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

WE WORK FOR THE BENEFIT OF OUR MEMBERS, DELIVERING:

EXTENSIVE NETWORKS²

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

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.^{3,4}

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

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VALUE-ADDED BENEFITS

NEW PREVENTION REWARDS PROGRAM

Get Cleanings. Get Rewarded!

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

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

HEARING DISCOUNT PROGRAM

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Access to discounts on hearing aids and services.⁵

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Receive a dental consultation without leaving your home or office!

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



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

1 Dominion National Internal Performance Report, 2023.

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

3 Participating providers are subject to change.

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

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

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



Select Plan Basic 703xa (NJ)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services

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) | | |
| Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the Calendar year from a participating Select Plan network dentist | | | D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..... | 0 |
| | Office visit | 10 | D0705 | Extra-oral posterior dental radiographic image – image capture only | 0 |
| D0120 | Periodic oral eval - established patient | 0 | D0706 | Intraoral – occlusal radiographic image – image capture only..... | 0 |
| D0140 | Limited oral eval - problem focused | 0 | D0707 | Intraoral – periapical radiographic image – image capture only..... | 0 |
| D0150 | Comprehensive oral eval - new or established patient | 0 | D0708 | Intraoral – bitewing radiographic image – image capture only..... | 0 |
| D0160 | Detailed and extensive oral eval - problem focused | 0 | D0709 | Intraoral – comprehensive series of radiographic images – image capture only | 0 |
| D0170 | Re-evaluation - limited, problem focused . | 0 | D1110 | Prophylaxis (cleaning) - adult | 13 |
| D0210 | Intraoral – comprehensive series of radiographic images | 26 | D1110* | Additional cleaning (expecting mothers or Diabetics)..... | 40 |
| D0220 | Intraoral - periapical first radiographic image..... | 0 | D1206 | Topical application of fluoride varnish..... | 0 |
| D0230 | Intraoral - periapical each add. radiographic image..... | 0 | D1208 | Topical application of fluoride - excluding varnish | 0 |
| D0240 | Intraoral - occlusal radiographic image | 0 | D1310/20/30 | Oral hygiene instructions..... | 0 |
| D0250 | Extra-oral - 2D projection radiographic image | 0 | D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use..... | 0 |
| D0270-74 | Bitewing x-rays - 1 to 4 radiographic images | 0 | Restorative (Fillings) | | |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | 0 | D2140 | Amalgam - one surface..... | 41 |
| D0330 | Panoramic radiographic image..... | 30 | D2150 | Amalgam - two surfaces | 51 |
| D0340 | 2D cephalometric radiographic image | 0 | D2160 | Amalgam - three surfaces..... | 64 |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | 0 | D2161 | Amalgam - >=4 surfaces | 78 |
| D0372 | Intraoral tomosynthesis – comprehensive series of radiographic images | 26 | D2330 | Resin-based composite - one surface, anterior..... | 69 |
| D0373 | Intraoral tomosynthesis – bitewing radiographic image..... | 0 | D2331 | Resin-based composite - two surfaces, anterior..... | 83 |
| D0374 | Intraoral tomosynthesis – periapical radiographic image..... | 0 | D2332 | Resin-based composite - three surfaces, anterior..... | 99 |
| D0387 | Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only | 0 | D2335 | Resin-based composite - >=4 surfaces, anterior..... | 119 |
| D0388 | Intraoral tomosynthesis – bitewing radiographic image – image capture only . | 0 | D2390 | Resin-based composite crown, anterior.... | 192 |
| D0389 | Intraoral tomosynthesis – periapical radiographic image – image capture only.. | 0 | D2391 | Resin-based composite - one surface, posterior..... | 73 |
| D0460 | Pulp vitality tests | 0 | D2392 | Resin-based composite - two surfaces, posterior..... | 87 |
| D0470 | Diagnostic casts | 0 | D2393 | Resin-based composite - three surfaces, posterior..... | 102 |
| D0701 | Panoramic radiographic image – image capture only | 0 | D2394 | Resin-based composite - >=4 surfaces, posterior..... | 123 |
| D0702 | 2-D cephalometric radiographic image – image capture only..... | 0 | Crown & Bridge | | |
| | | | D2510/20 | Inlay - metallic - one or two surfaces | 407 |
| | | | D2530 | Inlay - metallic - three or more surfaces.... | 425 |

| ADA CODE | DESCRIPTION | MEMBER COPAYMENT(S) | ADA CODE | DESCRIPTION | MEMBER COPAYMENT(S) |
|-----------------------------|--|---------------------|---------------------------------|---|---------------------|
| D5211/12 | Maxillary/mandibular partial denture - resin base | 649 | D6243 | Pontic – porcelain fused to titanium and titanium alloys | 523 |
| D5213/14 | Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) | 750 | D6245 | Pontic - porcelain/ceramic..... | 560 |
| D5221/22 | Immediate maxillary/mandibular partial denture - resin base (incl. retentive/ clasing materials, rests and teeth)..... | 649 | D6250/51/52 | Pontic - resin with metal..... | 495 |
| D5223/24 | Immediate maxillary/mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)..... | 750 | D6545 | Retainer - cast metal for resin bonded fixed prosthesis..... | 251 |
| D5225/26 | Maxillary/mandibular partial denture - flexible base..... | 750 | D6548 | Ret. - porc./ceramic for resin bonded fixed prosthesis | 393 |
| D5227/28 | Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth)..... | 750 | D6549 | Resin retainer - for resin bonded fixed prosthesis | 251 |
| D5282/83 | Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular..... | 419 | D6600 | Retainer inlay - porc./ceramic, two surfaces | 427 |
| D5284/86 | Rem. unilateral partial denture – one piece flexible/resin base (including clasps and teeth) – per quadrant | 419 | D6601 | Retainer inlay - porc./ceramic, >=3 surfaces | 445 |
| D5410/11 | Adjust complete denture - maxillary/ mandibular | 38 | D6602 | Retainer inlay - cast high noble metal, two surfaces | 407 |
| D5421/22 | Adjust partial denture - maxillary/ mandibular | 38 | D6603 | Retainer inlay - cast high noble metal, >=3 surfaces | 425 |
| D5511/12 | Repair broken complete denture base, mandibular/maxillary | 87 | D6604 | Retainer inlay - cast predominantly base metal, two surfaces | 407 |
| D5520 | Replace missing or broken teeth - complete denture..... | 87 | D6605 | Retainer inlay - cast predominantly base metal, >=3 surfaces | 425 |
| D5611/12 | Repair resin partial denture base, mandibular/maxillary..... | 87 | D6606 | Retainer inlay - cast noble metal, two surfaces | 407 |
| D5621/22 | Repair cast partial framework, mandibular/maxillary | 87 | D6607 | Retainer inlay - cast noble metal, >=3 surfaces | 425 |
| D5630/60 | Clasp repaired, replaced or added | 115 | D6608 | Retainer onlay - porc./ceramic, two surfaces | 479 |
| D5640/50 | Replace broken teeth or add tooth to existing partial denture - per tooth | 87 | D6609 | Retainer onlay - porc./ceramic, three or more surfaces..... | 499 |
| D5670/71 | Replace all teeth and acrylic on cast metal framework..... | 287 | D6610 | Retainer onlay - cast high noble metal, two surfaces | 458 |
| D5710/11 | Rebase complete maxillary/mandibular denture..... | 260 | D6611 | Retainer onlay - cast high noble metal, >=3 surfaces | 524 |
| D5720/21 | Rebase maxillary/mandibular partial denture..... | 260 | D6612 | Retainer onlay - cast predominantly base metal, two surfaces | 458 |
| D5725 | Rebase hybrid prosthesis..... | 260 | D6613 | Retainer onlay - cast predominantly base metal, >=3 surfaces | 524 |
| D5730/31 | Reline complete maxillary/mandibular denture (direct) | 159 | D6614 | Retainer onlay - cast noble metal, two surfaces | 458 |
| D5740/41 | Reline maxillary/mandibular partial denture (direct) | 155 | D6615 | Retainer onlay - cast noble metal, >=3 surfaces | 524 |
| D5750/51 | Reline complete maxillary/mandibular denture (indirect) | 224 | D6720/21/22 | Retainer crown - resin with metal | 495 |
| D5760/61 | Reline maxillary/mandibular partial denture (indirect) | 224 | D6740 | Retainer crown - porcelain/ceramic | 560 |
| D5765 | Soft liner for complete or partial removable denture – indirect..... | 53 | D6750/51/52 | Retainer crown - porcelain fused metal ... | 523 |
| D5810/11 | Interim complete denture - maxillary/ mandibular | 362 | D6753 | Retainer crown – porcelain fused to titanium and titanium alloys | 523 |
| D5820/21 | Interim partial denture (including retentive/clasing materials, rests, and teeth), maxillary/mandibular | 362 | D6780/81/82 | Retainer crown - 3/4 cast high noble metal | 470 |
| D5850/51 | Tissue conditioning - maxillary/ mandibular | 79 | D6783 | Retainer crown - 3/4 porc./ceramic | 511 |
| | | | D6784 | Retainer crown – 3/4 titanium and titanium alloys | 523 |
| | | | D6790/91/92 | Retainer crown - full cast metal..... | 495 |
| | | | D6794 | Retainer crown - titanium | 523 |
| | | | D6930 | Recement or rebond fixed partial denture | 69 |
| | | | D6980 | Fixed partial denture repair, by report | 172 |
| | | | Oral Surgery¹ | | |
| | | | D7111 | Extraction, coronal remnants - primary tooth..... | 56 / 62 |
| | | | D7140 | Extraction, erupted tooth or exposed root | 69 / 76 |
| | | | D7210 | Extraction, erupted tooth req elev, etc | 133 / 146 |
| | | | D7220 | Removal of impacted tooth - soft tissue ... | 151 / 166 |
| | | | D7230 | Removal of impacted tooth - partially bony..... | 196 / 216 |
| | | | D7240 | Removal of impacted tooth - completely bony..... | 241 / 265 |
| | | | D7241 | Removal of imp. tooth - completely bony, with unusual surg. complications | 217 / 239 |
| | | | D7250 | Surgical removal of residual tooth roots ... | 141 / 156 |
| 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 ... | 63 | | | |
| D6210/11/12 | Pontic - metal | 495 | | | |
| D6240/41/42 | Pontic - porcelain fused metal..... | 523 | | | |

| ADA CODE | DESCRIPTION | MEMBER COPAYMENT(S) |
|----------|--|---------------------|
| D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only | 217 / 239 |
| D7270 | Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth..... | 226 / 248 |
| D7280 | Exposure of an unerupted tooth | 153 / 168 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | 60 / 66 |
| D7310/20 | Alveoloplasty, per quad | 141 / 156 |
| D7509 | Marsupialization of odontogenic cyst | 400 / 440 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | 96 / 105 |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | 25 / 28 |
| D7961 | Buccal/labial frenectomy (frenulectomy).. | 263 / 290 |
| D7962 | Lingual frenectomy (frenulectomy)..... | 263 / 290 |
| D7979 | Non-surgical sialolithotomy..... | 43 / 48 |

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 treatment of dental pain – per visit | 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) | 43 |
| 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 | 272 / 272 |
| D9950 | Occlusion analysis - mounted case..... | 104 / 115 |
| D9951 | Occlusal adjustment - limited..... | 66 / 66 |
| D9952 | Occlusal adjustment - complete | 266 / 266 |
| D9953 | Reline custom sleep apnea appliance (indirect)..... | 175 |
| D9986 | Missed appointment | 50 |
| D9995/96 | Teledentistry – synchronous/asynchronous | 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. 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

3. 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 of 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 Basic Pediatric 702xs (NJ)
Description of Services, Member Copayments, Exclusions
and Limitations for Pediatric Services

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

Plan Highlights

- This plan has fixed 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: \$425 per Member per calendar year for Necessary and Appropriate Dental Services treatment (maximum of \$850 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 | | | | | |
| Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the Calendar year from a participating Select Plan network dentist | | | | | |
| | Office visit..... | 10 | D0374 | Intraoral tomosynthesis – periapical radiographic image..... | 0 |
| D0120 | Periodic oral eval - established patient | 0 | D0380 | Cone beam CT image capture-less than one jaw | 98 |
| D0140 | Limited oral eval - problem focused..... | 0 | D0381 | Cone beam CT image capture one arch (mandibular/maxillary)..... | 98 |
| D0145 | Oral eval for a patient under 3 years of age | 0 | D0382 | Cone beam CT image capture one arch (mandibular/maxillary)..... | 98 |
| D0150 | Comprehensive oral eval - new or established patient | 0 | D0383 | Cone beam CT image capture both jaws | 156 |
| D0160 | Detailed and extensive oral eval - problem focused.... | 0 | D0384 | Cone beam CT image capture- TMJ..... | 97 |
| D0170 | Re-evaluation - limited, problem focused | 0 | D0385 | Maxillofacial MRI/ultrasound image capture | 164 |
| D0171 | Re-evaluation - post-operative office visit..... | 41 | D0386 | Maxillofacial MRI/ultrasound image capture | 164 |
| D0180 | Comp. periodontal eval - new or established patient . | 0 | D0387 | Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only..... | 0 |
| D0210 | Intraoral – comprehensive series of radiographic images | 26 | D0388 | Intraoral tomosynthesis – bitewing radiographic image – image capture only | 0 |
| D0220 | Intraoral - periapical first radiographic image | 0 | D0389 | Intraoral tomosynthesis – periapical radiographic image – image capture only | 0 |
| D0230 | Intraoral - periapical each add. radiographic image | 0 | D0391 | Interpretation of diagnostic image only | 0 |
| D0240 | Intraoral - occlusal radiographic image | 0 | D0414 | Lab processing of microbial specimen to include culture & sensitivity studies | 29 |
| D0250 | Extra-oral - 2D projection radiographic image | 0 | D0415 | Collection of microorganisms for culture and sensitivity | 29 |
| D0251 | Extra-oral posterior dental radiographic image..... | 44 | D0416 | Viral culture | 35 |
| D0270 | Bitewing - single radiographic image..... | 0 | D0417 | Collection/Prep of saliva sample for lab..... | 26 |
| D0272 | Bitewings - two radiographic images..... | 0 | D0418 | Analysis of saliva sample | 32 |
| D0273 | Bitewings - three radiographic images | 0 | D0422 | Collection and preparation of genetic sample material for lab analysis and report | 50 |
| D0274 | Bitewings - four radiographic images | 0 | D0423 | Genetic test for susceptibility to diseases | 75 |
| D0277 | Vertical bitewings - 7 to 8 radiographic images..... | 0 | D0425 | Caries susceptibility tests | 27 |
| D0310 | Sialography..... | 370 | D0431 | Adjunctive pre-diagnostic..... | 49 |
| D0320 | Temporomandibular joint arthrogram, incl. injection . | 370 | D0460 | Pulp vitality tests | 0 |
| D0321 | Other temporomandibular joint radiographic images, by report..... | 120 | D0470 | Diagnostic casts | 0 |
| D0322 | Tomographic survey | 0 | D0472 | Accession of tissue, gross exam, prep, transm | 114 |
| D0330 | Panoramic radiographic image | 30 | D0473 | Accession of tissue, gross and micro. exam., prep, transm | 156 |
| D0340 | 2D cephalometric radiographic image | 0 | D0474 | Accession of tissue, gross and micro. exam., prep, transm | 53 |
| D0350 | 2D oral/facial photographic images (intraoral/extraoral)..... | 0 | D0480 | Accession of exfoliative cytologic smears, micro. exam., prep, transm | 52 |
| D0364 | Cone Beam CT limited view-less than one jaw..... | 98 | D0486 | Lab accession trans cytologic sample, micro. exam., prep, transm..... | 0 |
| D0365 | Cone Beam CT one full dental arch (mandibular/maxillary)..... | 164 | D0502 | Other oral pathology procedures, by report | 0 |
| D0366 | Cone Beam CT one full dental arch (mandibular/maxillary)..... | 164 | D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl premalignant and malignant lesions | 0 |
| D0367 | Cone Beam CT both jaws..... | 164 | D0601 | Caries risk assessment & documentation, with a finding of low risk..... | 0 |
| D0368 | Cone Beam CT- TMJ..... | 96 | | | |
| D0369 | Maxillofacial MRI/ultrasound | 164 | | | |
| D0370 | Maxillofacial MRI/ultrasound | 164 | | | |
| D0372 | Intraoral tomosynthesis – comprehensive series of radiographic images | 26 | | | |
| D0373 | Intraoral tomosynthesis – bitewing radiographic image..... | 0 | | | |

Dominion National; P.O. Box 21522; Eagan, MN 55121-0522

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DMNJ25DBLNPED

| ADA CODE | DESCRIPTION | MEMBER COPAYMENT(S) | ADA CODE | DESCRIPTION | MEMBER COPAYMENT(S) |
|-------------------------------|--|---------------------|---------------------------|--|---------------------|
| D0602 | Caries risk assessment & documentation, with a finding of moderate risk..... | 0 | D2394 | Resin-based composite - >=4 surfaces, posterior..... | 123 |
| D0603 | Caries risk assessment & documentation, with a finding of high risk..... | 0 | D2410 | Gold foil - one surface | 168 |
| D0701 | Panoramic radiographic image – image capture only . | 0 | D2420 | Gold foil - two surfaces..... | 198 |
| D0702 | 2-D cephalometric radiographic image – image capture only | 0 | D2430 | Gold foil - three surfaces | 268 |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..... | 0 | Crown & Bridge | | |
| D0705 | Extra-oral posterior dental radiographic image – image capture only..... | 0 | D2510 | Inlay- metallic - one surface | 407 |
| D0706 | Intraoral – occlusal radiographic image – image capture only | 0 | D2520 | Inlay- metallic - two surfaces..... | 407 |
| D0707 | Intraoral – periapical radiographic image – image capture only | 0 | D2530 | Inlay - metallic - three or more surfaces..... | 425 |
| D0708 | Intraoral – bitewing radiographic image – image capture only | 0 | D2542 | Onlay - metallic-two surfaces..... | 425 |
| D0709 | Intraoral – comprehensive series of radiographic images – image capture only..... | 0 | D2543 | Onlay - metallic - three surfaces..... | 425 |
| D1110 | Prophylaxis (cleaning) - adult | 0 | D2544 | Onlay - metallic - four or more surfaces | 425 |
| D1120 | Prophylaxis (cleaning) - child..... | 0 | D2610 | Inlay - porcelain/ceramic - one surface | 425 |
| D1206 | Topical application of fluoride varnish..... | 0 | D2620 | Inlay - porcelain/ceramic - two surfaces..... | 425 |
| D1208 | Topical application of fluoride - excluding varnish | 0 | D2630 | Inlay - porcelain/ceramic - >=3 surfaces..... | 425 |
| D1310 | Nutritional counseling for control of dental disease ... | 0 | D2642 | Onlay - porcelain/ceramic - two surfaces..... | 425 |
| D1320 | Tobacco counseling for control of prev. oral disease... | 0 | D2643 | Onlay - porcelain/ceramic - three surfaces..... | 425 |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use | 0 | D2644 | Onlay - porcelain/ceramic - >=4 surfaces | 425 |
| D1330 | Oral hygiene instructions..... | 0 | D2650 | Inlay - resin-based composite - one surface | 425 |
| D1351 | Sealant - per tooth | 21 | D2651 | Inlay - resin-based composite - two surfaces | 425 |
| D1352 | Prev resin rest. mod/high caries risk – perm. tooth ... | 21 | D2652 | Inlay - resin-based composite - >=3 surfaces..... | 425 |
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| D7441 | Exc. of malignant tumor- lesion diam. >1.25cm | 425 | D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | 20 |
| D7450 | Removal of benign odon cyst/tumor - diam <=1.25cm | 354 | D7940 | Osteoplasty - for orthognathic deformities | 425 |
| D7451 | Removal of benign odon cyst/tumor - diam >1.25cm. | 425 | D7941 | Osteotomy - mandibular rami | 425 |
| D7460 | Removal of benign nonodon cyst/tumor-diam <=1.25cm..... | 425 | D7943 | Osteotomy - mandibular rami with bone graft..... | 425 |
| D7461 | Removal of benign nonodon cyst/tumor-diam >1.25cm..... | 425 | D7944 | Osteotomy- segmented/ subapical-per sext/quad..... | 425 |
| D7465 | Destruct. of lesion(s) by phys or chem method..... | 300 | D7945 | Osteotomy - body of mandible..... | 425 |
| D7471 | Removal of lateral exostosis | 351 | D7946 | LeFort I (maxillary - total) | 425 |
| D7472 | Removal of torus palatinus..... | 425 | D7947 | LeFort I (maxillary - segmented)..... | 425 |
| D7473 | Removal of torus mandibularis | 425 | D7948 | LeFort II or LeFort III | 425 |
| D7485 | Surgical reduction of osseous tuberosity | 425 | D7949 | LeFort II or LeFort III - with bone graft | 425 |
| D7490 | Radical resection of maxilla or mandible | 425 | D7950 | Osseous, osteoperiosteal, or cartilage graft | 313 |
| D7509 | Marsupialization of odontogenic cyst | 425 | D7951 | Sinus Augmentation via lateral approach..... | 425 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | 96 | D7952 | Sinus augmentation via vertical approach..... | 319 |
| D7511 | Incision/drainage of abscess - intra. soft tissue, comp. | 112 | D7955 | Repair of maxillofacial soft and hard tissue..... | 321 |
| D7520 | Incision/drainage of abscess - extra. soft tissue | 116 | D7961 | Buccal/labial frenectomy (frenulectomy)..... | 263 |
| D7521 | Incision/drainage of abscess - extra. soft tissue, comp..... | 120 | D7962 | Lingual frenectomy (frenulectomy)..... | 263 |
| D7530 | Foreign body rem from muc./skin/subcut tissue | 87 | D7963 | Frenuloplasty..... | 293 |
| D7540 | Reaction producing foreign bodies removal..... | 425 | D7970 | Excision of hyperplastic tissue - per arch..... | 233 |
| D7550 | Partial ostect/sequestrect non-vital bone rem..... | 336 | D7971 | Excision of pericoronal gingiva | 131 |
| D7560 | Max. sinusotomy for tooth fragment removal | 425 | D7972 | Surgical reduction of fibrous tuberosity | 425 |
| D7610 | Maxillary - open reduction (teeth immobilized)..... | 425 | D7979 | Non-surgical sialolithotomy..... | 43 |
| D7620 | Maxillary - closed reduction (teeth immobilized)..... | 425 | D7980 | Surgical sialolithotomy | 228 |
| D7630 | Mandible - open reduction (teeth immobilized) | 425 | D7981 | Excision of salivary gland, by report | 425 |
| D7640 | Mandible - closed reduction (teeth immobilize) | 425 | D7982 | Sialodochoplasty | 425 |
| D7650 | Malar and/or zygomatic arch - open reduction..... | 425 | D7983 | Closure of salivary fi stula..... | 425 |
| D7660 | Malar and/or zygomatic arch- closed reduction..... | 425 | D7990 | Emergency tracheotomy | 425 |
| D7670 | Alveolus - closed reduction | 425 | D7991 | Coronoidectomy..... | 425 |
| D7671 | Alveolus- open reduction(incl. teeth stabil.) | 425 | D7995 | Synthetic graft - mandible or facial bones..... | 270 |
| D7680 | Facial bones - complicated reduction..... | 425 | D7996 | Implant-mandible for augmentation purposes | 425 |
| D7710 | Maxillary - open reduction | 425 | D7997 | Appliance removal (not by original dentist) | 269 |
| D7720 | Maxillary - closed reduction | 425 | | Orthodontics² | |
| D7730 | Mandible - open reduction..... | 425 | D8010 | Limited ortho. treatment of the primary dentition | 425 |
| D7740 | Mandible - closed reduction..... | 425 | D8020 | Limited ortho. treatment of the transitional dentition | 425 |
| D7750 | Malar and/or zygomatic arch - open reduction..... | 425 | D8030 | Limited ortho treatment - adolescent dentition | 425 |
| D7760 | Malar and/or zygomatic arch- closed reduction..... | 425 | D8040 | Limited ortho treatment - adult dentition..... | 425 |
| D7770 | Alveolus - open reduction stabiliz. of teeth..... | 425 | D8070 | Comp. ortho. treatment - transitional dentition | 425 |
| D7771 | Alveolus, closed reduction stabiliz. of teeth..... | 208 | D8080 | Comp. ortho. treatment - adolescent dentition | 425 |
| D7780 | Facial bones - complicated reduction..... | 425 | D8090 | Comp. ortho. treatment - adult dentition | 425 |
| D7810 | Open reduction of dislocation | 425 | D8660 | Pre-orthodontic treatment visit | 413 |
| D7820 | Closed reduction of dislocation | 342 | D8670 | Periodic ortho. treatment visit (as part of contract) ... | 118 |
| D7830 | Manipulation under anesthesia | 283 | D8680 | Orthodontic retainer (rem. of appl./placement of retainer(s))..... | 413 |
| D7840 | Condylectomy..... | 425 | D8681 | Removable orthodontic retainer adjustment..... | 31 |
| D7850 | Surgical discectomy, with/without implant | 425 | D8696 | Repair of orthodontic appliance – maxillary | 100 |
| D7854 | Synovectomy | 425 | D8697 | Repair of orthodontic appliance – mandibular | |
| D7858 | Joint reconstruction..... | 425 | D8698 | Re-cement or re-bond fixed retainer – maxillary | 174 |
| D7860 | Arthrotomy..... | 425 | D8699 | Re-cement or re-bond fixed retainer – mandibular | 174 |
| D7865 | Arthroplasty..... | 425 | D8701 | Repair of fixed retainer, includes reattachment – maxillary..... | 174 |
| D7870 | Arthrocentesis | 158 | D8702 | Repair of fixed retainer, includes reattachment – mandibular | 174 |
| D7871 | Non-arthroscopic lysis and lavage | 425 | D8703 | Replacement of lost or broken retainer – maxillary | 179 |
| D7872 | Arthroscopy - diagnosis, w/ or w/out biopsy | 425 | D8704 | Replacement of lost or broken retainer – mandibular | 179 |
| D7873 | Arthroscopy-surgical-lavage/lysis of adhesion | 425 | | Adjunctive General Services | |
| D7874 | Arthroscopy - surgical: disc reposit/stabiliz..... | 425 | D9110 | Palliative treatment of dental pain – per visit | 43 |
| | | | D9210 | Local anesthesia not in conj. w/ operative/surg. procedures | 0 |
| | | | D9211 | Regional block anesthesia | 0 |

| ADA CODE | DESCRIPTION | MEMBER COPAYMENT(S) |
|----------|--|---------------------|
| D9212 | Trigeminal division block anesthesia | 0 |
| D9215 | Local anesthesia in conj. w/ operative/surg. procedures | 0 |
| D9219 | Evaluation for deep sedation or general anesthesia ... | 0 |
| D9222 | Deep sedation/general anesthesia - first 15 minutes.. | 103 |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment..... | 103 |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis..... | 37 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes..... | 103 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment..... | 103 |
| D9248 | Non-intravenous conscious sedation | 145 |
| D9310 | Consultation (diagnostic service by nontreating dentist) | 43 |
| D9410 | House/extended care facility call | 200 |
| D9420 | Hospital call | 375 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | 0 |
| D9440 | Office visit after regularly scheduled hours..... | 90 |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning | 43 |
| D9610 | Therapeutic parenteral drug, single admin. | 26 |
| D9612 | Therapeutic parenteral drug, 2 or more admin., diff. med. | 70 |
| D9613 | Infiltration of sustained release therapeutic drug, per quadrant..... | 190 |
| D9630 | Drugs or medicaments dispensed in the office for home use..... | 42 |
| D9910 | Application of desensitizing medicament | 31 |
| D9911 | Appl. of desen. resin for cervical/root surf..... | 38 |
| D9920 | Behavior management, by report | 68 |
| D9930 | Treatment of complications (post-surgical)..... | 43 |
| D9941 | Fabrication of athletic mouthguard..... | 102 |
| D9942 | Repair and/or reline of occlusal guard | 105 |
| D9943 | Occlusal guard adjustment..... | 46 |
| D9944 | Occlusal guard – hard appliance, full arch..... | 272 |
| D9945 | Occlusal guard – soft appliance, full arch..... | 272 |
| D9946 | Occlusal guard – hard appliance, partial arch | 272 |
| D9950 | Occlusion analysis - mounted case..... | 104 |
| D9951 | Occlusal adjustment - limited..... | 66 |
| D9952 | Occlusal adjustment - complete | 266 |
| D9953 | Reline custom sleep apnea appliance (indirect)..... | 175 |
| D9971 | Odontoplasty 1 - 2 teeth | 48 |
| D9974 | Internal bleaching - per tooth | 163 |
| 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.