



A Better Path to Benefits



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

WE WORK FOR THE BENEFIT OF OUR MEMBERS, DELIVERING:

EXTENSIVE NETWORKS²

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

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

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

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

VALUE-ADDED BENEFITS

NEW PREVENTION REWARDS PROGRAM

Get Cleanings. Get Rewarded!

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

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

HEARING DISCOUNT PROGRAM

amplifonusa.com/dn

Access to discounts on hearing aids and services.⁵

DIGIBITE TELEDENTISTRY APP

DominionNational.com/teledentistry

Receive a dental consultation without leaving your home or office!

Z DENTAL DISCOUNT

Myzsonic.com/DN

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

SECURE ONLINE ACCESS

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



MEMBER PORTAL

DominionMembers.com



DOMINION NATIONAL GO MOBILE COMMUNICATION SERVICE

Register at DominionNational.com/go or by calling 888.596.0716



LIVE CHAT SUPPORT

Visit DominionNational.com to chat with a live agent.



TOLL-FREE, 24 HOUR ACCESS at 888.518.5338

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

¹ Dominion National Internal Performance Report, 2023.

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

³ Participating providers are subject to change.

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

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



Select Plan Premium 705xa (MD) Description of Services, Member Copayments, Exclusions and Limitations for Adult Services

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
Diagnostic/Preventive								
Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the calendar year from a participating Select Plan network dentist								
D0120	Office visit.....	10	D0707	Intraoral – periapical radiographic image – image capture only	0			
D0140	Periodic oral eval - established patient	0	D0708	Intraoral – bitewing radiographic image – image capture only	0			
D0150	Limited oral eval - problem focused.....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0			
D0160	Comprehensive oral eval - new or established patient	0	D1110	Prophylaxis (cleaning) - adult	0			
D0170	Detailed and extensive oral eval - problem focused	0	D1110	Additional cleaning (expecting mothers or Diabetics).....	40			
D0180	Re-evaluation - limited, problem focused	0	D1206	Topical application of fluoride varnish.....	0			
D0210	Comp. periodontal eval - new or established patient	36	D1208	Topical application of fluoride - excluding varnish	0			
D0220	Intraoral – comprehensive series of radiographic images	26	D1310	Nutritional counseling for control of dental disease.....	0			
D0230	Intraoral - periapical first radiographic image	0	D1320	Tobacco counseling for the control and prevention of oral disease	0			
D0240	Intraoral - periapical each add. radiographic image.....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use ...	0			
D0250	Intraoral - occlusal radiographic image	0	D1330	Oral hygiene instructions.....	0			
D0270-74	Extra-oral - 2D projection radiographic image	0	Restorative (Fillings)					
D0277	Bitewing x-rays - 1 to 4 radiographic images	0	D2140	Amalgam - one surface, prim. or perm.	37			
D0330	Vertical bitewings - 7 to 8 radiographic images....	0	D2150	Amalgam - two surfaces, prim. or perm.....	46			
D0340	Panoramic radiographic image.....	30	D2160	Amalgam - three surfaces, prim. or perm.	58			
D0350	2D cephalometric radiographic image	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	69			
D0372	2D oral/facial photographic images (intraoral/extraoral).....	0	D2330	Resin-based composite - one surface, anterior....	64			
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2331	Resin-based composite - two surfaces, anterior ..	76			
D0374	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2332	Resin-based composite - three surfaces, anterior	90			
D0387	Intraoral tomosynthesis – periapical radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	109			
D0388	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2390	Resin-based composite crown, anterior.....	175			
D0389	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2391	Resin-based composite - one surface, posterior ..	68			
D0460	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2392	Resin-based composite - two surfaces, posterior.	80			
D0470	Pulp vitality tests	0	D2393	Resin-based composite - three surfaces, posterior.....	93			
D0701	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2394	Resin-based composite - >=4 surfaces, posterior.	112			
D0702	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	Crown & Bridge					
D0703	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2510	Inlay - metallic - one surface.....	390			
D0705	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D2520	Inlay - metallic - two surfaces.....	390			
D0706	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2530	Inlay - metallic - three or more surfaces.....	407			
			D2542	Onlay - metallic-two surfaces	423			
			D2543	Onlay - metallic-three surfaces.....	511			
			D2544	Onlay - metallic-four or more surfaces	511			
			D2610	Inlay - porcelain/ceramic - one surface	410			
			D2620	Inlay - porcelain/ceramic - two surfaces.....	410			
			D2630	Inlay - porcelain/ceramic - >=3 surfaces	427			
			D2642	Inlay - porcelain/ceramic - >=3 surfaces	439			
			D2643	Onlay - porcelain/ceramic - three surfaces.....	459			
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	459			
			D2650	Inlay - resin-based composite - one surface	425			
			D2651	Inlay - resin-based composite - two surfaces	425			
			D2652	Inlay - resin-based composite - >=3 surfaces.....	425			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)		
D2662	Onlay - resin-based composite - two surfaces.....	429	D3950	Canal prep/fitting of preformed dowel or post	125		
D2663	Onlay - resin-based composite - three surfaces ...	429	Periodontics¹	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	265		
D2664	Onlay - resin-based composite - >=4 surfaces.....	429		Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94		
D2710	Crown - resin based composite (indirect).....	259	D4211	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	324		
D2712	Crown - 3/4 resin-based composite (indirect)....	450	D4240	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90		
D2720/21/22	Crown - resin with metal	470	D4241	Osseous surgery - >3 cont. teeth, per quad	485		
D2740	Crown - porcelain/ceramic	531	D4260	Osseous surgery - <=3 cont. teeth, per quad	360		
D2750/51/52	Crown - porcelain fused metal	495	D4261	Bone replacement graft - retained natural tooth - first site in quad.....	502		
D2753	Crown - porcelain fused to titanium and titanium alloys	495	D4263	Bone replacement graft - retained natural tooth - each additional site in quad	393		
D2780/81/82	Crown - 3/4 cast with metal	457	D4264	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275		
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4265	Surgical revision proc., per tooth	329		
D2790/91/92	Crown - full cast metal.....	481	D4268	Pedicle soft tissue graft procedure.....	434		
D2794	Crown - titanium and titanium alloys.....	495	D4270	Autogenous connective tissue graft procedure, first tooth.....	540		
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4273	Mesial/distal wedge procedure, single tooth.....	308		
D2931	Prefab. stainless steel crown - perm. tooth.....	119	D4274	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576		
D2932	Prefabricated resin crown	135	D4275	Free soft tissue graft procedure, first tooth	441		
D2940	Protective restoration.....	37	D4277	Free soft tissue graft procedure, each add. tooth	68		
D2950	Core buildup, including any pins	120	D4278	Removal of non-resorbable barrier	90		
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4286	Perio scaling and root planing - >3 cont teeth, per quad.	105		
D2952	Post and core in addition to crown	181	D4341	Perio scaling and root planing - <= 3 teeth, per quad	57		
D2954	Prefab. post and core in addition to crown	148	D4342	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39		
D2955	Post removal (not in conj. with endo. therapy)....	101	D4346	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77		
D2980	Crown repair necessitated by restorative material failure	93	D4355	Localized delivery of antimicrobial agents.....	90		
D2981	Inlay repair necessitated by restorative material failure	93	D4381	Periodontal maintenance	66		
D2982	Onlay repair necessitated by restorative material failure	93	D4910				
Endodontics¹							
D3110/20	Pulp cap - direct/indirect (excl. final restoration). .	28	Prosthetics (Dentures)				
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5110/20	Complete denture - maxillary/mandibular.....	664		
D3221	Pulpal debridement.....	87	D5130/40	Immediate denture - maxillary/mandibular.....	708		
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70	D5211/12	Maxillary/mandibular partial denture - resin base	613		
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	722		
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasping materials, rests and teeth).....	613		
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasping materials, rests and teeth).....	613		
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	722		
D3333	Internal root repair of perforation defects.....	96	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	722		
D3346	Retreat of prev. root canal therapy, anterior	356	D5225/26	Maxillary/mandibular partial denture - flexible base	722		
D3347	Retreat of prev. root canal therapy, premolar	418	D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722		
D3348	Retreat of prev. root canal therapy, molar	527					
D3410	Apicoectomy - anterior	310					
D3421	Apicoectomy - premolar (first root)	333					
D3425	Apicoectomy - molar (first root)	379					
D3426	Apicoectomy - (each add. root).....	148					
D3430	Retrograde filling - per root.....	113					
D3450	Root amputation (resection) - per root	202					
D3471	Surgical repair of root resorption - anterior	310					
D3472	Surgical repair of root resorption – premolar	333					
D3473	Surgical repair of root resorption – molar	379					
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior.....	310					
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar.....	333					
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	379					
D3920	Hemisection, not inc. root canal therapy	202					
D3921	Decoronation or submergence of an erupted tooth	100					

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	397	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	397	D6608	Retainer onlay - porc./ceramic, two surfaces	439
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5511	Repair broken complete denture base, mandibular	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5512	Repair broken complete denture base, maxillary.	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5520	Replace missing or broken teeth - complete denture.....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5611	Repair resin partial denture base, mandibular....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5612	Repair resin partial denture base, maxillary.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	511
D5621	Repair cast partial framework, mandibular.....	84	D6720/21/22	Retainer crown - resin with metal	470
D5622	Repair cast partial framework, maxillary.....	84	D6740	Retainer crown - porcelain/ceramic	531
D5630/60	Clasp repaired, replaced or added	112	D6750/51/52	Retainer crown - porcelain fused metal	495
D5640	Replace broken teeth - per tooth	84	D6753	Retainer crown – porcelain fused to titanium and titanium alloys	495
D5650	Add tooth to existing partial denture	84	D6780	Retainer crown - 3/4 cast high noble metal	457
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6781	Retainer crown - 3/4 cast predominantly base metal	457
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6782	Retainer crown - 3/4 cast noble metal	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6783	Retainer crown - 3/4 porc./ceramic	469
D5725	Rebase hybrid prosthesis.....	253	D6784	Retainer crown – 3/4 titanium and titanium alloys	495
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6790/91/92	Retainer crown - full cast metal.....	481
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6794	Retainer crown - titanium	495
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6930	Re cement or rebond fixed partial denture.....	66
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6980	Fixed partial denture repair, by report	157
D5765	Soft liner for complete or partial removable denture – indirect.....	50			
D5810/11	Interim complete denture - maxillary/ mandibular	333			
D5820/21	Interim partial denture (including retentive/ claspings materials, rests, and teeth), maxillary/ mandibular.....	333			
D5850/51	Tissue conditioning - maxillary/mandibular.....	75			
Bridge & Pontics					
D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)					
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	57	D7111	Extraction, coronal remnants - primary tooth.....	45
D6210/11/12	Pontic - metal	481	D7140	Extraction, erupted tooth or exposed root	63
D6240/41/42	Pontic - porcelain fused metal.....	495	D7210	Extraction, erupted tooth req elev, etc	127
D6243	Pontic – porcelain fused to titanium and titanium alloys	495	D7220	Removal of impacted tooth - soft tissue	144
D6245	Pontic - porcelain/ceramic.....	531	D7230	Removal of impacted tooth - partially bony.....	189
D6250/51/52	Pontic - resin with metal.....	470	D7240	Removal of impacted tooth - completely bony	227
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	181
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D7250	Removal of residual tooth roots	136
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	181
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	211
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427	D7280	Exposure of an unerupted tooth	111
D6602	Retainer inlay - cast high noble metal, two surfaces	390	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	D7310/20	Alveoplasty, per quad	135
D6604	Retainer inlay - cast predominantly base metal, two surfaces	390	D7509	Marsupialization of odontogenic cyst	360
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407	D7510	Incision and drainage of abscess - intraoral soft tissue	91
			D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
			D7961	Buccal/labial frenectomy (frenulectomy).....	256
			D7962	Lingual frenectomy (frenulectomy)	256
			D7979	Non-surgical sialolithotomy.....	43
Orthodontics²					
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118
			D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413
Adjunctive General Services					
			D9110	Palliative treatment of dental pain – per visit	43
			D9210/15	Local anesthesia	0

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	
D9211	Regional block anesthesia	0	13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating general dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialist's 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
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	14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37	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.
D9239	Intravenous moderate conscious sedation/ analgesia – first 15 minutes.....	103	
D9243	Intravenous moderate conscious sedation/ analgesia- each subsequent 15 min	103	
D9310	Consultation (diagnostic service by nontreating dentist)	42	
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190	
D9910	Application of desensitizing medicament	31	
D9930	Treatment of complications (post-surgical).....	43	
D9944	Occlusal guard – hard appliance, full arch.....	298	
D9945	Occlusal guard – soft appliance, full arch.....	298	
D9946	Occlusal guard – hard appliance, partial arch	298	
D9950	Occlusion analysis - mounted case.....	81	
D9951	Occlusal adjustment - limited.....	62	
D9952	Occlusal adjustment - complete.....	255	
D9953	Reline custom sleep apnea appliance (indirect)...	158	
D9986	Missed appointment	50	
D9995	Teledentistry – synchronous; real-time encounter	0	
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0	
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.		
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 Services which are covered under worker's compensation or employer's liability laws.		1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
2.	Services which are not necessary for the patient's dental health as determined by the Plan.		2. One (1) problem focused exam is covered per calendar year per patient.
3.	Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.		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.	Oral surgery requiring the setting of fractures or dislocations.		4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
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.		5. Two (2) bitewing x-rays are covered per calendar year per patient.
6.	Dispensing of drugs.		6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
7.	Hospitalization for any dental procedure.		7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
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.		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.	Replacement due to loss or theft of prosthetic appliance.		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.	Procedures not listed as covered benefits under this Plan.		10. Relining and rebasing of dentures is covered once every 24 months per patient.
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).		11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
12.	Services related to the treatment of TMD (Temporomandibular Disorder).		12. Root planing or scaling is covered once every 24 months per quadrant per patient.



Select Plan Premium Kids 706s (MD) 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). For any medically necessary treatments in which the member copayment listed below is over the annual out-of-pocket maximum, the member shall only be responsible up to the maximum and the Plan would be responsible for the remainder.
- 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		D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0120	Office visit.....	0	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
D0210	Re-evaluation - limited, problem focused	0	D0706	Intraoral – occlusal radiographic image – image capture only	0
D0220	Intraoral – comprehensive series of radiographic images	0	D0707	Intraoral – periapical radiographic image – image capture only	0
D0230	Intraoral - periapical each add. radiographic image	0	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0240	Intraoral - occlusal radiographic image	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0250	Extra-oral - 2D projection radiographic image	0	D1110	Prophylaxis (cleaning) - adult	0
D0270	Bitewing - single radiographic image.....	0	D1120	Prophylaxis (cleaning) - child	0
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
D0310	Sialography	0	D1330	Oral hygiene instructions.....	0
D0320	Temporomandibular joint arthrogram, incl. injection .	0	D1351	Sealant - per tooth	0
D0321	Other temporomandibular joint radiographic images, by report.....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth	0
D0330	Panoramic radiographic image	0	D1354	Application of caries arresting medicament - per tooth.....	0
D0340	2D cephalometric radiographic image	0	D1510	Space maintainer - fixed, unilateral - per quadrant....	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D1516	Space maintainer - fixed - bilateral, maxillary	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	0	D1517	Space maintainer - fixed - bilateral, mandibular	0
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	0
D0374	Intraoral tomosynthesis – periapical radiographic image	0	D1526	Space maintainer - removable - bilateral, maxillary...	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0
D0460	Pulp vitality tests	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0
D0470	Diagnostic casts	0	D1556	Removal of fixed unilateral space maintainer – per quadrant.....	0
D0486	Accession of Brush Biopsy Sample	0	D1557	Removal of fixed bilateral space maintainer – maxillary	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
D1558	Removal of fixed bilateral space maintainer – mandibular	0	D2952	Post and core in addition to crown	93			
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant.....	0	D2954	Prefab. post and core in addition to crown	77			
Restorative (Fillings)								
D2140	Amalgam - one surface, prim. or perm.....	21	D2955	Post removal (not in conj. with endo. therapy).....	53			
D2150	Amalgam - two surfaces, prim. or perm.....	26	D2960	Labial veneer (resin laminate) - direct.....	217			
D2160	Amalgam - three surfaces, prim. or perm.	32	D2961	Labial veneer (resin laminate) - indirect.....	301			
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	D2962	Labial veneer (porcelain laminate) - indirect.....	225			
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	Endodontics¹					
D2391	Resin-based composite - one surface, posterior	37	D3110	Pulp cap - direct (excl. final restoration)	16			
D2392	Resin-based composite - two surfaces, posterior.....	44	D3120	Pulp cap - indirect (excl. final restoration).....	16			
D2393	Resin-based composite - three surfaces, posterior	51	D3220	Therapeutic pulpotomy (excl. final restor.).....	41			
D2394	Resin-based composite - >=4 surfaces, posterior	62	D3221	Pulpal debridement, prim. and perm. teeth	47			
D2510	Inlay- metallic - one surface	204	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80			
D2520	Inlay- metallic - two surfaces.....	204	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82			
D2530	Inlay - metallic - three or more surfaces.....	213	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171			
D2542	Onlay - metallic-two surfaces	229	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209			
D2543	Onlay - metallic - three surfaces.....	262	D3330	Endodontic therapy, molar tooth (excluding final restoration)	256			
D2544	Onlay - metallic - four or more surfaces	262	D3332	Incomp. endo. therapy-inop. or fractured tooth	92			
D2610	Inlay - porcelain/ceramic - one surface	214	D3333	Internal root repair of perforation defects	53			
D2620	Inlay - porcelain/ceramic - two surfaces.....	214	D3346	Retreat of prev. root canal therapy, anterior	194			
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223	D3347	Retreat of prev root canal therapy - premolar	233			
D2642	Onlay - porcelain/ceramic - two surfaces	240	D3348	Retreat of prev. root canal therapy, molar	279			
D2643	Onlay - porcelain/ceramic - three surfaces.....	250	D3351	Apexification/recalcification - initial visit.....	101			
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3352	Apexification/recalcification - interim med. repl.....	295			
D2650	Inlay - resin-based composite - one surface	220	D3353	Apexification/recalcification - final visit	225			
D2651	Inlay - resin-based composite - two surfaces	220	D3355	Pulpal regeneration - initial visit.....	101			
D2652	Inlay - resin-based composite - >=3 surfaces.....	220	D3356	Pulpal regeneration - interim medication replacement	295			
D2662	Onlay - resin-based composite - two surfaces.....	222	D3357	Pulpal regeneration - completion of treatment	225			
D2663	Onlay - resin-based composite - three surfaces	222	D3410	Apicoectomy - anterior.....	162			
D2664	Onlay - resin-based composite - >=4 surfaces	222	D3421	Apicoectomy - premolar (first root)	182			
D2710	Crown - resin based composite (indirect).....	136	D3425	Apicoectomy - molar (first root)	209			
D2712	Crown - 3/4 resin-based composite (indirect).....	243	D3426	Apicoectomy (each additional root)	76			
D2720	Crown - resin with high noble metal	248	D3430	Retrograde filling - per root.....	60			
D2721	Crown - resin with predominantly base metal	248	D3450	Root amputation (resection) - per root	117			
D2722	Crown - resin with noble metal	248	D3470	Intentional reimplantation	359			
D2740	Crown - porcelain/ceramic	280	D3471	Surgical repair of root resorption - anterior	162			
D2750	Crown - porcelain fused to high noble metal	262	D3472	Surgical repair of root resorption – premolar	182			
D2751	Crown - porcelain fused to predominantly base metal	262	D3473	Surgical repair of root resorption – molar	209			
D2752	Crown - porcelain fused to noble metal	262	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	162			
D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar ..	182			
D2780	Crown - 3/4 cast high noble metal	239	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	209			
D2781	Crown - 3/4 cast predominantly base metal	239	D3920	Hemisection, not inc. root canal therapy	117			
D2782	Crown - 3/4 cast noble metal	239	D3921	Decoronation or submergence of an erupted tooth ..	100			
D2783	Crown - 3/4 porcelain/ceramic.....	256	D3950	Canal prep/fitting of preformed dowel or post	68			
D2790	Crown - full cast high noble metal.....	248	Periodontics¹					
D2791	Crown - full cast predominately base metal	248	D0180	Comp. periodontal eval - new or established patient .	0			
D2792	Crown - full cast noble metal.....	248	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140			
D2794	Crown - titanium and titanium alloys	248	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	50			
D2910	Recement inlay	22	D4230	Anatomical crown exposure, >=4 teeth per quad.	227			
D2920	Recement crown	22	D4231	Anatomical crown exposure, 1-3 teeth per quad.	212			
D2928	Prefab. porcelain/ceramic crown – permanent tooth.	280						
D2929	Prefab. porcelain/ceramic crown - prim. tooth.....	280						
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						
D2934	Prefab. esthetic coated primary tooth	148						
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						

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173	D5520	Replace missing or broken teeth - complete denture ..	44			
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53	D5611	Repair resin partial denture base, mandibular.....	44			
D4249	Clinical crown lengthening - hard tissue.....	288	D5612	Repair resin partial denture base, maxillary.....	44			
D4260	Osseous surgery - >3 cont. teeth, per quad	250	D5621	Repair cast partial framework, mandibular.....	44			
D4261	Osseous surgery - <=3 cont. teeth, per quad	196	D5622	Repair cast partial framework, maxillary	44			
D4268	Surgical revision proc., per tooth	179	D5630	Repair or replace broken retentive/clasping material - per tooth	58			
D4274	Mesial/distal wedge procedure, single tooth.....	154	D5640	Replace broken teeth - per tooth	44			
D4286	Removal of non-resorbable barrier	90	D5650	Add tooth to existing partial denture	44			
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	214	D5660	Add clasp to existing partial denture -per tooth	58			
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	189	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144			
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144			
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	32	D5710	Rebase complete maxillary denture	130			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	45	D5711	Rebase complete mandibular denture	130			
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	45	D5720	Rebase maxillary partial denture.....	130			
D4381	Localized delivery of antimicrobial agents.....	49	D5721	Rebase mandibular partial denture.....	130			
D4910	Periodontal maintenance	37	D5725	Rebase hybrid prosthesis.....	130			
D4920	Unscheduled dressing change by non-treating dentist	42	D5730	Reline complete maxillary denture (direct)	80			
Prosthetics (Dentures)								
D5110	Complete denture - maxillary.....	349	D5731	Reline complete mandibular denture (direct)	80			
D5120	Complete denture - mandibular.....	349	D5740	Reline maxillary partial denture (direct).....	78			
D5130	Immediate denture - maxillary.....	361	D5741	Reline mandibular partial denture (direct).....	78			
D5140	Immediate denture - mandibular	361	D5750	Reline complete maxillary denture (indirect)	112			
D5211	Maxillary partial denture - resin base.....	325	D5751	Reline complete mandibular denture (indirect)	112			
D5212	Mandibular partial denture - resin base.....	325	D5760	Reline maxillary partial denture (indirect)	112			
D5213	Maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth)	375	D5761	Reline mandibular partial denture (indirect)	112			
D5214	Mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth)	375	D5765	Soft liner for complete or partial removable denture - indirect	50			
D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasping materials, rests and teeth).....	325	D5810	Interim complete denture - maxillary.....	181			
D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasping materials, rests and teeth).....	325	D5811	Interim complete denture - mandibular.....	181			
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	375	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	181			
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	375	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	181			
D5225	Maxillary partial denture - flexible base.....	375	D5850	Tissue conditioning - maxillary	40			
D5226	Mandibular partial denture - flexible base.....	375	D5851	Tissue conditioning - mandibular	40			
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	375	D5863	Overdenture - complete maxillary	847			
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	375	D5864	Overdenture - partial maxillary	834			
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	210	D5865	Overdenture - complete mandibular.....	847			
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	D5866	Overdenture - partial mandibular	834			
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210	D5992	Adjustment of prosthetic appliance, by report	12			
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210	D5993	Cleaning and maintenance prosthetic appliance	9			
D5410	Adjust complete denture - maxillary.....	19	Implant Services					
D5411	Adjust complete denture - mandibular	19	D6058	Abutment supported porcelain/ceramic crown	280			
D5421	Adjust partial denture - maxillary.....	19	D6059	Abutment supported porcelain fused to metal crown - high noble metal	262			
D5422	Adjust partial denture - mandibular	19	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262			
D5511	Repair broken complete denture base, mandibular....	44	D6061	Abutment supported porcelain fused to metal crown - noble metal	262			
D5512	Repair broken complete denture base, maxillary.....	44	D6066	Implant supported crown - porcelain fused to high noble alloys	262			
Bridge & Pontics								
D6210	Pontic - cast high noble metal	248						
D6211	Pontic - cast predominately base metal	248						
D6212	Pontic - cast noble metal	248						

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6240	Pontic - porcelain fused to high noble metal.....	262	D7290	Surgical repositioning of teeth	204
D6241	Pontic - porcelain fused to predominately base metal	262	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30
D6242	Pontic - porcelain fused to noble metal	262	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad ...	71
D6245	Pontic - porcelain/ceramic.....	280	D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad....	71
D6250	Pontic - resin with high noble metal.....	248	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad	71
D6251	Pontic - resin with predominately base metal.....	248	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad	71
D6252	Pontic - resin with noble metal.....	248	D7340	Vestibuloplasty - ridge ext. sec. epithel.....	462
D6545	Ret. - cast metal for resin bonded fixed prosthesis	126	D7350	Vestibuloplasty - ridge ext. inc. grafts, etc	888
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197	D7410	Excision of benign lesion up to 1.25 cm	139
D6549	Resin retainer - for resin bonded fixed prosthesis.....	126	D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	304
D6600	Retainer inlay - porc./ceramic, two surfaces	214	D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	177
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223	D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	272
D6602	Retainer inlay - cast high noble metal, two surfaces ...	204	D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	258
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213	D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	359
D6604	Retainer inlay - cast predominantly base metal, two surfaces	204	D7471	Removal of lateral exostosis	176
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213	D7472	Removal of torus palatinus.....	240
D6606	Retainer inlay - cast noble metal, two surfaces.....	204	D7473	Removal of torus mandibularis	240
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213	D7509	Marsupialization of odontogenic cyst	360
D6608	Retainer onlay - porc./ceramic, two surfaces	240	D7510	Incision and drainage of abscess - intraoral soft tissue	48
D6609	Retainer onlay - porc./ceramic, three or more surfaces	250	D7520	Incision/drainage of abscess - extra. soft tissue	58
D6610	Retainer onlay - cast high noble metal, two surfaces..	229	D7550	Partial ostect/sequestrect non-vital bone rem.....	168
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	262	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D6612	Retainer onlay - cast predominantly base metal, two surfaces	229	D7961	Buccal/labial frenectomy (frenulectomy).....	132
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262	D7962	Lingual frenectomy (frenulectomy)	132
D6614	Retainer onlay - cast noble metal, two surfaces.....	229	D7970	Excision of hyperplastic tissue - per arch.....	117
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262	D7971	Excision of pericoronal gingiva	66
D6720	Retainer crown - resin with high noble metal	248	D7979	Non-surgical sialolithotomy.....	22
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 predominantly 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 predominantly 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			
Oral Surgery¹					
D7111	Extraction, coronal remnants - primary tooth.....	28			
D7140	Extraction, erupted tooth or exposed root	35			
D7210	Extraction, erupted tooth req. bone cut	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, impacted teeth only	109			
D7260	Oroantral fistula closure.....	289			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113			
D7272	Tooth transplantation	308			
D7280	Exposure of an unerupted tooth	77			
D7284	Excisional biopsy of minor salivary glands.....	139			
D7285	Biopsy of oral tissue - hard (bone, tooth).....	194			
D7286	Biopsy of oral tissue - soft (all others)	148			
Orthodontics²					
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			
D8696	Repair of orthodontic appliances – maxillary.....	100			
D8697	Repair of orthodontic appliances – mandibular.....	100			
D8698	Re-cement or re-bond fixed retainer – maxillary	174			
D8699	Re-cement or re-bond fixed retainer – mandibular	174			
D8701	Repair of fixed retainer, includes reattachment – maxillary	174			
D8702	Repair of fixed retainer, includes reattachment – mandibular	174			
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	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			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	
D9310	Consultation (diagnostic service by nontreating dentist)	22	
D9410	House/extended care facility call	100	
D9420	Hospital call	175	
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190	
D9910	Application of desensitizing medicament	16	
D9930	Treatment of complications (post-surgical)	22	
D9941	Fabrication of athletic mouthguard.....	51	
D9944	Occlusal guard – hard appliance, full arch.....	136	
D9945	Occlusal guard – soft appliance, full arch.....	136	
D9946	Occlusal guard – hard appliance, partial arch	136	
D9950	Occlusion analysis - mounted case.....	52	
D9951	Occlusal adjustment - limited.....	33	
D9952	Occlusal adjustment - complete.....	133	
D9953	Reline custom sleep apnea appliance (indirect).....	158	
D9986	Missed appointment	50	
D9995	Teledentistry – synchronous; real-time encounter.....	0	
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review.....	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 #11 and limitation #24 for additional coverage information.		
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.	Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies.		
4.	Oral surgery requiring the setting of fractures or dislocations.		
5.	Dispensing of drugs.		
6.	Hospitalization for the following: the operation or treatment for the fitting or wearing of dentures; orthodontic care or malocclusion, operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for the removal of tumors and cysts or treatment of injury to natural teeth due to an accident if the treatment is received within 6 months of the accident; and dental implants.		
7.	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.		
8.	Procedures not listed as covered benefits under this Plan.		
9.	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).		
10.	Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.		
11.	Non-medically necessary orthodontia is not a covered benefit under this policy. Orthodontia services are only provided for severe, dysfunctional, handicapping malocclusion. 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 #24 concerning medically necessary orthodontia.		
Plan Limitations			
1.	One (1) evaluation (D0120, D0145, D0150, D0160) is covered two (2) times per calendar year, per patient, per provider/location.		
2.	One (1) teeth cleaning (D1110 or D1120) is covered two (2) times per calendar year, per patient.		
3.	One (1) topical fluoride application (D1208) is covered two (2) times per calendar year, per patient; four (4) topical fluoride varnish treatments (D1206) are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnish treatments (D1206) are covered per calendar year, per patient up to age two (2).		
4.	Two (2) bitewing x-rays are covered per calendar year, per patient, per provider/location (D0270 does not have a frequency limitation).		
5.	One (1) set of full mouth x-rays or panoramic film is covered every three (3) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per provider/location.		
6.	One (1) sealant per tooth is covered per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).		
7.	One (1) application of caries arresting medicament per primary tooth is covered per lifetime.		
8.	One (1) space maintainer per 24 months, per quadrant (D1510, D1520 or D1575) or per arch (D1516, D1517, D1526 or D1527), per patient to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment).		
9.	Replacement of a filling is covered if it is more than three (3) years from the date of original placement.		
10.	Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.		
11.	Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.		
12.	Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.		
13.	Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.		
14.	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 24 months, per patient, per quadrant.		
15.	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to once per two years.		
16.	Full mouth debridement is covered once per 24 months, per patient.		
17.	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 (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.		
18.	Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.		
19.	Periodontal maintenance after active therapy is covered two (2) times per calendar year.		
20.	One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.		
21.	Coronectomy, intentional partial tooth removal, one (1) per lifetime per patient per tooth.		
22.	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.		
23.	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.		
24.	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.		
25.	Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.		