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1 Dominion National Internal Performance Report, 2021.

2 Networks and products vary by state. Check availability on your state marketplace.

3 Participating providers are subject to change.

4 Dominion National customer satisfaction survey, based on renewing members, 2021.

5 Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2021. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

6 Visit DominionNational.com/sdc for full details. Not all individuals are suitable candidates for clear aligners. These services, which are offered and arranged for by SmileDirectClub, are intended for certain individuals who have mild or moderate orthodontic needs and only if approved by a state-licensed dentist or orthodontist. Dominion National is not a provider of dental care services.

7 Visit amplifonusa.com/dn for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.

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)
Diagnostic/Preventive			D1208	Topical application of fluoride - excluding varnish	0
D9439	Office visit.....	10	D1310	Nutritional counseling for control of dental disease.....	0
D0120	Periodic oral eval - established patient	0	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0140	Limited oral eval - problem focused	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use... ..	0
D0150	Comprehensive oral eval - new or established patient	0	D1330	Oral hygiene instructions.....	0
D0160	Detailed and extensive oral eval - problem focused	0	Restorative (Fillings)		
D0170	Re-evaluation - limited, problem focused	0	D2140	Amalgam - one surface, prim. or perm.	37
D0180	Comp. periodontal eval - new or established patient	36	D2150	Amalgam - two surfaces, prim. or perm.....	46
D0210	Intraoral - complete series of radiographic images	26	D2160	Amalgam - three surfaces, prim. or perm.	58
D0220	Intraoral - periapical first radiographic image	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	69
D0230	Intraoral - periapical each add. radiographic image	0	D2330	Resin-based composite - one surface, anterior ...	64
D0240	Intraoral - occlusal radiographic image	0	D2331	Resin-based composite - two surfaces, anterior ..	76
D0250	Extra-oral - 2D projection radiographic image	0	D2332	Resin-based composite - three surfaces, anterior	90
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2335	Resin-based composite - >=4 surfaces, anterior... ..	109
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2390	Resin-based composite crown, anterior	175
D0330	Panoramic radiographic image	30	D2391	Resin-based composite - one surface, posterior ..	68
D0340	2D cephalometric radiographic image	0	D2392	Resin-based composite - two surfaces, posterior.	80
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2393	Resin-based composite - three surfaces, posterior	93
D0351	3D photographic image	0	D2394	Resin-based composite - >=4 surfaces, posterior. .	112
D0460	Pulp vitality tests	0	Crown & Bridge		
D0470	Diagnostic casts	0	D2510	Inlay - metallic - one surface.....	390
D0701	Panoramic radiographic image – image capture only.....	0	D2520	Inlay - metallic - two surfaces.....	390
D0702	2-D cephalometric radiographic image – image capture only	0	D2530	Inlay - metallic - three or more surfaces.....	407
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2542	Onlay - metallic-two surfaces	423
D0704	3-D photographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	511
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2544	Onlay - metallic-four or more surfaces.....	511
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2610	Inlay - porcelain/ceramic - one surface	410
D0707	Intraoral – periapical radiographic image – image capture only	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	410
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427
D0709	Intraoral – complete series of radiographic images – image capture only.....	0	D2642	Onlay - porcelain/ceramic - two surfaces	439
D1110	Prophylaxis (cleaning) - adult	0	D2643	Onlay - porcelain/ceramic - three surfaces.....	459
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
D1206	Topical application of fluoride varnish.....	0	D2650	Inlay - resin-based composite - one surface	425
			D2651	Inlay - resin-based composite - two surfaces	425
			D2652	Inlay - resin-based composite - >=3 surfaces.....	425
			D2662	Onlay - resin-based composite - two surfaces.....	429
			D2663	Onlay - resin-based composite - three surfaces ...	429
			D2664	Onlay - resin-based composite - >=4 surfaces.....	429
			D2710	Crown - resin based composite (indirect).....	259
			D2712	Crown - 3/4 resin-based composite (indirect).....	450
			D2720/21/22	Crown - resin with metal	470

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2740	Crown - porcelain/ceramic	531			
D2750/51/52	Crown - porcelain fused metal	495			
D2753	Crown - porcelain fused to titanium and titanium alloys	495			
D2780/81/82	Crown - 3/4 cast with metal	457			
D2783	Crown - 3/4 porcelain/ceramic.....	469			
D2790/91/92	Crown - full cast metal.....	481			
D2794	Crown - titanium and titanium alloys	495			
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41			
D2931	Prefab. stainless steel crown	119			
D2932	Prefabricated resin crown	135			
D2940	Protective restoration	37			
D2950	Core buildup, including any pins	120			
D2951	Pin retention - per tooth, in addition to restoration.....	22			
D2952	Post and core in addition to crown	181			
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			
D2981	Inlay repair necessitated by restorative material failure	93			
D2982	Onlay repair necessitated by restorative material failure	93			
Endodontics¹					
D3110/20	Pulp cap - direct/indirect (excl. final restoration).	28			
D3220	Therapeutic pulpotomy (excl. final restor.).....	81			
D3221	Pulpal debridement.....	87			
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70			
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120			
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325			
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395			
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488			
D3333	Internal root repair of perforation defects	96			
D3346	Retreat of prev. root canal therapy, anterior	356			
D3347	Retreat of prev. root canal therapy, premolar	418			
D3348	Retreat of prev. root canal therapy, molar	527			
D3410	Apicoectomy - anterior	310			
D3421	Apicoectomy - premolar (first root)	333			
D3425	Apicoectomy - molar (first root)	379			
D3426	Apicoectomy - (each add. root)	148			
D3430	Retrograde filling - per root.....	113			
D3450	Root amputation - per root	202			
D3471	Surgical repair of root resorption - anterior	310			
D3472	Surgical repair of root resorption - premolar	333			
D3473	Surgical repair of root resorption - molar.....	379			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	310			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	333			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	379			
D3920	Hemisection, not inc. root canal therapy	202			
D3921	Decoronation or submergence of an erupted tooth	100			
D3950	Canal prep/fitting of preformed dowel or post....	125			
			Periodontics¹		
			D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
			D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94
			D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	324
			D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	90
			D4260	Osseous surgery - >3 cont. teeth, per quad	485
			D4261	Osseous surgery - <=3 cont. teeth, per quad	360
			D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502
			D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393
			D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275
			D4268	Surgical revision proc., per tooth	329
			D4270	Pedicle soft tissue graft procedure	434
			D4273	Autogenous connective tissue graft procedure, first tooth.....	540
			D4274	Mesial/distal wedge procedure, single tooth.....	308
			D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth[, implant, or edentulous tooth position in graft	576
			D4277	Free soft tissue graft procedure, first tooth	441
			D4278	Free soft tissue graft procedure, each add. tooth	68
			D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105
			D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
			D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
			D4355	Full mouth debridement	77
			D4381	Localized delivery of antimicrobial agents.....	90
			D4910	Periodontal maintenance	66
			Prosthetics (Dentures)		
			D5110/20	Complete denture - maxillary/mandibular.....	664
			D5130/40	Immediate denture - maxillary/mandibular	708
			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
			D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
			D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	613
			D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
			D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
			D5225/26	Maxillary/mandibular partial denture - flexible base	722
			D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722
			D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	397

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6608	Retainer onlay - porc./ceramic, two surfaces	439
D5511	Repair broken complete denture base, mandibular	84	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5512	Repair broken complete denture base, maxillary.	84	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5520	Replace missing or broken teeth - complete denture.....	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5611	Repair resin partial denture base, mandibular.....	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5612	Repair resin partial denture base, maxillary.....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5621	Repair cast partial framework, mandibular.....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5622	Repair cast partial framework, maxillary.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces...	511
D5630/60	Clasp repaired, replaced or added	112	D6720/21/22	Retainer crown - resin with metal	470
D5640	Replace broken teeth - per tooth	84	D6740	Retainer crown - porcelain/ceramic	531
D5650	Add tooth to existing partial denture.....	84	D6750/51/52	Retainer crown - porcelain fused metal	495
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6753	Retainer crown – porcelain fused to titanium and titanium alloys.....	495
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6780	Retainer crown - 3/4 cast high noble metal	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6781	Retainer crown - 3/4 cast predominantly base metal	457
D5725	Rebase hybrid prosthesis.....	253	D6782	Retainer crown - 3/4 cast noble metal	457
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6783	Retainer crown - 3/4 porc./ceramic	469
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6784	Retainer crown – 3/4 titanium and titanium alloys	495
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6790/91/92	Retainer crown - full cast metal.....	481
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6794	Retainer crown - titanium	495
D5765	Soft liner for complete or partial removable denture – indirect.....	50	D6930	Recement or rebond fixed partial denture.....	66
D5810/11	Interim complete denture - maxillary/mandibular	333	D6980	Fixed partial denture repair, by report	157
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	333	Oral Surgery¹		
D5850/51	Tissue conditioning - maxillary/mandibular	75	D7111	Extraction, coronal remnants - primary tooth.....	45
Bridge & Pontics			D7140	Extraction, erupted tooth or exposed root	63
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7210	Extraction, erupted tooth req elev, etc	127
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	D7220	Removal of impacted tooth - soft tissue	144
D6210/11/12	Pontic - metal	481	D7230	Removal of impacted tooth - partially bony.....	189
D6240/41/42	Pontic - porcelain fused metal.....	495	D7240	Removal of impacted tooth - completely bony	227
D6243	Pontic – porcelain fused to titanium and titanium alloys	495	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	181
D6245	Pontic - porcelain/ceramic.....	531	D7250	Removal of residual tooth roots.....	136
D6250/51/52	Pontic - resin with metal.....	470	D7251	Coronectomy - intentional partial tooth removal	181
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D7280	Exposure of an unerupted tooth	111
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7310/20	Alveoloplasty, per quad	135
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427	D7510	Incision and drainage of abscess - intraoral soft tissue	91
D6602	Retainer inlay - cast high noble metal, two surfaces	390	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	D7961	Buccal/labial frenectomy (frenulectomy).....	256
D6604	Retainer inlay - cast predominantly base metal, two surfaces	390	D7962	Lingual frenectomy (frenulectomy)	256
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract).....	118
			D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413

Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain..	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	42
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9944	Occlusal guard – hard appliance, full arch.....	298
D9945	Occlusal guard – soft appliance, full arch	298
D9946	Occlusal guard – hard appliance, partial arch	298
D9950	Occlusion analysis - mounted case	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete	255
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs	50

- As performed by a Participating General Dentist. See Plan Exclusion #13.
- Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

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

Plan Exclusions

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

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- Oral surgery requiring the setting of fractures or dislocations.
- 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.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- 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.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- 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).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- 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.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
- 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

- Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year per patient.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
- Two (2) bitewing x-rays are covered per calendar year per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- 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%.
- Relining and rebasing of dentures is covered once every 24 months per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant per patient.
- 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.
- 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
- Full mouth debridement is covered once per lifetime per patient.
- 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.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
- 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 Kids 706s (DC)
Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services (under age 19)
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$375 per child per calendar year for medically necessary treatment (maximum of \$750 for policy covering two or more children).
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	MEMBER COPAYMENT(S)	DESCRIPTION	ADA CODE	MEMBER COPAYMENT(S)	DESCRIPTION
Diagnostic/Preventive					
D9439	0	Office visit.....	D0707	0	Intraoral – periapical radiographic image – image capture only
D0120	0	Periodic oral eval - established patient	D0708	0	Intraoral – bitewing radiographic image – image capture only
D0140	0	Limited oral eval - problem focused.....	D0709	0	Intraoral – complete series of radiographic images – image capture only.....
D0145	0	Oral eval for a patient under 3 years of age	D1110	0	Prophylaxis (cleaning) - adult
D0150	0	Comprehensive oral eval - new or established patient	D1120	0	Prophylaxis (cleaning) - child
D0160	0	Detailed and extensive oral eval - problem focused.....	D1206	0	Topical application of fluoride varnish.....
D0170	0	Re-evaluation - limited, problem focused	D1208	0	Topical application of fluoride - excluding varnish
D0180	0	Comp. periodontal eval - new or established patient	D1310	0	Nutritional counseling for control of dental disease
D0210	0	Intraoral - complete series of radiographic images	D1320	0	Tobacco counseling for control of prev. oral disease....
D0220	0	Intraoral - periapical first radiographic image	D1321	0	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
D0230	0	Intraoral - periapical each add. radiographic image	D1330	0	Oral hygiene instructions.....
D0240	0	Intraoral - occlusal radiographic image	D1351	0	Sealant - per tooth
D0250	0	Extra-oral - 2D projection radiographic image	D1352	0	Prev resin rest. mod/high caries risk – perm. tooth.....
D0270	0	Bitewing - single radiographic image.....	D1354	0	Application of caries arresting medicament - per tooth.....
D0272	0	Bitewings - two radiographic images.....	D1355	0	Caries preventive medicament application – per tooth.....
D0273	0	Bitewings - three radiographic images	D1510	0	Space maintainer - fixed, unilateral - per quadrant.....
D0274	0	Bitewings - four radiographic images	D1516	0	Space maintainer - fixed - bilateral, maxillary
D0277	0	Vertical bitewings - 7 to 8 radiographic images.....	D1517	0	Space maintainer - fixed - bilateral, mandibular
D0330	0	Panoramic radiographic image.....	D1520	0	Space maintainer - removable, unilateral - per quadrant
D0340	0	2D cephalometric radiographic image	D1526	0	Space maintainer - removable - bilateral, maxillary.....
D0350	0	2D oral/facial photographic images (intraoral/extraoral).....	D1527	0	Space maintainer - removable - bilateral, mandibular
D0351	0	3D photographic image	D1551	0	Re-cement or re-bond bilateral space maintainer – maxillary
D0391	0	Interpretation of diagnostic image only	D1552	0	Re-cement or re-bond bilateral space maintainer – mandibular
D0460	0	Pulp vitality tests	D1553	0	Re-cement or re-bond unilateral space maintainer – per quadrant.....
D0470	0	Diagnostic casts	D1575	0	Distal shoe space maintainer – fixed, unilateral – per quadrant.....
D0600	0	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	Restorative (Fillings)		
D0601	0	Caries risk assessment & documentation, with a finding of low risk	D2140	21	Amalgam - one surface, prim. or perm.
D0602	0	Caries risk assessment & documentation, with a finding of moderate risk	D2150	26	Amalgam - two surfaces, prim. or perm.
D0603	0	Caries risk assessment & documentation, with a finding of high risk	D2160	32	Amalgam - three surfaces, prim. or perm.
D0701	0	Panoramic radiographic image – image capture only	D2161	39	Amalgam - >=4 surfaces, prim. or perm.
D0702	0	2-D cephalometric radiographic image – image capture only	D2330	35	Resin-based composite - one surface, anterior.....
D0703	0	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	D2331	42	Resin-based composite - two surfaces, anterior
D0704	0	3-D photographic image – image capture only	D2332	50	Resin-based composite - three surfaces, anterior
D0705	0	Extra-oral posterior dental radiographic image – image capture only.....	D2335	60	Resin-based composite - >=4 surfaces, anterior.....
D0706	0	Intraoral – occlusal radiographic image – image capture only	D2390	96	Resin-based composite crown, anterior.....

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2391	Resin-based composite - one surface, posterior	37	Endodontics¹		
D2392	Resin-based composite - two surfaces, posterior.....	44	D3110	Pulp cap - direct (excl. final restoration).....	16
D2393	Resin-based composite - three surfaces, posterior	51	D3120	Pulp cap - indirect (excl. final restoration).....	16
D2394	Resin-based composite - >=4 surfaces, posterior.....	62	D3220	Therapeutic pulpotomy (excl. final restor.).....	41
Crown & Bridge			D3221	Pulpal debridement, prim. and perm. teeth	47
D2510	Inlay - metallic - one surface.....	204	D3222	Partial pulpotomy for apexogenesis	80
D2520	Inlay - metallic - two surfaces.....	204	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80
D2530	Inlay - metallic - three or more surfaces.....	213	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82
D2542	Onlay - metallic-two surfaces	229	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171
D2543	Onlay - metallic - three surfaces.....	262	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209
D2544	Onlay - metallic - four or more surfaces	262	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256
D2610	Inlay - porcelain/ceramic - one surface	214	D3333	Internal root repair of perforation defects	53
D2620	Inlay - porcelain/ceramic - two surfaces.....	214	D3346	Retreat of prev. root canal therapy, anterior.....	194
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223	D3347	Retreat of prev root canal therapy - premolar	233
D2642	Onlay - porcelain/ceramic - two surfaces.....	240	D3348	Retreat of prev. root canal therapy - molar	279
D2643	Onlay - porcelain/ceramic - three surfaces.....	250	D3351	Apexification/recalcification - initial visit.....	101
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3352	Apexification/recalcification - interim med. repl.....	295
D2650	Inlay - resin-based composite - one surface	220	D3353	Apexification/recalcification - final visit	225
D2651	Inlay - resin-based composite - two surfaces	220	D3355	Pulpal regeneration - initial visit.....	101
D2652	Inlay - resin-based composite - >=3 surfaces.....	220	D3356	Pulpal regeneration - interim medication replacement	295
D2662	Onlay - resin-based composite - two surfaces.....	222	D3357	Pulpal regeneration - completion of treatment	225
D2663	Onlay - resin-based composite - three surfaces	222	D3410	Apicoectomy - anterior.....	162
D2664	Onlay - resin-based composite - >=4 surfaces.....	222	D3421	Apicoectomy - premolar (first root).....	182
D2710	Crown - resin based composite (indirect).....	136	D3425	Apicoectomy - molar (first root)	209
D2712	Crown - 3/4 resin-based composite (indirect).....	243	D3426	Apicoectomy (each add. root)	76
D2720	Crown - resin with high noble metal	248	D3430	Retrograde filling - per root.....	60
D2721	Crown - resin with predominantly base metal	248	D3450	Root amputation - per root	117
D2722	Crown - resin with noble metal	248	D3471	Surgical repair of root resorption - anterior	162
D2740	Crown - porcelain/ceramic	280	D3472	Surgical repair of root resorption – premolar	182
D2750	Crown - porcelain fused to high noble metal	262	D3473	Surgical repair of root resorption – molar	209
D2751	Crown - porcelain fused to predominantly base metal	262	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior....	162
D2752	Crown - porcelain fused to noble metal.....	262	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar ..	182
D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	209
D2780	Crown - 3/4 cast high noble metal	239	D3920	Hemisection, not inc. root canal therapy	117
D2781	Crown - 3/4 cast predominantly base metal	239	D3921	Decoronation or submergence of an erupted tooth ...	100
D2782	Crown - 3/4 cast noble metal	239	D3950	Canal prep/fitting of preformed dowel or post	68
D2783	Crown - 3/4 porcelain/ceramic.....	256	Periodontics¹		
D2790	Crown - full cast high noble metal.....	248	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140
D2791	Crown - full cast predominately base metal.....	248	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad...	50
D2792	Crown - full cast noble metal.....	248	D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20
D2794	Crown - titanium and titanium alloys	248	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173
D2910	Recement inlay.....	22	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	53
D2920	Recement crown	22	D4249	Clinical crown lengthening - hard tissue.....	288
D2928	Prefab. porcelain/ceramic crown – permanent tooth..	280	D4260	Osseous surgery - >3 cont. teeth, per quad	250
D2929	Prefab. porcelain/ceramic crown - prim. tooth	280	D4261	Osseous surgery - <=3 cont. teeth, per quad	196
D2930	Prefab. stainless steel crown - prim. tooth.....	55	D4268	Surgical revision proc., per tooth	179
D2931	Prefab. stainless steel crown - perm. tooth.....	61	D4270	Pedicle soft tissue graft procedure	322
D2932	Prefabricated resin crown	70	D4273	Autogenous connective tissue graft proc.	400
D2940	Protective restoration.....	20	D4274	Mesial/distal wedge procedure, single tooth	154
D2941	Interim therapeutic restoration, primary dentition.....	16	D4277	Free soft tissue graft, per tooth.....	327
D2949	Restorative foundation for an indirect restoration.....	0	D4278	Free soft tissue graft, each add. tooth.....	50
D2950	Core buildup, including any pins.....	63	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55
D2951	Pin retention - per tooth, in addition to restoration ...	11	D4342	Perio scaling and root planing - <= 3 teeth, per quad ..	32
D2952	Post and core in addition to crown	93			
D2954	Prefab. post and core in addition to crown	77			
D2955	Post removal (not in conj. with endo. therapy).....	53			
D2970	Temporary crown (fractured tooth)	0			
D2980	Crown repair necessitated by restorative material failure	51			
D2981	Inlay repair necessitated by restorative material failure	51			
D2982	Onlay repair necessitated by restorative material failure	51			
D2983	Veneer repair necessitated by restorative material failure	51			
D2990	Resin infiltration lesion.....	21			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23	D5765	Soft liner for complete or partial removable denture – indirect	50
D4355	Full mouth debridement	45	D5810	Interim complete denture - maxillary.....	181
D4381	Localized delivery of antimicrobial agents.....	49	D5811	Interim complete denture - mandibular.....	181
D4910	Periodontal maintenance	37	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	181
D4921	Gingival irrigation - per quadrant	0	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	181
Prosthetics (Dentures)			D5850	Tissue conditioning - maxillary	40
D5110	Complete denture - maxillary.....	349	D5851	Tissue conditioning - mandibular	40
D5120	Complete denture - mandibular.....	349	Implant Services		
D5130	Immediate denture - maxillary.....	361	D6010	Surgical placement of implant body, endosteal	858
D5140	Immediate denture - mandibular.....	361	D6011	Second stage implant surgery	100
D5211	Maxillary partial denture - resin base.....	325	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	891
D5212	Mandibular partial denture - resin base.....	325	D6013	Surgical placement of mini implant.....	286
D5213	Maxillary partial denture - cast metal	375	D6040	Surgical placement, eposteal implant	1782
D5214	Mandibular partial denture - cast metal	375	D6050	Surgical placement, transosteal implant	2228
D5221	Immediate maxillary partial denture - resin base	325	D6055	Dental implant supported connecting bar	806
D5222	Immediate mandibular partial denture - resin base.....	325	D6056	Prefabricated abutment	228
D5223	Immediate maxillary partial denture - cast metal	375	D6058	Abutment supported porcelain/ceramic crown	280
D5224	Immediate mandibular partial denture - cast metal	375	D6059	Abutment supported porcelain fused to metal crown - high noble metal	262
D5225	Maxillary partial denture - flexible base.....	375	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262
D5226	Mandibular partial denture - flexible base.....	375	D6061	Abutment supported porcelain fused to metal crown - noble metal	262
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	375	D6062	Abutment supported cast metal crown - high noble metal	248
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	375	D6063	Abutment supported cast metal crown - predominantly based metal	248
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	210	D6064	Abutment supported cast metal crown - noble metal .	248
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	D6065	Implant supported porcelain/ceramic crown.....	280
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210	D6066	Implant supported crown – porcelain fused to high noble alloys	262
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210	D6067	Implant supported crown – high noble alloys	262
D5410	Adjust complete denture - maxillary.....	19	D6068	Abutment supp. retainer for porc/ceramic FPD	394
D5411	Adjust complete denture - mandibular	19	D6069	Abutment supp. retainer for porc/high noble FPD.....	422
D5421	Adjust partial denture - maxillary.....	19	D6070	Abutment supp. retainer for porc/pred. base FPD.....	348
D5422	Adjust partial denture - mandibular.....	19	D6071	Abutment supp. retainer for porc/noble FPD	352
D5511	Repair broken complete denture base, mandibular....	44	D6072	Abutment supp. retainer for cast high noble FPD	394
D5512	Repair broken complete denture base, maxillary.....	44	D6073	Abutment supp. retainer for cast high noble FPD	375
D5520	Replace missing or broken teeth - complete denture ..	44	D6074	Abutment supp. retainer for cast noble metal FPD.....	379
D5611	Repair resin partial denture base, mandibular.....	44	D6075	Implant supported retainer for ceramic FPD.....	437
D5612	Repair resin partial denture base, maxillary.....	44	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	412
D5621	Repair cast partial framework, mandibular.....	44	D6077	Implant supported retainer for metal FPD – high noble alloys	436
D5622	Repair cast partial framework, maxillary.....	44	D6080	Implant maintenance procedures	31
D5630	Repair or replace broken retentive/clasping material - per tooth	58	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	32
D5640	Replace broken teeth - per tooth	44	D6082	Implant supported crown – porcelain fused to predominantly base alloys	262
D5650	Add tooth to existing partial denture	44	D6083	Implant supported crown – porcelain fused to noble alloys	262
D5660	Add clasp to existing partial denture -per tooth	58	D6086	Implant supported crown – predominantly base alloys	248
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144	D6087	Implant supported crown – noble alloys	248
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144	D6090	Repair implant supported prosthesis	181
D5710	Rebase complete maxillary denture.....	130	D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	17
D5711	Rebase complete mandibular denture	130	D6095	Repair implant abutment, by report	196
D5720	Rebase maxillary partial denture.....	130	D6098	Implant supported retainer – porcelain fused to predominantly base alloys	348
D5721	Rebase mandibular partial denture.....	130			
D5725	Rebase hybrid prosthesis.....	130			
D5730	Reline complete maxillary denture (direct).....	80			
D5731	Reline complete mandibular denture (direct).....	80			
D5740	Reline maxillary partial denture (direct).....	78			
D5741	Reline mandibular partial denture (direct).....	78			
D5750	Reline complete maxillary denture (indirect).....	112			
D5751	Reline complete mandibular denture (indirect).....	112			
D5760	Reline maxillary partial denture (indirect).....	112			
D5761	Reline mandibular partial denture (indirect).....	112			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	422	D6930	Recement or rebond fixed partial denture	35
D6100	Surgical removal of implant body.....	121	D6980	Fixed partial denture repair, by report	86
D6101	Debridement peri-implant defect	45	Oral Surgery*		
D6102	Debridement and osseous contouring periimplant defect	90	D7111	Extraction, coronal remnants - primary tooth.....	28
D6103	Bone graft repair peri-implant defect.....	300	D7140	Extraction, erupted tooth or exposed root	35
D6104	Bone graft at time of implant placement	300	D7210	Extraction, erupted tooth req elev, etc	67
D6121	Implant supported retainer for metal FPD – predominantly base alloys	375	D7220	Removal of impacted tooth - soft tissue	76
D6122	Implant supported retainer for metal FPD – noble alloys	379	D7230	Removal of impacted tooth - partially bony.....	98
D6190	Radiographic surgical implant index, by report.....	0	D7240	Removal of impacted tooth - completely bony	121
Bridge & Pontics			D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109
D6210	Pontic - cast high noble metal	248	D7250	Removal of residual tooth roots	71
D6211	Pontic - cast predominately base metal	248	D7251	Coronectomy - intentional partial tooth removal	109
D6212	Pontic - cast noble metal	248	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113
D6214	Pontic - titanium and titanium alloys	248	D7280	Exposure of an unerupted tooth	77
D6240	Pontic - porcelain fused to high noble metal.....	262	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30
D6241	Pontic - porcelain fused to predominately base metal.	262	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ...	71
D6242	Pontic - porcelain fused to noble metal	262	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71
D6243	Pontic – porcelain fused to titanium and titanium alloys	248	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	71
D6245	Pontic - porcelain/ceramic.....	280	D7471	Removal of lateral exostosis	176
D6250	Pontic - resin with high noble metal.....	248	D7510	Incision and drainage of abscess - intraoral soft tissue	48
D6251	Pontic - resin with predominately base metal.....	248	D7910	Suture of recent small wounds up to 5 cm.....	30
D6252	Pontic - resin with noble metal.....	248	D7921	Collection application of blood concentrate	20
D6545	Ret. - cast metal for resin bonded fixed prosthesis	126	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197	D7961	Buccal/labial frenectomy (frenulectomy).....	132
D6549	Resin retainer for resin bonded fixed prosthesis.....	126	D7962	Lingual frenectomy (frenulectomy).....	132
D6600	Retainer inlay - porc./ceramic, two surfaces	214	D7971	Excision of pericoronal gingiva	66
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223	D7979	Non-surgical sialolithotomy.....	22
D6602	Retainer inlay - cast high noble metal, two surfaces	204	Orthodontics²		
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213	D8010	Limited ortho. treatment of the primary dentition	3304
D6604	Retainer inlay - cast predominantly base metal, two surfaces	204	D8020	Limited ortho. treatment of the transitional dentition	3304
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213	D8030	Limited ortho treatment - adolescent dentition	3422
D6606	Retainer inlay - cast noble metal, two surfaces.....	204	D8070	Comp. ortho. treatment - transitional dentition	3304
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213	D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D6608	Retainer onlay - porc./ceramic, two surfaces.....	240	D8090	Comp. ortho. treatment - adult dentition	3658
D6609	Retainer onlay - porc./ceramic, three or more surfaces	250	D8210	Removable appliance therapy.....	770
D6610	Retainer onlay - cast high noble metal, two surfaces... ..	229	D8220	Fixed appliance therapy	783
D6611	Retainer onlay - cast high noble metal, >=3 surfaces ...	262	D8660	Pre-orthodontic treatment visit	413
D6612	Retainer onlay - cast predominantly base metal, two surfaces	229	D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D6614	Retainer onlay - cast noble metal, two surfaces.....	229	D8701	Repair of fixed retainer, includes reattachment – maxillary	174
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262	D8702	Repair of fixed retainer, includes reattachment – mandibular	174
D6720	Retainer crown - resin with high noble metal	248	Adjunctive General Services		
D6721	Retainer crown - resin with predominantly base metal	248	D9110	Palliative (emergency) treatment of dental pain.....	22
D6722	Retainer crown - resin with noble metal	248	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D6740	Retainer crown - porcelain/ceramic	280	D9211	Regional block anesthesia	0
D6750	Retainer crown - porcelain fused to high noble metal.	262	D9212	Trigeminal division block anesthesia	0
D6751	Retainer crown - porcelain fused to predominately base metal	262	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D6752	Retainer crown - porcelain fused to noble metal	262	D9219	Evaluation for deep sedation or general anesthesia ...	0
D6780	Retainer crown - 3/4 cast high noble metal	235	D9222	Deep sedation/general anesthesia - first 15 minutes... ..	52
D6781	Retainer crown - 3/4 cast predominantly base metal ..	235	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D6782	Retainer crown - 3/4 cast noble metal	235	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D6783	Retainer crown - 3/4 porc./ceramic	256	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D6790	Retainer crown - full cast high noble metal.....	248	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D6791	Retainer crown - full cast predominately base metal... ..	248			
D6792	Retainer crown - full cast noble metal.....	248			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9310	Consultation (diagnostic service by nontreating dentist)	22
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament	16
D9930	Treatment of complications (post-surgical)	22
D9944	Occlusal guard – hard appliance, full arch.....	136
D9945	Occlusal guard – soft appliance, full arch.....	136
D9946	Occlusal guard – hard appliance, partial arch	136
D9950	Occlusion analysis - mounted case.....	52
D9951	Occlusal adjustment - limited.....	33
D9952	Occlusal adjustment - complete.....	133
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter (when available)	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available)	0
D9997	Dental case management – patients with special health care needs	50

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

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

Plan Exclusions

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

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

Plan Limitations

1. One evaluation (D0120, D0140, D0145, D0150, D0160, D0180) is covered once per six months, per patient. D0150 limited to once

- in 12 months.
2. One (1) teeth cleaning (D1110 or D1120) per 6 months, per patient.
3. One (1) fluoride application every 6 months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months, per patient starting at age two.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages 6-18. No more than one set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient up to age 18 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
8. One (1) space maintainer (D1510, D1516, D1517, D1520, D1526 or D1527) is covered per 24 months per patient, per arch. D1575 limited to once per lifetime.
9. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
10. Replacement of a primary stainless steel crown (under age 15), crown, denture, or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.
11. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
12. Relining and rebasing of dentures is covered once per 24 months, per patient.
13. Root canal treatment is covered once per lifetime.
14. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
15. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
16. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240), and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
17. Full mouth debridement is covered once per lifetime, per patient.
18. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
19. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
20. Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
21. Denture rebase and denture reline is limited to 1 in a 36 month period 6 months after initial placement.
22. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
23. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
24. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
25. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one per 12 consecutive month period.
26. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
27. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
28. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
29. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
30. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.