



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.

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



Select Plan Premium 705xa (DE)

Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)

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								
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.								
D0120	Office visit.....	10	D0707	Intraoral – periapical radiographic image – image capture only	0			
D0140	Periodic oral eval - established patient	0	D0708	Intraoral – bitewing radiographic image – image capture only	0			
D0150	Limited oral eval - problem focused	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0			
D0160	Comprehensive oral eval - new or established patient	0	D1110	Prophylaxis (cleaning) - adult	0			
D0170	Detailed and extensive oral eval - problem focused	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40			
D0180	Re-evaluation - limited, problem focused	0	D1206	Topical application of fluoride varnish.....	0			
D0210	Comp. periodontal eval - new or established patient	36	D1208	Topical application of fluoride - excluding varnish	0			
D0220	Intraoral – comprehensive series of radiographic images	26	D1310	Nutritional counseling for control of dental disease.....	0			
D0230	Intraoral - periapical first radiographic image	0	D1320	Tobacco counseling for the control and prevention of oral disease	0			
D0240	Intraoral - periapical each add. radiographic image.....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use ...	0			
D0250	Intraoral - occlusal radiographic image	0	D1330	Oral hygiene instructions.....	0			
D0270-74	Extra-oral - 2D projection radiographic image	0	Restorative (Fillings)					
D0277	Bitewing x-rays - 1 to 4 radiographic images	0	D2140	Amalgam - one surface, prim. or perm.	37			
D0330	Vertical bitewings - 7 to 8 radiographic images....	0	D2150	Amalgam - two surfaces, prim. or perm.....	46			
D0340	Panoramic radiographic image	30	D2160	Amalgam - three surfaces, prim. or perm.	58			
D0350	2D cephalometric radiographic image	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	69			
D0372	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2330	Resin-based composite - one surface, anterior ..	64			
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2331	Resin-based composite - two surfaces, anterior ..	76			
D0374	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2332	Resin-based composite - three surfaces, anterior	90			
D0387	Intraoral tomosynthesis – periapical radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	109			
D0388	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2390	Resin-based composite crown, anterior.....	175			
D0389	Intraoral tomosynthesis – intra-orally or extra-orally – image capture only	0	D2391	Resin-based composite - one surface, posterior ..	68			
D0460	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2392	Resin-based composite - two surfaces, posterior.	80			
D0470	Pulp vitality tests	0	D2393	Resin-based composite - three surfaces, posterior.....	93			
D0701	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces, posterior.	112			
D0702	Panoramic radiographic image – image capture only.....	0	Crown & Bridge					
D0703	2-D cephalometric radiographic image – image capture only	0	D2510	Inlay - metallic - one surface.....	390			
D0705	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2520	Inlay - metallic - two surfaces.....	390			
D0706	Extra-oral posterior dental radiographic image – image capture only.....	0	D2530	Inlay - metallic - three or more surfaces.....	407			
	Intraoral – occlusal radiographic image – image capture only	0	D2542	Onlay - metallic-two surfaces	423			
		0	D2543	Onlay - metallic-three surfaces.....	511			
		0	D2544	Onlay - metallic-four or more surfaces.....	511			
		0	D2610	Inlay - porcelain/ceramic - one surface	410			
		0	D2620	Inlay - porcelain/ceramic - two surfaces.....	410			
		0	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427			
		0	D2642	Onlay - porcelain/ceramic - two surfaces	439			
		0	D2643	Onlay - porcelain/ceramic - three surfaces.....	459			
		0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	459			
		0	D2650	Inlay - resin-based composite - one surface	425			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2651	Inlay - resin-based composite - two surfaces	425	D3920	Hemisection, not inc. root canal therapy	202
D2652	Inlay - resin-based composite - >=3 surfaces.....	425	D3921	Decoronation or submergence of an erupted tooth	100
D2662	Onlay - resin-based composite - two surfaces.....	429	D3950	Canal prep/fitting of preformed dowel or post	125
D2663	Onlay - resin-based composite - three surfaces ...	429	Periodontics¹		
D2664	Onlay - resin-based composite - >=4 surfaces.....	429	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D2710	Crown - resin based composite (indirect).....	259	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	324
D2720/21/22	Crown - resin with metal	470	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90
D2740	Crown - porcelain/ceramic	531	D4260	Osseous surgery - >3 cont. teeth, per quad	485
D2750/51/52	Crown - porcelain fused metal	495	D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D2753	Crown - porcelain fused to titanium and titanium alloys	495	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502
D2780/81/82	Crown - 3/4 cast with metal	457	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275
D2790/91/92	Crown - full cast metal.....	481	D4268	Surgical revision proc., per tooth	329
D2794	Crown - titanium and titanium alloys	495	D4270	Pedicle soft tissue graft procedure	434
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4273	Autogenous connective tissue graft procedure, first tooth.....	540
D2931	Prefab. stainless steel crown	119	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2932	Prefabricated resin crown	135	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576
D2940	Protective restoration	37	D4277	Free soft tissue graft procedure, first tooth	441
D2950	Core buildup, including any pins	120	D4278	Free soft tissue graft procedure, each add. tooth	68
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4286	Removal of non-resorbable barrier	90
D2952	Post and core in addition to crown	181	D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105
D2954	Prefab. post and core in addition to crown	148	D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D2955	Post removal (not in conj. with endo. therapy)....	101	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
D2980	Crown repair necessitated by restorative material failure	93	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77
D2981	Inlay repair necessitated by restorative material failure	93	D4381	Localized delivery of antimicrobial agents.....	90
D2982	Onlay repair necessitated by restorative material failure	93	D4910	Periodontal maintenance	66
Endodontics¹					
D3110/20	Pulp cap - direct/indirect (excl. final restoration). ..	28	Prosthetics (Dentures)		
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5110/20	Complete denture - maxillary/mandibular.....	664
D3221	Pulpal debridement.....	87	D5130/40	Immediate denture - maxillary/mandibular.....	708
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70	D5211/12	Maxillary/mandibular partial denture - resin base	613
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	722
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasping materials, rests and teeth)	613
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasping materials, rests and teeth)	613
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasping materials, rests and teeth)	722
D3333	Internal root repair of perforation defects	96	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasping materials, rests and teeth)	722
D3346	Retreat of prev. root canal therapy, anterior.....	356	D5225/26	Maxillary/mandibular partial denture - flexible base	722
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			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	397	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6608	Retainer onlay - porc./ceramic, two surfaces	439
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5511	Repair broken complete denture base, mandibular	84	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5512	Repair broken complete denture base, maxillary.	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5520	Replace missing or broken teeth - complete denture.....	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5611	Repair resin partial denture base, mandibular....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5612	Repair resin partial denture base, maxillary.....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5621	Repair cast partial framework, mandibular.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces...	511
D5622	Repair cast partial framework, maxillary.....	84	D6720/21/22	Retainer crown - resin with metal	470
D5630/60	Clasp repaired, replaced or added	112	D6740	Retainer crown - porcelain/ceramic	531
D5640	Replace broken teeth - per tooth	84	D6750/51/52	Retainer crown - porcelain fused metal	495
D5650	Add tooth to existing partial denture	84	D6753	Retainer crown – porcelain fused to titanium and titanium alloys	495
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6780	Retainer crown - 3/4 cast high noble metal	457
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6781	Retainer crown - 3/4 cast predominantly base metal	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6782	Retainer crown - 3/4 cast noble metal	457
D5725	Rebase hybrid prosthesis.....	253	D6783	Retainer crown - 3/4 porc./ceramic	469
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6784	Retainer crown – 3/4 titanium and titanium alloys	495
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6790/91/92	Retainer crown - full cast metal.....	481
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6794	Retainer crown - titanium	495
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6930	Recement or rebond fixed partial denture.....	66
D5765	Soft liner for complete or partial removable denture – indirect.....	50	D6980	Fixed partial denture repair, by report	157
D5810/11	Interim complete denture - maxillary/ mandibular	333			
D5820/21	Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary/ mandibular	333			
D5850/51	Tissue conditioning - maxillary/mandibular	75			
Bridge & Pontics					
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)				
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	D7111	Extraction, coronal remnants - primary tooth.....	45
D6210/11/12	Pontic - metal	481	D7140	Extraction, erupted tooth or exposed root	63
D6240/41/42	Pontic - porcelain fused metal.....	495	D7210	Extraction, erupted tooth req elev, etc	127
D6243	Pontic - porcelain fused to titanium and titanium alloys	495	D7220	Removal of impacted tooth - soft tissue	144
D6245	Pontic - porcelain/ceramic.....	531	D7230	Removal of impacted tooth - partially bony.....	189
D6250/51/52	Pontic - resin with metal.....	470	D7240	Removal of impacted tooth - completely bony	227
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	181
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D7250	Removal of residual tooth roots.....	136
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	181
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	211
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427	D7280	Exposure of an unerupted tooth	111
D6602	Retainer inlay - cast high noble metal, two surfaces	390	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	D7310/20	Alveoloplasty, per quad	135
			D7509	Marsupialization of odontogenic cyst	360
			D7510	Incision and drainage of abscess - intraoral soft tissue	91
			D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
			D7961	Buccal/labial frenectomy (frenulectomy)	256
			D7962	Lingual frenectomy (frenulectomy)	256
			D7979	Non-surgical sialolithotomy.....	43
Oral Surgery¹					
			D7250	Coronectomy – intentional partial tooth removal, impacted teeth only	181
			D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	211
			D7280	Exposure of an unerupted tooth	111
			D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
			D7310/20	Alveoloplasty, per quad	135
			D7509	Marsupialization of odontogenic cyst	360
			D7510	Incision and drainage of abscess - intraoral soft tissue	91
			D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
			D7961	Buccal/labial frenectomy (frenulectomy)	256
			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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413			the exception of out-of-area emergency dental services).
Adjunctive General Services					
D9110	Palliative treatment of dental pain – per visit	43	12.	Services related to the treatment of TMD (Temporomandibular Disorder).	
D9210/15	Local anesthesia	0	13.	Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.	
D9211	Regional block anesthesia	0	14.	Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.	
D9212	Trigeminal division block anesthesia	0	15.	The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.	
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			
D9953	Reline custom sleep apnea appliance (indirect)...	158			
D9986	Missed appointment	50			
D9995	Teledentistry – synchronous; real-time encounter	0			
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review. 0				
1.	As performed by a Participating General Dentist. See Plan Exclusion #13.				
2.	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.				
Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.					
Plan Exclusions					
Please refer to the section in your Individual Dental Policy titled "State-Specific Exclusions or Exceptions" for additional exclusions and/or exceptions to the following exclusions, if applicable.					
1.	Services which are covered under worker's compensation or employer's liability laws.				
2.	Services which are not necessary for the patient's dental health as determined by the Plan.				
3.	Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.				
4.	Oral surgery requiring the setting of fractures or dislocations.				
5.	Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.				
6.	Dispensing of drugs.				
7.	Hospitalization for any dental procedure.				
8.	Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.				
9.	Replacement due to loss or theft of prosthetic appliance.				
10.	Procedures not listed as covered benefits under this Plan.				
11.	Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with				

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



Select Plan Premium Kids 706s (DE) Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services

- 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 required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
	Diagnostic/Preventive				
	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				
D0120	Office visit.....	0	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	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 – occlusal radiographic image – image capture only	0
D0250	Intraoral - periapical each add. radiographic image	0	D0999	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0270	Intraoral - three radiographic images.....	0	D1110	Unspecified diagnostic procedure, by report	0
D0272	Intraoral - four radiographic images.....	0	D1120	Prophylaxis (cleaning) - adult	0
D0273	Intraoral - seven to eight radiographic images.....	0	D1206	Prophylaxis (cleaning) - child	0
D0274	Intraoral - ten radiographic images.....	0	D1208	Topical application of fluoride varnish.....	0
D0277	Intraoral - twelve to fifteen radiographic images.....	0	D1310	Topical application of fluoride - excluding varnish	0
D0322	Intraoral - fifteen to twenty radiographic images.....	0	D1320	Nutritional counseling for control of dental disease ...	0
D0330	Intraoral - twenty to thirty radiographic images.....	0	D1321	Tobacco counseling for control of prev. oral disease...	0
D0340	Intraoral - thirty to forty radiographic images.....	0	D1330	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0350	Intraoral - forty to fifty radiographic images.....	0	D1351	Oral hygiene instructions.....	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	0	D1352	Sealant - per tooth	0
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1354	Prev resin rest. mod/high caries risk – perm. tooth....	0
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D1355	Application of caries arresting medicament - per tooth.....	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1510	Caries preventive medicament application – per tooth.....	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D1516	Space maintainer - fixed, unilateral - per quadrant ..	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D1517	Space maintainer - fixed - bilateral, maxillary	0
D0460	Pulp vitality tests	0	D1520	Space maintainer - fixed - bilateral, mandibular	0
D0470	Diagnostic casts	0	D1526	Space maintainer - removable, unilateral - per quadrant.....	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	D1527	Space maintainer - removable - bilateral, maxillary ..	0
					0

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PID 2704 1

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)																																																																																																																																																																																													
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0	D2910	Re cement inlay	22																																																																																																																																																																																													
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0	D2915	Re cement cast or prefab. post and core.....	41																																																																																																																																																																																													
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0	D2920	Re cement crown	22																																																																																																																																																																																													
D1556	Removal of fixed unilateral space maintainer – per quadrant.....	0	D2930	Prefab. stainless steel crown - prim. tooth.....	55																																																																																																																																																																																													
D1557	Removal of fixed bilateral space maintainer – maxillary	0	D2931	Prefab. stainless steel crown - perm. tooth.....	61																																																																																																																																																																																													
D1558	Removal of fixed bilateral space maintainer – mandibular	0	D2932	Prefabricated resin crown	70																																																																																																																																																																																													
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0	D2933	Prefab. stainless steel crown w/ resin window	136																																																																																																																																																																																													
Restorative (Fillings)																																																																																																																																																																																																		
D2140	Amalgam - one surface, prim. or perm.	21	D2940	Protective restoration	20																																																																																																																																																																																													
D2150	Amalgam - two surfaces, prim. or perm.....	26	D2941	Interim therapeutic restoration, primary dentition....	16																																																																																																																																																																																													
D2160	Amalgam - three surfaces, prim. or perm.	32	D2950	Core buildup, including any pins	63																																																																																																																																																																																													
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	D2951	Pin retention - per tooth, in addition to restoration ...	11																																																																																																																																																																																													
D2330	Resin-based composite - one surface, anterior	35	D2952	Post and core in addition to crown	93																																																																																																																																																																																													
D2331	Resin-based composite - two surfaces, anterior	42	D2953	Each add. indirectly fabricated post - same tooth.....	25																																																																																																																																																																																													
D2332	Resin-based composite - three surfaces, anterior.....	50	D2954	Prefab. post and core in addition to crown	77																																																																																																																																																																																													
D2335	Resin-based composite - >=4 surfaces, anterior.....	60	D2955	Post removal (not in conj. with endo. therapy).....	53																																																																																																																																																																																													
D2390	Resin-based composite crown, anterior.....	96	D2957	Each add. prefab post - same tooth	20																																																																																																																																																																																													
D2391	Resin-based composite - one surface, posterior	37	D2970	Temporary crown (fractured tooth)	0																																																																																																																																																																																													
D2392	Resin-based composite - two surfaces, posterior.....	44	D2980	Crown repair necessitated by restorative material failure	51																																																																																																																																																																																													
D2393	Resin-based composite - three surfaces, posterior	51	D2981	Inlay repair necessitated by restorative material failure	51																																																																																																																																																																																													
D2394	Resin-based composite - >=4 surfaces, posterior	62	D2982	Onlay repair necessitated by restorative material failure	51																																																																																																																																																																																													
Crown & Bridge																																																																																																																																																																																																		
D2510	Inlay- metallic - one surface	204	D2983	Veneer repair necessitated by restorative material failure	51																																																																																																																																																																																													
D2520	Inlay- metallic - two surfaces.....	204	D2990	Resin infiltration lesion	21																																																																																																																																																																																													
D2530	Inlay - metallic - three or more surfaces.....	213	Endodontics¹																																																																																																																																																																																															
D2542	Onlay - metallic-two surfaces	229	D2543	Onlay - metallic - three surfaces	262	D3110	Pulp cap - direct (excl. final restoration).....	16	D2544	Onlay - metallic - four or more surfaces	262	D3120	Pulp cap - indirect (excl. final restoration).....	16	D2610	Inlay - porcelain/ceramic - one surface	214	D3220	Therapeutic pulpotomy (excl. final restor.).....	41	D2620	Inlay - porcelain/ceramic - two surfaces.....	214	D3221	Pulpal debridement, prim. and perm. teeth	47	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223	D3222	Partial pulpotomy for apexogenesis	80	D2642	Onlay - porcelain/ceramic - two surfaces	240	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80	D2643	Onlay - porcelain/ceramic - three surfaces.....	250	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82	D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171	D2650	Inlay - resin-based composite - one surface	220	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209	D2651	Inlay - resin-based composite - two surfaces	220	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256	D2652	Inlay - resin-based composite - >=3 surfaces.....	220	D3332	Incomp. endo. therapy-inop. or fractured tooth	92	D2662	Onlay - resin-based composite - two surfaces.....	222	D3333	Internal root repair of perforation defects	53	D2663	Onlay - resin-based composite - three surfaces	222	D3346	Retreat of prev. root canal therapy, anterior	194	D2664	Onlay - resin-based composite - >=4 surfaces	222	D3347	Retreat of prev. root canal therapy - premolar.....	233	D2710	Crown - resin based composite (indirect).....	136	D3348	Retreat of prev. root canal therapy, molar	279	D2712	Crown - 3/4 resin-based composite (indirect).....	243	D3351	Apexification/recalcification - initial visit.....	101	D2720	Crown - resin with high noble metal	248	D3352	Apexification/recalcification - interim med. repl.....	295	D2721	Crown - resin with predominantly base metal	248	D3353	Apexification/recalcification - final visit	225	D2722	Crown - resin with noble metal	248	D3355	Pulpal regeneration - initial visit	101	D2740	Crown - porcelain/ceramic.....	280	D3356	Pulpal regeneration - interim medication replacement	295	D2750	Crown - porcelain fused to high noble metal	262	D3357	Pulpal regeneration - completion of treatment	225	D2751	Crown - porcelain fused to predominantly base metal	262	D3410	Apicoectomy - anterior	162	D2752	Crown - porcelain fused to noble metal	262	D3421	Apicoectomy - premolar (first root)	182	D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3425	Apicoectomy - molar (first root)	209	D2780	Crown - 3/4 cast high noble metal	239	D3426	Apicoectomy (each add. root)	76	D2781	Crown - 3/4 cast predominantly base metal	239	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	372	D2782	Crown - 3/4 cast noble metal	239	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291	D2783	Crown - 3/4 porcelain/ceramic.....	256	D3430	Retrograde filling - per root	60	D2790	Crown - full cast high noble metal	248	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	204	D2791	Crown - full cast predominantly base metal.....	248	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	408	D2792	Crown - full cast noble metal.....	248				D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	0			
D2543	Onlay - metallic - three surfaces	262	D3110	Pulp cap - direct (excl. final restoration).....	16																																																																																																																																																																																													
D2544	Onlay - metallic - four or more surfaces	262	D3120	Pulp cap - indirect (excl. final restoration).....	16																																																																																																																																																																																													
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D2642	Onlay - porcelain/ceramic - two surfaces	240	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80																																																																																																																																																																																													
D2643	Onlay - porcelain/ceramic - three surfaces.....	250	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82																																																																																																																																																																																													
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171																																																																																																																																																																																													
D2650	Inlay - resin-based composite - one surface	220	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209																																																																																																																																																																																													
D2651	Inlay - resin-based composite - two surfaces	220	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256																																																																																																																																																																																													
D2652	Inlay - resin-based composite - >=3 surfaces.....	220	D3332	Incomp. endo. therapy-inop. or fractured tooth	92																																																																																																																																																																																													
D2662	Onlay - resin-based composite - two surfaces.....	222	D3333	Internal root repair of perforation defects	53																																																																																																																																																																																													
D2663	Onlay - resin-based composite - three surfaces	222	D3346	Retreat of prev. root canal therapy, anterior	194																																																																																																																																																																																													
D2664	Onlay - resin-based composite - >=4 surfaces	222	D3347	Retreat of prev. root canal therapy - premolar.....	233																																																																																																																																																																																													
D2710	Crown - resin based composite (indirect).....	136	D3348	Retreat of prev. root canal therapy, molar	279																																																																																																																																																																																													
D2712	Crown - 3/4 resin-based composite (indirect).....	243	D3351	Apexification/recalcification - initial visit.....	101																																																																																																																																																																																													
D2720	Crown - resin with high noble metal	248	D3352	Apexification/recalcification - interim med. repl.....	295																																																																																																																																																																																													
D2721	Crown - resin with predominantly base metal	248	D3353	Apexification/recalcification - final visit	225																																																																																																																																																																																													
D2722	Crown - resin with noble metal	248	D3355	Pulpal regeneration - initial visit	101																																																																																																																																																																																													
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D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3425	Apicoectomy - molar (first root)	209																																																																																																																																																																																													
D2780	Crown - 3/4 cast high noble metal	239	D3426	Apicoectomy (each add. root)	76																																																																																																																																																																																													
D2781	Crown - 3/4 cast predominantly base metal	239	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	372																																																																																																																																																																																													
D2782	Crown - 3/4 cast noble metal	239	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291																																																																																																																																																																																													
D2783	Crown - 3/4 porcelain/ceramic.....	256	D3430	Retrograde filling - per root	60																																																																																																																																																																																													
D2790	Crown - full cast high noble metal	248	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	204																																																																																																																																																																																													
D2791	Crown - full cast predominantly base metal.....	248	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	408																																																																																																																																																																																													
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D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	0																																																																																																																																																																																																

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3450	Root amputation - per root	117	D5212	Mandibular partial denture - resin base.....	325
D3471	Surgical repair of root resorption - anterior	162	D5213	Maxillary partial denture - cast metal	375
D3472	Surgical repair of root resorption – premolar	182	D5214	Mandibular partial denture - cast metal	375
D3473	Surgical repair of root resorption – molar	209	D5221	Immediate maxillary partial denture - resin base	325
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	162	D5222	Immediate mandibular partial denture - resin base....	325
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .	182	D5223	Immediate maxillary partial denture - cast metal	375
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	209	D5224	Immediate mandibular partial denture - cast metal ...	375
D3920	Hemisection, not inc. root canal therapy	117	D5225	Maxillary partial denture - flexible base	375
D3921	Decoronation or submergence of an erupted tooth ..	100	D5226	Mandibular partial denture - flexible base	375
D3950	Canal prep/fitting of preformed dowel or post	68	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	375
Periodontics¹					
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	375
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	50	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	210
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20	D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	210
D4260	Osseous surgery - >3 cont. teeth, per quad	250	D5410	Adjust complete denture - maxillary	19
D4261	Osseous surgery - <=3 cont. teeth, per quad	196	D5411	Adjust complete denture - mandibular	19
D4263	Bone replacement graft - retained natural tooth - first site in quad.....	372	D5421	Adjust partial denture - maxillary.....	19
D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	291	D5422	Adjust partial denture - mandibular	19
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	204	D5511	Repair broken complete denture base, mandibular....	44
D4266	Guided tissue regen. - resorb. barrier, per site.....	408	D5512	Repair broken complete denture base, maxillary.....	44
D4267	Guided tissue regen. - non-resorb. barrier, per site	399	D5520	Replace missing or broken teeth - complete denture .	44
D4268	Surgical revision proc., per tooth	179	D5611	Repair resin partial denture base, mandibular.....	44
D4270	Pedicle soft tissue graft procedure	322	D5612	Repair resin partial denture base, maxillary.....	44
D4273	Autogenous connective tissue graft proc.	400	D5621	Repair cast partial framework, mandibular.....	44
D4274	Mesial/distal wedge procedure, single tooth	154	D5622	Repair cast partial framework, maxillary	44
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft Soft tissue allograft	427	D5630	Repair or replace broken clasp	58
D4276	Comb. connec. tissue/double and pedicle graft, per tooth.....	510	D5640	Replace broken teeth - per tooth	44
D4286	Removal of non-resorbable barrier	90	D5650	Add tooth to existing partial denture	44
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	214	D5660	Add clasp to existing partial denture -per tooth	58
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	189	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	32	D5710	Rebase complete maxillary denture	130
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23	D5711	Rebase complete mandibular denture	130
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	45	D5720	Rebase maxillary partial denture	130
D4381	Localized delivery of antimicrobial agents.....	49	D5721	Rebase mandibular partial denture	130
D4910	Periodontal maintenance	37	D5725	Rebase hybrid prosthesis.....	130
D4920	Unscheduled dressing change by non-treating dentist	42	D5730	Reline complete maxillary denture (direct)	80
Prosthetics (Dentures)					
D5110	Complete denture - maxillary.....	349	D5731	Reline complete mandibular denture (direct)	80
D5120	Complete denture - mandibular.....	349	D5740	Reline maxillary partial denture (direct).....	78
D5130	Immediate denture - maxillary.....	361	D5741	Reline mandibular partial denture (direct).....	78
D5140	Immediate denture - mandibular	361	D5750	Reline complete maxillary denture (indirect).....	112
D5211	Maxillary partial denture - resin base.....	325	D5751	Reline complete mandibular denture (indirect)	112
			D5760	Reline maxillary partial denture (indirect).....	112
			D5761	Reline mandibular partial denture (indirect).....	112
			D5765	Soft liner for complete or partial removable denture – indirect	50
			D5810	Interim complete denture - maxillary.....	181
			D5811	Interim complete denture - mandibular.....	181
			D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	181
			D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	181
			D5850	Tissue conditioning - maxillary	40
			D5851	Tissue conditioning - mandibular	40
			D5932	Obturator prosthesis, definitive	2400
			D5933	Obturator prosthesis, modification	355
			D5934	Mandibular resection prosthesis w/ guide flange.....	2021
			D5935	Mandibular resection prosthesis w/o guide flange	1885
			D5936	Obturator prosthesis, interim.....	1025

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
D5937	Trismus appliance, not in conj. with TMD	327	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113			
D5986	Fluoride gel carrier	63	D7272	Tooth transplantation	308			
D5991	Topical medicament carrier	63	D7280	Exposure of an unerupted tooth	77			
Bridge & Pontics								
D6210	Pontic - cast high noble metal	248	D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	116			
D6211	Pontic - cast predominately base metal	248	D7283	Place. of device to facilitate erupt. of impacted tooth	72			
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			
D6245	Pontic - porcelain/ceramic.....	280	D7340	Vestibuloplasty - ridge ext. sec. epithel.....	462			
D6250	Pontic - resin with high noble metal.....	248	D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	888			
D6251	Pontic - resin with predominately base metal.....	248	D7509	Marsupialization of odontogenic cyst	360			
D6252	Pontic - resin with noble metal.....	248	D7510	Incision and drainage of abscess - intraoral soft tissue	48			
D6545	Ret. - cast metal for resin bonded fixed prosthesis	126	D7511	Incision/drainage of abscess - intra. soft tissue, comp.	56			
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197	D7520	Incision/drainage of abscess - extra. soft tissue	58			
D6600	Retainer inlay - porc./ceramic, two surfaces	214	D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	60			
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223	D7910	Suture of recent small wounds up to 5 cm.....	30			
D6602	Retainer inlay - cast high noble metal, two surfaces ...	204	D7911	Complicated suture, <= 5 cm.....	35			
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213	D7912	Complicated suture, > 5 cm.....	40			
D6604	Retainer inlay - cast predominantly base metal, two surfaces	204	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213	D7961	Buccal/labial frenectomy (frenulectomy).....	132			
D6606	Retainer inlay - cast noble metal, two surfaces.....	204	D7962	Lingual frenectomy (frenulectomy).....	132			
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213	D7963	Frenuloplasty.....	147			
D6608	Retainer onlay - porc./ceramic, two surfaces	240	D7970	Excision of hyperplastic tissue - per arch.....	117			
D6609	Retainer onlay - porc./ceramic, three or more surfaces	250	D7971	Excision of pericoronal gingiva	66			
D6610	Retainer onlay - cast high noble metal, two surfaces..	229	D7979	Non-surgical sialolithotomy.....	22			
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	262	Orthodontics²					
D6612	Retainer onlay - cast predominantly base metal, two surfaces	229	D8060	Interceptive ortho. treatment - transitional dentition	3304			
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262	D8070	Comp. ortho. treatment - transitional dentition	3304			
D6614	Retainer onlay - cast noble metal, two surfaces.....	229	D8080	Comp. ortho. treatment - adolescent dentition	3422			
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262	D8090	Comp. ortho. treatment - adult dentition	3658			
D6720	Retainer crown - resin with high noble metal	248	D8660	Pre-orthodontic treatment visit	413			
D6721	Retainer crown - resin with predominantly base metal	248	D8670	Periodic ortho. treatment visit (as part of contract) ...	118			
D6722	Retainer crown - resin with noble metal	248	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413			
D6740	Retainer crown - porcelain/ceramic	280	D8703	Replacement of lost or broken retainer – maxillary....	179			
D6750	Retainer crown - porcelain fused to high noble metal	262	D8704	Replacement of lost or broken retainer – mandibular	179			
D6751	Retainer crown - porcelain fused to predominantly base metal.....	262	Adjunctive General Services					
D6752	Retainer crown - porcelain fused to noble metal	262	D9110	Palliative treatment of dental pain – per visit	22			
D6780	Retainer crown - 3/4 cast high noble metal	235	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0			
D6781	Retainer crown - 3/4 cast predominantly base metal ..	235	D9211	Regional block anesthesia	0			
D6782	Retainer crown - 3/4 cast noble metal	235	D9212	Trigeminal division block anesthesia	0			
D6783	Retainer crown - 3/4 porc./ceramic	256	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0			
D6790	Retainer crown - full cast high noble metal.....	248	D9219	Evaluation for deep sedation or general anesthesia ...	0			
D6791	Retainer crown - full cast predominantly base metal..	248	D9222	Deep sedation/general anesthesia - first 15 minutes..	52			
D6792	Retainer crown - full cast noble metal.....	248	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52			
D6930	Recement or rebond fixed partial denture.....	35	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19			
D6980	Fixed partial denture repair, by report	86	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52			
D6985	Pediatric partial denture, fixed	280	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52			
Oral Surgery¹								
D7111	Extraction, coronal remnants - primary tooth.....	28	D9248	Non-intravenous conscious sedation	73			
D7140	Extraction, erupted tooth or exposed root	35	D9310	Consultation (diagnostic service by nontreating dentist)	22			
D7210	Extraction, erupted tooth req elev, etc	67	D9440	Office visit after regularly scheduled hours	45			
D7220	Removal of impacted tooth - soft tissue	76	D9610	Therapeutic parenteral drug, single admin.	13			
D7230	Removal of impacted tooth - partially bony.....	98	D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	35			
D7240	Removal of impacted tooth - completely bony	121						
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	109						
D7250	Removal of residual tooth roots	71						
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	109						

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	Plan Limitations
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190	1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
D9910	Application of desensitizing medicament	16	2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
D9920	Behavior management, by report	34	3. One fluoride treatment per six (6) months, per patient.
D9930	Treatment of complications (post-surgical)	22	4. Four bitewing x-ray films per six (6) months, per patient.
D9944	Occlusal guard – hard appliance, full arch.....	136	5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
D9945	Occlusal guard – soft appliance, full arch	136	6. One sealant per tooth, per patient up to age 19 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
D9946	Occlusal guard – hard appliance, partial arch	136	7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
D9950	Occlusion analysis - mounted case.....	52	8. One fixed space maintainer (D1510, D1516, D1517) per 5 years, per arch, per patient up to age 14, to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment). D1575 limited to once per lifetime
D9951	Occlusal adjustment - limited.....	33	9. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
D9952	Occlusal adjustment - complete	133	10. Replacement of a crown (for teeth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling), bridge (that cannot be repaired) or denture is covered if it is more than five (5) years from the date of original placement and cannot be restored.
D9953	Reline custom sleep apnea appliance (indirect).....	158	11. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
D9986	Missed appointment	50	12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
D9995	Teledentistry – synchronous; real-time encounter.....	0	13. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per patient, per quadrant.
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.....	0	14. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to once per two years.
D9997	Dental case management – patients with special health care needs.....	50	15. Full mouth debridement is covered once per 36 months, per patient.
1	Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.		16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
2	See exclusion #15 and limitation #25 for additional coverage information.		17. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
	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.		18. Periodontal maintenance following surgery is covered once per three (3) months.
	Plan Exclusions		19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
	Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.		20. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
1.	Services which are covered under worker's compensation or employer's liability laws.		21. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
2.	Services which are not necessary for the patient's dental health as determined by the Plan.		22. Occlusal guard with covered surgery, by report.
3.	Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.		23. Gingivectomy, once per quadrant.
4.	Oral surgery requiring the setting of fractures or dislocations.		24. One pedicle, free soft tissue, subepithelial connective tissue or double pedicle graft per site.
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.		25. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
6.	Dispensing of drugs.		26. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
7.	Hospitalization for any dental procedure.		
8.	Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.		
9.	Replacement due to loss or theft of prosthetic appliance.		
10.	Procedures not listed as covered benefits under this Plan.		
11.	Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).		
12.	Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.		
13.	Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.		
14.	Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.		
15.	Non-medically necessary orthodontia and Phase I Treatment for medically necessary orthodontia are not covered benefits under this policy. Discounts are provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #25 concerning medically necessary orthodontia.		