



A Better Path to Benefits



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

WE WORK FOR THE BENEFIT OF OUR MEMBERS, DELIVERING:

EXTENSIVE NETWORKS²

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

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

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

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

VALUE-ADDED BENEFITS

NEW PREVENTION REWARDS PROGRAM

Get Cleanings. Get Rewarded!

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

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

HEARING DISCOUNT PROGRAM

amplifonusa.com/dn

Access to discounts on hearing aids and services.⁵

DIGIBITE TELEDENTISTRY APP

DominionNational.com/teledentistry

Receive a dental consultation without leaving your home or office!

Z DENTAL DISCOUNT

Myzsonic.com/DN

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

SECURE ONLINE ACCESS

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



MEMBER PORTAL

DominionMembers.com



DOMINION NATIONAL GO MOBILE COMMUNICATION SERVICE

Register at DominionNational.com/go or by calling 888.596.0716



LIVE CHAT SUPPORT

Visit DominionNational.com to chat with a live agent.



TOLL-FREE, 24 HOUR ACCESS at 888.518.5338

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

¹ Dominion National Internal Performance Report, 2023.

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

³ Participating providers are subject to change.

⁴ Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2023. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

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



Select Plan Basic 703xa (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	13			
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	Perio scaling and root planing - <= 3 teeth, per quad	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.	41			
D0330	Panoramic radiographic image	30	D2150	Amalgam - two surfaces, prim. or perm.....	51			
D0340	2D cephalometric radiographic image	0	D2160	Amalgam - three surfaces, prim. or perm.	64			
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	78			
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2330	Resin-based composite - one surface, anterior	69			
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2331	Resin-based composite - two surfaces, anterior ..	83			
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2332	Resin-based composite - three surfaces, anterior ..	99			
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	119			
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2390	Resin-based composite crown, anterior.....	192			
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2391	Resin-based composite - one surface, posterior ..	73			
D0460	Pulp vitality tests	0	D2392	Resin-based composite - two surfaces, posterior.	87			
D0470	Diagnostic casts	0	D2393	Resin-based composite - three surfaces, posterior.....	102			
D0701	Panoramic radiographic image – image capture only.....	0	D2394	Resin-based composite - >=4 surfaces, posterior.	123			
D0702	2-D cephalometric radiographic image – image capture only	0	Crown & Bridge					
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2510	Inlay - metallic - one surface.....	407			
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2520	Inlay - metallic - two surfaces	407			
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2530	Inlay - metallic - three or more surfaces.....	425			
			D2542	Onlay - metallic-two surfaces	458			
			D2543	Onlay - metallic-three surfaces.....	524			
			D2544	Onlay - metallic-four or more surfaces.....	524			
			D2610	Inlay - porcelain/ceramic - one surface	427			
			D2620	Inlay - porcelain/ceramic - two surfaces.....	427			
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445			
			D2642	Onlay - porcelain/ceramic - two surfaces	479			
			D2643	Onlay - porcelain/ceramic - three surfaces.....	499			
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	499			
			D2650	Inlay - resin-based composite - one surface	440			
			D2651	Inlay - resin-based composite - two surfaces	440			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2652	Inlay - resin-based composite - >=3 surfaces.....	440	D3921	Decoronation or submergence of an erupted tooth	107
D2662	Onlay - resin-based composite - two surfaces.....	444	D3950	Canal prep/fitting of preformed dowel or post	136
D2663	Onlay - resin-based composite - three surfaces ...	444	Periodontics¹		
D2664	Onlay - resin-based composite - >=4 surfaces	444	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad	279
D2710	Crown - resin based composite (indirect).....	272	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad	100
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345
D2720/21/22	Crown - resin with metal	495	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106
D2740	Crown - porcelain/ceramic	560	D4260	Osseous surgery - >3 cont. teeth, per quad	499
D2750/51/52	Crown - porcelain fused metal	523	D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D2753	Crown - porcelain fused to titanium and titanium alloys	523	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	613
D2780/81/82	Crown - 3/4 cast with metal	478	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	480
D2783	Crown - 3/4 porcelain/ceramic.....	511	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	336
D2790/91/92	Crown - full cast metal.....	495	D4268	Surgical revision proc., per tooth	358
D2794	Crown - titanium and titanium alloys	523	D4270	Pedicle soft tissue graft procedure	530
D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	43	D4273	Autogenous connective tissue graft procedure, first tooth.....	660
D2931	Prefab. stainless steel crown	121	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2932	Prefabricated resin crown	140	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	705
D2940	Protective restoration	39	D4277	Free soft tissue graft procedure, first tooth	540
D2950	Core buildup, including any pins	125	D4278	Free soft tissue graft procedure, each add. tooth	83
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4286	Removal of non-resorbable barrier	100
D2952	Post and core in addition to crown	186	D4341	Perio scaling and root planing - >3 cont teeth, per quad	109
D2954	Prefab. post and core in addition to crown	154	D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D2955	Post removal (not in conj. with endo. therapy)....	105	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	51
D2980	Crown repair necessitated by restorative material failure	102	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	89
D2981	Inlay repair necessitated by restorative material failure	102	D4381	Localized delivery of antimicrobial agents.....	98
D2982	Onlay repair necessitated by restorative material failure	102	D4910	Periodontal maintenance	74
Endodontics¹					
D3110/20	Pulp cap - direct/indirect (excl. final restoration) .	32	Prosthetics (Dentures)		
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5110/20	Complete denture - maxillary/mandibular.....	697
D3221	Pulpal debridement.....	94	D5130/40	Immediate denture - maxillary/mandibular.....	722
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	82	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	750
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasping materials, rests and teeth)	649
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasping materials, rests and teeth)	649
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth)	750
D3333	Internal root repair of perforation defects	105	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasping materials, rests and teeth)	750
D3346	Retreat of prev. root canal therapy, anterior	387	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3347	Retreat of prev. root canal therapy, premolar	465			
D3348	Retreat of prev. root canal therapy, molar	558			
D3410	Apicoectomy - anterior	323			
D3421	Apicoectomy - premolar (first root)	364			
D3425	Apicoectomy - molar (first root)	418			
D3426	Apicoectomy - (each add. root).....	152			
D3430	Retrograde filling - per root	119			
D3450	Root amputation - per root	234			
D3471	Surgical repair of root resorption - anterior	323			
D3472	Surgical repair of root resorption - premolar	364			
D3473	Surgical repair of root resorption - molar.....	418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	323			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	364			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	418			
D3920	Hemisection, not inc. root canal therapy	234			

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).....	750	D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	419	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	419	D6606	Retainer inlay - cast noble metal, two surfaces....	407
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5410/11	Adjust complete denture - maxillary/mandibular	38	D6608	Retainer onlay - porc./ceramic, two surfaces	479
D5421/22	Adjust partial denture - maxillary/mandibular.....	38	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D5511	Repair broken complete denture base, mandibular	87	D6610	Retainer onlay - cast high noble metal, two surfaces	458
D5512	Repair broken complete denture base, maxillary.	87	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524
D5520	Replace missing or broken teeth - complete denture.....	87	D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D5611	Repair resin partial denture base, mandibular....	87	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D5612	Repair resin partial denture base, maxillary.....	87	D6614	Retainer onlay - cast noble metal, two surfaces...	458
D5621	Repair cast partial framework, mandibular.....	87	D6615	Retainer onlay - cast noble metal, >=3 surfaces...	524
D5622	Repair cast partial framework, maxillary.....	87	D6720/21/22	Retainer crown - resin with metal	495
D5630/60	Clasp repaired, replaced or added	115	D6740	Retainer crown - porcelain/ceramic	560
D5640	Replace broken teeth - per tooth	87	D6750/51/52	Retainer crown - porcelain fused metal	523
D5650	Add tooth to existing partial denture	87	D6753	Retainer crown – porcelain fused to titanium and titanium alloys	523
D5670/71	Replace all teeth and acrylic on cast metal framework.....	287	D6780	Retainer crown - 3/4 cast high noble metal	470
D5710/11	Rebase complete maxillary/mandibular denture.	260	D6781	Retainer crown - 3/4 cast predominantly base metal	470
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6782	Retainer crown - 3/4 cast noble metal	470
D5725	Rebase hybrid prosthesis.....	260	D6783	Retainer crown - 3/4 porc./ceramic	511
D5730/31	Reline complete maxillary/mandibular denture (direct).....	159	D6784	Retainer crown – 3/4 titanium and titanium alloys	523
D5740/41	Reline maxillary/mandibular partial denture (direct).....	155	D6790/91/92	Retainer crown - full cast metal.....	495
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	224	D6794	Retainer crown - titanium	523
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	224	D6930	Recement or rebond fixed partial denture.....	69
D5765	Soft liner for complete or partial removable denture – indirect.....	53	D6980	Fixed partial denture repair, by report	172
D5810/11	Interim complete denture - maxillary/ mandibular	362			
D5820/21	Interim partial denture (including retentive/ claspings materials, rests, and teeth), maxillary/ mandibular	362			
D5850/51	Tissue conditioning - maxillary/mandibular	79			
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	63	D7111	Extraction, coronal remnants - primary tooth.....	56
D6210/11/12	Pontic - metal	495	D7140	Extraction, erupted tooth or exposed root	69
D6240/41/42	Pontic - porcelain fused metal.....	523	D7210	Extraction, erupted tooth req elev, etc	133
D6243	Pontic – porcelain fused to titanium and titanium alloys	523	D7220	Removal of impacted tooth - soft tissue	151
D6245	Pontic - porcelain/ceramic.....	560	D7230	Removal of impacted tooth - partially bony	196
D6250/51/52	Pontic - resin with metal.....	495	D7240	Removal of impacted tooth - completely bony	241
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7250	Removal of residual tooth roots.....	141
D6549	Resin retainer - for resin bonded fixed prosthesis	251	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	217
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	226
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7280	Exposure of an unerupted tooth	153
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	D7310/20	Alveoloplasty, per quad	141
			D7509	Marsupialization of odontogenic cyst	400
			D7510	Incision and drainage of abscess - intraoral soft tissue	96
			D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
			D7961	Buccal/labial frenectomy (frenulectomy)	263
			D7962	Lingual frenectomy (frenulectomy)	263
			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	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).	
D9110	Palliative treatment of dental pain – per visit	43	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.	
D9210/15	Local 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.	
D9211	Regional 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.	
D9212	Trigeminal division block anesthesia	0			
D9219	Evaluation for deep sedation or general anesthesia	0			
D9222	Deep sedation/general anesthesia - first 15 minutes	103			
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103			
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37			
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103			
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103			
D9310	Consultation (diagnostic service by nontreating dentist)	43			
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190			
D9910	Application of desensitizing medicament	31			
D9930	Treatment of complications (post-surgical)	43			
D9944	Occlusal guard – hard appliance, full arch.....	272			
D9945	Occlusal guard – soft appliance, full arch	272			
D9946	Occlusal guard – hard appliance, partial arch	272			
D9950	Occlusion analysis - mounted case.....	104			
D9951	Occlusal adjustment - limited.....	66			
D9952	Occlusal adjustment - complete	266			
D9953	Reline custom sleep apnea appliance (indirect)...	175			
D9986	Missed appointment	50			
D9995	Teledentistry – synchronous; real-time encounter	0			
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0			
D9997	Dental case management – patients with special health care needs	50			
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 exception of out-of-area emergency dental services).				
12.	Services related to the treatment of TMD (Temporomandibular Disorder).				
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.				
14.	Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.				
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.				
Plan Limitations					
1.	Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.				
2.	One (1) problem focused exam is covered per calendar year per patient.				
3.	Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).				
4.	One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.				
5.	Two (2) bitewing x-rays are covered per calendar year per patient.				
6.	One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.				
7.	Replacement of a filling is covered if it is more than two (2) years from the date of original placement.				
8.	Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.				
9.	Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.				
10.	Relining and rebasing of dentures is covered once every 24 months per patient.				
11.	Retreatment of root canal is covered if it is more than two (2) years from the original treatment.				
12.	Root planing or scaling is covered once every 24 months per quadrant per patient.				
13.	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.				
14.	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				
15.	Full mouth debridement is covered once per lifetime 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 per patient. Must have pocket depths of five (5) millimeters or greater.				
17.	Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.				
18.	Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.				
19.	Coronectomy - intentional partial tooth removal, once per lifetime.				
20.	Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.				
21.	Orthodontia treatment is limited to once per lifetime.				

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



Select Plan Basic Kids 702xs (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.....	20	D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0
D0140	Periodic oral eval - established patient	0	D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
D0145	Limited oral eval - problem focused	0	D0701	Panoramic radiographic image – image capture only .	0
D0150	Oral eval for a patient under 3 years of age	0	D0702	2-D cephalometric radiographic image – image capture only	0
D0160	Comprehensive oral eval - new or established patient	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0170	Detailed and extensive oral eval - problem focused....	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0180	Re-evaluation - limited, problem focused	0	D0706	Intraoral – occlusal radiographic image – image capture only	0
D0210	Comp. periodontal eval - new or established patient .	0	D0707	Intraoral – periapical radiographic image – image capture only	0
D0220	Intraoral – periapical first radiographic image	0	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0230	Intraoral - periapical each add. radiographic image	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0240	Intraoral - occlusal radiographic image	0	D0999	Unspecified diagnostic procedure, by report	0
D0250	Extra-oral - 2D projection radiographic image	0	D1110	Prophylaxis (cleaning) - adult	13
D0270	Bitewing - single radiographic image.....	0	D1120	Prophylaxis (cleaning) - child	10
D0272	Bitewings - two radiographic images.....	0	D1206	Topical application of fluoride varnish.....	0
D0273	Bitewings - three radiographic images.....	0	D1208	Topical application of fluoride - excluding varnish	0
D0274	Bitewings - four radiographic images	0	D1310	Nutritional counseling for control of dental disease ...	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0322	Tomographic survey	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0330	Panoramic radiographic image	30	D1330	Oral hygiene instructions.....	0
D0340	2D cephalometric radiographic image	0	D1351	Sealant - per tooth	21
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth	21
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D1354	Application of caries arresting medicament - per tooth.....	0
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1355	Caries preventive medicament application – per tooth.....	21
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D1510	Space maintainer - fixed, unilateral - per quadrant....	143
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1516	Space maintainer - fixed - bilateral, maxillary	198
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D1517	Space maintainer - fixed - bilateral, mandibular	198
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	143
D0460	Pulp vitality tests	0	D1526	Space maintainer - removable - bilateral, maxillary....	198
D0470	Diagnostic casts	0	D1527	Space maintainer - removable - bilateral, mandibular	198
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary.....	34
D0601	Caries risk assessment & documentation, with a finding of low risk	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	34

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34	D2931	Prefab. stainless steel crown - perm. tooth.....	121			
D1556	Removal of fixed unilateral space maintainer – per quadrant.....	44	D2932	Prefabricated resin crown	140			
D1557	Removal of fixed bilateral space maintainer – maxillary	44	D2933	Prefab. stainless steel crown w/ resin window	271			
D1558	Removal of fixed bilateral space maintainer – mandibular	44	D2940	Protective restoration	39			
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143	D2941	Interim therapeutic restoration, primary dentition.....	31			
Restorative (Fillings)								
D2140	Amalgam - one surface, prim. or perm.	41	D2950	Core buildup, including any pins	125			
D2150	Amalgam - two surfaces, prim. or perm.....	51	D2951	Pin retention - per tooth, in addition to restoration ...	22			
D2160	Amalgam - three surfaces, prim. or perm.	64	D2952	Post and core in addition to crown	186			
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D2953	Each add. indirectly fabricated post - same tooth.....	50			
D2330	Resin-based composite - one surface, anterior	69	D2954	Prefab. post and core in addition to crown	154			
D2331	Resin-based composite - two surfaces, anterior	83	D2955	Post removal (not in conj. with endo. therapy).....	105			
D2332	Resin-based composite - three surfaces, anterior.....	99	D2957	Each add. prefab post - same tooth	40			
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	D2970	Temporary crown (fractured tooth)	0			
D2390	Resin-based composite crown, anterior.....	192	D2980	Crown repair necessitated by restorative material failure	102			
D2391	Resin-based composite - one surface, posterior	73	D2981	Inlay repair necessitated by restorative material failure	102			
D2392	Resin-based composite - two surfaces, posterior.....	87	D2982	Onlay repair necessitated by restorative material failure	102			
D2393	Resin-based composite - three surfaces, posterior	102	D2983	Veneer repair necessitated by restorative material failure	102			
D2394	Resin-based composite - >=4 surfaces, posterior.....	123	D2990	Resin infiltration lesion	41			
Crown & Bridge								
D2510	Inlay- metallic - one surface	407	Endodontics¹					
D2520	Inlay- metallic - two surfaces.....	407	D3110	Pulp cap - direct (excl. final restoration).....	32			
D2530	Inlay - metallic - three or more surfaces.....	425	D3120	Pulp cap - indirect (excl. final restoration).....	32			
D2542	Onlay - metallic-two surfaces	458	D3220	Therapeutic pulpotomy (excl. final restor.).....	81			
D2543	Onlay - metallic - three surfaces.....	524	D3221	Pulpal debridement, prim. and perm. teeth	94			
D2544	Onlay - metallic - four or more surfaces.....	524	D3222	Partial pulpotomy for apexogenesis	160			
D2610	Inlay - porcelain/ceramic - one surface	427	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	160			
D2620	Inlay - porcelain/ceramic - two surfaces.....	427	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	164			
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341			
D2642	Onlay - porcelain/ceramic - two surfaces	479	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	418			
D2643	Onlay - porcelain/ceramic - three surfaces.....	499	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	512			
D2644	Onlay - porcelain/ceramic - >=4 surfaces	499	D3332	Incomp. endo. therapy-inop. or fractured tooth	183			
D2650	Inlay - resin-based composite - one surface.....	440	D3333	Internal root repair of perforation defects	105			
D2651	Inlay - resin-based composite - two surfaces	440	D3346	Retreat of prev. root canal therapy, anterior	387			
D2652	Inlay - resin-based composite - >=3 surfaces.....	440	D3347	Retreat of prev. root canal therapy - premolar.....	465			
D2662	Onlay - resin-based composite - two surfaces.....	444	D3348	Retreat of prev. root canal therapy, molar	558			
D2663	Onlay - resin-based composite - three surfaces	444	D3351	Apexification/recalcification - initial visit.....	202			
D2664	Onlay - resin-based composite - >=4 surfaces	444	D3352	Apexification/recalcification - interim med. repl.....	589			
D2710	Crown - resin based composite (indirect).....	272	D3353	Apexification/recalcification - final visit	449			
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D3355	Pulpal regeneration - initial visit.....	202			
D2720	Crown - resin with high noble metal	495	D3356	Pulpal regeneration - interim medication replacement	589			
D2721	Crown - resin with predominantly base metal	495	D3357	Pulpal regeneration - completion of treatment	449			
D2722	Crown - resin with noble metal	495	D3410	Apicoectomy - anterior.....	323			
D2740	Crown - porcelain/ceramic.....	560	D3421	Apicoectomy - premolar (first root)	364			
D2750	Crown - porcelain fused to high noble metal	523	D3425	Apicoectomy - molar (first root)	418			
D2751	Crown - porcelain fused to predominantly base metal	523	D3426	Apicoectomy (each additional root)	152			
D2752	Crown - porcelain fused to noble metal	523	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	743			
D2753	Crown - porcelain fused to titanium and titanium alloys	523	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	582			
D2780	Crown - 3/4 cast high noble metal	478	D3430	Retrograde filling - per root	119			
D2781	Crown - 3/4 cast predominantly base metal	478	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	407			
D2782	Crown - 3/4 cast noble metal	478	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	815			
D2783	Crown - 3/4 porcelain/ceramic.....	511	D3450	Root amputation - per root	234			
D2790	Crown - full cast high noble metal	495	D3471	Surgical repair of root resorption - anterior	323			
D2791	Crown - full cast predominantly base metal	495	D3472	Surgical repair of root resorption - premolar	364			
D2792	Crown - full cast noble metal.....	495	D3473	Surgical repair of root resorption - molar	418			
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	0						
D2910	Recement inlay.....	43						
D2915	Recement cast or prefab. post and core.....	82						
D2920	Recement crown	43						
D2930	Prefab. stainless steel crown - prim. tooth.....	110						

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	323	D5222	Immediate mandibular partial denture - resin base....	649
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .	364	D5223	Immediate maxillary partial denture - cast metal	750
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	418	D5224	Immediate mandibular partial denture - cast metal ...	750
D3920	Hemisection, not inc. root canal therapy	234	D5225	Maxillary partial denture - flexible base.....	750
D3921	Decoronation or submergence of an erupted tooth ..	107	D5226	Mandibular partial denture - flexible base.....	750
D3950	Canal prep/fitting of preformed dowel or post	136	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	750
Periodontics¹					
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	750
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	100	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	419
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	40	D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	419
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	419
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419
D4260	Osseous surgery - >3 cont. teeth, per quad	499	D5410	Adjust complete denture - maxillary	38
D4261	Osseous surgery - <=3 cont. teeth, per quad	392	D5411	Adjust complete denture - mandibular	38
D4263	Bone replacement graft - retained natural tooth - first site in quad.....	743	D5421	Adjust partial denture - maxillary.....	38
D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	582	D5422	Adjust partial denture - mandibular	38
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	407	D5511	Repair broken complete denture base, mandibular....	87
D4266	Guided tissue regen. - resorb. barrier, per site.....	815	D5512	Repair broken complete denture base, maxillary.....	87
D4267	Guided tissue regen. - non-resorb. barrier, per site	797	D5520	Replace missing or broken teeth - complete denture .	87
D4268	Surgical revision proc., per tooth	358	D5611	Repair resin partial denture base, mandibular.....	87
D4270	Pedicile soft tissue graft procedure	643	D5612	Repair resin partial denture base, maxillary.....	87
D4273	Autogenous connective tissue graft proc.	800	D5621	Repair cast partial framework, mandibular	87
D4274	Mesial/distal wedge procedure, single tooth	308	D5622	Repair cast partial framework, maxillary.....	87
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft Soft tissue allograft	854	D5630	Repair or replace broken clasp	115
D4276	Comb. connec. tissue/double and pedicile graft, per tooth.....	1019	D5640	Replace broken teeth - per tooth	87
D4286	Removal of non-resorbable barrier	100	D5650	Add tooth to existing partial denture	87
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	427	D5660	Add clasp to existing partial denture -per tooth	115
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	377	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63	D5710	Rebase complete maxillary denture.....	260
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45	D5711	Rebase complete mandibular denture.....	260
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	89	D5720	Rebase maxillary partial denture.....	260
D4381	Localized delivery of antimicrobial agents.....	98	D5721	Rebase mandibular partial denture.....	260
D4910	Periodontal maintenance	74	D5725	Rebase hybrid prosthesis.....	260
D4920	Unscheduled dressing change by non-treating dentist	84	D5730	Reline complete maxillary denture (direct)	159
Prosthetics (Dentures)			D5731	Reline complete mandibular denture (direct)	159
D5110	Complete denture - maxillary.....	697	D5740	Reline maxillary partial denture (direct).....	155
D5120	Complete denture - mandibular.....	697	D5741	Reline mandibular partial denture (direct).....	155
D5130	Immediate denture - maxillary	722	D5750	Reline complete maxillary denture (indirect).....	224
D5140	Immediate denture - mandibular	722	D5751	Reline complete mandibular denture (indirect).....	224
D5211	Maxillary partial denture - resin base.....	649	D5760	Reline maxillary partial denture (indirect).....	224
D5212	Mandibular partial denture - resin base.....	649	D5761	Reline mandibular partial denture (indirect).....	224
D5213	Maxillary partial denture - cast metal	750	D5765	Soft liner for complete or partial removable denture – indirect	53
D5214	Mandibular partial denture - cast metal	750	D5810	Interim complete denture - maxillary.....	362
D5221	Immediate maxillary partial denture - resin base	649	D5811	Interim complete denture - mandibular.....	362
			D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	362
			D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	362
			D5850	Tissue conditioning - maxillary	79
			D5851	Tissue conditioning - mandibular	79
			D5932	Obturator prosthesis, definitive	4800
			D5933	Obturator prosthesis, modification	709
			D5934	Mandibular resection prosthesis w/ guide flange	4042
			D5935	Mandibular resection prosthesis w/o guide flange	3770
			D5936	Obturator prosthesis, interim.....	2049
			D5937	Trismus appliance, not in conj. with TMD	653
			D5986	Fluoride gel carrier	126
			D5991	Topical medicament carrier.....	126

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Bridge & Pontics			D7280	Exposure of an unerupted tooth	153
D6210	Pontic - cast high noble metal	495	D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	231
D6211	Pontic - cast predominately base metal	495	D7283	Place. of device to facilitate erupt. of impacted tooth	144
D6240	Pontic - porcelain fused to high noble metal.....	523	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D6241	Pontic - porcelain fused to predominately base metal	523	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad ...	141
D6242	Pontic - porcelain fused to noble metal	523	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad	141
D6245	Pontic - porcelain/ceramic.....	560	D7340	Vestibuloplasty - ridge ext. sec. epithel.....	923
D6250	Pontic - resin with high noble metal.....	495	D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776
D6251	Pontic - resin with predominately base metal.....	495	D7509	Marsupialization of odontogenic cyst	400
D6252	Pontic - resin with noble metal.....	495	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	D7511	Incision/drainage of abscess - intra. soft tissue, comp.	112
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7520	Incision/drainage of abscess - extra. soft tissue	116
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	120
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7910	Suture of recent small wounds up to 5 cm.....	59
D6602	Retainer inlay - cast high noble metal, two surfaces ...	407	D7911	Complicated suture, <= 5 cm.....	69
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425	D7912	Complicated suture, > 5 cm.....	79
D6604	Retainer inlay - cast predominantly base metal, two surfaces	407	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	425	D7961	Buccal/labial frenectomy (frenulectomy)	263
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	D7962	Lingual frenectomy (frenulectomy)	263
D6607	Retainer inlay - cast noble metal, >=3 surfaces	425	D7963	Frenuloplasty.....	293
D6608	Retainer onlay - porc./ceramic, two surfaces	479	D7970	Excision of hyperplastic tissue - per arch	233
D6609	Retainer onlay - porc./ceramic, three or more surfaces	499	D7971	Excision of pericoronal gingiva	131
D6610	Retainer onlay - cast high noble metal, two surfaces..	458	D7979	Non-surgical sialolithotomy.....	43
D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	524			
D6612	Retainer onlay - cast predominantly base metal, two surfaces	458			
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524			
D6614	Retainer onlay - cast noble metal, two surfaces.....	458			
D6615	Retainer onlay - cast noble metal, >=3 surfaces	524			
D6720	Retainer crown - resin with high noble metal	495			
D6721	Retainer crown - resin with predominantly base metal	495			
D6722	Retainer crown - resin with noble metal	495			
D6740	Retainer crown - porcelain/ceramic	560			
D6750	Retainer crown - porcelain fused to high noble metal	523			
D6751	Retainer crown - porcelain fused to predominantly base metal	523			
D6752	Retainer crown - porcelain fused to noble metal	523			
D6780	Retainer crown - 3/4 cast high noble metal	470			
D6781	Retainer crown - 3/4 cast predominantly base metal ..	470			
D6782	Retainer crown - 3/4 cast noble metal	470			
D6783	Retainer crown - 3/4 porc./ceramic	511			
D6790	Retainer crown - full cast high noble metal.....	495			
D6791	Retainer crown - full cast predominantly base metal..	495			
D6792	Retainer crown - full cast noble metal.....	495			
D6930	Recement or rebond fixed partial denture.....	69			
D6980	Fixed partial denture repair, by report	172			
D6985	Pediatric partial denture, fixed	560			
Oral Surgery¹					
D7111	Extraction, coronal remnants - primary tooth.....	56			
D7140	Extraction, erupted tooth or exposed root	69			
D7210	Extraction, erupted tooth req. bone cut	133			
D7220	Removal of impacted tooth - soft tissue	151			
D7230	Removal of impacted tooth - partially bony.....	196			
D7240	Removal of impacted tooth - completely bony	241			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217			
D7250	Removal of residual tooth roots.....	141			
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	217			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226			
D7272	Tooth transplantation	615			
D7280	Exposure of an unerupted tooth	153			
D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	231			
D7283	Place. of device to facilitate erupt. of impacted tooth	144			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60			
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad ...	141			
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad	141			
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	923			
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776			
D7509	Marsupialization of odontogenic cyst	400			
D7510	Incision and drainage of abscess - intraoral soft tissue	96			
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	112			
D7520	Incision/drainage of abscess - extra. soft tissue	116			
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	120			
D7910	Suture of recent small wounds up to 5 cm.....	59			
D7911	Complicated suture, <= 5 cm.....	69			
D7912	Complicated suture, > 5 cm.....	79			
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25			
D7961	Buccal/labial frenectomy (frenulectomy)	263			
D7962	Lingual frenectomy (frenulectomy)	263			
D7963	Frenuloplasty.....	293			
D7970	Excision of hyperplastic tissue - per arch	233			
D7971	Excision of pericoronal gingiva	131			
D7979	Non-surgical sialolithotomy.....	43			
	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 treatment of dental pain – per visit	43			
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0			
D9211	Regional block anesthesia	0			
D9212	Trigeminal division block anesthesia	0			
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0			
D9219	Evaluation for deep sedation or general anesthesia ...	0			
D9222	Deep sedation/general anesthesia - first 15 minutes..	103			
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103			
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37			
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103			
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103			
D9248	Non-intravenous conscious sedation	145			
D9310	Consultation (diagnostic service by nontreating dentist)	43			
D9440	Office visit after regularly scheduled hours.....	90			
D9610	Therapeutic parenteral drug, single admin.	26			
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	70			
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190			
D9910	Application of desensitizing medicament	31			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	Plan Limitations		
D9920	Behavior management, by report	68	1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.		
D9930	Treatment of complications (post-surgical)	43	2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.		
D9944	Occlusal guard – hard appliance, full arch.....	272	3. One fluoride treatment per six (6) months, per patient.		
D9945	Occlusal guard – soft appliance, full arch	272	4. Four bitewing x-ray films per six (6) months, per patient.		
D9946	Occlusal guard – hard appliance, partial arch	272	5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.		
D9950	Occlusion analysis - mounted case.....	104	6. One sealant per tooth, per patient up to age 19 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).		
D9951	Occlusal adjustment - limited.....	66	7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.		
D9952	Occlusal adjustment - complete	266	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.		
D9953	Reline custom sleep apnea appliance (indirect).....	175	9. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.		
D9986	Missed appointment	50	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.		
D9995	Teledentistry – synchronous; real-time encounter.....	0	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%.		
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review.....	0	12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.		
D9997	Dental case management – patients with special health care needs	50	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.		
1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.		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.			
2. See exclusion #15 and limitation #25 for additional coverage information.		15. Full mouth debridement is covered once per 36 months, per patient.			
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.					