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## A Better Path to Benefits



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

## WE WORK FOR THE BENEFIT OF OUR MEMBERS, DELIVERING:

### EXTENSIVE NETWORKS<sup>2</sup>

Choice PPO network offers access to over 350,000 dentists nationally.<sup>1,3</sup>

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

Select Plan network is one of the largest in the Mid-Atlantic region.<sup>3,4</sup>

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

### SECURE ONLINE ACCESS

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



**MEMBER PORTAL**  
DominionMembers.com



**GO MOBILE COMMUNICATION SERVICE**  
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**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.

### VALUE-ADDED BENEFITS

#### HEARING DISCOUNT PROGRAM

[amplifonusa.com/dn](https://amplifonusa.com/dn)

Access to discounts on hearing aids and services.<sup>5</sup>

#### DIGIBITE TELEDENTISTRY APP

[DominionNational.com/teledentistry](https://DominionNational.com/teledentistry)  
Receive a dental consultation without leaving your home or office!

#### Z DENTAL DISCOUNT

[Myzsonic.com/DN](https://Myzsonic.com/DN)

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

<sup>1</sup> Dominion National Internal Performance Report, 2022.

<sup>2</sup> Networks and products vary by state. Check availability on your state marketplace.

<sup>3</sup> Participating providers are subject to change.

<sup>4</sup> 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.

<sup>5</sup> Visit [amplifonusa.com/dn](https://amplifonusa.com/dn) for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.

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



## Elite ePPO Basic (MD) Description of Services, Member Copayments, Exclusions and Limitations for Adult Services

### Plan Highlights

- This plan has fixed copayments. In-network (INN) providers have contracted with Dominion and accept the INN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of-area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).
- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network	<ul style="list-style-type: none"> <li>• Each member must pay the in-network deductible amount for dental services before the plan will begin to cover the member's dental procedures. There is a \$25 deductible per adult Member per calendar year and the single adult deductible amount must be met prior to satisfying the three or more adults deductible. For three or more adults, the total combined maximum deductible amount for all adult Members is \$75 per calendar year at which point the deductible is waived for remaining adult Members.</li> </ul>
Single adult		\$25	
Three or more adults		\$75	
Applies to:		Class 2 and Class 3	
Maximums		In-Network	<ul style="list-style-type: none"> <li>• The maximum listed is the dollar amount that the plan will pay towards the cost of dental care within the specified period per member.</li> </ul>
Annual		\$1,500	
Lifetime Ortho		N/A	
The annual maximum applies to: Class 1, Class 2 and Class 3			<ul style="list-style-type: none"> <li>• A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> <li>• At least one claim must be submitted for Class 1 covered services during the calendar year.</li> <li>• The member must have received services in excess of any deductible.</li> <li>• The member must not have received services that exceed the service maximum, which is the amount paid by the plan.</li> <li>• If eligible, the amount of rollover services may not be greater than the rollover maximum.</li> <li>• A member's rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given calendar year.</li> </ul> </li> </ul>
Rollover Services	Service Maximum (Paid by Plan)	Rollover Maximum	
Maximum Amounts	\$750	\$1,875	

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
<b>Class 1</b>	<b>Diagnostic/Preventive</b>		D0272	Bitewing x-rays - two radiographic images .....	0
D0120	Periodic oral eval - established patient .....	0	D0273	Bitewing x-rays - three radiographic images .....	0
D0140	Limited oral eval - problem focused .....	0	D0274	Bitewing x-rays - four radiographic images .....	0
D0150	Comprehensive oral eval - new or established patient .....	0	D0277	Vertical bitewings - 7 to 8 radiographic images .....	0
D0160	Detailed and extensive oral eval - problem focused .	0	D0330	Panoramic radiographic image .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0340	2D cephalometric radiographic image .....	0
D0180	Comp. periodontal eval - new or established patient	0	D0350	2D oral/facial photographic images .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D0373	Intraoral tomosynthesis – bitewing radiographic image .....	0
D0230	Intraoral - periapical each add. radiographic image	0	D0374	Intraoral tomosynthesis – periapical radiographic image .....	0
D0240	Intraoral - occlusal radiographic image .....	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only .....	0
D0250	Extraoral - 2D projection radiographic image .....	0			
D0270	Bitewing x-rays - single radiographic images .....	0			

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ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D2751	Crown - porcelain fused to predominately base metal .....	520
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D2752	Crown - porcelain fused to noble metal .....	520
D0460	Pulp vitality tests .....	0	D2780	Crown - 3/4 cast high noble metal .....	393
D0701	Panoramic radiographic image – image capture only .....	0	D2781	Crown - 3/4 cast predominately base metal .....	368
D0702	2-D cephalometric radiographic image – image capture only .....	0	D2782	Crown - 3/4 cast noble metal .....	391
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only .....	0	D2783	Crown - 3/4 porcelain/ceramic .....	400
D0705	Extra-oral posterior dental radiographic image – image capture only .....	0	D2790	Crown - full cast high noble metal .....	507
D0706	Intraoral – occlusal radiographic image – image capture only .....	0	D2791	Crown - full cast predominately base metal .....	455
D0707	Intraoral – periapical radiographic image – image capture only .....	0	D2792	Crown - full cast noble metal .....	473
D0708	Intraoral – bitewing radiographic image – image capture only .....	0	D2794	Crown - titanium and titanium alloys .....	530
D0709	Intraoral – comprehensive series of radiographic images – image capture only .....	0	D2910	Recement inlay, onlay/crown or partial coverage rest. ....	34
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office) .....	0	D2915	Recement cast of prefabricated post and core (once in a lifetime) .....	34
D1110	Prophylaxis (cleaning) - adult .....	0	D2920	Recement inlay, onlay/crown or partial coverage rest. ....	27
<b>Class 2 Restorative (Fillings)</b>			D2930	Prefab. stainless steel crown - prim. tooth .....	90
D2140	Amalgam - one surface, prim. or perm. ....	20	D2931	Prefab. stainless steel crown - perm. tooth .....	90
D2150	Amalgam - two surfaces, prim. or perm. ....	30	D2932	Prefabricated resin crown .....	66
D2160	Amalgam - three surfaces, prim. or perm. ....	40	D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth) .....	84
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	55	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth) .....	84
D2330	Resin-based composite - one surface, anterior .....	32	D2940	Protective restoration .....	30
D2331	Resin-based composite - two surfaces, anterior .....	42	D2950	Core buildup, including any pins .....	100
D2332	Resin-based composite - three surfaces, anterior ...	52	D2951	Pin retention - per tooth, in addition to restoration .	28
D2335	Resin-based composite - >=4 surfaces, anterior .....	100	D2952	Post and core in addition to crown .....	141
D2390	Resin-based composite crown, anterior .....	70	D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated .....	77
D2391	Resin-based composite - one surface, posterior .....	45	D2954	Prefab. post and core in addition to crown .....	105
D2392	Resin-based composite - two surfaces, posterior .....	55	D2961	Labial veneer (resin laminated) - indirect (not covered if considered cosmetic; once per 60 months) .....	285
D2393	Resin-based composite - three surfaces, posterior ..	65	D2962	Labial veneer (porcelain laminated) - indirect (not covered if considered cosmetic; once per 60 months) .....	436
D2394	Resin-based composite - >=4 surfaces, posterior ....	115	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months) .....	54
<b>Class 3 Crown &amp; Bridge</b>			D2980	Crown repair necessitated by restorative material failure .....	85
D2510	Inlay - metallic - one surface .....	261	D2981	Inlay repair necessitated by restorative material failure .....	85
D2520	Inlay - metallic - two surfaces .....	336	D2982	Onlay repair necessitated by restorative material failure .....	85
D2530	Inlay - metallic - three or more surfaces .....	375	<b>Class 3 Endodontics</b>		
D2542	Onlay - metallic - two surfaces .....	355	D3110	Pulp cap - direct (excl. final restoration) .....	13
D2543	Onlay - metallic - three surfaces .....	375	D3120	Pulp cap - indirect (excl. final restoration) .....	13
D2544	Onlay - metallic - four or more surfaces .....	391	D3220	Therapeutic pulpotomy (excl. final restor.) .....	100
D2610	Inlay - porcelain/ceramic - one surface .....	317	D3221	Pulpal debridement, prim. and perm. teeth .....	100
D2620	Inlay - porcelain/ceramic - two surfaces .....	331	D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years) .....	100
D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	374	D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	90
D2642	Onlay - porcelain/ceramic - two surfaces .....	375	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	102
D2643	Onlay - porcelain/ceramic - three surfaces .....	391	D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	550
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	393	D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	640
D2650	Inlay - resin-based composite - one surface .....	317	D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	780
D2651	Inlay - resin-based composite - two surfaces .....	331			
D2652	Inlay - resin-based composite - >=3 surfaces .....	374			
D2662	Onlay - resin-based composite - two surfaces .....	375			
D2663	Onlay - resin-based composite - three surfaces .....	391			
D2664	Onlay - resin-based composite - >=4 surfaces .....	393			
D2710	Crown - resin based composite (indirect) .....	433			
D2712	Crown - 3/4 resin-based composite (indirect) .....	433			
D2720	Crown - resin with high noble metal .....	465			
D2721	Crown - resin with predominately base metal .....	450			
D2722	Crown - resin with noble metal .....	450			
D2740	Crown - porcelain/ceramic .....	545			
D2750	Crown - porcelain fused to high noble metal .....	570			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D3331	Treatment of root canal obstruction; non-surgical access .....	127	D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	401
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	234	D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	626
D3333	Internal root repair of perforation defects .....	119	D4274	Mesial/distal wedge procedure, single tooth .....	194
D3346	Retreat of prev. root canal therapy - anterior .....	569	D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	405
D3347	Retreat of prev root canal therapy - premolar .....	658	D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	544
D3348	Retreat of prev. root canal therapy - molar .....	776	D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft .....	381
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal .	170	D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site .....	30
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal) .....	83	D4286	Removal of non-resorbable barrier .....	100
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) .....	179	D4341	Perio scaling and root planing - >3 cont teeth, per quad .....	97
D3410	Apicoectomy - anterior .....	414	D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D3421	Apicoectomy - premolar (first root) .....	446	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	30
D3425	Apicoectomy - molar (first root) .....	543	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	60
D3426	Apicoectomy - (each add. root) .....	145	D4381	Localized delivery of antimicrobial agents .....	42
D3430	Retrograde filling - per root .....	138	D4910	Periodontal maintenance .....	75
D3450	Root amputation - per root .....	258	D4920	Unscheduled dressing change (by someone other than treating dentist) .....	49
D3471	Surgical repair of root resorption - anterior .....	414			
D3472	Surgical repair of root resorption - premolar .....	446			
D3473	Surgical repair of root resorption - molar .....	543			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	414			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	446			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar ....	543			
D3920	Hemisection, not inc. root canal therapy .....	194			
D3921	Decoronation or submergence of an erupted tooth	100			
<b>Class 3</b>	<b>Periodontics</b>		<b>Class 3</b>	<b>Prosthetics (Dentures)</b>	
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	198	D5110	Complete denture - maxillary/mandibular .....	560
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	100	D5120	Complete denture - maxillary/mandibular .....	560
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	368	D5130	Immediate denture - maxillary/mandibular .....	565
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	221	D5140	Immediate denture - maxillary/mandibular .....	565
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months) .....	379	D5211	Maxillary/mandibular partial denture - resin base ..	375
D4260	Osseous surgery - >3 cont. teeth, per quad .....	600	D5212	Maxillary/mandibular partial denture - resin base ..	375
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360	D5213	Maxillary/mandibular partial denture - cast metal ..	625
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months)	230	D5214	Maxillary/mandibular partial denture - cast metal ..	625
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months) ...	134	D5221	Immediate maxillary partial denture - resin base ....	375
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months) .....	194	D5222	Immediate mandibular partial denture - resin base ..	375
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months) .....	341	D5223	Immediate maxillary partial denture - cast metal ....	625
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months) .....	358	D5224	Immediate mandibular partial denture - cast metal .	625
			D5225	Maxillary/mandibular partial denture - flexible base	625
			D5226	Maxillary/mandibular partial denture - flexible base.	625
			D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	625
			D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	625
			D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	318
			D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	318
			D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant ....	318
			D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant .....	318
			D5410	Adjust complete denture - maxillary/mandibular ...	20
			D5411	Adjust complete denture - maxillary/mandibular ...	20
			D5421	Adjust partial denture - maxillary/mandibular .....	20
			D5422	Adjust partial denture - maxillary/mandibular .....	20
			D5511	Repair broken complete denture base, mandibular .	59
			D5512	Repair broken complete denture base, maxillary ....	59

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D5520	Replace missing or broken teeth - complete denture .....	65	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 .....	52
D5611	Repair resin partial denture base, mandibular .....	59	D6082	Implant supported crown – porcelain fused to predominantly base alloys .....	600
D5612	Repair resin partial denture base, maxillary .....	59	D6083	Implant supported crown – porcelain fused to noble alloys .....	665
D5621	Repair cast partial framework, mandibular .....	59	D6084	Implant supported crown – porcelain fused to titanium and titanium alloys .....	640
D5622	Repair cast partial framework, maxillary .....	59	D6086	Implant supported crown – predominantly base alloys .....	600
D5630	Clasp repaired, replaced or added .....	59	D6087	Implant supported crown – noble alloys .....	620
D5640	Replace broken teeth - per tooth .....	65	D6088	Implant supported crown – titanium and titanium alloys .....	640
D5650	Add tooth to existing partial denture .....	65	D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth) .....	76
D5660	Clasp repaired, replaced or added .....	70	D6092	Recent implant/abutment supported crown (once per tooth after 6 months from initial placement) .....	24
D5670	Replace all teeth and acrylic on cast metal framework .....	245	D6093	Recent implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement) .....	35
D5671	Replace all teeth and acrylic on cast metal framework .....	245	D6094	Abutment supported crown - titanium and titanium alloys .....	640
D5710	Rebase complete maxillary/mandibular denture ....	185	D6095	Repair implant abutment, by report (once per year after 24 months of initial placement) .....	140
D5711	Rebase complete maxillary/mandibular denture ....	185	D6100	Surgical removal of implant body .....	116
D5720	Rebase maxillary/mandibular partial denture .....	110	D6105	Removal of implant body not requiring bone removal or flap elevation .....	58
D5721	Rebase maxillary/mandibular partial denture .....	110	D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys .....	640
D5725	Rebase hybrid prosthesis .....	185	D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	32
D5730	Reline complete maxillary/mandibular denture (direct) .....	93			
D5731	Reline complete maxillary/mandibular denture (direct) .....	93			
D5740	Reline maxillary/mandibular partial denture (direct) .....	93			
D5741	Reline maxillary/mandibular partial denture (direct) .....	93			
D5750	Reline complete maxillary/mandibular denture (indirect) .....	134			
D5751	Reline complete maxillary/mandibular denture (indirect) .....	134			
D5760	Reline maxillary/mandibular partial denture (indirect) .....	134			
D5761	Reline maxillary/mandibular partial denture (indirect) .....	134			
D5765	Soft liner for complete or partial removable denture – indirect .....	50			
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular .	228			
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular .	228			
D5850	Tissue conditioning - maxillary/mandibular .....	41			
D5851	Tissue conditioning - maxillary/mandibular .....	41			
D5863	Overdenture – complete maxillary .....	600			
D5864	Overdenture – partial maxillary .....	565			
D5865	Overdenture – complete mandibular .....	600			
D5866	Overdenture – partial mandibular .....	565			
<b>Class 3</b>	<b>Implant Services</b>		<b>Class 3</b>	<b>Bridge &amp; Pontics*</b>	
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months) .....	1360		* All fees exclude the cost of noble and precious metals. An additional fee of up to \$100 may be charged by the dentist if these materials are used.	
D6056	Prefabricated abutment (includes placement) .....	468	D6205	Pontic - indirect resin based composite .....	520
D6057	Custom abutment (includes placement) .....	560	D6210	Pontic - cast high noble metal .....	510
D6058	Abutment supported porcelain/ceramic crown .....	705	D6211	Pontic - cast predominately base metal .....	463
D6059	Abutment supported porcelain fused to metal crown (high noble) .....	665	D6212	Pontic - cast noble metal .....	473
D6060	Abutment supported porcelain fused to metal crown (base metal) .....	600	D6214	Pontic - titanium and titanium alloys .....	520
D6061	Abutment supported porcelain fused to metal crown (noble metal) .....	640	D6240	Pontic - porcelain fused to high noble metal .....	570
D6062	Abutment supported cast metal crown (high noble) .....	632	D6241	Pontic - porcelain fused to predominately base metal .....	520
D6063	Abutment supported cast metal crown (base metal) .....	600	D6242	Pontic - porcelain fused to noble metal .....	520
D6064	Abutment supported cast metal crown (noble metal) .....	620	D6243	Pontic – porcelain fused to titanium and titanium alloys .....	520
D6065	Implant supported porcelain/ceramic crown .....	705	D6245	Pontic - porcelain/ceramic .....	500
D6066	Implant supported crown - porcelain fused to high noble alloys .....	665	D6250	Pontic - resin with high noble metal .....	552
D6067	Implant supported crown - high noble alloys .....	665	D6251	Pontic - resin with predominately base metal .....	442
			D6252	Pontic - resin with noble metal .....	508
			D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	251
			D6602	Retainer inlay - cast high noble metal, two surfaces .....	344
			D6603	Retainer inlay - cast high noble metal, >=3 surfaces .....	379
			D6604	Retainer inlay - cast predominately base metal, two surfaces .....	394
			D6605	Retainer inlay - cast predominately base metal, >=3 surfaces .....	379
			D6606	Retainer inlay - cast noble metal, two surfaces .....	394
			D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	379
			D6610	Retainer onlay - cast high noble metal, two surfaces .....	415
			D6611	Retainer onlay - cast high noble metal, >=3 surfaces .....	401



ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	415	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) .....	1322
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	401	D7509	Marsupialization of odontogenic cyst .....	400
D6614	Retainer onlay - cast noble metal, two surfaces .....	415	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	401	D7961	Buccal/labial frenectomy (frenulectomy).....	322
D6624	Retainer inlay - titanium .....	401	D7962	Lingual frenectomy (frenulectomy).....	322
D6634	Retainer onlay - titanium .....	401	D7963	Frenuoplasty (once per site) .....	322
D6710	Retainer crown - indirect resin based composite .....	502	D7970	Excision of hyperplastic tissue - per arch .....	322
D6720	Retainer crown - resin with metal .....	446	D7971	Excision of pericoronal gingiva .....	106
D6721	Retainer crown - resin with metal .....	425	D7979	Non-surgical sialolithotomy .....	35
D6722	Retainer crown - resin with metal .....	425	D7980	Surgical sialolithotomy .....	644
D6740	Retainer crown - porcelain/ceramic .....	506	D7981	Excision of salivary gland, by report .....	2300
D6750	Retainer crown - porcelain fused to high noble metal .....	520	D7982	Sialodochoplasty .....	1380
D6751	Retainer crown - porcelain fused to predominately base metal .....	475	D7983	Closure of salivary fistula .....	1196
D6752	Retainer crown - porcelain fused to noble metal .....	475			
D6753	Retainer crown - porcelain fused to titanium and titanium alloys .....	502	<b>Class 3</b>	<b>Adjunctive General Services</b>	
D6780	Retainer crown - 3/4 cast high noble metal .....	410	D9110	Palliative treatment of dental pain - per visit .....	35
D6781	Retainer crown - 3/4 cast predominantly base metal .....	375	D9120	Fixed partial denture sectioning (once per tooth) ....	35
D6782	Retainer crown - 3/4 cast noble metal .....	404	D9210	Local anesthesia .....	14
D6784	Retainer crown ¾ - titanium and titanium alloys .....	502	D9222	Deep sedation/general anesthesia - first 15 minutes .....	58
D6790	Retainer crown - full cast high noble metal .....	512	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr .....	58
D6791	Retainer crown - full cast predominately base metal .....	446	D9239	Intravenous moderate sedation/analgesia - first 15 minutes .....	58
D6792	Retainer crown - full cast noble metal .....	473	D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min .....	58
D6793	Provisional retainer crown (if used at least 6 months during multistage care) .....	156	D9248	Non-intravenous conscious sedation .....	89
D6794	Retainer crown - titanium and titanium alloys .....	502	D9310	Consultation (diagnostic service by nontreating dentist) .....	40
D6930	Recement or rebond fixed partial denture .....	50	D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190
D6980	Fixed partial denture repair necessitated by restorative material failure .....	100	D9942	Repair or reline of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement) .....	82
<b>Class 3</b>	<b>Oral Surgery</b>		D9944	Occlusal guard - hard appliance, full arch .....	220
D7111	Extraction, coronal remnants - primary tooth .....	40	D9945	Occlusal guard - soft appliance, full arch .....	220
D7140	Extraction, erupted tooth or exposed root .....	50	D9946	Occlusal guard - hard appliance, partial arch.....	220
D7210	Extraction, erupted tooth req elev, etc .....	104	D9953	Reline custom sleep apnea appliance (indirect) .....	175
D7220	Removal of impacted tooth - soft tissue .....	130	D9995	Teledentistry - synchronous; real-time encounter .....	0
D7230	Removal of impacted tooth - partially bony .....	190	D9996	Teledentistry - asynchronous; information store and forwarded to dentist for subsequent review.....	0
D7240	Removal of impacted tooth - completely bony .....	225	D9997	Dental case management - patients with special health care needs .....	50
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	235			
D7250	Removal of residual tooth roots.....	120	<b>Class 4</b>	<b>Orthodontics - Not covered</b>	<b>0%</b>
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only .....	235			
D7260	Oroantral fistula closure .....	689			
D7261	Primary closure of a sinus perforation .....	200			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	414			
D7285	Biopsy of oral tissue - hard (bone, tooth) .....	253			
D7286	Biopsy of oral tissue - soft .....	259			
D7287	Exfoliative cytological sample collection .....	50			
D7288	Brush biopsy - transepithelial sample collection .....	40			
D7310	Alveoloplasty in conjunction with extractions - per quad .....	201			
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant) .....	132			
D7320	Alveoloplasty not in conjunction with extractions - per quad .....	276			
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant) .....	228			
D7340	Vestibuloplasty - ridge extension (secondary epithelialization) .....	690			

### 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.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that in the opinion of the Plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

### Plan Limitations

#### Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months.
2. One emergency or problem focused exam (D0140) per Calendar Year.
3. One full mouth or panoramic x-ray per 60 months.
4. Periapical x-rays.
5. Bitewing x-rays, 2 per Calendar Year.
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year.

#### Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months.

#### Class III. Major Services:

1. Recementing bridges, inlays, onlays and crowns after 12 months of

insertion and per 12 months per tooth thereafter.

2. Restoration services, limited to:
  - a Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
  - b Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially place or last replaced.
  - c Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
3. Crown build-up for non-vital teeth
4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
  - a Pulpotomy
  - b Root canal therapy (not covered if pulp chamber was opened before effective date of coverage).
  - c Apicoectomy
  - d Retrograde fillings, per root per lifetime
5. Periodontic services, limited to:
  - a Gingivectomy
  - b Osseous surgery including flap entry and closure
  - c One pedicle or free soft tissue graft per site per lifetime
  - d One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
  - e One full mouth debridement per lifetime
  - f Two periodontal maintenance visits, following surgery per Calendar Year
  - g 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 one per two years.
6. Prosthetic services, limited to:
  - a Initial placement of removable dentures or fixed bridges
  - b Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
  - c Addition of teeth to existing partial denture
  - d One relining or rebasing of existing removable dentures per 24 months
  - e One 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 years.
7. One repair of dentures or fixed bridgework per 24 months
8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures
9. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

#### Class IV. Orthodontia Services: Not Covered

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy.



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



## Elite PPO Basic Kids (MD) Coverage Schedule, Limitations and Exclusions for Pediatric Services

Coverage continues through end of the year in which the Member turns 19

Service Class	Service Description	In-Network		Out-of-Network	
		Plan Pays	Waiting Period	Plan Pays <sup>1</sup>	Waiting Period
1	Diagnostic & Preventive Services	100%	None	80%	None
2	Basic Services	35%	None	20%	None
3	Major Services	25%	None	10%	None
4	Orthodontic Services	50%	None	30%	None
Annual Deductible		In-Network		Out-of-Network	
Single Child		\$100		\$100	
Two or More Children		\$200		\$200	
Applies to		Class 2 and Class 3		Class 2 and Class 3	
<ul style="list-style-type: none"><li>Each member must pay the deductible amount for dental services before the plan will begin to cover the member's dental procedures. For two or more children, the total combined maximum deductible amount for all pediatric members is \$200 per calendar year at which point the deductible is waived for remaining pediatric members.</li></ul>					
Out-of-Pocket Maximums		In-Network		Out-of-Network	
Single Child		\$400		N/A	
Two or More Children		\$800		N/A	
<ul style="list-style-type: none"><li>The annual out-of-pocket maximum applies to all covered services for medically necessary treatment.</li></ul>					
Out-of-Network Allowance		In-Network		Out-of-Network	
		N/A		MAC	
1. Unlike in-network (INN) providers that have agreed to negotiated fees for services, out-of-network (OON) providers have no contract with Dominion or Dominion's leased dental networks. As such, OON providers set their own fees and Dominion only reimburses the member based on the established INN fee schedule, which is determined by the geographic area where the expenses are incurred. This means that if the OON provider's fee is higher than Dominion's INN fee schedule, the member will be billed the remaining balance to cover the OON provider's fee.					

- If course of treatment is to exceed \$300, prior review is recommended.

Plan will pay either the Participating Dentist's negotiated fee or the Maximum Allowable Charge (subject to benefit coverage percentage) for dental procedures and services as shown below, after any required Annual Deductible.

Service Class	Service Description	Service Limitation	In-Network			Out-of-Network		
			Plan Pays	Waiting Period (Months)	Does a deductible apply?	Plan Pays	Waiting Period (Months)	Does a deductible apply?
1	Evaluations	Two (D0120, D0145, D0150 or D0160) per calendar year, per patient per provider/location	100%	None	No	80%	None	No
1	Re-evaluation, limited, problem focused (D0170) or periodontal exam (D0180)	One per calendar year	100%	None	No	80%	None	No
1	Limited oral evaluation (D0140)		100%	None	No	80%	None	No
1	Prophylaxis (D1110 or D1120)	Two per calendar year, per patient	100%	None	No	80%	None	No
1	Fluoride treatments	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).	100%	None	No	80%	None	No
1	Bitewing x-rays	Two per calendar year, starting at age two, per provider/location (D0270 does not have a frequency limitation)	100%	None	No	80%	None	No
1	Periapical x-rays		100%	None	No	80%	None	No
1	Full mouth x-ray or panoramic film	One per 36 months starting at age six; maximum of one set of x-rays per provider/location	100%	None	No	80%	None	No
1	Application of caries arresting medicament	One application per primary tooth is covered per lifetime	100%	None	No	80%	None	No
1	Space maintainers	One 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). Re-cement or re-bond bilateral or unilateral space maintainer (D1551, D1552 or D1553) not covered within 6 months of initial placement. Removal of fixed unilateral and bilateral space maintainer (D1556, D1557 or D1558) not allowed by dental office that provided initial placement.	100%	None	No	80%	None	No
1	Sealants	One per tooth, per lifetime (limited to occlusal surfaces of posterior permanent teeth without restorations or decay)	100%	None	No	80%	None	No
1	Other diagnostic imaging (D0290, D0310, D0320, D0321)		100%	None	No	80%	None	No

Service Class	Service Description	Service Limitation	In-Network			Out-of-Network		
			Plan Pays	Waiting Period (Months)	Does a deductible apply?	Plan Pays	Waiting Period (Months)	Does a deductible apply?
1	2D cephalometric radiographic image (D0340) or image capture (D0702)	One per 36 months per patient	100%	None	No	80%	None	No
1	Palliative treatment of dental pain – per visit	Only if no services other than exam and x-rays were performed on the same date of service	100%	None	No	80%	None	No
1	Pulp vitality tests		100%	None	No	80%	None	No
1	Teledentistry, synchronous (D9995) or asynchronous (D9996)	Must be accompanied by a covered procedure	100%	None	No	80%	None	No
1	Consultations (D9310)		100%	None	No	80%	None	No
1	House/extended care facility calls		100%	None	No	80%	None	No
1	Application of desensitizing medicament	One per visit. Not to be used for bases, liners or adhesives used under restorations	100%	None	No	80%	None	No
2	Amalgam and resin-based composite fillings	Restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations; per tooth, per surface every 36 months	35%	None	Yes	20%	None	Yes
2	Pin retention of fillings	Multiple pins on the same tooth are allowable as one pin	35%	None	Yes	20%	None	Yes
2	Hospital call	Facility and anesthesia charges are covered under medical insurance; services delivered to the patient on the date of service are documented separately using applicable procedure codes; requires coordination and approval from both the dental insurer and the medical insurer before services can be rendered	35%	None	Yes	20%	None	Yes
2	Occlusal guard		35%	None	Yes	20%	None	Yes
2	General anesthesia and analgesic, including intravenous and non-intravenous 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; non-intravenous 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	35%	None	Yes	20%	None	Yes
3	Oral surgery, including postoperative care for:	Removal of teeth, including impacted teeth; extraction of tooth root or partial tooth	25%	None	Yes	10%	None	Yes
3	Oral surgery, including postoperative care for:	Coronectomy, intentional partial tooth removal, one (1) per tooth, impacted teeth only, per lifetime	25%	None	Yes	10%	None	Yes
3	Oral surgery, including postoperative care for:	Alveolectomy, alveoplasty, frenectomy, frenuloplasty and vestibuloplasty	25%	None	Yes	10%	None	Yes



Service Class	Service Description	Service Limitation	In-Network			Out-of-Network		
			Plan Pays	Waiting Period (Months)	Does a deductible apply?	Plan Pays	Waiting Period (Months)	Does a deductible apply?
3	Oral surgery, including postoperative care for:	Excision of periocoronary gingiva or hyperplastic tissue and excision of oral tissue for biopsy	25%	None	Yes	10%	None	Yes
3	Oral surgery, including postoperative care for:	Tooth re-implantation and/or stabilization; tooth transplantation; Surgical repositioning of teeth, one per lifetime per patient per tooth	25%	None	Yes	10%	None	Yes
3	Oral surgery, including postoperative care for:	Excision of a benign lesion, tumor or cyst and incision and drainage of an abscess or cyst, marsupialization of odontogenic cyst	25%	None	Yes	10%	None	Yes
3	Oral surgery, including postoperative care for:	Biopsy of oral tissue (D7285, D7286)	25%	None	Yes	10%	None	Yes
3	Oral surgery, including postoperative care for:	Removal of exostosis (D7471), torus palatinus (D7472), and torus mandibularis (D7473)	25%	None	Yes	10%	None	Yes
3	Oral surgery, including postoperative care for:	Partial ostectomy/sequestrectomy for removal of non-vital bone	25%	None	Yes	10%	None	Yes
3	Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:	Root canal therapy once per lifetime, per patient, per tooth; Retreatment of previous root canal therapy, one per tooth, per lifetime, not within 24 months when done by same dentist or dental office	25%	None	Yes	10%	None	Yes
3	Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:	Pulpotomy; pulpal debridement; pulpal therapy; pulpal regeneration; apexification/recalcification; apicoectomy; pulp caps (D3110 and D3120); root amputation (resection); hemisection	25%	None	Yes	10%	None	Yes
3	Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:	Surgical repair of root resorption (D3471, D3472 and D3473) and surgical exposure of root surfaces without apicoectomy or repair of root resorption (D3501, D3502 and D3503)	25%	None	Yes	10%	None	Yes
3	Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:	Retrograde fillings, per root per lifetime	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Two periodontal maintenance visits following surgery per calendar year after definitive periodontal therapy	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Unscheduled dressing change (by someone other than treating dentist or their staff)	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Root scaling and planing, once per 24 months, per patient, per quadrant	25%	None	Yes	10%	None	Yes

Service Class	Service Description	Service Limitation	In-Network			Out-of-Network		
			Plan Pays	Waiting Period (Months)	Does a deductible apply?	Plan Pays	Waiting Period (Months)	Does a deductible apply?
3	Periodontic services, limited to:	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	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Occlusal adjustment, limited, if provided when no other restorative procedure on same date of service, limited to twice per twelve (12) months	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Occlusal adjustment, complete, if provided when no other restorative procedure on same date of service, limited to once per twelve (12) months	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Gingivectomy or gingivoplasty, once per 24 months, per patient, per quadrant	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Gingival flap procedure, including root planing (D4240 and D4241), 1-3 or 4+ contiguous teeth or tooth-bounded spaces, one per 24 months per patient per quadrant	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Anatomical crown exposure and clinical lengthening	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Osseous surgery including flap entry and closure, once per 24 months, per patient, per quadrant	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Splint-intracoronary; natural teeth or prosthetic crowns (D4322); Splint-extra-coronal; natural teeth or prosthetic crowns (D4323)	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	One pedicle or free soft tissue graft per site, per lifetime	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	One full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit, one per 24 months	25%	None	Yes	10%	None	Yes
3	Periodontic services, limited to:	Localized delivery of antimicrobial agents is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per 12 months (must have pocket depths of five millimeters or greater)	25%	None	Yes	10%	None	Yes
3	Study model	One per 36 months	25%	None	Yes	10%	None	Yes

Service Class	Service Description	Service Limitation	In-Network			Out-of-Network		
			Plan Pays	Waiting Period (Months)	Does a deductible apply?	Plan Pays	Waiting Period (Months)	Does a deductible apply?
3	Restoration services, limited to:	Cast metal, stainless steel, porcelain/ceramic, all ceramic, titanium and resin-based composite inlay, onlay, or crown for teeth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling; replacement of inlays, onlays and crowns limited to one per 60 months from the original date of placement, per permanent tooth, per patient; pre-fabricated crowns are limited to one per 36 months per permanent tooth (D2928, D2929), per primary tooth (D2930, D2934) and per primary or permanent tooth (D2932, D2933)	25%	None	Yes	10%	None	Yes
3	Restoration services, limited to:	Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally	25%	None	Yes	10%	None	Yes
3	Restoration services, limited to:	Protective restoration	25%	None	Yes	10%	None	Yes
3	Restoration services, limited to:	Post removal	25%	None	Yes	10%	None	Yes
3	Restoration services, limited to:	Core build-up one (1) per 60 months per tooth	25%	None	Yes	10%	None	Yes
3	Restoration services, limited to:	One labial veneer per 60 months, per tooth	25%	None	Yes	10%	None	Yes
3	Restoration services, limited to:	Re-cement crowns/inlays	25%	None	Yes	10%	None	Yes
3	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	One (1) per two (2) years.	25%	None	Yes	10%	None	Yes
3	Prosthetic services, limited to:	Initial placement of dentures	25%	None	Yes	10%	None	Yes
3	Prosthetic services, limited to:	Repair of dentures	25%	None	Yes	10%	None	Yes
3	Prosthetic services, limited to:	Replacement of dentures after five years from the date of last placement	25%	None	Yes	10%	None	Yes
3	Prosthetic services, limited to:	Addition of teeth or clasp to existing partial denture	25%	None	Yes	10%	None	Yes
3	Prosthetic services, limited to:	Relining or rebasing of existing removable dentures; rebonding or recementing fixed denture; Reline of custom sleep apnea appliance (indirect)	25%	None	Yes	10%	None	Yes



Service Class	Service Description	Service Limitation	In-Network			Out-of-Network		
			Plan Pays	Waiting Period (Months)	Does a deductible apply?	Plan Pays	Waiting Period (Months)	Does a deductible apply?
3	Prosthetic services, limited to:	Adjust complete or partial denture, not covered within 6 months of initial placement.	25%	None	Yes	10%	None	Yes
3	Prosthetic services, limited to:	Adjustment and maintenance of maxillofacial prosthetics, limited to D5992 and D5993, one each per patient, per six months, per arch	25%	None	Yes	10%	None	Yes
3	Prosthetic services, limited to:	Overdenture, one (1) D5863, D5864 or D5865 per 60 months, per patient	25%	None	Yes	10%	None	Yes
3	Prosthetic services, limited to:	Tissue conditioning	25%	None	Yes	10%	None	Yes
3	Prosthetic services, limited to:	Fabrication of athletic mouthguard	25%	None	Yes	10%	None	Yes
4	*MEDICALLY NECESSARY* Orthodontia Services:	Diagnostic, active and retention treatment to include removable fixed appliance therapy and comprehensive therapy; Orthodontia services are only provided for severe, dysfunctional, handicapping malocclusion; Replacement of lost or broken retainer (D8703 or D8704), one per arch per lifetime, allowed within 24 months of date of debanding	50%	None	No	30%	None	No

### Plan Exclusions

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

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health.
- 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.
- Oral surgery requiring the setting of fractures or dislocations.
- Dispensing of drugs.
- 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.
- 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.
- 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.
- Services not listed as covered.
- Procedures that in the opinion of the Plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
- Treatment of cleft palate (if not treatable through orthodontics) or neoplasms.
- Orthodontics is only covered if medically necessary as determined by the Plan. The Invisalign system and similar specialized braces are not a covered benefit. Patient co-insurance will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.