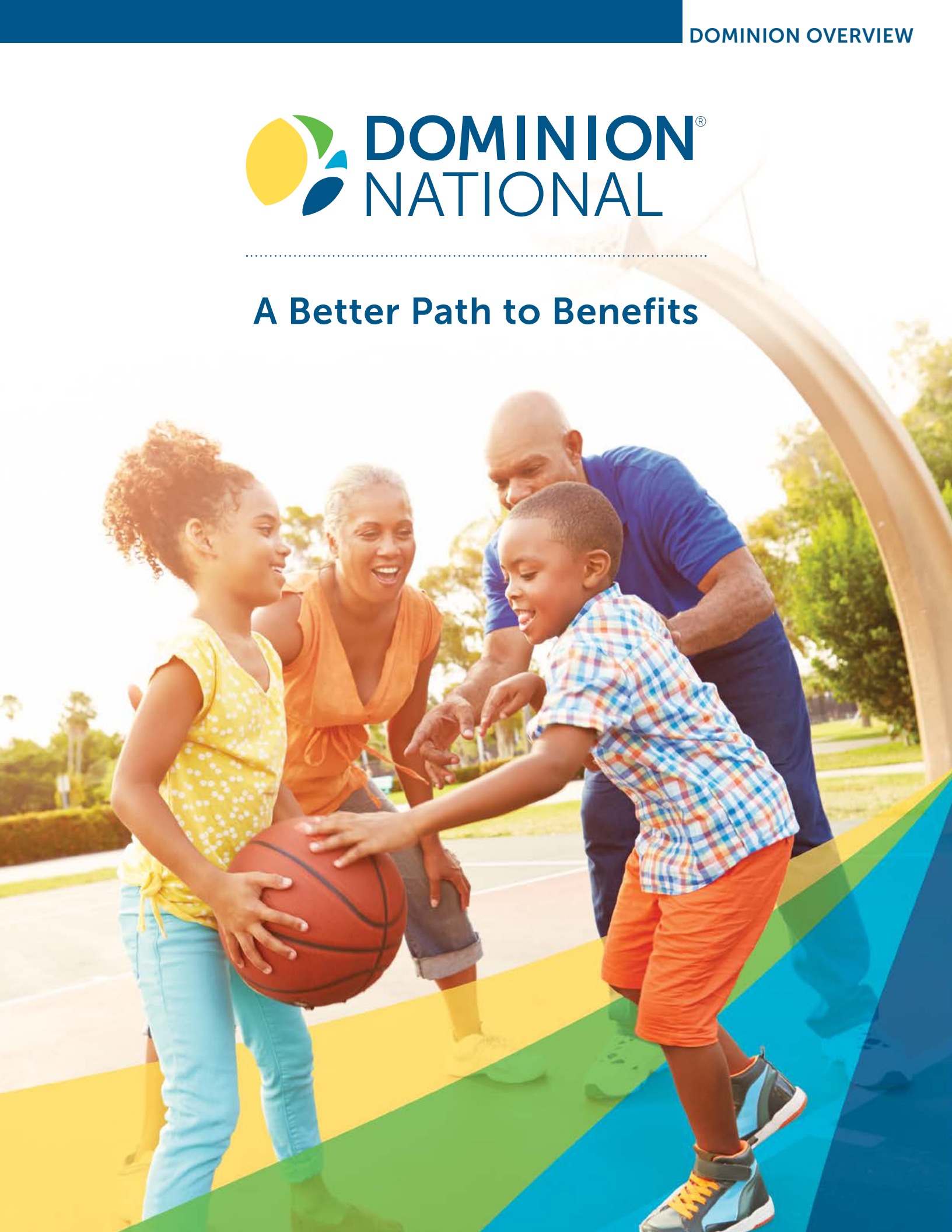




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1 Dominion National Internal Performance Report, 2020.

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

3 Participating providers are subject to change.

4 Dominion National Member Satisfaction Survey, October 2020.

5 Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2020. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

6 Cost of traditional braces based on average total fees for treatment of mild-to-moderate malocclusion. Data on file at SmileDirectClub. Not all individuals are suitable candidates for clear aligners. These services, which are offered and arranged for by SmileDirectClub, are intended for certain individuals who have mild or moderate orthodontic needs and only if approved by a state-licensed dentist or orthodontist. Dominion National is not a provider of dental care services. For complete details, visit DominionNational.com/sdc.

7 Based on Amplifon Hearing Health Care average member savings data for 2020. Pricing valid only at participating in-network locations. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services and its own financial and contractual obligations. Hearing services are administered by Amplifon Hearing Health Care, Corp. Dominion National is not a provider of, nor provides coverage for, hearing health care services. For complete details, visit amplifonusa.com/dn.



Select Plan Basic 703xa (MD)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services (age 19 and over)

- Coverage begins the first day of the month following the month in which the Member turns 19 -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- 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			D1320	Tobacco counseling for the control and prevention of oral disease	0
D9439	Office visit	10	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use.....	0
D0120	Periodic oral eval - established patient.....	0	D1330	Oral hygiene instructions.....	0
D0140	Limited oral eval - problem focused	0	Restorative (Fillings)		
D0150	Comprehensive oral eval - new or established patient.....	0	D2140	Amalgam - one surface, prim. or perm.	41
D0160	Detailed and extensive oral eval - problem focused.....	0	D2150	Amalgam - two surfaces, prim. or perm.....	51
D0170	Re-evaluation - limited, problem focused	0	D2160	Amalgam - three surfaces, prim. or perm.	64
D0180	Comp. periodontal eval - new or established patient.....	36	D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D0210	Intraoral - complete series of radiographic images	26	D2330	Resin-based composite - one surface, anterior.....	69
D0220	Intraoral - periapical first radiographic image	0	D2331	Resin-based composite - two surfaces, anterior	83
D0230	Intraoral - periapical each add. radiographic image	0	D2332	Resin-based composite - three surfaces, anterior...	99
D0240	Intraoral - occlusal radiographic image	0	D2335	Resin-based composite - >=4 surfaces, anterior	119
D0250	Extra-oral - 2D projection radiographic image	0	D2390	Resin-based composite crown, anterior.....	192
D0270-74	Bitewing x-rays - 1 to 4 radiographic images.....	0	D2391	Resin-based composite - one surface, posterior	73
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2392	Resin-based composite - two surfaces, posterior ...	87
D0330	Panoramic radiographic image	30	D2393	Resin-based composite - three surfaces, posterior.	102
D0340	2D cephalometric radiographic image	0	D2394	Resin-based composite - >=4 surfaces, posterior....	123
D0350	2D oral/facial photographic images (intraoral/extraoral).....	0	Crown & Bridge		
D0351	3D photographic image	0	D2510	Inlay - metallic - one surface	407
D0460	Pulp vitality tests.....	0	D2520	Inlay - metallic - two surfaces	407
D0470	Diagnostic casts.....	0	D2530	Inlay - metallic - three or more surfaces.....	425
D0701	Panoramic radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	458
D0702	2-D cephalometric radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	524
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0	D2544	Onlay - metallic-four or more surfaces	524
D0704	3-D photographic image – image capture only	0	D2610	Inlay - porcelain/ceramic - one surface	427
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	427
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445
D0707	Intraoral – periapical radiographic image – image capture only	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2643	Onlay - porcelain/ceramic - three surfaces	499
D0709	Intraoral – complete series of radiographic images – image capture only	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
D1110	Prophylaxis (cleaning) - adult.....	13	D2650	Inlay - resin-based composite - one surface.....	440
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2651	Inlay - resin-based composite - two surfaces	440
D1206	Topical application of fluoride varnish.....	0	D2652	Inlay - resin-based composite - >=3 surfaces	440
D1208	Topical application of fluoride - excluding varnish ..	0	D2662	Onlay - resin-based composite - two surfaces.....	444
D1310	Nutritional counseling for control of dental disease	0	D2663	Onlay - resin-based composite - three surfaces	444
			D2664	Onlay - resin-based composite - >=4 surfaces.....	444
			D2710	Crown - resin based composite (indirect).....	272
			D2712	Crown - 3/4 resin-based composite (indirect).....	485
			D2720/21/22	Crown - resin with metal.....	495
			D2740	Crown - porcelain/ceramic	560
			D2750/51/52	Crown - porcelain fused metal.....	523
			D2753	Crown - porcelain fused to titanium and titanium alloys	523
			D2780/81/82	Crown - 3/4 cast with metal	478
			D2783	Crown - 3/4 porcelain/ceramic.....	511

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2790/91/92	Crown - full cast metal	495	D4263	Bone replacement graft - retained natural tooth - first site in quad	613
D2794	Crown - titanium and titanium alloys	523	D4264	Bone replacement graft - retained natural tooth - each additional site in quad.....	480
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43	D4265	Biological materials to aid in soft and osseous tissue regeneration	336
D2931	Prefab. stainless steel crown - perm. tooth.....	121	D4268	Surgical revision proc., per tooth.....	358
D2932	Prefabricated resin crown.....	140	D4270	Pedicle soft tissue graft procedure	530
D2940	Protective restoration	39	D4273	Autogenous connective tissue graft procedure, first tooth	660
D2950	Core buildup, including any pins.....	125	D4274	Mesial/distal wedge procedure, single tooth	308
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	705
D2952	Post and core in addition to crown.....	186	D4277	Free soft tissue graft procedure, first tooth	540
D2954	Prefab. post and core in addition to crown	154	D4278	Free soft tissue graft procedure, each add. tooth...	83
D2955	Post removal (not in conj. with endo. therapy).....	105	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109
D2980	Crown repair necessitated by restorative material failure	102	D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D2981	Inlay repair necessitated by restorative material failure	102	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	51
D2982	Onlay repair necessitated by restorative material failure	102	D4355	Full mouth debridement.....	89
Endodontics¹			D4381	Localized delivery of antimicrobial agents	98
D3110/20	Pulp cap - direct/indirect (excl. final restoration)....	32	D4910	Periodontal maintenance	74
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	Prosthetics (Dentures)		
D3221	Pulpal debridement	94	D5110/20	Complete denture - maxillary/mandibular.....	697
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	82	D5130/40	Immediate denture - maxillary/mandibular.....	722
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	140	D5211/12	Maxillary/mandibular partial denture - resin base .	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)..	649
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth)..	649
D3333	Internal root repair of perforation defects	105	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)..	750
D3346	Retreat of prev. root canal therapy, anterior.....	387	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)..	750
D3347	Retreat of prev. root canal therapy, premolar	465	D5225/26	Maxillary/mandibular partial denture - flexible base.....	750
D3348	Retreat of prev. root canal therapy, molar	558	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	419
D3410	Apicoectomy - anterior	323	D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant ...	419
D3421	Apicoectomy - premolar (first root)	364	D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	419
D3425	Apicoectomy - molar (first root)	418	D5410/11	Adjust complete denture - maxillary/mandibular...	38
D3426	Apicoectomy - (each add. root)	152	D5421/22	Adjust partial denture - maxillary/mandibular.....	38
D3430	Retrograde filling - per root	119	D5511	Repair broken complete denture base, mandibular.....	87
D3450	Root amputation (resection) - per root.....	234	D5512	Repair broken complete denture base, maxillary ...	87
D3471	Surgical repair of root resorption - anterior	323	D5520	Replace missing or broken teeth - complete denture	87
D3472	Surgical repair of root resorption - premolar	364	D5611	Repair resin partial denture base, mandibular.....	87
D3473	Surgical repair of root resorption - molar	418	D5612	Repair resin partial denture base, maxillary.....	87
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	323	D5621	Repair cast partial framework, mandibular.....	87
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	364	D5622	Repair cast partial framework, maxillary.....	87
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar ..	418	D5630/60	Clasp repaired, replaced or added	115
D3920	Hemisection, not inc. root canal therapy	234	D5640	Replace broken teeth - per tooth	87
D3950	Canal prep/fitting of preformed dowel or post.....	136	D5650	Add tooth to existing partial denture	87
Periodontics¹			D5670/71	Replace all teeth and acrylic on cast metal framework.....	287
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279	D5710/11	Rebase complete maxillary/mandibular denture ...	260
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100	D5720/21	Rebase maxillary/mandibular partial denture	260
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345			
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106			
D4260	Osseous surgery - >3 cont. teeth, per quad	499			
D4261	Osseous surgery - <=3 cont. teeth, per quad	392			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5730/31	Reline complete maxillary/mandibular denture (direct).....	159	D6930	Recement or rebond fixed partial denture.....	69
D5740/41	Reline maxillary/mandibular partial denture (direct).....	155	D6980	Fixed partial denture repair, by report	172
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	224	Oral Surgery¹		
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	224	D7111	Extraction, coronal remnants - primary tooth.....	56
D5810/11	Interim complete denture - maxillary/mandibular .	362	D7140	Extraction, erupted tooth or exposed root	69
D5820/21	Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary/ mandibular.....	362	D7210	Extraction, erupted tooth req elev, etc	133
D5850/51	Tissue conditioning - maxillary/mandibular.....	79	D7220	Removal of impacted tooth - soft tissue	151
Bridge & Pontics			D7230	Removal of impacted tooth - partially bony.....	196
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7240	Removal of impacted tooth - completely bony.....	241
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	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217
D6210/11/12	Pontic - metal.....	495	D7250	Removal of residual tooth roots	141
D6240/41/42	Pontic - porcelain fused metal.....	523	D7251	Coronectomy - intentional partial tooth removal ...	217
D6243	Pontic - porcelain fused to titanium and titanium alloys	523	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6245	Pontic - porcelain/ceramic.....	560	D7280	Exposure of an unerupted tooth	153
D6250/51/52	Pontic - resin with metal.....	495	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7310/20	Alveoloplasty, per quad	141
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6549	Resin retainer - for resin bonded fixed prosthesis...	251	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	25
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7961	Buccal/labial frenectomy (frenulectomy).....	263
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7962	Lingual frenectomy (frenulectomy).....	263
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D7979	Non-surgical sialolithotomy.....	43
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	Orthodontics²		
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	407	D8090	Comp. ortho. treatment - adult dentition	3658
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425	D8660	Pre-orthodontic treatment visit	413
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	D8670	Periodic ortho. treatment visit (as part of contract)	118
D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	425	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413
D6608	Retainer onlay - porc./ceramic, two surfaces.....	479	Adjunctive General Services		
D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	499	D9110	Palliative (emergency) treatment of dental pain....	43
D6610	Retainer onlay - cast high noble metal, two surfaces	458	D9210/15	Local anesthesia.....	0
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524	D9211	Regional block anesthesia.....	0
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	458	D9212	Trigeminal division block anesthesia	0
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524	D9219	Evaluation for deep sedation or general anesthesia	0
D6614	Retainer onlay - cast noble metal, two surfaces.....	458	D9222	Deep sedation/general anesthesia - first 15 minutes	103
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D6720/21/22	Retainer crown - resin with metal	495	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis....	37
D6740	Retainer crown - porcelain/ceramic	560	D9239	Intravenous moderate conscious sedation/ analgesia - first 15 minutes	103
D6750/51/52	Retainer crown - porcelain fused metal	523	D9243	Intravenous moderate conscious sedation/ analgesia- each subsequent 15 min	103
D6753	Retainer crown - porcelain fused to titanium and titanium alloys.....	523	D9310	Consultation (diagnostic service by nontreating dentist).....	43
D6780	Retainer crown - 3/4 cast high noble metal	470	D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	190
D6781	Retainer crown - 3/4 cast predominantly base metal	470	D9910	Application of desensitizing medicament	31
D6782	Retainer crown - 3/4 cast noble metal	470	D9930	Treatment of complications (post-surgical).....	43
D6783	Retainer crown - 3/4 porc./ceramic.....	511	D9944	Occlusal guard - hard appliance, full arch.....	272
D6784	Retainer crown - 3/4 titanium and titanium alloys	523	D9945	Occlusal guard - soft appliance, full arch	272
D6790/91/92	Retainer crown - full cast metal	495	D9946	Occlusal guard - hard appliance, partial arch	272
D6794	Retainer crown - titanium.....	523	D9950	Occlusion analysis - mounted case	104
			D9951	Occlusal adjustment - limited	66
			D9952	Occlusal adjustment - complete	266
			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 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).
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.
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.



Select Plan Basic Kids 702xs (MD)
Description of Services, Member Copayments, Exclusions
and Limitations for Pediatric Services (under age 19)
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$375 per child per calendar year for medically necessary treatment (maximum of \$750 for policy covering two or more children). 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					
D9439	Office visit.....	10	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0120	Periodic oral eval - established patient	0	D0706	Intraoral – occlusal radiographic image – image capture only	0
D0140	Limited oral eval - problem focused	0	D0707	Intraoral – periapical radiographic image – image capture only	0
D0145	Oral eval for a patient under 3 years of age	0	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0150	Comprehensive oral eval - new or established patient	0	D0709	Intraoral – complete series of radiographic images – image capture only.....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D1110	Prophylaxis (cleaning) - adult	0
D0170	Re-evaluation - limited, problem focused	0	D1120	Prophylaxis (cleaning) - child	0
D0210	Intraoral - complete series of radiographic images	26	D1206	Topical application of fluoride varnish.....	0
D0220	Intraoral - periapical first radiographic image	0	D1208	Topical application of fluoride - excluding varnish	0
D0230	Intraoral - periapical each add. radiographic image	0	D1310	Nutritional counseling for control of dental disease ...	0
D0240	Intraoral - occlusal radiographic image	0	D1320	Tobacco counseling for control of prev. oral disease...	0
D0250	Extra-oral - 2D projection radiographic image	0	D1330	Oral hygiene instructions.....	0
D0270	Bitewing - single radiographic image.....	0	D1351	Sealant - per tooth	21
D0272	Bitewings - two radiographic images.....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth	21
D0273	Bitewings - three radiographic images	0	D1354	Interim caries arresting medicament application - per tooth.....	0
D0274	Bitewings - four radiographic images	0	D1510	Space maintainer - fixed, unilateral - per quadrant.....	143
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1516	Space maintainer - fixed - bilateral, maxillary	198
D0290	Posterior/anterior or lateral skull bone radiographic image.....	83	D1517	Space maintainer - fixed - bilateral, mandibular	198
D0310	Sialography.....	370	D1520	Space maintainer - removable, unilateral - per quadrant.....	143
D0320	Temporomandibular joint arthrogram, incl. injection .	562	D1526	Space maintainer - removable - bilateral, maxillary....	198
D0321	Other temporomandibular joint radiographic images, by report.....	120	D1527	Space maintainer - removable - bilateral, mandibular	198
D0330	Panoramic radiographic image	30	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	34
D0340	2D cephalometric radiographic image	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	34
D0350	2D oral/facial photographic image obtained (intraorally/extraoral)	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34
D0351	3D photographic image	0	D1556	Removal of fixed unilateral space maintainer – per quadrant.....	44
D0460	Pulp vitality tests	0	D1557	Removal of fixed bilateral space maintainer – maxillary	44
D0470	Diagnostic casts	0	D1558	Removal of fixed bilateral space maintainer – mandibular	44
D0486	Accession of Brush Biopsy Sample	0	D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant.....	143
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	Restorative (Fillings)		
D0601	Caries risk assessment & documentation, with a finding of low risk.....	0	D2140	Amalgam - one surface, prim. or perm.	41
D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0	D2150	Amalgam - two surfaces, prim. or perm.	51
D0603	Caries risk assessment & documentation, with a finding of high risk.....	0	D2160	Amalgam - three surfaces, prim. or perm.	64
D0701	Panoramic radiographic image – image capture only .	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D0702	2-D cephalometric radiographic image – image capture only	0			
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0			
D0704	3-D photographic image – image capture only	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4321	Provisional splinting - extracoronal	377	D5731	Reline complete mandibular denture (direct)	159
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	D5740	Reline maxillary partial denture (direct).....	155
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63	D5741	Reline mandibular partial denture (direct).....	155
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	45	D5750	Reline complete maxillary denture (indirect).....	224
D4355	Full mouth debridement	89	D5751	Reline complete mandibular denture (indirect).....	224
D4381	Localized delivery of antimicrobial agents.....	98	D5760	Reline maxillary partial denture (indirect).....	224
D4910	Periodontal maintenance	74	D5761	Reline mandibular partial denture (indirect).....	224
D4920	Unscheduled dressing change by non-treating dentist	84	D5810	Interim complete denture - maxillary.....	362
Prosthetics (Dentures)			D5811	Interim complete denture - mandibular.....	362
D5110	Complete denture - maxillary.....	697	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	362
D5120	Complete denture - mandibular.....	697	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	362
D5130	Immediate denture - maxillary.....	722	D5850	Tissue conditioning - maxillary	79
D5140	Immediate denture - mandibular	722	D5851	Tissue conditioning - mandibular	79
D5211	Maxillary partial denture - resin base.....	649	D5863	Overdenture - complete maxillary.....	1694
D5212	Mandibular partial denture - resin base.....	649	D5864	Overdenture - partial maxillary	1668
D5213	Maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth)	750	D5865	Overdenture - complete mandibular.....	1694
D5214	Mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth)	750	D5866	Overdenture - partial mandibular	1668
D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasping materials, rests and teeth).....	649	D5992	Adjustment of prosthetic appliance, by report	24
D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasping materials, rests and teeth)	649	D5993	Cleaning and maintenance prosthetic appliance	18
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	750	Implant Services		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	750	D6058	Abutment supported porcelain/ceramic crown	560
D5225	Maxillary partial denture - flexible base.....	750	D6059	Abutment supported porcelain fused to metal crown - high noble metal	523
D5226	Mandibular partial denture - flexible base.....	750	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	523
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	419	D6061	Abutment supported porcelain fused to metal crown - noble metal	523
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	419	D6066	Implant supported crown - porcelain fused to high noble alloys	523
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	419	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
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	419	D6082	Implant supported crown - porcelain fused to predominantly base alloys	523
D5410	Adjust complete denture - maxillary	38	D6083	Implant supported crown - porcelain fused to noble alloys	523
D5411	Adjust complete denture - mandibular	38	D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	523
D5421	Adjust partial denture - maxillary.....	38	Bridge & Pontics		
D5422	Adjust partial denture - mandibular.....	38	D6210	Pontic - cast high noble metal	495
D5511	Repair broken complete denture base, mandibular....	87	D6211	Pontic - cast predominately base metal	495
D5512	Repair broken complete denture base, maxillary.....	87	D6212	Pontic - cast noble metal	495
D5520	Replace missing or broken teeth - complete denture .	87	D6240	Pontic - porcelain fused to high noble metal.....	523
D5611	Repair resin partial denture base, mandibular.....	87	D6241	Pontic - porcelain fused to predominately base metal	523
D5612	Repair resin partial denture base, maxillary.....	87	D6242	Pontic - porcelain fused to noble metal	523
D5621	Repair cast partial framework, mandibular	87	D6245	Pontic - porcelain/ceramic.....	560
D5622	Repair cast partial framework, maxillary.....	87	D6250	Pontic - resin with high noble metal.....	495
D5630	Repair or replace broken retentive/clasping material - per tooth	115	D6251	Pontic - resin with predominately base metal.....	495
D5640	Replace broken teeth - per tooth	87	D6252	Pontic - resin with noble metal.....	495
D5650	Add tooth to existing partial denture.....	87	D6545	Ret. - cast metal for resin bonded fixed prosthesis	251
D5660	Add clasp to existing partial denture -per tooth	115	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287	D6549	Resin retainer - for resin bonded fixed prosthesis.....	251
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287	D6600	Retainer inlay - porc./ceramic, two surfaces	427
D5710	Rebase complete maxillary denture.....	260	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445
D5711	Rebase complete mandibular denture	260	D6602	Retainer inlay - cast high noble metal, two surfaces ...	407
D5720	Rebase maxillary partial denture.....	260	D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425
D5721	Rebase mandibular partial denture.....	260	D6604	Retainer inlay - cast predominately base metal, two surfaces	407
D5730	Reline complete maxillary denture (direct).....	159	D6605	Retainer inlay - cast predominately base metal, >=3 surfaces	425
			D6606	Retainer inlay - cast noble metal, two surfaces.....	407
			D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
			D6608	Retainer onlay - porc./ceramic, two surfaces.....	479
			D6609	Retainer onlay - porc./ceramic, three or more surfaces	499

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6610	Retainer onlay - cast high noble metal, two surfaces..	458	D7550	Partial ostect/sequestrect non-vital bone rem.....	336
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	524	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	458	D7961	Buccal/labial frenectomy (frenulectomy).....	263
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524	D7962	Lingual frenectomy (frenulectomy).....	263
D6614	Retainer onlay - cast noble metal, two surfaces.....	458	D7970	Excision of hyperplastic tissue - per arch.....	233
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524	D7971	Excision of pericoronal gingiva	131
D6720	Retainer crown - resin with high noble metal	495	D7979	Non-surgical sialolithotomy.....	43
D6721	Retainer crown - resin with predominantly base metal	495	Orthodontics²		
D6722	Retainer crown - resin with noble metal	495	D8070	Comp. ortho. treatment - transitional dentition	3304
D6740	Retainer crown - porcelain/ceramic	560	D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D6750	Retainer crown - porcelain fused to high noble metal	523	D8090	Comp. ortho. treatment - adult dentition	3658
D6751	Retainer crown - porcelain fused to predominately base metal	523	D8660	Pre-orthodontic treatment visit	413
D6752	Retainer crown - porcelain fused to noble metal	523	D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D6780	Retainer crown - 3/4 cast high noble metal	470	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D6781	Retainer crown - 3/4 cast predominantly base metal .	470	D8698	Re-cement or re-bond fixed retainer – maxillary	174
D6782	Retainer crown - 3/4 cast noble metal	470	D8699	Re-cement or re-bond fixed retainer – mandibular	174
D6783	Retainer crown - 3/4 porc./ceramic	511	D8701	Repair of fixed retainer, includes reattachment – maxillary	174
D6790	Retainer crown - full cast high noble metal.....	495	D8702	Repair of fixed retainer, includes reattachment – mandibular	174
D6791	Retainer crown - full cast predominately base metal..	495	D8703	Replacement of lost or broken retainer – maxillary	174
D6792	Retainer crown - full cast noble metal.....	495	D8704	Replacement of lost or broken retainer – mandibular	174
D6930	Recement or rebond fixed partial denture.....	69	Adjunctive General Services		
D6980	Fixed partial denture repair, by report	172	D9110	Palliative (emergency) treatment of dental pain.....	43
Oral Surgery¹			D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D7111	Extraction, coronal remnants - primary tooth.....	56	D9211	Regional block anesthesia	0
D7140	Extraction, erupted tooth or exposed root	69	D9212	Trigeminal division block anesthesia	0
D7210	Extraction, erupted tooth req. bone cut	133	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D7220	Removal of impacted tooth - soft tissue	151	D9219	Evaluation for deep sedation or general anesthesia ...	0
D7230	Removal of impacted tooth - partially bony.....	196	D9222	Deep sedation/general anesthesia - first 15 minutes..	103
D7240	Removal of impacted tooth - completely bony	241	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D7250	Removal of residual tooth roots	141	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103
D7251	Coronectomy-intentional partial tooth removal	217	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103
D7260	Oroantral fistula closure	578	D9248	Non-intravenous conscious sedation	145
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226	D9310	Consultation (diagnostic service by nontreating dentist)	43
D7272	Tooth transplantation	615	D9410	House/extended care facility call	200
D7280	Exposure of an unerupted tooth	153	D9420	Hospital call	350
D7285	Biopsy of oral tissue - hard (bone, tooth).....	387	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D7286	Biopsy of oral tissue - soft (all others)	295	D9910	Application of desensitizing medicament	31
D7290	Surgical repositioning of teeth	407	D9930	Treatment of complications (post-surgical)	43
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60	D9941	Fabrication of athletic mouthguard.....	102
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ...	141	D9944	Occlusal guard – hard appliance, full arch.....	272
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad.	141	D9945	Occlusal guard – soft appliance, full arch.....	272
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	141	D9946	Occlusal guard – hard appliance, partial arch	272
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	141	D9950	Occlusion analysis - mounted case.....	104
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	923	D9951	Occlusal adjustment - limited.....	66
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776	D9952	Occlusal adjustment - complete.....	266
D7410	Excision of benign lesion up to 1.25 cm	278	D9986	Missed appointment	50
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	608	D9995	Teledentistry – synchronous; real-time encounter (when available)	0
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	354	D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review (when available)	0
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	543	D9997	Dental case management – patients with special health care needs	50
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	516			
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	718			
D7471	Removal of lateral exostosis	351			
D7472	Removal of torus palatinus.....	480			
D7473	Removal of torus mandibularis	480			
D7510	Incision and drainage of abscess - intraoral soft tissue	96			
D7520	Incision/drainage of abscess - extra. soft tissue	116			

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 #25 for additional coverage information.

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

Plan Exclusions

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

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. 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 benefits 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 #25 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 (D1206 or D1208) is covered two (2) times per calendar year, per patient; four (4) fluoride varnish treatments are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnishes 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) interim caries arresting medicament application per primary tooth is covered per lifetime.
8. One (1) space maintainer per 24 months, per quadrant (D1510 or D1520) 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); D1575 limited to once per 24 months.
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. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
13. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
14. Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
15. 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.
16. 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.
17. Full mouth debridement is covered once per 24 months, per patient.
18. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
19. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
20. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
21. 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.
22. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
23. 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.
24. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
25. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
26. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.