



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 Basic Kids 702xs (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.		D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0
D0120	Office visit.....	10	D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0140	Periodic oral eval - established patient	0	D0602	Caries risk assessment & documentation, with a finding of moderate risk	0
D0145	Limited oral eval - problem focused	0	D0603	Caries risk assessment & documentation, with a finding of high risk	0
D0150	Oral eval for a patient under 3 years of age	0	D0701	Panoramic radiographic image – image capture only .	0
D0160	Comprehensive oral eval - new or established patient	0	D0702	2-D cephalometric radiographic image – image capture only	0
D0170	Detailed and extensive oral eval - problem focused....	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0180	Re-evaluation - limited, problem focused	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0210	Comp. periodontal eval - new or established patient .	0	D0706	Intraoral – occlusal radiographic image – image capture only	0
D0220	Intraoral – comprehensive series of radiographic images	26	D0707	Intraoral – periapical radiographic image – image capture only	0
D0230	Intraoral - periapical first radiographic image	0	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0240	Intraoral - periapical each add. radiographic image	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0250	Intraoral - occlusal radiographic image	0	D1110	Prophylaxis (cleaning) - adult	13
D0270	Extra-oral - 2D projection radiographic image	0	D1120	Prophylaxis (cleaning) - child	10
D0272	Bitewing - single radiographic image.....	0	D1206	Topical application of fluoride varnish.....	0
D0273	Bitewings - two radiographic images.....	0	D1208	Topical application of fluoride - excluding varnish	0
D0274	Bitewings - three radiographic images.....	0	D1310	Nutritional counseling for control of dental disease ...	0
D0277	Bitewings - four radiographic images	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0330	Vertical bitewings - 7 to 8 radiographic images.....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0340	Panoramic radiographic image	30	D1330	Oral hygiene instructions.....	0
D0350	2D cephalometric radiographic image	0	D1351	Sealant - per tooth	21
D0372	2D oral/facial photographic images (intraoral/extraoral).....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth....	21
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D1354	Application of caries arresting medicament - per tooth.....	0
D0374	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1355	Caries preventive medicament application – per tooth.....	21
D0387	Intraoral tomosynthesis – periapical radiographic image.....	0	D1510	Space maintainer - fixed, unilateral - per quadrant....	143
D0388	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1516	Space maintainer - fixed - bilateral, maxillary	198
D0389	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D1517	Space maintainer - fixed - bilateral, mandibular	198
D0391	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D1520	Space maintainer - removable, unilateral - per quadrant	143
D0460	Interpretation of diagnostic image only	0			
D0470	Pulp vitality tests	0			
	Diagnostic casts.....	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D1526	Space maintainer - removable - bilateral, maxillary	198	D2929	Prefab. porcelain/ceramic crown - prim. tooth	560
D1527	Space maintainer - removable - bilateral, mandibular	198	D2930	Prefab. stainless steel crown - prim. tooth.....	110
D1551	Re-cement or re-bond bilateral space maintainer – mandibular.....	34	D2931	Prefab. stainless steel crown - perm. tooth.....	121
D1552	Re-cement or re-bond bilateral space maintainer – maxillary.....	34	D2932	Prefabricated resin crown	140
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34	D2940	Protective restoration.....	39
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143	D2941	Interim therapeutic restoration, primary dentition....	31
Restorative (Fillings)					
D2140	Amalgam - one surface, prim. or perm.	41	D2949	Restorative foundation for an indirect restoration.....	0
D2150	Amalgam - two surfaces, prim. or perm.....	51	D2950	Core buildup, including any pins	125
D2160	Amalgam - three surfaces, prim. or perm.	64	D2951	Pin retention - per tooth, in addition to restoration ...	22
D2161	Amalgam - >=4 surfaces, prim. or perm.....	78	D2952	Post and core in addition to crown	186
D2330	Resin-based composite - one surface, anterior.....	69	D2954	Prefab. post and core in addition to crown	154
D2331	Resin-based composite - two surfaces, anterior	83	D2955	Post removal (not in conj. with endo. therapy).....	105
D2332	Resin-based composite - three surfaces, anterior.....	99	D2970	Temporary crown (fractured tooth)	0
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	D2980	Crown repair necessitated by restorative material failure	102
D2390	Resin-based composite crown, anterior.....	192	D2981	Inlay repair necessitated by restorative material failure.....	102
D2391	Resin-based composite - one surface, posterior	73	D2982	Onlay repair necessitated by restorative material failure	102
D2392	Resin-based composite - two surfaces, posterior.....	87	D2983	Veneer repair necessitated by restorative material failure	102
D2393	Resin-based composite - three surfaces, posterior	102	D2990	Resin infiltration lesion.....	41
D2394	Resin-based composite - >=4 surfaces, posterior.....	123			
Crown & Bridge					
D2510	Inlay - metallic - one surface.....	407			
D2520	Inlay - metallic - two surfaces.....	407			
D2530	Inlay - metallic - three or more surfaces.....	425			
D2542	Onlay - metallic-two surfaces	458			
D2543	Onlay - metallic - three surfaces.....	524			
D2544	Onlay - metallic - four or more surfaces	524			
D2610	Inlay - porcelain/ceramic - one surface	427			
D2620	Inlay - porcelain/ceramic - two surfaces.....	427			
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445			
D2642	Onlay - porcelain/ceramic - two surfaces	479			
D2643	Onlay - porcelain/ceramic - three surfaces.....	499			
D2644	Onlay - porcelain/ceramic - >=4 surfaces	499			
D2650	Inlay - resin-based composite - one surface	440			
D2651	Inlay - resin-based composite - two surfaces	440			
D2652	Inlay - resin-based composite - >=3 surfaces.....	440			
D2662	Onlay - resin-based composite - two surfaces.....	444			
D2663	Onlay - resin-based composite - three surfaces	444			
D2664	Onlay - resin-based composite - >=4 surfaces	444			
D2710	Crown - resin based composite (indirect).....	272			
D2712	Crown - 3/4 resin-based composite (indirect).....	485			
D2720	Crown - resin with high noble metal	495			
D2721	Crown - resin with predominantly base metal	495			
D2722	Crown - resin with noble metal	495			
D2740	Crown - porcelain/ceramic	560			
D2750	Crown - porcelain fused to high noble metal	523			
D2751	Crown - porcelain fused to predominantly base metal	523			
D2752	Crown - porcelain fused to noble metal	523			
D2753	Crown - porcelain fused to titanium and titanium alloys	523			
D2780	Crown - 3/4 cast high noble metal	478			
D2781	Crown - 3/4 cast predominantly base metal	478			
D2782	Crown - 3/4 cast noble metal	478			
D2783	Crown - 3/4 porcelain/ceramic.....	511			
D2790	Crown - full cast high noble metal.....	495			
D2791	Crown - full cast predominately base metal	495			
D2792	Crown - full cast noble metal.....	495			
D2794	Crown - titanium and titanium alloys	495			
D2910	Recement inlay	43			
D2920	Recement crown	43			
D2928	Prefab. porcelain/ceramic crown – permanent tooth.	560			
Endodontics¹					
D3110	Pulp cap - direct (excl. final restoration).....	32			
D3120	Pulp cap - indirect (excl. final restoration).....	32			
D3220	Therapeutic pulpotomy (excl. final restor.).....	81			
D3221	Pulpal debridement, prim. and perm. teeth	94			
D3222	Partial pulpotomy for apexogenesis	160			
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	160			
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	164			
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341			
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	418			
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	512			
D3333	Internal root repair of perforation defects	105			
D3346	Retreat of prev. root canal therapy, anterior	387			
D3347	Retreat of prev root canal therapy - premolar	465			
D3348	Retreat of prev. root canal therapy - molar	558			
D3351	Apexification/recalcification - initial visit	202			
D3352	Apexification/recalcification - interim med. repl.....	589			
D3353	Apexification/recalcification - final visit	449			
D3355	Pulpal regeneration - initial visit	202			
D3356	Pulpal regeneration - interim medication replacement	589			
D3357	Pulpal regeneration - completion of treatment	449			
D3410	Apicoectomy - anterior	323			
D3421	Apicoectomy - premolar (first root)	364			
D3425	Apicoectomy - molar (first root)	418			
D3426	Apicoectomy (each add. root)	152			
D3430	Retrograde filling - per root	119			
D3450	Root amputation - per root	234			
D3471	Surgical repair of root resorption - anterior	323			
D3472	Surgical repair of root resorption – premolar	364			
D3473	Surgical repair of root resorption – molar.....	418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	323			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar ..	364			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	418			
D3920	Hemisection, not inc. root canal therapy	234			
D3921	Decoronation or submergence of an erupted tooth	107			
D3950	Canal prep/fitting of preformed dowel or post	136			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
Periodontics¹								
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279	D5611	Repair resin partial denture base, mandibular	87			
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	100	D5612	Repair resin partial denture base, maxillary.....	87			
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	40	D5621	Repair cast partial framework, mandibular	87			
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345	D5622	Repair cast partial framework, maxillary	87			
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106	D5630	Repair or replace broken retentive/clasping material - per tooth	115			
D4249	Clinical crown lengthening - hard tissue.....	576	D5640	Replace broken teeth - per tooth	87			
D4260	Osseous surgery - >3 cont. teeth, per quad	499	D5650	Add tooth to existing partial denture	87			
D4261	Osseous surgery - <=3 cont. teeth, per quad	392	D5660	Add clasp to existing partial denture -per tooth	115			
D4268	Surgical revision proc., per tooth	358	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287			
D4270	Pedicle soft tissue graft procedure	643	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287			
D4273	Autogenous connective tissue graft proc.	800	D5710	Rebase complete maxillary denture.....	260			
D4274	Mesial/distal wedge procedure, single tooth	308	D5711	Rebase complete mandibular denture.....	260			
D4277	Free soft tissue graft, per tooth.....	654	D5720	Rebase maxillary partial denture.....	260			
D4278	Free soft tissue graft, each add. tooth.....	100	D5721	Rebase mandibular partial denture.....	260			
D4286	Removal of non-resorbable barrier	100	D5725	Rebase hybrid prosthesis.....	260			
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	109	D5730	Reline complete maxillary denture (direct)	159			
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63	D5731	Reline complete mandibular denture (direct)	159			
D4346	Perio scaling and root planing - <= 3 teeth, per quad .	45	D5740	Reline maxillary partial denture (direct).....	155			
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	89	D5741	Reline mandibular partial denture (direct).....	155			
D4381	Localized delivery of antimicrobial agents.....	98	D5750	Reline complete maxillary denture (indirect)	224			
D4910	Periodontal maintenance	74	D5751	Reline complete mandibular denture (indirect)	224			
D4921	Gingival irrigation with a medicinal agent – per quadrant.....	0	D5760	Reline maxillary partial denture (indirect).....	224			
Prosthetics (Dentures)								
D5110	Complete denture - maxillary.....	697	D5761	Reline mandibular partial denture (indirect).....	224			
D5120	Complete denture - mandibular.....	697	D5765	Soft liner for complete or partial removable denture – indirect	53			
D5130	Immediate denture - maxillary.....	722	D5810	Interim complete denture - maxillary.....	362			
D5140	Immediate denture - mandibular	722	D5811	Interim complete denture - mandibular.....	362			
D5211	Maxillary partial denture - resin base.....	649	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	362			
D5212	Mandibular partial denture - resin base.....	649	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	362			
D5213	Maxillary partial denture - cast metal	750	D5850	Tissue conditioning - maxillary	79			
D5214	Mandibular partial denture - cast metal	750	D5851	Tissue conditioning - mandibular	79			
D5221	Immediate maxillary partial denture - resin base	649	Implant Services					
D5222	Immediate mandibular partial denture - resin base....	649	D6010	Surgical placement of implant body, endosteal	1716			
D5223	Immediate maxillary partial denture - cast metal	750	D6011	Second stage implant surgery	200			
D5224	Immediate mandibular partial denture - cast metal ...	750	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1782			
D5225	Maxillary partial denture - flexible base	750	D6013	Surgical placement of mini implant.....	572			
D5226	Mandibular partial denture - flexible base	750	D6040	Surgical placement, eposteal implant	3564			
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	750	D6050	Surgical placement, transosteal implant	4455			
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	750	D6055	Dental implant supported connecting bar	1611			
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	419	D6056	Prefabricated abutment	456			
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	419	D6058	Abutment supported porcelain/ceramic crown	560			
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	419	D6059	Abutment supported porcelain fused to metal crown - high noble metal	523			
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	523			
D5410	Adjust complete denture - maxillary	38	D6061	Abutment supported porcelain fused to metal crown - noble metal	523			
D5411	Adjust complete denture - mandibular	38	D6062	Abutment supported cast metal crown - high noble metal	495			
D5421	Adjust partial denture - maxillary.....	38	D6063	Abutment supported cast metal crown - predominantly based metal	495			
D5422	Adjust partial denture - mandibular.....	38	D6064	Abutment supported cast metal crown - noble metal	495			
D5511	Repair broken complete denture base, mandibular....	87	D6065	Implant supported porcelain/ceramic crown.....	560			
D5512	Repair broken complete denture base, maxillary.....	87	D6066	Implant supported crown – porcelain fused to high noble alloys	523			
D5520	Replace missing or broken teeth - complete denture .	87	D6067	Implant supported crown – high noble alloys	523			
			D6068	Abutment supp. retainer for porc/ceramic FPD	788			
			D6069	Abutment supp. retainer for porc/high noble FPD.....	843			
			D6070	Abutment supp. retainer for porc/pred. base FPD.....	695			
			D6071	Abutment supp. retainer for porc/noble FPD	704			
			D6072	Abutment supp. retainer for cast high noble FPD	788			

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D6073	Abutment supp. retainer for cast high noble FPD	749	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425																																																																																																																																																																																																																																								
D6074	Abutment supp. retainer for cast noble metal FPD....	758	D6606	Retainer inlay - cast noble metal, two surfaces.....	407																																																																																																																																																																																																																																								
D6075	Implant supported retainer for ceramic FPD.....	874	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425																																																																																																																																																																																																																																								
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	823	D6608	Retainer onlay - porc./ceramic, two surfaces.....	479																																																																																																																																																																																																																																								
D6077	Implant supported retainer for metal FPD – high noble alloys	872	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499																																																																																																																																																																																																																																								
D6080	Implant maintenance procedures	61	D6610	Retainer onlay - cast high noble metal, two surfaces..	458																																																																																																																																																																																																																																								
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63	D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	524																																																																																																																																																																																																																																								
D6082	Implant supported crown – porcelain fused to predominantly base alloys.....	523	D6612	Retainer onlay - cast predominantly base metal, two surfaces	458																																																																																																																																																																																																																																								
D6083	Implant supported crown – porcelain fused to noble alloys	523	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524																																																																																																																																																																																																																																								
D6086	Implant supported crown – predominantly base alloys	495	D6614	Retainer onlay - cast noble metal, two surfaces.....	458																																																																																																																																																																																																																																								
D6087	Implant supported crown – noble alloys.....	495	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524																																																																																																																																																																																																																																								
D6090	Repair implant supported prosthesis	362	D6720	Retainer crown - resin with high noble metal	495																																																																																																																																																																																																																																								
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment.....	34	D6721	Retainer crown - resin with predominantly base metal	495																																																																																																																																																																																																																																								
D6095	Repair implant abutment, by report	391	D6722	Retainer crown - resin with noble metal	495																																																																																																																																																																																																																																								
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	695	D6740	Retainer crown - porcelain/ceramic	560																																																																																																																																																																																																																																								
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	843	D6750	Retainer crown - porcelain fused to high noble metal	523																																																																																																																																																																																																																																								
D6100	Surgical removal of implant body	241	D6751	Retainer crown - porcelain fused to predominantly base metal	523																																																																																																																																																																																																																																								
D6101	Debridement peri-implant defect	90	D6752	Retainer crown - porcelain fused to noble metal	523																																																																																																																																																																																																																																								
D6102	Debridement and osseous contouring peri-implant defect	180	D6780	Retainer crown - 3/4 cast high noble metal	470																																																																																																																																																																																																																																								
D6103	Bone graft repair peri-implant defect.....	600	D6781	Retainer crown - 3/4 cast predominantly base metal .	470																																																																																																																																																																																																																																								
D6104	Bone graft at time of implant placement.....	600	D6782	Retainer crown - 3/4 cast noble metal.....	470																																																																																																																																																																																																																																								
D6105	Removal of implant body not requiring bone removal or flap elevation.....	121	D6783	Retainer crown - 3/4 porc./ceramic	511																																																																																																																																																																																																																																								
D6121	Implant supported retainer for metal FPD – predominantly base alloys	749	D6790	Retainer crown - full cast high noble metal.....	495																																																																																																																																																																																																																																								
D6122	Implant supported retainer for metal FPD – noble alloys	758	D6791	Retainer crown - full cast predominantly base metal..	495																																																																																																																																																																																																																																								
D6190	Radiographic surgical implant index, by report.....	0	D6792	Retainer crown - full cast noble metal.....	495																																																																																																																																																																																																																																								
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	69	D6930	Re cement or rebond fixed partial denture	69																																																																																																																																																																																																																																								
Bridge & Pontics																																																																																																																																																																																																																																													
D6210	Pontic - cast high noble metal	495	D6980	Fixed partial denture repair, by report	172																																																																																																																																																																																																																																								
D6211	Pontic - cast predominantly base metal	495	D6212	Pontic - cast noble metal	495	Oral Surgery*				D6214	Pontic - titanium and titanium alloys	495	D6240	Pontic - porcelain fused to high noble metal.....	523	D7111	Extraction, coronal remnants - primary tooth.....	56	D6241	Pontic - porcelain fused to predominantly base metal	523	D6242	Pontic - porcelain fused to noble metal	523	D7140	Extraction, erupted tooth or exposed root	69	D6243	Pontic - porcelain fused to titanium and titanium alloys	495	D6245	Pontic - porcelain/ceramic.....	560	D7210	Extraction, erupted tooth req elev, etc	133	D6250	Pontic - resin with high noble metal.....	495	D6251	Pontic - resin with predominantly base metal.....	495	D7220	Removal of impacted tooth - soft tissue	151	D6252	Pontic - resin with noble metal.....	495	D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	D7230	Removal of impacted tooth - partially bony.....	196	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D6549	Resin retainer for resin bonded fixed prosthesis.....	251	D7240	Removal of impacted tooth - completely bony	241	D6600	Retainer inlay - porc./ceramic, two surfaces	427	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D6602	Retainer inlay - cast high noble metal, two surfaces ...	407	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425	D6604	Retainer inlay - cast predominantly base metal, two surfaces	407	D7250	Removal of residual tooth roots	141							D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	217							D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226							D7280	Exposure of an unerupted tooth	153							D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60							D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad ..	141							D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad ..	141							D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad ..	141							D7471	Removal of lateral exostosis	351							D7509	Marsupialization of odontogenic cyst	400							D7510	Incision and drainage of abscess - intraoral soft tissue	96							D7910	Suture of recent small wounds up to 5 cm.....	59							D7921	Collection application of blood concentrate	40							D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25							D7961	Buccal/labial frenectomy (frenulectomy)	263							D7962	Lingual frenectomy (frenulectomy)	263							D7971	Excision of pericoronal gingiva	131							D7979	Non-surgical sialolithotomy.....	43
D6212	Pontic - cast noble metal	495	Oral Surgery*																																																																																																																																																																																																																																										
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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	
Orthodontics²			
D8010	Limited ortho. treatment of the primary dentition	3304	
D8020	Limited ortho. treatment of the transitional dentition	3304	
D8030	Limited ortho treatment - adolescent dentition	3422	
D8070	Comp. ortho. treatment - transitional dentition	3304	
D8080	Comp. ortho. treatment - adolescent dentition.....	3422	
D8090	Comp. ortho. treatment - adult dentition.....	3658	
D8210	Removable appliance therapy.....	770	
D8220	Fixed appliance therapy	783	
D8660	Pre-orthodontic treatment visit	413	
D8670	Periodic ortho. treatment visit (as part of contract) ...	118	
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413	
D8701	Repair of fixed retainer, includes reattachment – maxillary	174	
D8702	Repair of fixed retainer, includes reattachment – mandibular	174	
Adjunctive General Services			
D9110	Palliative treatment of dental pain – per visit	43	
D9210	Local anesthesia not in conj. w/ operative/surg. Procedures	0	
D9211	Regional block anesthesia	0	
D9212	Trigeminal division block anesthesia.....	0	
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0	
D9219	Evaluation for deep sedation or general anesthesia ...	0	
D9222	Deep sedation/general anesthesia - first 15 minutes..	103	
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37	
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103	
D9310	Consultation (diagnostic service by nontreating dentist)	43	
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.....	272	
D9945	Occlusal guard – soft appliance, full arch	272	
D9946	Occlusal guard – hard appliance, partial arch	272	
D9950	Occlusion analysis - mounted case.....	104	
D9951	Occlusal adjustment - limited.....	66	
D9952	Occlusal adjustment - complete.....	266	
D9953	Reline custom sleep apnea appliance (indirect).....	175	
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	
Plan Exclusions Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.			
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 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.