



A Better Path to Benefits



Dominion National recognizes that you're unique and we've designed plans and programs that work for you. We seek a better way to serve you through customized plans and exceptional service so you can focus on what makes you extraordinary and fulfilled.

WE WORK FOR THE BENEFIT OF OUR MEMBERS, DELIVERING:

EXTENSIVE NETWORKS²

Choice PPO network offers access to over 367,000 dentists nationally.^{1,3}

Select Plan network is one of the largest in the Mid-Atlantic region.^{3,4}

Elite PPO and Elite ePPO networks provide unmatched flexibility and lower out-of-pocket costs.

To find a participating provider, please visit DominionNational.com.

VALUE-ADDED BENEFITS

NEW PREVENTION REWARDS PROGRAM

Get Cleanings. Get Rewarded!

Primary subscribers will receive a \$20 reward from Dominion for each family member who gets two cleanings in a calendar year from a participating dentist.

No extra steps are needed! Just visit your dentist twice a year for a cleaning, have them submit the claim and Dominion will automatically send you the reward check.

HEARING DISCOUNT PROGRAM

amplifonusa.com/dn

Access to discounts on hearing aids and services.⁵

DIGIBITE TELEDENTISTRY APP

DominionNational.com/teledentistry

Receive a dental consultation without leaving your home or office!

Z DENTAL DISCOUNT

Myzsonic.com/DN

Access discounts on premium oral care products and accessories offered by Z Dental.

SECURE ONLINE ACCESS

Access your digital ID card, find a provider and more through secure online resources.



MEMBER PORTAL

DominionMembers.com



DOMINION NATIONAL GO MOBILE COMMUNICATION SERVICE

Register at DominionNational.com/go or by calling 888.596.0716



LIVE CHAT SUPPORT

Visit DominionNational.com to chat with a live agent.



TOLL-FREE, 24 HOUR ACCESS at 888.518.5338

Eligibility and claim information are available for members, benefit administrators and dentists.

¹ Dominion National Internal Performance Report, 2023.

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

³ Participating providers are subject to change.

⁴ 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, 2023. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

⁵ Visit amplifonusa.com/dn for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.



Select Plan Premium Kids 706s (DC)

Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services

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

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$425 per child per calendar year for medically necessary treatment (maximum of \$850 for policy covering two or more children).
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
D0120	Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the calendar year from a participating Select Plan network dentist.	0	D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0140	Office visit.....	0	D0602	Caries risk assessment & documentation, with a finding of moderate risk	0
D0145	Periodic oral eval - established patient	0	D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
D0150	Limited oral eval - problem focused	0	D0701	Panoramic radiographic image – image capture only ..	0
D0160	Oral eval for a patient under 3 years of age	0	D0702	2-D cephalometric radiographic image – image capture only	0
D0170	Comprehensive oral eval - new or established patient	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0180	Detailed and extensive oral eval - problem focused....	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0210	Re-evaluation - limited, problem focused	0	D0706	Intraoral – occlusal radiographic image – image capture only	0
D0220	Comp. periodontal eval - new or established patient ..	0	D0707	Intraoral – periapical radiographic image – image capture only	0
D0230	Intraoral – comprehensive series of radiographic images	0	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0240	Intraoral - periapical first radiographic image	0	D0709	Intraoral - periapical each add. radiographic image	0
D0250	Intraoral - occlusal radiographic image	0	D1110	Intraoral - comprehensive series of radiographic images	0
D0270	Extra-oral - 2D projection radiographic image	0	D1120	Extra-oral - single radiographic image	0
D0272	Bitewing - single radiographic image.....	0	D1206	Bitewing - two radiographic images.....	0
D0273	Bitewings - three radiographic images	0	D1208	Bitewings - four radiographic images	0
D0274	Bitewings - seven to eight radiographic images.....	0	D1310	Vertical bitewings - 7 to 8 radiographic images.....	0
D0277	Panoramic radiographic image	0	D1320	Panoramic radiographic image	0
D0330	2D cephalometric radiographic image	0	D1321	2D cephalometric radiographic image	0
D0340	2D oral/facial photographic images (intraoral/extraoral).....	0	D1330	2D oral/facial photographic images (intraoral/extraoral).....	0
D0350	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D1351	Intraoral tomosynthesis – bitewing radiographic image	0
D0372	Intraoral tomosynthesis – periapical radiographic image	0	D1352	Intraoral tomosynthesis – periapical radiographic image	0
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1354	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0
D0374	Intraoral tomosynthesis – bitewing radiographic image	0	D1355	Intraoral tomosynthesis – periapical radiographic image – image capture only	0
D0387	Intraoral tomosynthesis – periapical radiographic image	0	D1510	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0
D0388	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D1516	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0
D0389	Intraoral tomosynthesis – periapical radiographic image	0	D1517	Intraoral tomosynthesis – periapical radiographic image – image capture only	0
D0391	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D1520	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0
D0460	Intraoral tomosynthesis – bitewing radiographic image	0	D1526	Intraoral tomosynthesis – periapical radiographic image	0
D0470	Intraoral tomosynthesis – periapical radiographic image	0	D1527	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0
D0600	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D1551	Intraoral tomosynthesis – bitewing radiographic image	0
	Interpretation of diagnostic image only	0	D1552	Interpretation of diagnostic image only	0
	Pulp vitality tests	0			
	Diagnostic casts	0			
	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0	D2949	Restorative foundation for an indirect restoration.....	0			
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0	D2950	Core buildup, including any pins	63			
Restorative (Fillings)								
D2140	Amalgam - one surface, prim. or perm.	21	D2951	Pin retention - per tooth, in addition to restoration ...	11			
D2150	Amalgam - two surfaces, prim. or perm.....	26	D2952	Post and core in addition to crown	93			
D2160	Amalgam - three surfaces, prim. or perm.	32	D2954	Prefab. post and core in addition to crown	77			
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	D2955	Post removal (not in conj. with endo. therapy).....	53			
D2330	Resin-based composite - one surface, anterior.....	35	D2970	Temporary crown (fractured tooth)	0			
D2331	Resin-based composite - two surfaces, anterior	42	D2980	Crown repair necessitated by restorative material failure	51			
D2332	Resin-based composite - three surfaces, anterior.....	50	D2981	Inlay repair necessitated by restorative material failure	51			
D2335	Resin-based composite - >=4 surfaces, anterior.....	60	D2982	Onlay repair necessitated by restorative material failure.....	51			
D2390	Resin-based composite crown, anterior.....	96	D2983	Veneer repair necessitated by restorative material failure	51			
D2391	Resin-based composite - one surface, posterior	37	D2990	Resin infiltration lesion	21			
D2392	Resin-based composite - two surfaces, posterior.....	44						
D2393	Resin-based composite - three surfaces, posterior	51						
D2394	Resin-based composite - >=4 surfaces, posterior.....	62						
Crown & Bridge								
D2510	Inlay - metallic - one surface.....	204	Endodontics¹					
D2520	Inlay - metallic - two surfaces.....	204	D3110	Pulp cap - direct (excl. final restoration).....	16			
D2530	Inlay - metallic - three or more surfaces.....	213	D3120	Pulp cap - indirect (excl. final restoration).....	16			
D2542	Onlay - metallic-two surfaces	229	D3220	Therapeutic pulpotomy (excl. final restor.).....	41			
D2543	Onlay - metallic - three surfaces.....	262	D3221	Pulpal debridement, prim. and perm. teeth	47			
D2544	Onlay - metallic - four or more surfaces	262	D3222	Partial pulpotomy for apexogenesis	80			
D2610	Inlay - porcelain/ceramic - one surface	214	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80			
D2620	Inlay - porcelain/ceramic - two surfaces.....	214	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82			
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171			
D2642	Onlay - porcelain/ceramic - two surfaces.....	240	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209			
D2643	Onlay - porcelain/ceramic - three surfaces.....	250	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256			
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3333	Internal root repair of perforation defects	53			
D2650	Inlay - resin-based composite - one surface.....	220	D3346	Retreat of prev. root canal therapy, anterior	194			
D2651	Inlay - resin-based composite - two surfaces	220	D3347	Retreat of prev root canal therapy - premolar	233			
D2652	Inlay - resin-based composite - >=3 surfaces.....	220	D3348	Retreat of prev. root canal therapy - molar	279			
D2662	Onlay - resin-based composite - two surfaces	222	D3351	Apexification/recalcification - initial visit.....	101			
D2663	Onlay - resin-based composite - three surfaces	222	D3352	Apexification/recalcification - interim med. repl.....	295			
D2664	Onlay - resin-based composite - >=4 surfaces	222	D3353	Apexification/recalcification - final visit	225			
D2710	Crown - resin based composite (indirect).....	136	D3355	Apexification/recalcification - initial visit	101			
D2712	Crown - 3/4 resin-based composite (indirect).....	243	D3356	Pulpal regeneration - interim medication replacement	295			
D2720	Crown - resin with high noble metal	248	D3357	Pulpal regeneration - completion of treatment	225			
D2721	Crown - resin with predominantly base metal	248	D3410	Apicoectomy - anterior	162			
D2722	Crown - resin with noble metal	248	D3421	Apicoectomy - premolar (first root)	182			
D2740	Crown - porcelain/ceramic	280	D3425	Apicoectomy - molar (first root)	209			
D2750	Crown - porcelain fused to high noble metal	262	D3426	Apicoectomy (each add. root)	76			
D2751	Crown - porcelain fused to predominantly base metal	262	D3430	Retrograde filling - per root	60			
D2752	Crown - porcelain fused to noble metal	262	D3450	Root amputation - per root	117			
D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3471	Surgical repair of root resorption - anterior	162			
D2780	Crown - 3/4 cast high noble metal	239	D3472	Surgical repair of root resorption – premolar	182			
D2781	Crown - 3/4 cast predominantly base metal	239	D3473	Surgical repair of root resorption – molar	209			
D2782	Crown - 3/4 cast noble metal	239	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	162			
D2783	Crown - 3/4 porcelain/ceramic	256	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	182			
D2790	Crown - full cast high noble metal	248	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	209			
D2791	Crown - full cast predominately base metal	248	D3920	Hemisection, not inc. root canal therapy	117			
D2792	Crown - full cast noble metal	248	D3921	Decoronation or submergence of an erupted tooth	100			
D2794	Crown - titanium and titanium alloys	248	D3950	Canal prep/fitting of preformed dowel or post	68			
D2910	Recement inlay	22						
D2920	Recement crown	22						
D2928	Prefab. porcelain/ceramic crown – permanent tooth..	280	Periodontics¹					
D2929	Prefab. porcelain/ceramic crown - prim. tooth	280	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad	140			
D2930	Prefab. stainless steel crown - prim. tooth	55	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad... ..	50			
D2931	Prefab. stainless steel crown - perm. tooth	61						
D2932	Prefabricated resin crown.....	70						
D2940	Protective restoration	20						
D2941	Interim therapeutic restoration, primary dentition.....	16						

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20	D5622	Repair cast partial framework, maxillary.....	44			
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173	D5630	Repair or replace broken retentive/clasping material - per tooth	58			
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53	D5640	Replace broken teeth - per tooth	44			
D4249	Clinical crown lengthening - hard tissue.....	288	D5650	Add tooth to existing partial denture	44			
D4260	Osseous surgery - >3 cont. teeth, per quad	250	D5660	Add clasp to existing partial denture -per tooth	58			
D4261	Osseous surgery - <=3 cont. teeth, per quad	196	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144			
D4268	Surgical revision proc., per tooth	179	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144			
D4270	Pedicle soft tissue graft procedure	322	D5710	Rebase complete maxillary denture	130			
D4273	Autogenous connective tissue graft proc.	400	D5711	Rebase complete mandibular denture.....	130			
D4274	Mesial/distal wedge procedure, single tooth.....	154	D5720	Rebase maxillary partial denture.....	130			
D4277	Free soft tissue graft, per tooth.....	327	D5721	Rebase mandibular partial denture.....	130			
D4278	Free soft tissue graft, each add. tooth.....	50	D5725	Rebase hybrid prosthesis.....	130			
D4286	Removal of non-resorbable barrier	90	D5730	Reline complete maxillary denture (direct)	80			
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55	D5731	Reline complete mandibular denture (direct)	80			
D4342	Perio scaling and root planing - <= 3 teeth, per quad ..	32	D5740	Reline maxillary partial denture (direct).....	78			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23	D5741	Reline mandibular partial denture (direct).....	78			
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	45	D5750	Reline complete maxillary denture (indirect)	112			
D4381	Localized delivery of antimicrobial agents.....	49	D5751	Reline complete mandibular denture (indirect)	112			
D4910	Periodontal maintenance	37	D5760	Reline maxillary partial denture (indirect).....	112			
D4921	Gingival irrigation with a medicinal agent – per quadrant.....	0	D5761	Reline mandibular partial denture (indirect).....	112			
Prosthetics (Dentures)								
D5110	Complete denture - maxillary.....	349	D5765	Soft liner for complete or partial removable denture – indirect	50			
D5120	Complete denture - mandibular.....	349	D5810	Interim complete denture - maxillary.....	181			
D5130	Immediate denture - maxillary.....	361	D5811	Interim complete denture - mandibular.....	181			
D5140	Immediate denture - mandibular	361	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	181			
D5211	Maxillary partial denture - resin base.....	325	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	181			
D5212	Mandibular partial denture - resin base.....	325	D5850	Tissue conditioning - maxillary	40			
D5213	Maxillary partial denture - cast metal	375	D5851	Tissue conditioning - mandibular	40			
D5214	Mandibular partial denture - cast metal	375	Implant Services					
D5221	Immediate maxillary partial denture - resin base	325	D6010	Surgical placement of implant body, endosteal	858			
D5222	Immediate mandibular partial denture - resin base....	325	D6011	Second stage implant surgery	100			
D5223	Immediate maxillary partial denture - cast metal	375	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	891			
D5224	Immediate mandibular partial denture - cast metal	375	D6013	Surgical placement of mini implant.....	286			
D5225	Maxillary partial denture - flexible base	375	D6040	Surgical placement, eposteal implant	1782			
D5226	Mandibular partial denture - flexible base	375	D6050	Surgical placement, transosteal implant	2228			
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	375	D6055	Dental implant supported connecting bar	806			
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	375	D6056	Prefabricated abutment	228			
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	210	D6058	Abutment supported porcelain/ceramic crown	280			
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	D6059	Abutment supported porcelain fused to metal crown - high noble metal	262			
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262			
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210	D6061	Abutment supported porcelain fused to metal crown - noble metal	262			
D5410	Adjust complete denture - maxillary.....	19	D6062	Abutment supported cast metal crown - high noble metal	248			
D5411	Adjust complete denture - mandibular	19	D6063	Abutment supported cast metal crown - predominantly based metal	248			
D5421	Adjust partial denture - maxillary.....	19	D6064	Abutment supported cast metal crown - noble metal ..	248			
D5422	Adjust partial denture - mandibular	19	D6065	Implant supported porcelain/ceramic crown	280			
D5511	Repair broken complete denture base, mandibular....	44	D6066	Implant supported crown – porcelain fused to high noble alloys	262			
D5512	Repair broken complete denture base, maxillary.....	44	D6067	Implant supported crown – high noble alloys	262			
D5520	Replace missing or broken teeth - complete denture ..	44	D6068	Abutment supp. retainer for porc/ceramic FPD.....	394			
D5611	Repair resin partial denture base, mandibular.....	44	D6069	Abutment supp. retainer for porc/high noble FPD.....	422			
D5612	Repair resin partial denture base, maxillary.....	44	D6070	Abutment supp. retainer for porc/pred. base FPD.....	348			
D5621	Repair cast partial framework, mandibular	44	D6071	Abutment supp. retainer for porc/noble FPD	352			
			D6072	Abutment supp. retainer for cast high noble FPD	394			
			D6073	Abutment supp. retainer for cast high noble FPD	375			
			D6074	Abutment supp. retainer for cast noble metal FPD.....	379			
			D6075	Implant supported retainer for ceramic FPD.....	437			

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D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	412	D6607	Retainer inlay - cast noble metal, >=3 surfaces	213																																																																																																																																																									
D6077	Implant supported retainer for metal FPD – high noble alloys	436	D6608	Retainer onlay - porc./ceramic, two surfaces.....	240																																																																																																																																																									
D6080	Implant maintenance procedures	31	D6609	Retainer onlay - porc./ceramic, three or more surfaces	250																																																																																																																																																									
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	32	D6610	Retainer onlay - cast high noble metal, two surfaces...	229																																																																																																																																																									
D6082	Implant supported crown – porcelain fused to predominantly base alloys.....	262	D6611	Retainer onlay - cast high noble metal, >=3 surfaces ...	262																																																																																																																																																									
D6083	Implant supported crown – porcelain fused to noble alloys	262	D6612	Retainer onlay - cast predominantly base metal, two surfaces	229																																																																																																																																																									
D6086	Implant supported crown – predominantly base alloys	248	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262																																																																																																																																																									
D6087	Implant supported crown – noble alloys.....	248	D6614	Retainer onlay - cast noble metal, two surfaces.....	229																																																																																																																																																									
D6090	Repair implant supported prosthesis	181	D6615	Retainer onlay - cast noble metal, >=3 surfaces	262																																																																																																																																																									
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	17	D6720	Retainer crown - resin with high noble metal	248																																																																																																																																																									
D6095	Repair implant abutment, by report	196	D6721	Retainer crown - resin with predominantly base metal	248																																																																																																																																																									
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	348	D6722	Retainer crown - resin with noble metal	248																																																																																																																																																									
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	422	D6740	Retainer crown - porcelain/ceramic	280																																																																																																																																																									
D6100	Surgical removal of implant body.....	121	D6750	Retainer crown - porcelain fused to high noble metal ..	262																																																																																																																																																									
D6101	Debridement peri-implant defect	45	D6751	Retainer crown - porcelain fused to predominately base metal	262																																																																																																																																																									
D6102	Debridement and osseous contouring periimplant defect	90	D6752	Retainer crown - porcelain fused to noble metal.....	262																																																																																																																																																									
D6103	Bone graft repair peri-implant defect.....	300	D6780	Retainer crown - 3/4 cast high noble metal	235																																																																																																																																																									
D6104	Bone graft at time of implant placement	300	D6781	Retainer crown - 3/4 cast predominantly base metal ..	235																																																																																																																																																									
D6105	Removal of implant body not requiring bone removal or flap elevation	61	D6782	Retainer crown - 3/4 cast noble metal.....	235																																																																																																																																																									
D6121	Implant supported retainer for metal FPD – predominantly base alloys	375	D6783	Retainer crown - 3/4 porc./ceramic	256																																																																																																																																																									
D6122	Implant supported retainer for metal FPD – noble alloys	379	D6790	Retainer crown - full cast high noble metal.....	248																																																																																																																																																									
D6190	Radiographic surgical implant index, by report.....	0	D6791	Retainer crown - full cast predominantly base metal ...	248																																																																																																																																																									
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	35	D6792	Retainer crown - full cast noble metal.....	248																																																																																																																																																									
Bridge & Pontics																																																																																																																																																														
D6210	Pontic - cast high noble metal	248	D6930	Re cement or rebond fixed partial denture	35																																																																																																																																																									
D6211	Pontic - cast predominately base metal	248	D6980	Fixed partial denture repair, by report	86																																																																																																																																																									
D6212	Pontic - cast noble metal	248	Oral Surgery¹																																																																																																																																																											
D6214	Pontic - titanium and titanium alloys	248	D7111	Extraction, coronal remnants - primary tooth	28	D7111	Extraction, coronal remnants - primary tooth	28	D6240	Pontic - porcelain fused to high noble metal.....	262	D7140	Extraction, erupted tooth or exposed root	35	D6241	Pontic - porcelain fused to predominately base metal.	262	D7210	Extraction, erupted tooth req elev, etc	67	D6242	Pontic - porcelain fused to noble metal	262	D7220	Removal of impacted tooth - soft tissue	76	D6243	Pontic – porcelain fused to titanium and titanium alloys	248	D7230	Removal of impacted tooth - partially bony.....	98	D6245	Pontic - porcelain/ceramic.....	280	D7240	Removal of impacted tooth - completely bony	121	D6250	Pontic - resin with high noble metal.....	248	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109	D6251	Pontic - resin with predominately base metal.....	248	D7250	Removal of residual tooth roots	71	D6252	Pontic - resin with noble metal.....	248	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	109	D6545	Ret. - cast metal for resin bonded fixed prosthesis	126	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197	D7280	Exposure of an unerupted tooth	77	D6549	Resin retainer for resin bonded fixed prosthesis.....	126	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30	D6600	Retainer inlay - porc./ceramic, two surfaces	214	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad.	71	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71	D6602	Retainer inlay - cast high noble metal, two surfaces....	204	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	71	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213	D7471	Removal of lateral exostosis	176	D6604	Retainer inlay - cast predominantly base metal, two surfaces	204	D7509	Marsupialization of odontogenic cyst	360	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213	D7510	Incision and drainage of abscess - intraoral soft tissue.	48	D6606	Retainer inlay - cast noble metal, two surfaces.....	204	D7910	Suture of recent small wounds up to 5 cm.....	30	Orthodontics²			D7921	Collection application of blood concentrate	20				D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25				D7961	Buccal/labial frenectomy (frenulectomy)	132				D7962	Lingual frenectomy (frenulectomy)	132				D7971	Excision of pericoronal gingiva	66				D7979	Non-surgical sialolithotomy.....	22				D8010	Limited ortho. treatment of the primary dentition.....	3304
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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	Plan Exclusions Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.
D8020	Limited ortho. treatment of the transitional dentition	3304	1. Services which are covered under worker's compensation or employer's liability laws.
D8030	Limited ortho treatment - adolescent dentition	3422	2. Services which are not necessary for the patient's dental health as determined by the Plan.
D8070	Comp. ortho. treatment - transitional dentition	3304	3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
D8080	Comp. ortho. treatment - adolescent dentition	3422	4. Oral surgery requiring the setting of fractures or dislocations.
D809	Comp. ortho. treatment - adult dentition.....	3658	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.
D8210	Removable appliance therapy	770	6. Dispensing of drugs.
D8220	Fixed appliance therapy	783	7. Hospitalization for any dental procedure.
D8660	Pre-orthodontic treatment visit	413	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.
D8670	Periodic ortho. treatment visit (as part of contract)	118	9. Replacement due to loss or theft of prosthetic appliance.
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413	10. Procedures not listed as covered benefits under this Plan.
D8701	Repair of fixed retainer, includes reattachment – maxillary	174	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).
D8702	Repair of fixed retainer, includes reattachment – mandibular	174	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.
Adjunctive General Services			
D9110	Palliative treatment of dental pain – per visit	22	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.
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0	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.
D9211	Regional block anesthesia	0	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.
D9212	Trigeminal division block anesthesia	0	
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0	
D9219	Evaluation for deep sedation or general anesthesia	0	
D9222	Deep sedation/general anesthesia - first 15 minutes... 52		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..... 19		
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52	
D9310	Consultation (diagnostic service by nontreating dentist)	22	
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190	
D9910	Application of desensitizing medicament	16	
D9930	Treatment of complications (post-surgical)	22	
D9944	Occlusal guard – hard appliance, full arch..... 136		
D9945	Occlusal guard – soft appliance, full arch	136	
D9946	Occlusal guard – hard appliance, partial arch	136	
D9950	Occlusion analysis - mounted case..... 52		
D9951	Occlusal adjustment - limited..... 33		
D9952	Occlusal adjustment - complete	133	
D9953	Reline custom sleep apnea appliance (indirect)..... 158		
D9986	Missed appointment	50	
D9995	Teledentistry – synchronous; real-time encounter (when available)	0	
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available)	0	
D9997	Dental case management – patients with special health care needs	50	
1	Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.		
2	See exclusion #15 and limitation #29 for additional coverage information.		
Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.			

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.