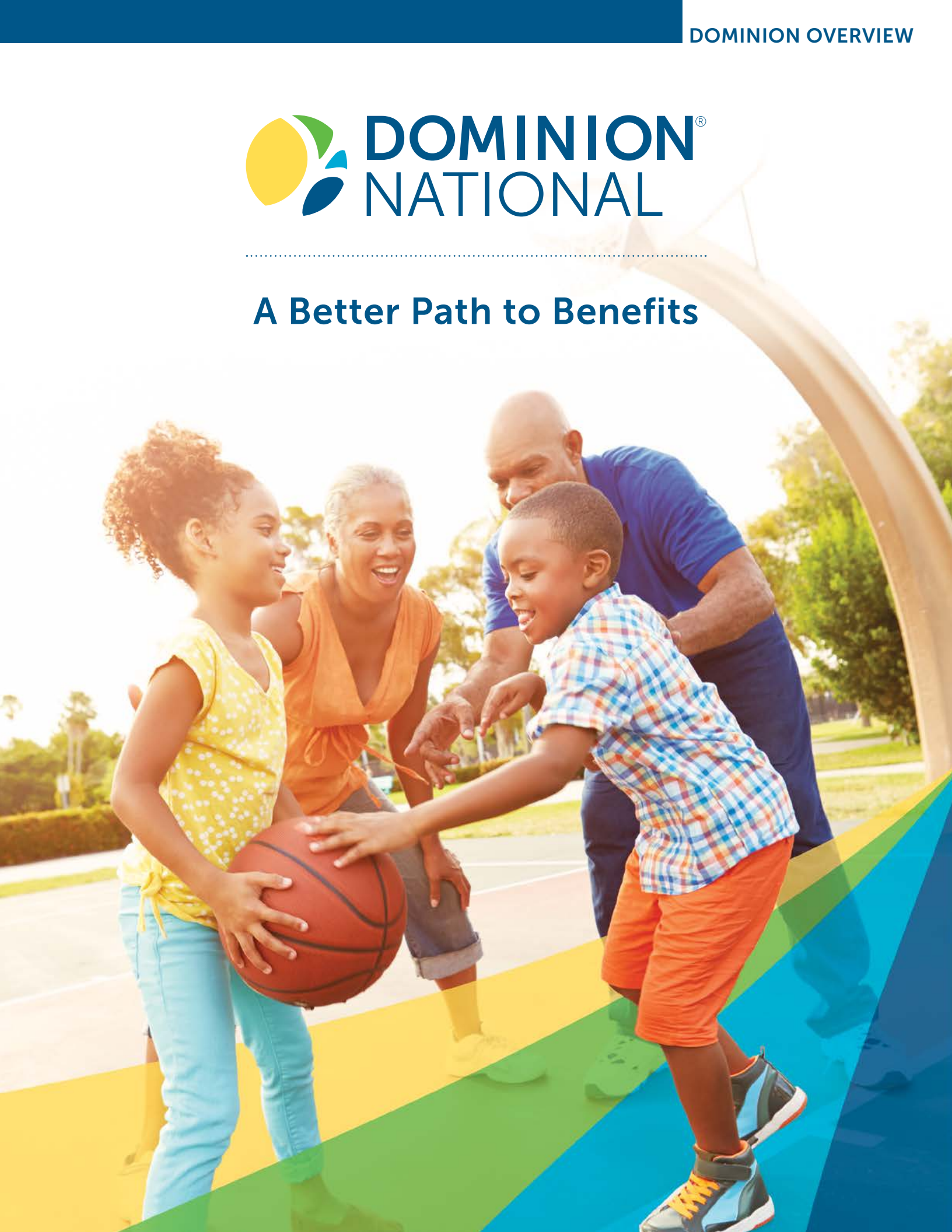




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Access to significant savings on hearing aids and services.⁷

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 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)
D6610	Retainer onlay - cast high noble metal, two surfaces..	458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	524
D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D6614	Retainer onlay - cast noble metal, two surfaces.....	458
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524
D6720	Retainer crown - resin with high noble metal	495
D6721	Retainer crown - resin with predominantly base metal	495
D6722	Retainer crown - resin with noble metal	495
D6740	Retainer crown - porcelain/ceramic	560
D6750	Retainer crown - porcelain fused to high noble metal	523
D6751	Retainer crown - porcelain fused to predominately base metal	523
D6752	Retainer crown - porcelain fused to noble metal	523
D6780	Retainer crown - 3/4 cast high noble metal	470
D6781	Retainer crown - 3/4 cast predominantly base metal .	470
D6782	Retainer crown - 3/4 cast noble metal	470
D6783	Retainer crown - 3/4 porc./ceramic	511
D6790	Retainer crown - full cast high noble metal.....	495
D6791	Retainer crown - full cast predominately base metal..	495
D6792	Retainer crown - full cast noble metal.....	495
D6930	Recement or rebond fixed partial denture.....	69
D6980	Fixed partial denture repair, by report	172

Oral Surgery¹

D7111	Extraction, coronal remnants - primary tooth.....	56
D7140	Extraction, erupted tooth or exposed root	69
D7210	Extraction, erupted tooth req. bone cut	133
D7220	Removal of impacted tooth - soft tissue	151
D7230	Removal of impacted tooth - partially bony.....	196
D7240	Removal of impacted tooth - completely bony	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D7250	Removal of residual tooth roots	141
D7251	Coronectomy-intentional partial tooth removal	217
D7260	Oroantral fistula closure	578
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D7272	Tooth transplantation	615
D7280	Exposure of an unerupted tooth	153
D7285	Biopsy of oral tissue - hard (bone, tooth).....	387
D7286	Biopsy of oral tissue - soft (all others)	295
D7290	Surgical repositioning of teeth	407
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	141
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad.	141
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	141
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	141
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	923
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776
D7410	Excision of benign lesion up to 1.25 cm	278
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	608
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	543
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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7550	Partial ostect/sequestrect non-vital bone rem.....	336
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D7961	Buccal/labial frenectomy (frenulectomy).....	263
D7962	Lingual frenectomy (frenulectomy).....	263
D7970	Excision of hyperplastic tissue - per arch.....	233
D7971	Excision of pericoronal gingiva	131
D7979	Non-surgical sialolithotomy.....	43

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
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	174
D8704	Replacement of lost or broken retainer – mandibular	174

Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D9219	Evaluation for deep sedation or general anesthesia ...	0
D9222	Deep sedation/general anesthesia - first 15 minutes..	103
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103
D9248	Non-intravenous conscious sedation	145
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9410	House/extended care facility call	200
D9420	Hospital call	350
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9941	Fabrication of athletic mouthguard.....	102
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch.....	272
D9946	Occlusal guard – hard appliance, partial arch	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter (when available)	0
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review (when available)	0
D9997	Dental case management – patients with special health care needs	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
2. See exclusion #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.