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1 Dominion National Internal Performance Report, 2021.

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

3 Participating providers are subject to change.

4 Dominion National customer satisfaction survey, based on renewing members, 2021.

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, 2021. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

6 Visit DominionNational.com/sdc for full details. 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.

7 Visit 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”).



Select Plan Premium 705xa (NJ)
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 Member Copayments.
- This plan requires Members to use Participating Dentists except for out-of-area emergency dental services and/or for services provided when a Member is referred to a Non-Participating Dentist. See exclusion 11.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			Restorative (Fillings)		
D9439	Office visit	10	D1110*	Additional cleaning (expecting mothers or Diabetics)	40
D0120	Periodic oral eval - established patient	0	D1206	Topical application of fluoride varnish	0
D0140	Limited oral eval - problem focused.....	0	D1208	Topical application of fluoride - excluding varnish.....	0
D0150	Comprehensive oral eval - new or established patient	0	D1310/20/30	Oral hygiene instructions.....	0
D0160	Detailed and extensive oral eval - problem focused.....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0170	Re-evaluation - limited, problem focused.....	0	Crown & Bridge		
D0210	Intraoral - complete series of radiographic images.....	26	D2140	Amalgam - one surface.....	37
D0220	Intraoral - periapical first radiographic image	0	D2150	Amalgam - two surfaces.....	46
D0230	Intraoral - periapical each add. radiographic image	0	D2160	Amalgam - three surfaces.....	58
D0240	Intraoral - occlusal radiographic image.....	0	D2161	Amalgam - >=4 surfaces	69
D0250	Extra-oral - 2D projection radiographic image	0	D2330	Resin-based composite - one surface, anterior	64
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2331	Resin-based composite - two surfaces, anterior	76
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2332	Resin-based composite - three surfaces, anterior	90
D0330	Panoramic radiographic image.....	30	D2335	Resin-based composite - >=4 surfaces, anterior	109
D0340	2D cephalometric radiographic image.....	0	D2390	Resin-based composite crown, anterior	175
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally.....	0	D2391	Resin-based composite - one surface, posterior	68
D0351	3D photographic image	0	D2392	Resin-based composite - two surfaces, posterior	80
D0460	Pulp vitality tests.....	0	D2393	Resin-based composite - three surfaces, posterior	93
D0470	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces, posterior	112
D0701	Panoramic radiographic image – image capture only	0	Restorative (Fillings)		
D0702	2-D cephalometric radiographic image – image capture only	0	D2140	Amalgam - one surface.....	37
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0	D2150	Amalgam - two surfaces.....	46
D0704	3-D photographic image – image capture only	0	D2160	Amalgam - three surfaces.....	58
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2161	Amalgam - >=4 surfaces	69
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2330	Resin-based composite - one surface, anterior	64
D0707	Intraoral – periapical radiographic image – image capture only	0	D2331	Resin-based composite - two surfaces, anterior	76
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2332	Resin-based composite - three surfaces, anterior	90
D0709	Intraoral – complete series of radiographic images – image capture only.....	0	D2335	Resin-based composite - >=4 surfaces, anterior	109
D1110	Prophylaxis (cleaning) - adult	0	D2390	Resin-based composite crown, anterior	175
			D2391	Resin-based composite - one surface, posterior	68
			D2392	Resin-based composite - two surfaces, posterior	80
			D2393	Resin-based composite - three surfaces, posterior	93
			D2394	Resin-based composite - >=4 surfaces, posterior	112

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2710	Crown - resin based composite (indirect)	259	D3920	Hemisection, not inc. root canal therapy.....	202 / 222
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D3921	Decoronation or submergence of an erupted tooth.....	100 / 110
D2720/21/22	Crown - resin with metal	470	D3950	Canal prep/fitting of preformed dowel or post	125 / 138
D2740	Crown - porcelain/ceramic	531	Periodontics¹		
D2750/51/52	Crown - porcelain fused metal	495	D0180	Comp. periodontal eval - new or established patient	36 / 40
D2753	Crown - porcelain fused to titanium and titanium alloys	495	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265 / 292
D2780/81/82	Crown - 3/4 cast with metal	457	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94 / 103
D2783	Crown - 3/4 porcelain/ceramic	469	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	324 / 357
D2790/91/92	Crown - full cast metal.....	481	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	90 / 99
D2794	Crown - titanium and titanium alloys	495	D4260	Osseous surgery - >3 cont. teeth, per quad..	485 / 534
D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	41	D4261	Osseous surgery - <=3 cont. teeth, per quad	360 / 396
D2931	Prefab. stainless steel crown	119	D4263	Bone replacement graft - retained natural tooth - first site in quad	502 / 553
D2932	Prefabricated resin crown	135	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393 / 433
D2940	Protective restoration	37	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site	275 / 303
D2950	Core buildup, including any pins	120	D4268	Surgical revision proc., per tooth	329 / 362
D2951	Pin retention - per tooth, in addition to restoration	22	D4270	Pedicle soft tissue graft procedure.....	434 / 478
D2952	Post and core in addition to crown	181	D4273	Autogenous connective tissue graft procedure, first tooth	540 / 595
D2954	Prefab. post and core in addition to crown ..	148	D4274	Mesial/distal wedge procedure, single tooth	308 / 339
D2955	Post removal (not in conj. with endo. therapy).....	101	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth[, implant,] or edentulous tooth position in graft.....	576 / 634
D2980/81/82	Crown, inlay or onlay repair necessitated by restorative material failure.....	93	D4277	Free soft tissue graft procedure, first tooth..	441 / 486
Endodontics¹			D4278	Free soft tissue graft procedure, each add. tooth	68 / 75
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28 / 31	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105 / 116
D3220	Therapeutic pulpotomy (excl. final restor.)...	81 / 90	D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57 / 63
D3221	Pulpal debridement.....	87 / 96	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39 / 43
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	70 / 77	D4355	Full mouth debridement	77 / 86
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	120 / 132	D4381	Localized delivery of antimicrobial agents....	90 / 100
D3310	Endodontic therapy, anterior tooth (excl. final restor.).....	325 / 357	D4910	Periodontal maintenance	66 / 73
D3320	Endodontic therapy, premolar tooth (excl. final restor.).....	395 / 435	Prosthetics (Dentures)		
D3330	Endodontic therapy, molar tooth (excl. final restor.).....	488 / 537	D5110/20	Complete denture - maxillary/mandibular ...	664
D3333	Internal root repair of perforation defects ...	96 / 106	D5130/40	Immediate denture - maxillary/mandibular .	708
D3346	Retreat of prev. root canal therapy, anterior	356 / 393	D5211/12	Maxillary/mandibular partial denture - resin base.....	613
D3347	Retreat of prev. root canal therapy, premolar	418 / 461	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3348	Retreat of prev. root canal therapy, molar	527 / 581	D5221/22	Immediate maxillary/mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
D3410	Apicoectomy - anterior	310 / 342	D5223/24	Immediate maxillary/mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3421	Apicoectomy - premolar (first root)	333 / 367	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D3425	Apicoectomy - molar (first root)	379 / 418			
D3426	Apicoectomy - (each add. root).....	148 / 164			
D3430	Retrograde filling - per root.....	113 / 125			
D3450	Root amputation - per root.....	202 / 223			
D3471	Surgical repair of root resorption - anterior..	310 / 342			
D3472	Surgical repair of root resorption - premolar	333 / 367			
D3473	Surgical repair of root resorption - molar	379 / 418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	310 / 342			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	333 / 367			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	379 / 418			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6603	Retainer inlay - cast high noble metal, >=3 surfaces.....	407
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	397	D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D5284/86	Rem. unilateral partial denture – one piece flexible/resin base (including clasps and teeth) – per quadrant	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces.....	407
D5410/11	Adjust complete denture - maxillary/mandibular.....	35	D6606	Retainer inlay - cast noble metal, two surfaces.....	390
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	407
D5511/12	Repair broken complete denture base, mandibular/maxillary	84	D6608	Retainer onlay - porc./ceramic, two surfaces	439
D5520	Replace missing or broken teeth - complete denture	84	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5611/12	Repair resin partial denture base, mandibular/maxillary	84	D6610	Retainer onlay - cast high noble metal, two surfaces.....	423
D5621/22	Repair cast partial framework, mandibular/maxillary.....	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces.....	511
D5630/60	Clasp repaired, replaced or added.....	112	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5640/50	Replace broken teeth or add tooth to existing partial denture - per tooth.....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces.....	511
D5670/71	Replace all teeth and acrylic on cast metal framework	263	D6614	Retainer onlay - cast noble metal, two surfaces.....	423
D5710/11	Rebase complete maxillary/mandibular denture	253	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	511
D5720/21	Rebase maxillary/mandibular partial denture	253	D6720/21/22	Retainer crown - resin with metal.....	470
D5725	Rebase hybrid prosthesis	253	D6740	Retainer crown - porcelain/ceramic.....	531
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6750/51/52	Retainer crown - porcelain fused metal.....	495
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6753	Retainer crown – porcelain fused to titanium and titanium alloys	495
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6780/81/82	Retainer crown - 3/4 cast high noble metal..	457
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6783	Retainer crown - 3/4 porc./ceramic	469
D5765	Soft liner for complete or partial removable denture – indirect.....	50	D6784	Retainer crown – 3/4 titanium and titanium alloys	495
D5810/11	Interim complete denture - maxillary/mandibular	333	D6790/91/92	Retainer crown - full cast metal.....	481
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	333	D6794	Retainer crown - titanium	495
D5850/51	Tissue conditioning - maxillary/mandibular .	75	D6930	Recement or rebond fixed partial denture ...	66
			D6980	Fixed partial denture repair, by report.....	157
			Oral Surgery'		
			D7111	Extraction, coronal remnants - primary tooth	45 / 50
			D7140	Extraction, erupted tooth or exposed root...	63 / 70
			D7210	Extraction, erupted tooth req elev, etc	127 / 140
			D7220	Removal of impacted tooth - soft tissue.....	144 / 159
			D7230	Removal of impacted tooth - partially bony.	189 / 208
			D7240	Removal of impacted tooth - completely bony	227 / 250
			D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181 / 200
			D7250	Surgical removal of residual tooth roots.....	136 / 150
			D7251	Coronectomy - intentional partial tooth removal	181 / 200
			D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211 / 232
			D7280	Exposure of an unerupted tooth	111 / 122
			D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	41 / 45
			D7310/20	Alveoloplasty, per quad	135 / 149
			D7510	Incision and drainage of abscess - intraoral soft tissue.....	91 / 100
			D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	25 / 28
			D7961	Buccal/labial frenectomy (frenulectomy)..	256 / 282
			D7962	Lingual frenectomy (frenulectomy).....	256 / 282
			D7979	Non-surgical sialolithotomy.....	43 / 48
Bridge & Pontics					
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	57			
D6210/11/12	Pontic - metal.....	481			
D6240/41/42	Pontic - porcelain fused metal.....	495			
D6243	Pontic – porcelain fused to titanium and titanium alloys	495			
D6245	Pontic - porcelain/ceramic	531			
D6250/51/52	Pontic - resin with metal.....	470			
D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	233			
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	364			
D6549	Resin retainer - for resin bonded fixed prosthesis.....	233			
D6600	Retainer inlay - porc./ceramic, two surfaces	410			
D6601	Retainer inlay - porc./ceramic, >=3 surfaces.	427			
D6602	Retainer inlay - cast high noble metal, two surfaces.....	390			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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Orthodontics

D8090	Comp. ortho. treatment - adult dentition .	3658
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract)	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia.....	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222/23	Deep sedation/general anesthesia - each 15 minute increment.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment.....	103
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical) ..	43
D9944/45/46	Occlusal guard – hard/soft appliance, full/partial arch.....	298 / 298
D9950	Occlusion analysis - mounted case	81 / 90
D9951	Occlusal adjustment - limited.....	62 / 62
D9952	Occlusal adjustment - complete.....	255 / 255
D9986	Missed appointment	50
D9995/96	Teledentistry – synchronous/asynchronous	0
D9997	Dental case management – patients with special health care needs	50
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 Plan Specialist. If the listed procedure contains a (/), the second listed fee represents the copayment due to the Participating Plan Specialist after referral. See Plan Exclusion #13

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

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not Necessary and Appropriate Dental Services 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, with the exception

- of the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.
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 Services under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not pre-authorized 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).
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.
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 or a covered D1110, limited to once per two years.
14. 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 (2) years.
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.

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



Select Plan Premium Pediatric 706s (NJ)
Description of Services, Member Copayments,
Exclusions and Limitations for Pediatric Services
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

Plan Highlights

- This plan has fixed Member Copayments.
- This plan requires Members to use Participating Dentists except for out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist. See exclusion 7.
- Annual Out-of-Pocket Maximum: \$375 per Member per calendar year for Necessary and Appropriate Dental Services treatment (maximum of \$750 for policy covering two or more Members). The Member shall only be responsible for the Member Copayment listed in the Member Copayment column.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D0385	Maxillofacial MRI/ultrasound image capture	0
D9439	Office visit.....	0	D0386	Maxillofacial MRI/ultrasound image capture	0
D0120	Periodic oral eval - established patient	0	D0391	Interpretation of diagnostic image only	0
D0140	Limited oral eval - problem focused	0	D0414	Lab processing of microbial specimen to include culture & sensitivity studies	50
D0145	Oral eval for a patient under 3 years of age	0	D0415	Collection of microorganisms for culture and sensitivity	29
D0150	Comprehensive oral eval - new or established patient	0	D0416	Viral culture	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0417	Collection/Prep of saliva sample for lab.....	0
D0170	Re-evaluation - limited, problem focused	0	D0418	Analysis of saliva sample	32
D0171	Re-evaluation - post-operative office visit	41	D0422	Collection and preparation of genetic sample material for lab analysis and report	50
D0180	Comp. periodontal eval - new or established patient.	0	D0423	Genetic test for susceptibility to diseases	75
D0210	Intraoral - complete series of radiographic images	0	D0425	Caries susceptibility tests	27
D0220	Intraoral - periapical first radiographic image.....	0	D0431	Adjunctive pre-diagnostic.....	49
D0230	Intraoral - periapical each add. radiographic image....	0	D0460	Pulp vitality tests	0
D0240	Intraoral - occlusal radiographic image	0	D0470	Diagnostic casts	0
D0250	Extra-oral - 2D projection radiographic image	0	D0472	Accession of tissue, gross exam, prep, transm	0
D0251	Extra-oral posterior dental radiographic image.....	44	D0473	Accession of tissue, gross and micro. exam., prep, transm	0
D0270	Bitewing - single radiographic image.....	0	D0474	Accession of tissue, gross and micro. exam., prep, transm	0
D0272	Bitewings - two radiographic images.....	0	D0480	Accession of exfoliative cytologic smears, micro. exam., prep, transm	0
D0273	Bitewings - three radiographic images	0	D0486	Lab accession trans cytologic sample, micro. exam., prep, transm	0
D0274	Bitewings - four radiographic images	0	D0502	Other oral pathology procedures, by report	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl premalignant and malignant lesions	0
D0310	Sialography.....	0	D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0320	Temporomandibular joint arthrogram, incl. injection.	0	D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0
D0321	Other temporomandibular joint radiographic images, by report.....	0	D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
D0322	Tomographic survey	0	D0701	Panoramic radiographic image – image capture only .	0
D0330	Panoramic radiographic image	0	D0702	2-D cephalometric radiographic image – image capture only	0
D0340	2D cephalometric radiographic image	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0350	2D oral/facial photographic images (intraoral/extraoral).....	0	D0704	3-D photographic image – image capture only	0
D0351	3D photographic image	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0364	Cone Beam CT limited view-less than one jaw.....	0	D0706	Intraoral – occlusal radiographic image – image capture only	0
D0365	Cone Beam CT one full dental arch (mandibular/maxillary).....	0			
D0366	Cone Beam CT one full dental arch (mandibular/maxillary).....	0			
D0367	Cone Beam CT both jaws.....	0			
D0368	Cone Beam CT- TMJ.....	0			
D0369	Maxillofacial MRI/ultrasound	0			
D0370	Maxillofacial MRI/ultrasound	0			
D0380	Cone beam CT image capture-less than one jaw	0			
D0381	Cone beam CT image capture one arch (mandibular/maxillary).....	0			
D0382	Cone beam CT image capture one arch (mandibular/maxillary).....	0			
D0383	Cone beam CT image capture both jaws.....	0			
D0384	Cone beam CT image capture- TMJ.....	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D0707	Intraoral – periapical radiographic image – image capture only	0	D2610	Inlay - porcelain/ceramic - one surface	214
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	214
D0709	Intraoral – complete series of radiographic images – image capture only.....	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223
D1110	Prophylaxis (cleaning) - adult	0	D2642	Onlay - porcelain/ceramic - two surfaces.....	240
D1120	Prophylaxis (cleaning) - child	0	D2643	Onlay - porcelain/ceramic - three surfaces.....	250
D1206	Topical application of fluoride varnish.....	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	250
D1208	Topical application of fluoride - excluding varnish	0	D2650	Inlay - resin-based composite - one surface	220
D1310	Nutritional counseling for control of dental disease ...	0	D2651	Inlay - resin-based composite - two surfaces	220
D1320	Tobacco counseling for control of prev. oral disease...	0	D2652	Inlay - resin-based composite - >=3 surfaces.....	220
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0	D2662	Onlay - resin-based composite - two surfaces.....	222
D1330	Oral hygiene instructions.....	0	D2663	Onlay - resin-based composite - three surfaces	222
D1351	Sealant - per tooth	0	D2664	Onlay - resin-based composite - >=4 surfaces.....	222
D1352	Prev resin rest. mod/high caries risk – perm. tooth	0	D2710	Crown - resin based composite (indirect).....	136
D1354	Application of caries arresting medicament - per tooth.....	0	D2712	Crown - 3/4 resin-based composite (indirect).....	243
D1355	Caries preventive medicament application – per tooth.....	0	D2720	Crown - resin with high noble metal	248
D1510	Space maintainer – fixed, unilateral – per quadrant ...	0	D2721	Crown - resin with predominantly base metal	248
D1516	Space maintainer - fixed - bilateral, maxillary	0	D2722	Crown - resin with noble metal	248
D1517	Space maintainer - fixed - bilateral, mandibular	0	D2740	Crown - porcelain/ceramic	280
D1520	Space maintainer – removable, unilateral – per quadrant.....	0	D2750	Crown - porcelain fused to high noble metal	262
D1526	Space maintainer - removable - bilateral, maxillary	0	D2751	Crown - porcelain fused to predominantly base metal	262
D1527	Space maintainer - removable - bilateral, mandibular	0	D2752	Crown - porcelain fused to noble metal	262
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0	D2753	Crown - porcelain fused to titanium and titanium alloys	262
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0	D2780	Crown - 3/4 cast high noble metal	239
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0	D2781	Crown - 3/4 cast predominantly base metal	239
D1556	Removal of fixed unilateral space maintainer – per quadrant.....	0	D2782	Crown - 3/4 cast noble metal	239
D1557	Removal of fixed bilateral space maintainer – maxillary	0	D2783	Crown - 3/4 porcelain/ceramic.....	256
D1558	Removal of fixed bilateral space maintainer – mandibular	0	D2790	Crown - full cast high noble metal	248
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0	D2791	Crown - full cast predominately base metal.....	248
			D2792	Crown - full cast noble metal.....	248
			D2910	Recement inlay.....	22
			D2915	Recement cast or prefab. post and core.....	41
			D2920	Recement crown	22
			D2928	Prefab. porcelain/ceramic crown – permanent tooth .	280
			D2929	Prefab. porcelain/ceramic crown - prim. tooth	280
			D2930	Prefab. stainless steel crown - prim. tooth.....	55
			D2931	Prefab. stainless steel crown - perm. tooth.....	61
			D2932	Prefabricated resin crown	70
			D2933	Prefab. stainless steel crown w/ resin window	136
			D2934	Prefab. esthetic coated primary tooth	148
			D2940	Protective restoration	20
			D2950	Core buildup, including any pins	63
			D2951	Pin retention - per tooth, in addition to restoration ...	11
			D2952	Post and core in addition to crown	93
			D2953	Each add. indirectly fabricated post - same tooth.....	25
			D2954	Prefab. post and core in addition to crown	77
			D2955	Post removal (not in conj. with endo. therapy).....	53
			D2957	Each add. prefab post - same tooth	20
			D2970	Temporary crown (fractured tooth)	0
			D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.....	37
			D2975	Coping	113
			D2980	Crown repair necessitated by restorative material failure	51
			D2981	Inlay repair necessitated by restorative material failure	51
			D2982	Onlay repair necessitated by restorative material failure	51
				Endodontics¹	
			D3110	Pulp cap - direct (excl. final restoration).....	16
			D3120	Pulp cap - indirect (excl. final restoration).....	16
			D3220	Therapeutic pulpotomy (excl. final restor.).....	41
			D3221	Pulpal debridement, prim. and perm. teeth	47
			D3222	Partial pulpotomy for apexogenesis	80
			D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80
			D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82
Restorative (Fillings)					
D2140	Amalgam - one surface, prim. or perm.	21			
D2150	Amalgam - two surfaces, prim. or perm.....	26			
D2160	Amalgam - three surfaces, prim. or perm.	32			
D2161	Amalgam - >=4 surfaces, prim. or perm.	39			
D2330	Resin-based composite - one surface, anterior	35			
D2331	Resin-based composite - two surfaces, anterior	42			
D2332	Resin-based composite - three surfaces, anterior.....	50			
D2335	Resin-based composite - >=4 surfaces, anterior.....	60			
D2390	Resin-based composite crown, anterior.....	96			
D2391	Resin-based composite - one surface, posterior	37			
D2392	Resin-based composite - two surfaces, posterior.....	44			
D2393	Resin-based composite - three surfaces, posterior	51			
D2394	Resin-based composite - >=4 surfaces, posterior.....	62			
D2410	Gold foil - one surface	84			
D2420	Gold foil - two surfaces.....	99			
D2430	Gold foil - three surfaces	134			
Crown & Bridge					
D2510	Inlay- metallic - one surface	204			
D2520	Inlay- metallic - two surfaces.....	204			
D2530	Inlay - metallic - three or more surfaces.....	213			
D2542	Onlay - metallic-two surfaces.....	229			
D2543	Onlay - metallic - three surfaces.....	262			
D2544	Onlay - metallic - four or more surfaces.....	262			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171	D4270	Pedicle soft tissue graft procedure	322
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209	D4273	Autogenous connective tissue graft proc.	375
D3330	Endodontic therapy, molar tooth (excluding final restoration)	256	D4274	Mesial/distal wedge procedure, single tooth	154
D3331	Treatment of root canal obstr. non-surgical	104	D4275	Non-autogenous connective tissue graft (including recipient site and donor material).....	375
D3332	Incomp. endo. therapy-inop. or fractured tooth.....	92	D4276	Comb. connec. tissue/double and pedicle graft, per tooth.....	375
D3333	Internal root repair of perforation defects	53	D4277	Free soft tissue graft, per tooth.....	327
D3346	Retreat of prev. root canal therapy, anterior	194	D4278	Free soft tissue graft, each add. tooth.....	50
D3347	Retreat of prev root canal therapy - premolar	233	D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	214
D3348	Retreat of prev. root canal therapy, molar	279	D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	189
D3351	Apexification/recalcification - initial visit.....	101	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55
D3352	Apexification/recalcification - interim med. repl.....	295	D4342	Perio scaling and root planing - <= 3 teeth, per quad .	32
D3353	Apexification/recalcification - final visit	225	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23
D3355	Pulpal regeneration - initial visit.....	101	D4355	Full mouth debridement	45
D3356	Pulpal regeneration - interim medication replacement	295	D4381	Localized delivery of antimicrobial agents.....	49
D3357	Pulpal regeneration - completion of treatment	225	D4910	Periodontal maintenance	37
D3410	Apicoectomy - anterior.....	162	Prosthetics (Dentures)		
D3421	Apicoectomy - premolar (first root)	182	D5110	Complete denture - maxillary.....	349
D3425	Apicoectomy - molar (first root).....	209	D5120	Complete denture - mandibular.....	349
D3426	Apicoectomy/periradicular surgery (each add. root) ..	76	D5130	Immediate denture - maxillary.....	350
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	350	D5140	Immediate denture - mandibular	350
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291	D5211	Maxillary partial denture - resin base.....	325
D3430	Retrograde filling - per root.....	60	D5212	Mandibular partial denture - resin base.....	325
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	204	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	350
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	375	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth).....	350
D3450	Root amputation - per root	117	D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth).....	325
D3471	Surgical repair of root resorption - anterior	162	D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth).....	325
D3472	Surgical repair of root resorption – premolar	182	D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	350
D3473	Surgical repair of root resorption – molar	209	D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	350
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior... ..	162	D5225	Maxillary partial denture - flexible base.....	350
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .	182	D5226	Mandibular partial denture - flexible base	350
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	209	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	350
D3910	Surg. proc. for isol. of tooth w/ rubber dam	29	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	350
D3920	Hemisection, not inc. root canal therapy	117	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	210
D3921	Decoronation or submergence of an erupted tooth ..	100	D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210
D3950	Canal prep/fitting of preformed dowel or post	68	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210
Periodontics'			D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140	D5410	Adjust complete denture - maxillary	19
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	50	D5411	Adjust complete denture - mandibular	19
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20	D5421	Adjust partial denture - maxillary.....	19
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173	D5422	Adjust partial denture - mandibular	19
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	53	D5511	Repair broken complete denture base, mandibular....	44
D4245	Apically positioned flap	93	D5512	Repair broken complete denture base, maxillary.....	44
D4249	Clinical crown lengthening - hard tissue.....	288	D5520	Replace missing or broken teeth - complete denture .	44
D4260	Osseous surgery - >3 cont. teeth, per quad	250			
D4261	Osseous surgery - <=3 cont. teeth, per quad	196			
D4263	Bone replacement graft - retained natural tooth - first site in quad.....	375			
D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	291			
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	204			
D4266	Guided tissue regen. - resorb. barrier, per site.....	375			
D4267	Guided tissue regen. - non-resorb. barrier, per site	375			
D4268	Surgical revision proc., per tooth	179			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5611	Repair resin partial denture base, mandibular.....	44	D5959	Palatal lift prosthesis, modification	375
D5612	Repair resin partial denture base, maxillary.....	44	D5960	Speech aid prosthesis, modification.....	278
D5621	Repair cast partial framework, mandibular.....	44	D5982	Surgical stent.....	44
D5622	Repair cast partial framework, maxillary.....	44	D5983	Radiation carrier.....	375
D5630	Repair or replace broken retentive/clasping material - per tooth	58	D5984	Radiation shield	375
D5640	Replace broken teeth - per tooth	44	D5985	Radiation cone locator	375
D5650	Add tooth to existing partial denture.....	44	D5986	Fluoride gel carrier	63
D5660	Add clasp to existing partial denture -per tooth	58	D5987	Commissure splint.....	375
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144	D5988	Surgical splint	63
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144	D5991	Topical medicament carrier.....	63
D5710	Rebase complete maxillary denture.....	130	D5992	Adjustment of prosthetic appliance, by report	12
D5711	Rebase complete mandibular denture.....	130	D5993	Cleaning and maintenance prosthetic appliance	9
D5720	Rebase maxillary partial denture.....	130	D5994	Periodontal medicament carrier	150
D5721	Rebase mandibular partial denture.....	130		Implant Services	
D5725	Rebase hybrid prosthesis.....	130	D6010	Surgical placement of implant body, endosteal	375
D5730	Reline complete maxillary denture (direct).....	80	D6011	Second stage implant surgery	100
D5731	Reline complete mandibular denture (direct).....	80	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	375
D5740	Reline maxillary partial denture (direct).....	78	D6013	Surgical placement of mini implant.....	286
D5741	Reline mandibular partial denture (direct).....	78	D6040	Surgical placement, eposteal implant	375
D5750	Reline complete maxillary denture (indirect).....	112	D6050	Surgical placement, transosteal implant	375
D5751	Reline complete mandibular denture (indirect).....	112	D6051	Interim implant abutment placement	197
D5760	Reline maxillary partial denture (indirect).....	112	D6055	Dental implant supported connecting bar	375
D5761	Reline mandibular partial denture (indirect).....	112	D6056	Prefabricated abutment	228
D5765	Soft liner for complete or partial removable denture - indirect	50	D6057	Custom fabricated abutment	375
D5810	Interim complete denture - maxillary.....	181	D6058	Abutment supported porcelain/ceramic crown	280
D5811	Interim complete denture - mandibular.....	181	D6059	Abutment supported porcelain fused to metal crown - high noble metal	262
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	181	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	181	D6061	Abutment supported porcelain fused to metal crown - noble metal	262
D5850	Tissue conditioning - maxillary	40	D6062	Abutment supported cast metal crown - high noble metal	248
D5851	Tissue conditioning - mandibular	40	D6063	Abutment supported cast metal crown - predominantly based metal	248
D5862	Precision attachment, by report.....	194	D6064	Abutment supported cast metal crown - noble metal	248
D5863	Overdenture - complete maxillary.....	375	D6065	Implant supported porcelain/ceramic crown.....	280
D5864	Overdenture - partial maxillary.....	375	D6066	Implant supported crown - porcelain fused to high noble alloys	262
D5865	Overdenture - complete mandibular.....	375	D6067	Implant supported crown - high noble alloys.....	262
D5866	Overdenture - partial mandibular	375	D6068	Abutment supp. retainer for porc/ceramic FPD.....	375
D5875	Mod. of remov prosthesis post implant surgery	41	D6069	Abutment supp. retainer for porc/high noble FPD.....	375
D5911	Facial moulage (sectional)	74	D6070	Abutment supp. retainer for porc/pred. base FPD.....	348
D5912	Facial moulage (complete)	74	D6071	Abutment supp. retainer for porc/noble FPD	375
D5913	Nasal prosthesis	375	D6072	Abutment supp. retainer for cast high noble FPD	375
D5914	Auricular prosthesis.....	375	D6073	Abutment supp. retainer for cast high noble FPD	375
D5915	Orbital prosthesis	375	D6074	Abutment supp. retainer for cast noble metal FPD.....	375
D5916	Ocular prosthesis.....	375	D6080	Implant maintenance procedures	31
D5919	Facial prosthesis	194	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.....	32
D5922	Nasal septal prosthesis.....	194	D6090	Repair implant supported prosthesis	181
D5923	Ocular prosthesis, interim	375	D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	17
D5924	Cranial prosthesis	375	D6092	Re-cement implant/abutment supp. crown	56
D5925	Facial augmentation implant prosthesis.....	375	D6093	Re-cement impl/abutment supp. fixed par	86
D5926	Nasal prosthesis, replacement	169	D6095	Repair implant abutment, by report	196
D5927	Auricular prosthesis, replacement	375	D6110	Implant / abut supp rem dent for edentulous arch - maxillary.....	375
D5928	Orbital prosthesis, replacement.....	375	D6111	Implant / abut supp rem dent for edentulous arch - mandibular	375
D5929	Facial prosthesis, replacement	255	D6112	Implant / abut supp rem dent for partially edentulous arch - maxillary.....	375
D5931	Obturator prosthesis, surgical	375	D6113	Implant / abut supp rem dent for partially edentulous arch - mandibular	375
D5932	Obturator prosthesis, definitive	375			
D5933	Obturator prosthesis, modification	375			
D5934	Mandibular resection prosthesis w/ guide flange.....	375			
D5935	Mandibular resection prosthesis w/o guide flange.....	375			
D5936	Obturator prosthesis, interim.....	375			
D5951	Feeding aid	375			
D5952	Speech aid prosthesis.....	375			
D5953	Speech aid prosthesis, adult.....	375			
D5954	Palatal augmentation prosthesis	375			
D5955	Palatal lift prosthesis, definitive	375			
D5958	Palatal lift prosthesis, interim.....	375			

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D6114	Implant / abut supp fixed dent for edentulous arch - maxillary	375	D6980	Fixed partial denture repair, by report	86
D6115	Implant / abut supp fixed dent for edentulous arch - mandibular	375	D6985	Pediatric partial denture, fixed	280
D6116	Implant / abut supp fixed dent for partially edentulous arch - maxillary	375	Oral Surgery'		
D6117	Implant / abut supp fixed dent for partially edentulous arch - mandibular	375	D7111	Extraction, coronal remnants - primary tooth ...	28
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	375	D7140	Extraction, erupted tooth or exposed root	35
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	67
D6205	Pontic - indirect resin based composite	223	D7220	Removal of impacted tooth - soft tissue	76
D6210	Pontic - cast high noble metal	248	D7230	Removal of impacted tooth - partially bony	98
D6211	Pontic - cast predominately base metal	248	D7240	Removal of impacted tooth - completely bony	121
D6212	Pontic - cast noble metal	248	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109
D6240	Pontic - porcelain fused to high noble metal.....	262	D7250	Removal of residual tooth roots	71
D6241	Pontic - porcelain fused to predominately base metal	262	D7251	Coronectomy-intentional partial tooth removal	109
D6242	Pontic - porcelain fused to noble metal	262	D7260	Oroantral fistula closure.....	289
D6245	Pontic - porcelain/ceramic.....	280	D7261	Primary closure of a sinus perforation	233
D6250	Pontic - resin with high noble metal.....	248	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113
D6251	Pontic - resin with predominately base metal.....	248	D7272	Tooth transplantation	308
D6252	Pontic - resin with noble metal.....	248	D7280	Exposure of an unerupted tooth	77
D6545	Ret. - cast metal for resin bonded fixed prosthesis	126	D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	116
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197	D7283	Place. of device to facilitate erupt. of impacted tooth	72
D6549	Resin retainer - for resin bonded fixed prost.....	126	D7285	Biopsy of oral tissue - hard (bone, tooth).....	194
D6600	Retainer inlay - porc./ceramic, two surfaces	214	D7286	Biopsy of oral tissue - soft (all others)	148
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223	D7287	Exfoliative cytological sample collection	14
D6602	Retainer inlay - cast high noble metal, two surfaces...	204	D7288	Brush biopsy - transepithelial sample collect.....	47
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	213	D7290	Surgical repositioning of teeth	204
D6604	Retainer inlay - cast predominantly base metal, two surfaces	204	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213	D7292	Placement of temporary anchorage device (screw retained plate) requiring flap	273
D6606	Retainer inlay - cast noble metal, two surfaces.....	204	D7293	Placement of temporary anchorage device requiring flap	283
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213	D7294	Placement of temporary anchorage device without flap	66
D6608	Retainer onlay - porc./ceramic, two surfaces.....	240	D7295	Bone harvesting-autogenous grafting procedure.....	87
D6609	Retainer onlay - porc./ceramic, three or more surfaces	250	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	71
D6610	Retainer onlay - cast high noble metal, two surfaces..	229	D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ...	71
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	262	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71
D6612	Retainer onlay - cast predominantly base metal, two surfaces	229	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	71
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262	D7340	Vestibuloplasty - ridge ext. sec. epithel.....	375
D6614	Retainer onlay - cast noble metal, two surfaces.....	229	D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	375
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262	D7410	Excision of benign lesion up to 1.25 cm	139
D6710	Retainer crown - indirect resin based composite.....	223	D7411	Excision of benign lesion > 1.25 cm.....	113
D6720	Retainer crown - resin with high noble metal	248	D7412	Excision of benign lesion, complicated.....	157
D6721	Retainer crown - resin with predominantly base metal	248	D7413	Excision of malignant lesion up to 1.25 cm	286
D6722	Retainer crown - resin with noble metal	248	D7414	Excision of malignant lesion > 1.25 cm.....	252
D6740	Retainer crown - porcelain/ceramic.....	280	D7415	Excision of malignant lesion, complicated.....	375
D6750	Retainer crown - porcelain fused to high noble metal	262	D7440	Exc. of malignant tumor- lesion diam. <=1.25cm.....	304
D6751	Retainer crown - porcelain fused to predominately base metal	262	D7441	Exc. of malignant tumor- lesion diam. >1.25cm.....	375
D6752	Retainer crown - porcelain fused to noble metal.....	262	D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	177
D6753	Retainer crown – porcelain fused to titanium and titanium alloys.....	262	D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	272
D6780	Retainer crown - 3/4 cast high noble metal	235	D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	258
D6781	Retainer crown - 3/4 cast predominantly base metal .	235	D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	375
D6782	Retainer crown - 3/4 cast noble metal	235	D7465	Destruct. of lesion(s) by phys or chem method.....	150
D6783	Retainer crown - 3/4 porc./ceramic	256	D7471	Removal of lateral exostosis	176
D6784	Retainer crown – 3/4 titanium and titanium alloys.....	235	D7472	Removal of torus palatinus.....	240
D6790	Retainer crown - full cast high noble metal.....	248	D7473	Removal of torus mandibularis.....	240
D6791	Retainer crown - full cast predominately base metal..	248	D7485	Surgical reduction of osseous tuberosity	284
D6792	Retainer crown - full cast noble metal.....	248	D7490	Radical resection of maxilla or mandible	375
D6930	Recement or rebond fixed partial denture.....	35	D7510	Incision and drainage of abscess - intraoral soft tissue	48
D6950	Precision attachment.....	189	D7511	Incision/drainage of abscess - intra. soft tissue, comp.	56
			D7520	Incision/drainage of abscess - extra. soft tissue	58

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	60	D7979	Non-surgical sialolithotomy.....	22
D7530	Foreign body rem from muc./skin/subcut tissue	44	D7980	Surgical sialolithotomy	114
D7540	Reaction producing foreign bodies removal.....	375	D7981	Excision of salivary gland, by report.....	375
D7550	Partial ostect/sequestrect non-vital bone rem.....	168	D7982	Sialodochoplasty	375
D7560	Max. sinusotomy for tooth fragment removal	375	D7983	Closure of salivary fistula.....	375
D7610	Maxillary - open reduction (teeth immobilized).....	375	D7990	Emergency tracheotomy	375
D7620	Maxillary - closed reduction (teeth immobilized).....	375	D7991	Coronoidectomy.....	375
D7630	Mandible - open reduction (teeth immobilized)	375	D7995	Synthetic graft - mandible or facial bones.....	270
D7640	Mandible - closed reduction (teeth immobilize)	375	D7996	Implant-mandible for augmentation purposes	375
D7650	Malar and/or zygomatic arch - open reduction.....	375	D7997	Appliance removal (not by original dentist)	135
D7660	Malar and/or zygomatic arch- closed reduction.....	375	Orthodontics²		
D7670	Alveolus - closed reduction	265	D8010	Limited ortho. treatment of the primary dentition	375
D7671	Alveolus- open reduction(incl. teeth stabil.)	267	D8020	Limited ortho. treatment of the transitional dentition	375
D7680	Facial bones - complicated reduction.....	375	D8030	Limited ortho treatment - adolescent dentition	375
D7710	Maxillary - open reduction	375	D8040	Limited ortho treatment - adult dentition.....	375
D7720	Maxillary - closed reduction.....	375	D8070	Comp. ortho. treatment - transitional dentition	375
D7730	Mandible - open reduction.....	375	D8080	Comp. ortho. treatment - adolescent dentition.....	375
D7740	Mandible - closed reduction.....	375	D8090	Comp. ortho. treatment - adult dentition	375
D7750	Malar and/or zygomatic arch - open reduction.....	375	D8660	Pre-orthodontic treatment visit	375
D7760	Malar and/or zygomatic arch- closed reduction.....	375	D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D7770	Alveolus - open reduction stabiliz. of teeth.....	375	D8680	Orthodontic retainer (rem. of appl./placement of retainer(s)).....	375
D7771	Alveolus, closed reduction stabiliz. of teeth.....	104	D8681	Removable orthodontic retainer adjustment.....	31
D7780	Facial bones - complicated reduction.....	375	D8696	Repair of orthodontic appliance – maxillary	100
D7810	Open reduction of dislocation	375	D8697	Repair of orthodontic appliance – mandibular	100
D7820	Closed reduction of dislocation	171	D8698	Re-cement or re-bond fixed retainer – maxillary	174
D7830	Manipulation under anesthesia	142	D8699	Re-cement or re-bond fixed retainer – mandibular ...	174
D7840	Condylectomy.....	375	D8701	Repair of fixed retainer, includes reattachment – maxillary	174
D7850	Surgical disectomy, with/without implant	375	D8702	Repair of fixed retainer, includes reattachment – mandibular	174
D7854	Synovectomy	375	D8703	Replacement of lost or broken retainer – maxillary	179
D7858	Joint reconstruction.....	375	D8704	Replacement of lost or broken retainer – mandibular	179
D7860	Arthroscopy.....	375	Adjunctive General Services		
D7865	Arthroplasty.....	375	D9110	Palliative (emergency) treatment of dental pain.....	22
D7870	Arthrocentesis	79	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D7871	Non-arthroscopic lysis and lavage	276	D9211	Regional block anesthesia	0
D7872	Arthroscopy - diagnosis, w/ or w/out biopsy	375	D9212	Trigeminal division block anesthesia	0
D7873	Arthroscopy-surgical-lavage/lysis of adhesion	375	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D7874	Arthroscopy - surgical: disc reposit/stabiliz	375	D9219	Evaluation for deep sedation or general anesthesia ...	0
D7875	Arthroscopy - surgical: synovectomy.....	375	D9222	Deep sedation/general anesthesia - first 15 minutes..	52
D7876	Arthroscopy - surgical: disectomy.....	375	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D7877	Arthroscopy - surgical: debridement.....	375	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D7880	Occlusal orthotic device, "by report"	136	D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D7910	Suture of recent small wounds up to 5 cm.....	30	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D7911	Complicated suture, <= 5 cm.....	35	D9248	Non-intravenous conscious sedation	73
D7912	Complicated suture, > 5 cm.....	40	D9310	Consultation (diagnostic service by nontreating dentist)	22
D7920	Skin graft - identify defect	375	D9410	House/extended care facility call	100
D7921	Collection application of blood concentrate	20	D9420	Hospital call	175
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	20	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D7940	Osteoplasty - for orthognathic deformities	375	D9440	Office visit after regularly scheduled hours.....	45
D7941	Osteotomy - mandibular rami	375	D9450	Case pres, detailed/ext treatment planning.....	22
D7943	Osteotomy - mandibular rami with bone graft.....	375	D9610	Therapeutic parenteral drug, single admin.	13
D7944	Osteotomy- segmented/ subapical-per sext/quad.....	375	D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	35
D7945	Osteotomy - body of mandible.....	375	D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D7946	LeFort I (maxillary - total)	375	D9630	Drugs or medicaments dispensed in the office for home use.....	21
D7947	LeFort I (maxillary - segmented).....	375	D9910	Application of desensitizing medicament	16
D7948	LeFort II or LeFort III	375			
D7949	LeFort II or LeFort III - with bone graft	375			
D7950	Osseous, osteoperiosteal, or cartilage graft.....	157			
D7951	Sinus Augmentation via lateral approach.....	309			
D7952	Sinus augmentation via vertical approach.....	160			
D7955	Repair of maxillofacial soft and hard tissue.....	161			
D7961	Buccal/labial frenectomy (frenulectomy).....	132			
D7962	Lingual frenectomy (frenulectomy)	132			
D7963	Frenuloplasty.....	147			
D7970	Excision of hyperplastic tissue - per arch.....	117			
D7971	Excision of pericoronal gingiva	66			
D7972	Surgical reduction of fibrous tuberosity	261			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9911	Appl. of desen. resin for cervical/root surf.	38
D9920	Behavior management, by report	34
D9930	Treatment of complications (post-surgical)	22
D9941	Fabrication of athletic mouthguard.....	51
D9942	Repair and/or relines of occlusal guard	105
D9943	Occlusal guard adjustment.....	46
D9944	Occlusal guard – hard appliance, full arch.....	136
D9945	Occlusal guard – soft appliance, full arch.....	136
D9946	Occlusal guard – hard appliance, partial arch	136
D9950	Occlusion analysis - mounted case.....	52
D9951	Occlusal adjustment - limited.....	33
D9952	Occlusal adjustment - complete.....	133
D9971	Odontoplasty 1 - 2 teeth	24
D9974	Internal bleaching - per tooth	82
D9986	Missed appointment	50
D9995	Teledentistry - synchronous; real-time encounter (when available)	0
D9996	Teledentistry - asynchronous; information stored 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 Plan Specialist.
2. See limitation #12 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

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not Necessary and Appropriate Dental Services 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. 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, with the exception of the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.
5. 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.
6. Procedures not listed as covered services under this Plan.
7. Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or the Plan (with the exception of out-of-area emergency dental services).

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per six (6) months, per patient.
4. Extraoral panoramic film/view and bitewings may be substituted for the full mouth series with the same frequency limit.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.

6. Sealants, limited to one time application to all occlusal surfaces that are unfilled and caries free, in premolars and permanent molars. Replacement of sealants can be considered with pre-authorization.
7. Space maintainers to maintain space for eruption of permanent tooth/teeth, includes placement and removal.
8. Denture rebase following 12 months post denture insertion and subject to pre-authorization, denture rebase is covered and includes adjustments for first 6 months following service. Denture relines following 12 months post denture insertion denture relines are covered once a year without pre-authorization and includes adjustments for first 6 months following service.
9. One root scaling and planing (D4341, D4342 or D4346) per quadrant of mouth per six (6) months, subject to pre-authorization.
10. Periodontal maintenance following surgery, subject to pre-authorization.
11. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 2 hours of services is allowed for general anesthesia and intravenous conscious sedation. There is no maximum for 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. Non-intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure code D9222, D9223, D9239 or D9243.
12. Orthodontic treatment requires pre-authorization and is not considered for cosmetic purposes. Orthodontic consultation can be provided once annually as needed by the same provider. Pre-orthodontic treatment visit for completion of the HLD (NJ-Mod2) assessment form and diagnostic photographs and panoramic radiograph/views is required for consideration of services. Orthodontic cases that require extraction of permanent teeth must be approved for orthodontic treatment prior to extractions being provided. The orthodontic approval should be submitted with referral to oral surgeon or Participating Dentist providing the extractions and extractions should not be provided without proof of approval for orthodontic service. Initiation of treatment should take into consideration time needed to treat the case to ensure treatment is completed prior to 19th birthday. Periodic oral evaluation, preventive services and needed dental treatment must be provided prior to initiation of orthodontic treatment. The placement of the appliance represents the treatment start date. Reimbursement includes placement and removal of appliance. Removal can be requested by report as separate service for provider that did not start case and requires pre-authorization. Completion of treatment must be documented to include diagnostic photographs and panoramic radiograph/view of completed case and submitted when active treatment has ended and bands are removed. Date of service used is date of band removal.
13. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.