenous connective tissue graft procedure, first tooth .....	540	D5850/51	Tissue conditioning - maxillary/mandibular .....	75
D4274	Mesial/distal wedge procedure, single tooth .....	308	<b>Bridge &amp; Pontics</b>		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	576	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4277	Free soft tissue graft procedure, first tooth .....	441	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
D4278	Free soft tissue graft procedure, each add. tooth ..	68	D6210/11/12	Pontic - metal .....	481
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	105	D6240/41/42	Pontic - porcelain fused metal .....	495
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	57	D6243	Pontic – porcelain fused to titanium and titanium alloys .....	495
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	39	D6245	Pontic - porcelain/ceramic .....	531
D4355	Full mouth debridement .....	77	D6250/51/52	Pontic - resin with metal .....	470
D4381	Localized delivery of antimicrobial agents .....	90	D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	233
D4910	Periodontal maintenance .....	66	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	364
<b>Prosthetics (Dentures)</b>			D6549	Resin retainer - for resin bonded fixed prosthesis ..	233
D5110/20	Complete denture - maxillary/mandibular .....	664	D6600	Retainer inlay - porc./ceramic, two surfaces .....	410
D5130/40	Immediate denture - maxillary/mandibular .....	708	D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	427
D5211/12	Maxillary/mandibular partial denture - resin base	613			
D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .....	722			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6602	Retainer inlay - cast high noble metal, two surfaces .....	390	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)) .....	413
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	<b>Adjunctive General Services</b>		
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	390	D9110	Palliative (emergency) treatment of dental pain ....	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	407	D9210/15	Local anesthesia .....	0
D6606	Retainer inlay - cast noble metal, two surfaces .....	390	D9211	Regional block anesthesia .....	0
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	407	D9212	Trigeminal division block anesthesia .....	0
D6608	Retainer onlay - porc./ceramic, two surfaces .....	439	D9219	Evaluation for deep sedation or general anesthesia	0
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	459	D9222	Deep sedation/general anesthesia - first 15 minutes .....	103
D6610	Retainer onlay - cast high noble metal, two surfaces .....	423	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr .....	103
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .....	511	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis ....	37
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	423	D9239	Intravenous moderate sedation/analgesia – first 15 minutes .....	103
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	511	D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min .....	103
D6614	Retainer onlay - cast noble metal, two surfaces .....	423	D9310	Consultation (diagnostic service by nontreating dentist) .....	42
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	511	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites .....	190
D6720/21/22	Retainer crown - resin with metal .....	470	D9910	Application of desensitizing medicament .....	31
D6740	Retainer crown - porcelain/ceramic .....	531	D9930	Treatment of complications (post-surgical) .....	43
D6750/51/52	Retainer crown - porcelain fused metal .....	495	D9944	Occlusal guard – hard appliance, full arch .....	298
D6753	Retainer crown – porcelain fused to titanium and titanium alloys .....	495	D9945	Occlusal guard – soft appliance, full arch .....	298
D6780	Retainer crown - 3/4 cast high noble metal .....	457	D9946	Occlusal guard – hard appliance, partial arch .....	298
D6781	Retainer crown - 3/4 cast predominantly base metal .....	457	D9950	Occlusion analysis - mounted case .....	81
D6782	Retainer crown - 3/4 cast noble metal .....	457	D9951	Occlusal adjustment - limited .....	62
D6783	Retainer crown - 3/4 porc./ceramic .....	469	D9952	Occlusal adjustment - complete .....	255
D6784	Retainer crown – 3/4 titanium and titanium alloys	495	D9986	Missed appointment .....	50
D6790/91/92	Retainer crown - full cast metal .....	481	D9995	Teledentistry – synchronous; real-time encounter	20
D6794	Retainer crown - titanium .....	495	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review ...	20
D6930	Recement or rebond fixed partial denture .....	66	D9997	Dental case management – patients with special health care needs .....	50
D6980	Fixed partial denture repair, by report .....	157			
<b>Oral Surgery<sup>1</sup></b>					
D7111	Extraction, coronal remnants - primary tooth.....	45	1	As performed by a Participating General Dentist. See Plan Exclusion #13.	
D7140	Extraction, erupted tooth or exposed root .....	63	2	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist’s UCR fees. See exclusion #15 for additional coverage exclusions.	
D7210	Extraction, erupted tooth req elev, etc .....	127			
D7220	Removal of impacted tooth - soft tissue .....	144			
D7230	Removal of impacted tooth - partially bony .....	189			
D7240	Removal of impacted tooth - completely bony .....	227			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	181			
D7250	Removal of residual tooth roots .....	136			
D7251	Coronectomy - intentional partial tooth removal ..	181			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	211			
D7280	Exposure of an unerupted tooth .....	111			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	41			
D7310/20	Alveoloplasty, per quad .....	135			
D7510	Incision and drainage of abscess - intraoral soft tissue .....	91			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	256			
D7979	Non-surgical sialolithotomy .....	43			
<b>Orthodontics<sup>2</sup></b>					
D8090	Comp. ortho. treatment - adult dentition .....	3658			
D8660	Pre-orthodontic treatment visit .....	413			
D8670	Periodic ortho. treatment visit (as part of contract)	118			

## 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 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 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).
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 and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
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. 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. 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. 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
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).
21. Orthodontia treatment is limited to once per lifetime.