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Dominion National recognizes that you're a unique individual 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 that you can focus on what makes you extraordinary and fulfilled.

WE WORK FOR THE BENEFIT OF OVER 900,000 MEMBERS,¹ DELIVERING:

EXTENSIVE NETWORKS²

Choice PPO network offers access to over 350,000 dentists nationally.^{1,3}

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

Select Plan network is one of the largest in the Mid-Atlantic region.^{3,5}

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

SECURE ONLINE ACCESS

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



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**98% MEMBER
SATISFACTION RATE⁴**



**TOLL-FREE, 24 HOUR
ACCESS at
888.518.5338**

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

VALUE-ADDED BENEFITS

SMILEDIRECTCLUB

DominionNational.com/sdc

Orthodontic clear aligners offer a cost-effective alternative to traditional braces.⁶

HEARING DISCOUNT PROGRAM

amplifonusa.com/dn

Access to discounts on hearing aids and services.⁷

DIGIBITE TELEDENTISTRY APP

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Receive a dental consultation without leaving your home or office!

1 Dominion National Internal Performance Report, 2021.

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

3 Participating providers are subject to change.

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

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

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

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

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



Select Plan Premium Kids 706s (DE)
Description of Services, Member Copayments, Exclusions
and Limitations for Pediatric Services (under age 19)
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
D9439	Office visit.....	0	D0707	Intraoral – periapical radiographic image – image capture only	0
D0120	Periodic oral eval - established patient	0	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0140	Limited oral eval - problem focused	0	D0709	Intraoral – complete series of radiographic images – image capture only.....	0
D0145	Oral eval for a patient under 3 years of age	0	D0999	Unspecified diagnostic procedure, by report	0
D0150	Comprehensive oral eval - new or established patient	0	D1110	Prophylaxis (cleaning) - adult	0
D0160	Detailed and extensive oral eval - problem focused....	0	D1120	Prophylaxis (cleaning) - child	0
D0170	Re-evaluation - limited, problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0180	Comp. periodontal eval - new or established patient .	0	D1208	Topical application of fluoride - excluding varnish	0
D0210	Intraoral - complete series of radiographic images	0	D1310	Nutritional counseling for control of dental disease ...	0
D0220	Intraoral - periapical first radiographic image	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0230	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
D0240	Intraoral - occlusal radiographic image	0	D1330	Oral hygiene instructions.....	0
D0250	Extra-oral - 2D projection radiographic image	0	D1351	Sealant - per tooth	0
D0270	Bitewing - single radiographic image.....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth	0
D0272	Bitewings - two radiographic images.....	0	D1354	Application of caries arresting medicament - per tooth.....	0
D0273	Bitewings - three radiographic images	0	D1355	Caries preventive medicament application – per tooth.....	0
D0274	Bitewings - four radiographic images	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1516	Space maintainer - fixed - bilateral, maxillary	0
D0322	Tomographic survey	0	D1517	Space maintainer - fixed - bilateral, mandibular	0
D0330	Panoramic radiographic image	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	0
D0340	2D cephalometric radiographic image	0	D1526	Space maintainer - removable - bilateral, maxillary....	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0460	Pulp vitality tests	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0
D0470	Diagnostic casts	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0
D0601	Caries risk assessment & documentation, with a finding of low risk	0	D1556	Removal of fixed unilateral space maintainer – per quadrant.....	0
D0602	Caries risk assessment & documentation, with a finding of moderate risk	0	D1557	Removal of fixed bilateral space maintainer – maxillary	0
D0603	Caries risk assessment & documentation, with a finding of high risk	0	D1558	Removal of fixed bilateral space maintainer – mandibular	0
D0701	Panoramic radiographic image – image capture only .	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0
D0702	2-D cephalometric radiographic image – image capture only	0			
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0			
D0704	3-D photographic image – image capture only	0			
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0			
D0706	Intraoral – occlusal radiographic image – image capture only	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Restorative (Fillings)					
D2140	Amalgam - one surface, prim. or perm.	21	D2954	Prefab. post and core in addition to crown	77
D2150	Amalgam - two surfaces, prim. or perm.	26	D2955	Post removal (not in conj. with endo. therapy)	53
D2160	Amalgam - three surfaces, prim. or perm.	32	D2957	Each add. prefab post - same tooth	20
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	D2970	Temporary crown (fractured tooth)	0
D2330	Resin-based composite - one surface, anterior	35	D2980	Crown repair necessitated by restorative material failure	51
D2331	Resin-based composite - two surfaces, anterior	42	D2981	Inlay repair necessitated by restorative material failure	51
D2332	Resin-based composite - three surfaces, anterior	50	D2982	Onlay repair necessitated by restorative material failure	51
D2335	Resin-based composite - >=4 surfaces, anterior	60	D2983	Veneer repair necessitated by restorative material failure	51
D2390	Resin-based composite crown, anterior	96	D2990	Resin infiltration lesion	21
D2391	Resin-based composite - one surface, posterior	37	Endodontics¹		
D2392	Resin-based composite - two surfaces, posterior	44	D3110	Pulp cap - direct (excl. final restoration)	16
D2393	Resin-based composite - three surfaces, posterior	51	D3120	Pulp cap - indirect (excl. final restoration)	16
D2394	Resin-based composite - >=4 surfaces, posterior	62	D3220	Therapeutic pulpotomy (excl. final restor.)	41
Crown & Bridge			D3221	Pulpal debridement, prim. and perm. teeth	47
D2510	Inlay- metallic - one surface	204	D3222	Partial pulpotomy for apexogenesis	80
D2520	Inlay- metallic - two surfaces	204	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	80
D2530	Inlay - metallic - three or more surfaces	213	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	82
D2542	Onlay - metallic-two surfaces	229	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171
D2543	Onlay - metallic - three surfaces	262	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209
D2544	Onlay - metallic - four or more surfaces	262	D3330	Endodontic therapy, molar tooth (excluding final restoration)	256
D2610	Inlay - porcelain/ceramic - one surface	214	D3332	Incomp. endo. therapy-inop. or fractured tooth	92
D2620	Inlay - porcelain/ceramic - two surfaces	214	D3333	Internal root repair of perforation defects	53
D2630	Inlay - porcelain/ceramic - >=3 surfaces	223	D3346	Retreat of prev. root canal therapy, anterior	194
D2642	Onlay - porcelain/ceramic - two surfaces	240	D3347	Retreat of prev. root canal therapy - premolar	233
D2643	Onlay - porcelain/ceramic - three surfaces	250	D3348	Retreat of prev. root canal therapy, molar	279
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3351	Apexification/recalcification - initial visit	101
D2650	Inlay - resin-based composite - one surface	220	D3352	Apexification/recalcification - interim med. repl.	295
D2651	Inlay - resin-based composite - two surfaces	220	D3353	Apexification/recalcification - final visit	225
D2652	Inlay - resin-based composite - >=3 surfaces	220	D3355	Pulpal regeneration - initial visit	101
D2662	Onlay - resin-based composite - two surfaces	222	D3356	Pulpal regeneration - interim medication replacement	295
D2663	Onlay - resin-based composite - three surfaces	222	D3357	Pulpal regeneration - completion of treatment	225
D2664	Onlay - resin-based composite - >=4 surfaces	222	D3410	Apicoectomy - anterior	162
D2710	Crown - resin based composite (indirect)	136	D3421	Apicoectomy - premolar (first root)	182
D2712	Crown - 3/4 resin-based composite (indirect)	243	D3425	Apicoectomy - molar (first root)	209
D2720	Crown - resin with high noble metal	248	D3426	Apicoectomy (each add. root)	76
D2721	Crown - resin with predominantly base metal	248	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	372
D2722	Crown - resin with noble metal	248	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291
D2740	Crown - porcelain/ceramic	280	D3430	Retrograde filling - per root	60
D2750	Crown - porcelain fused to high noble metal	262	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	204
D2751	Crown - porcelain fused to predominantly base metal	262	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	408
D2752	Crown - porcelain fused to noble metal	262	D3450	Root amputation - per root	117
D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3471	Surgical repair of root resorption - anterior	162
D2780	Crown - 3/4 cast high noble metal	239	D3472	Surgical repair of root resorption - premolar	182
D2781	Crown - 3/4 cast predominantly base metal	239	D3473	Surgical repair of root resorption - molar	209
D2782	Crown - 3/4 cast noble metal	239	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior ...	162
D2783	Crown - 3/4 porcelain/ceramic	256	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar .	182
D2790	Crown - full cast high noble metal	248	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	209
D2791	Crown - full cast predominately base metal	248	D3920	Hemisection, not inc. root canal therapy	117
D2792	Crown - full cast noble metal	248	D3921	Decoronation or submergence of an erupted tooth ..	100
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	0	D3950	Canal prep/fitting of preformed dowel or post	68
D2910	Recement inlay	22			
D2915	Recement cast or prefab. post and core	41			
D2920	Recement crown	22			
D2930	Prefab. stainless steel crown - prim. tooth	55			
D2931	Prefab. stainless steel crown - perm. tooth	61			
D2932	Prefabricated resin crown	70			
D2933	Prefab. stainless steel crown w/ resin window	136			
D2940	Protective restoration	20			
D2941	Interim therapeutic restoration, primary dentition	16			
D2950	Core buildup, including any pins	63			
D2951	Pin retention - per tooth, in addition to restoration ...	11			
D2952	Post and core in addition to crown	93			
D2953	Each add. indirectly fabricated post - same tooth	25			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Periodontics¹			D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140	D5410	Adjust complete denture - maxillary.....	19
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	50	D5411	Adjust complete denture - mandibular	19
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20	D5421	Adjust partial denture - maxillary.....	19
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173	D5422	Adjust partial denture - mandibular.....	19
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	53	D5511	Repair broken complete denture base, mandibular....	44
D4260	Osseous surgery - >3 cont. teeth, per quad	250	D5512	Repair broken complete denture base, maxillary.....	44
D4261	Osseous surgery - <=3 cont. teeth, per quad	196	D5520	Replace missing or broken teeth - complete denture .	44
D4263	Bone replacement graft - retained natural tooth - first site in quad.....	372	D5611	Repair resin partial denture base, mandibular.....	44
D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	291	D5612	Repair resin partial denture base, maxillary.....	44
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	204	D5621	Repair cast partial framework, mandibular.....	44
D4266	Guided tissue regen. - resorb. barrier, per site.....	408	D5622	Repair cast partial framework, maxillary.....	44
D4267	Guided tissue regen. - non-resorb. barrier, per site	399	D5630	Repair or replace broken clasp	58
D4268	Surgical revision proc., per tooth	179	D5640	Replace broken teeth - per tooth	44
D4270	Pedicle soft tissue graft procedure	322	D5650	Add tooth to existing partial denture	44
D4273	Autogenous connective tissue graft proc.	400	D5660	Add clasp to existing partial denture -per tooth	58
D4274	Mesial/distal wedge procedure, single tooth	154	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144
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	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144
D4276	Comb. connec. tissue/double and pedicle graft, per tooth.....	510	D5710	Rebase complete maxillary denture	130
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns.....	214	D5711	Rebase complete mandibular denture	130
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns.....	189	D5720	Rebase maxillary partial denture.....	130
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55	D5721	Rebase mandibular partial denture.....	130
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	32	D5725	Rebase hybrid prosthesis.....	130
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23	D5730	Reline complete maxillary denture (direct).....	80
D4355	Full mouth debridement	45	D5731	Reline complete mandibular denture (direct).....	80
D4381	Localized delivery of antimicrobial agents.....	49	D5740	Reline maxillary partial denture (direct).....	78
D4910	Periodontal maintenance	37	D5741	Reline mandibular partial denture (direct).....	78
D4920	Unscheduled dressing change by non-treating dentist	42	D5750	Reline complete maxillary denture (indirect).....	112
Prosthetics (Dentures)			D5751	Reline complete mandibular denture (indirect).....	112
D5110	Complete denture - maxillary.....	349	D5760	Reline maxillary partial denture (indirect).....	112
D5120	Complete denture - mandibular.....	349	D5761	Reline mandibular partial denture (indirect).....	112
D5130	Immediate denture - maxillary	361	D5765	Soft liner for complete or partial removable denture – indirect	50
D5140	Immediate denture - mandibular	361	D5810	Interim complete denture - maxillary.....	181
D5211	Maxillary partial denture - resin base.....	325	D5811	Interim complete denture - mandibular.....	181
D5212	Mandibular partial denture - resin base.....	325	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	181
D5213	Maxillary partial denture - cast metal	375	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	181
D5214	Mandibular partial denture - cast metal	375	D5850	Tissue conditioning - maxillary	40
D5221	Immediate maxillary partial denture - resin base	325	D5851	Tissue conditioning - mandibular	40
D5222	Immediate mandibular partial denture - resin base....	325	D5932	Obturator prosthesis, definitive	2400
D5223	Immediate maxillary partial denture - cast metal	375	D5933	Obturator prosthesis, modification	355
D5224	Immediate mandibular partial denture - cast metal ...	375	D5934	Mandibular resection prosthesis w/ guide flange	2021
D5225	Maxillary partial denture - flexible base.....	375	D5935	Mandibular resection prosthesis w/o guide flange	1885
D5226	Mandibular partial denture - flexible base.....	375	D5936	Obturator prosthesis, interim.....	1025
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	375	D5937	Trismus appliance, not in conj. with TMD	327
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	375	D5986	Fluoride gel carrier	63
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	210	D5991	Topical medicament carrier.....	63
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	Bridge & Pontics		
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210	D6210	Pontic - cast high noble metal	248
			D6211	Pontic - cast predominately base metal	248
			D6240	Pontic - porcelain fused to high noble metal.....	262
			D6241	Pontic - porcelain fused to predominately base metal	262
			D6242	Pontic - porcelain fused to noble metal	262
			D6245	Pontic - porcelain/ceramic.....	280
			D6250	Pontic - resin with high noble metal.....	248
			D6251	Pontic - resin with predominately base metal.....	248
			D6252	Pontic - resin with noble metal.....	248
			D6545	Ret. - cast metal for resin bonded fixed prosthesis	126
			D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197
			D6600	Retainer inlay - porc./ceramic, two surfaces	214
			D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6602	Retainer inlay - cast high noble metal, two surfaces ...	204
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213
D6604	Retainer inlay - cast predominantly base metal, two surfaces	204
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213
D6606	Retainer inlay - cast noble metal, two surfaces	204
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213
D6608	Retainer onlay - porc./ceramic, two surfaces	240
D6609	Retainer onlay - porc./ceramic, three or more surfaces	250
D6610	Retainer onlay - cast high noble metal, two surfaces..	229
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	262
D6612	Retainer onlay - cast predominantly base metal, two surfaces	229
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262
D6614	Retainer onlay - cast noble metal, two surfaces.....	229
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262
D6720	Retainer crown - resin with high noble metal	248
D6721	Retainer crown - resin with predominantly base metal	248
D6722	Retainer crown - resin with noble metal	248
D6740	Retainer crown - porcelain/ceramic	280
D6750	Retainer crown - porcelain fused to high noble metal	262
D6751	Retainer crown - porcelain fused to predominately base metal	262
D6752	Retainer crown - porcelain fused to noble metal	262
D6780	Retainer crown - 3/4 cast high noble metal	235
D6781	Retainer crown - 3/4 cast predominantly base metal ..	235
D6782	Retainer crown - 3/4 cast noble metal	235
D6783	Retainer crown - 3/4 porc./ceramic	256
D6790	Retainer crown - full cast high noble metal.....	248
D6791	Retainer crown - full cast predominately base metal..	248
D6792	Retainer crown - full cast noble metal.....	248
D6930	Recement or rebond fixed partial denture.....	35
D6980	Fixed partial denture repair, by report	86
D6985	Pediatric partial denture, fixed	280
Oral Surgery¹		
D7111	Extraction, coronal remnants - primary tooth.....	28
D7140	Extraction, erupted tooth or exposed root	35
D7210	Extraction, erupted tooth req elev, etc	67
D7220	Removal of impacted tooth - soft tissue	76
D7230	Removal of impacted tooth - partially bony	98
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	109
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113
D7272	Tooth transplantation	308
D7280	Exposure of an unerupted tooth	77
D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	116
D7283	Place. of device to facilitate erupt. of impacted tooth	72
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ...	71
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	462
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	888
D7510	Incision and drainage of abscess - intraoral soft tissue	48
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	56
D7520	Incision/drainage of abscess - extra. soft tissue	58

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	60
D7910	Suture of recent small wounds up to 5 cm.....	30
D7911	Complicated suture, <= 5 cm.....	35
D7912	Complicated suture, > 5 cm.....	40
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D7961	Buccal/labial frenectomy (frenulectomy).....	132
D7962	Lingual frenectomy (frenulectomy)	132
D7963	Frenuloplasty.....	147
D7970	Excision of hyperplastic tissue - per arch.....	117
D7971	Excision of pericoronal gingiva	66
D7979	Non-surgical sialolithotomy.....	22
Orthodontics²		
D8060	Interceptive ortho. treatment - transitional dentition	3304
D8070	Comp. ortho. treatment - transitional dentition	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D8703	Replacement of lost or broken retainer – maxillary....	179
D8704	Replacement of lost or broken retainer – mandibular	179
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain.....	22
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..	52
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D9248	Non-intravenous conscious sedation	73
D9310	Consultation (diagnostic service by nontreating dentist)	22
D9440	Office visit after regularly scheduled hours.....	45
D9610	Therapeutic parenteral drug, single admin.	13
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	35
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D9910	Application of desensitizing medicament	16
D9920	Behavior management, by report	34
D9930	Treatment of complications (post-surgical)	22
D9944	Occlusal guard – hard appliance, full arch.....	136
D9945	Occlusal guard – soft appliance, full arch	136
D9946	Occlusal guard – hard appliance, partial arch	136
D9950	Occlusion analysis - mounted case	52
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D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available)	0
D9997	Dental case management – patients with special health care needs	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
2. See exclusion #14 and limitation #25 for additional coverage information.

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

Plan Exclusions

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

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia 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.

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per six (6) months, per patient.
4. Four bitewing x-ray films per six (6) months, per patient.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. One sealant per tooth, per patient up to age 19 (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 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
9. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
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.
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%.
12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
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.
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.
15. Full mouth debridement is covered once per 36 months, per patient.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
18. Periodontal maintenance following surgery is covered once per three (3) months.
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.
20. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
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.
22. Occlusal guard with covered surgery, by report.
23. Gingivectomy, once per quadrant.
24. One pedicle, free soft tissue, subepithelial connective tissue or double pedicle graft per site.
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.
26. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.