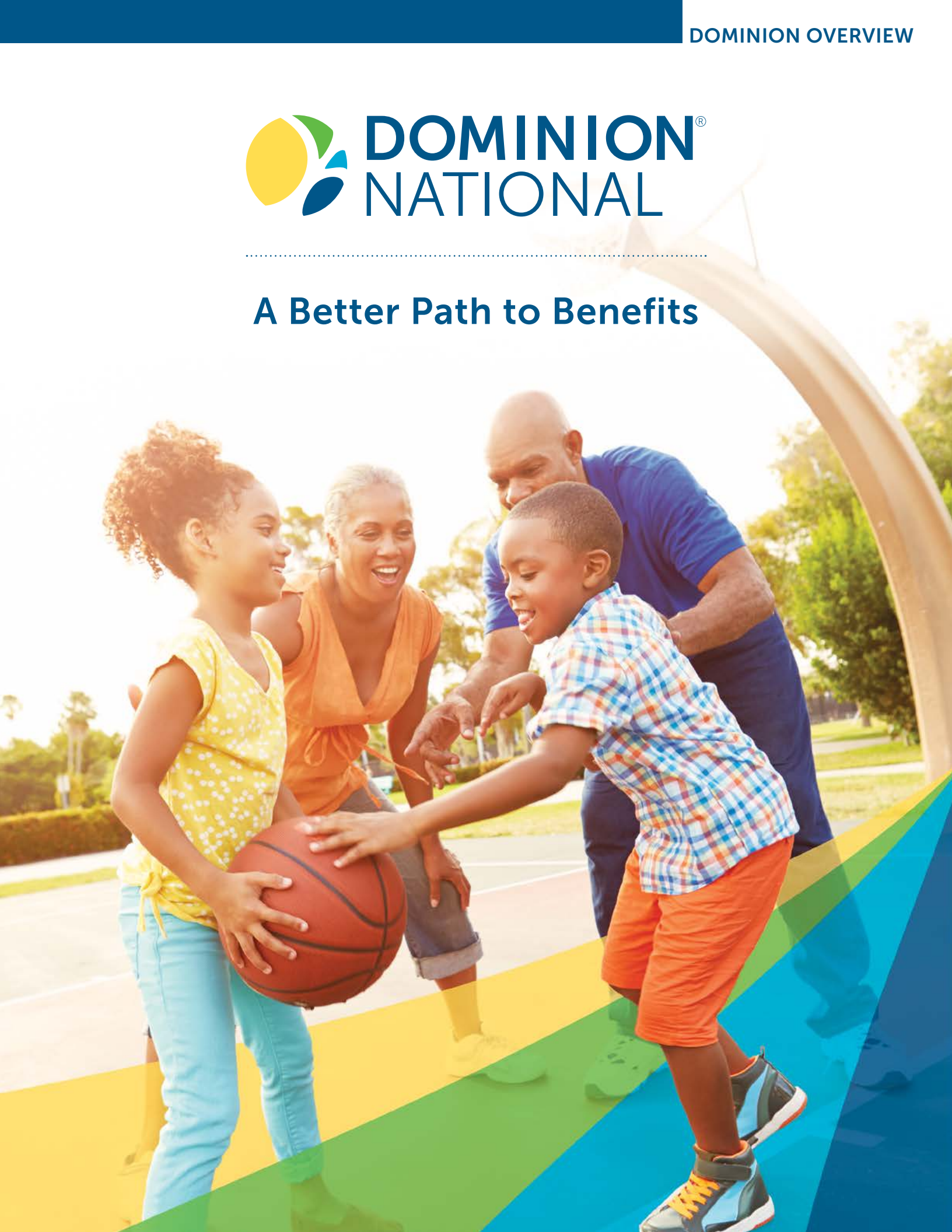




A Better Path to Benefits



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

WE WORK FOR THE BENEFIT OF OVER 900,000 MEMBERS,¹ DELIVERING:

EXTENSIVE NETWORKS²

Choice PPO network offers access to over 350,000 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.^{3,5}

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

SECURE ONLINE ACCESS

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



MEMBER PORTAL

DominionMembers.com



GO MOBILE COMMUNICATION SERVICE

Register at DominionNational.com/go or by calling 888.596.0716



MYDOMINION MOBILE APP

Download at DominionNational.com/mobile



A COMMITMENT TO MEMBER SATISFACTION

In a recent Member Satisfaction Survey, 99% of the respondents were satisfied with Dominion as their dental plan.⁴



TOLL-FREE, 24 HOUR ACCESS at 888.518.5338

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

VALUE-ADDED BENEFITS

SMILEDIRECTCLUB⁶

DominionNational.com/sdc

Orthodontic clear aligners offer a cost-effective alternative to traditional braces.

HEARING DISCOUNT PROGRAM

amplifonusa.com/dn

Access to significant savings on hearing aids and services.⁷

1 Dominion National Internal Performance Report, 2020.

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

3 Participating providers are subject to change.

4 Dominion National Member Satisfaction Survey, October 2020.

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

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

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

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



Select Plan Premium 705xa (PA)
Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)
 - Coverage begins the first day of the month following the month in which the Member turns 19 -

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D1208	Topical application of fluoride - excluding varnish	0
D9439	Office visit	10	D1310	Nutritional counseling for control of dental disease	0
D0120	Periodic oral eval - established patient	0	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0140	Limited 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
D0150	Comprehensive oral eval - new or established patient	0	D1330	Oral hygiene instructions	0
D0160	Detailed and extensive oral eval - problem focused	0	Restorative (Fillings)		
D0170	Re-evaluation - limited, problem focused	0	D2140	Amalgam - one surface, prim. or perm.	37
D0180	Comp. periodontal eval - new or established patient	36	D2150	Amalgam - two surfaces, prim. or perm.	46
D0210	Intraoral - complete series of radiographic images	26	D2160	Amalgam - three surfaces, prim. or perm.	58
D0220	Intraoral - periapical first radiographic image	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	69
D0230	Intraoral - periapical each add. radiographic image	0	D2330	Resin-based composite - one surface, anterior	64
D0240	Intraoral - occlusal radiographic image	0	D2331	Resin-based composite - two surfaces, anterior	76
D0250	Extra-oral - 2D projection radiographic image	0	D2332	Resin-based composite - three surfaces, anterior	90
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2335	Resin-based composite - >=4 surfaces, anterior	109
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D2390	Resin-based composite crown, anterior	175
D0330	Panoramic radiographic image	30	D2391	Resin-based composite - one surface, posterior	68
D0340	2D cephalometric radiographic image	0	D2392	Resin-based composite - two surfaces, posterior	80
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2393	Resin-based composite - three surfaces, posterior	93
D0351	3D photographic image	0	D2394	Resin-based composite - >=4 surfaces, posterior	112
D0460	Pulp vitality tests	0	Crown & Bridge		
D0470	Diagnostic casts	0	D2510	Inlay - metallic - one surface	390
D0701	Panoramic radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	390
D0702	2-D cephalometric radiographic image – image capture only	0	D2530	Inlay - metallic - three or more surfaces	407
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0	D2542	Onlay - metallic-two surfaces	423
D0704	3-D photographic image – image capture only	0	D2543	Onlay - metallic-three surfaces	511
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces	511
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2610	Inlay - porcelain/ceramic - one surface	410
D0707	Intraoral – periapical radiographic image – image capture only	0	D2620	Inlay - porcelain/ceramic - two surfaces	410
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	427
D0709	Intraoral – complete series of radiographic images – image capture only	0	D2642	Onlay - porcelain/ceramic - two surfaces	439
D1110	Prophylaxis (cleaning) - adult	0	D2643	Onlay - porcelain/ceramic - three surfaces	459
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
D1206	Topical application of fluoride varnish	0	D2650	Inlay - resin-based composite - one surface	425
			D2651	Inlay - resin-based composite - two surfaces	425
			D2652	Inlay - resin-based composite - >=3 surfaces	425
			D2662	Onlay - resin-based composite - two surfaces	429
			D2663	Onlay - resin-based composite - three surfaces	429
			D2664	Onlay - resin-based composite - >=4 surfaces	429
			D2710	Crown - resin based composite (indirect)	259
			D2712	Crown - 3/4 resin-based composite (indirect)	450

Dominion National; 251 18th Street South, Suite 900; Arlington, VA 22202

888.518.5338; DominionNational.com

DMNMA22DOBINFAM - DCDEPAVA

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2720/21/22	Crown - resin with metal	470			
D2740	Crown - porcelain/ceramic	531			
D2750/51/52	Crown - porcelain fused metal	495			
D2753	Crown - porcelain fused to titanium and titanium alloys	495			
D2780/81/82	Crown - 3/4 cast with metal	457			
D2783	Crown - 3/4 porcelain/ceramic	469			
D2790/91/92	Crown - full cast metal	481			
D2794	Crown - titanium and titanium alloys	495			
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41			
D2931	Prefab. stainless steel crown	119			
D2932	Prefabricated resin crown	135			
D2940	Protective restoration	37			
D2950	Core buildup, including any pins	120			
D2951	Pin retention - per tooth, in addition to restoration	22			
D2952	Post and core in addition to crown	181			
D2954	Prefab. post and core in addition to crown	148			
D2955	Post removal (not in conj. with endo. therapy) ...	101			
D2980	Crown repair necessitated by restorative material failure	93			
D2981	Inlay repair necessitated by restorative material failure	93			
D2982	Onlay repair necessitated by restorative material failure	93			
Endodontics¹			Periodontics¹		
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	265
D3220	Therapeutic pulpotomy (excl. final restor.)	81	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94
D3221	Pulpal debridement	87	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	324
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	90
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120	D4260	Osseous surgery - >3 cont. teeth, per quad	485
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325	D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395	D4263	Bone replacement graft - retained natural tooth - first site in quad	502
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393
D3333	Internal root repair of perforation defects	96	D4265	Biological materials to aid in soft and osseous tissue regeneration	275
D3346	Retreat of prev. root canal therapy, anterior	356	D4268	Surgical revision proc., per tooth	329
D3347	Retreat of prev. root canal therapy, premolar	418	D4270	Pedicle soft tissue graft procedure	434
D3348	Retreat of prev. root canal therapy, molar	527	D4273	Autogenous connective tissue graft procedure, first tooth	540
D3410	Apicoectomy - anterior	310	D4274	Mesial/distal wedge procedure, single tooth	308
D3421	Apicoectomy - premolar (first root)	333	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576
D3425	Apicoectomy - molar (first root)	379	D4277	Free soft tissue graft procedure, first tooth	441
D3426	Apicoectomy - (each add. root)	148	D4278	Free soft tissue graft procedure, each add. tooth	68
D3430	Retrograde filling - per root	113	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105
D3450	Root amputation - per root	202	D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D3471	Surgical repair of root resorption - anterior	310	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
D3472	Surgical repair of root resorption - premolar	333	D4355	Full mouth debridement	77
D3473	Surgical repair of root resorption - molar	379	D4381	Localized delivery of antimicrobial agents	90
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	310	D4910	Periodontal maintenance	66
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	333	Prosthetics (Dentures)		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	379	D5110/20	Complete denture - maxillary/mandibular	664
D3920	Hemisection, not inc. root canal therapy	202	D5130/40	Immediate denture - maxillary/mandibular	708
D3950	Canal prep/fitting of preformed dowel or post ...	125	D5211/12	Maxillary/mandibular partial denture - resin base	613
			D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
			D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
			D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
			D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
			D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
			D5225/26	Maxillary/mandibular partial denture - flexible base	722
			D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	397
			D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	397

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis .	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	103
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	42
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9944	Occlusal guard – hard appliance, full arch	298
D9945	Occlusal guard – soft appliance, full arch	298
D9946	Occlusal guard – hard appliance, partial arch	298
D9950	Occlusion analysis - mounted case	81
D9951	Occlusal adjustment - limited	62
D9952	Occlusal adjustment - complete	255
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	0
D9997	Dental case management – patients with special health care needs	50

- As performed by a Participating General Dentist. See Plan Exclusion #13.
- Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

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

Plan Exclusions

Please refer to the section in your Individual Dental Policy titled "State-Specific Exclusions or Exceptions" for additional exclusions and/or exceptions to the following exclusions, if applicable.

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- Oral surgery requiring the setting of fractures or dislocations.
- 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.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- 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.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of

complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.

- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
- 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

- Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year per patient.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
- Two (2) bitewing x-rays are covered per calendar year per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant per patient.
- 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.
- 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
- Full mouth debridement is covered once per lifetime per patient.
- 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.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
- Orthodontia treatment is limited to once per lifetime.

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



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

Plan Highlights

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$375 per child per calendar year for medically necessary treatment (maximum of \$750 for policy covering two or more children).
- 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					
D9439	Office visit	0	D0707	Intraoral – periapical radiographic image – image capture only	0
D0120	Periodic oral eval - established patient	0	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0140	Limited oral eval - problem focused	0	D0709	Intraoral – complete series of radiographic images – image capture only	0
D0145	Oral eval for a patient under 3 years of age	0	D1110	Prophylaxis (cleaning) - adult	0
D0150	Comprehensive oral eval - new or established patient	0	D1120	Prophylaxis (cleaning) - child	0
D0160	Detailed and extensive oral eval - problem focused ...	0	D1206	Topical application of fluoride varnish	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient	0	D1310	Nutritional counseling for control of dental disease ..	0
D0210	Intraoral - complete series of radiographic images	0	D1320	Tobacco counseling for control of prev. oral disease ..	0
D0220	Intraoral - periapical first film	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0230	Intraoral - periapical each add. Film	0	D1330	Oral hygiene instructions	0
D0240	Intraoral - occlusal film	0	D1351	Sealant - per tooth	0
D0250	Extraoral - first film	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth ...	0
D0270	Bitewing x-rays - single film	0	D1354	Interim caries arresting medicament application - per tooth	0
D0272	Bitewing x-rays - two films	0	D1355	Caries preventive medicament application – per tooth	0
D0273	Bitewing x-rays - three films	0	D1510	Space maintainer - fixed, unilateral - per quadrant	0
D0274	Bitewing x-rays - four films	0	D1516	Space maintainer - fixed - bilateral, maxillary	0
D0277	Vertical bitewings - 7 to 8 films	0	D1517	Space maintainer - fixed - bilateral, mandibular	0
D0330	Panoramic radiographic image	0	D1520	Space maintainer - removable, unilateral - per quadrant	0
D0340	2D cephalometric radiographic image	0	D1526	Space maintainer - removable - bilateral, maxillary ...	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0351	3D photographic image	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	0
D0391	Interpretation of diagnostic image only	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0
D0460	Pulp vitality tests	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	0
D0470	Diagnostic casts	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	Restorative (Fillings)		
D0601	Caries risk assessment and documentation, with a finding of low risk	0	D2140	Amalgam - one surface, prim. or perm.	21
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0	D2150	Amalgam - two surfaces, prim. or perm.	26
D0603	Caries risk assessment and documentation, with a finding of high risk	0	D2160	Amalgam - three surfaces, prim. or perm.	32
D0701	Panoramic radiographic image – image capture only	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	39
D0702	2-D cephalometric radiographic image – image capture only	0	D2330	Resin-based composite - one surface, anterior	35
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0	D2331	Resin-based composite - two surfaces, anterior	42
D0704	3-D photographic image – image capture only	0	D2332	Resin-based composite - three surfaces, anterior	50
D0705	Extra-oral posterior dental radiographic image – image capture only	0			
D0706	Intraoral – occlusal radiographic image – image capture only	0			

Dominion National; 251 18th Street South, Suite 900; Arlington, VA 22202

888.518.5338; DominionNational.com

DMNPA22DBHINPED

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2335	Resin-based composite - >=4 surfaces, anterior	60	D2990	Resin infiltration lesion	21
D2390	Resin-based composite crown, anterior	96			
D2391	Resin-based composite - one surface, posterior	37	Endodontics¹		
D2392	Resin-based composite - two surfaces, posterior	44	D3110	Pulp cap - direct (excl. final restoration)	16
D2393	Resin-based composite - three surfaces, posterior	51	D3120	Pulp cap - indirect (excl. final restoration)	16
D2394	Resin-based composite - >=4 surfaces, posterior	62	D3220	Therapeutic pulpotomy (excl. final restor.)	41
			D3221	Pulpal debridement, prim. and perm. teeth	47
Crown & Bridge			D3222	Partial pulpotomy for apexogenesis	80
D2510	Inlay- metallic - one surface	204	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	80
D2520	Inlay- metallic - two surfaces	204	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	82
D2530	Inlay - metallic - three or more surfaces	213	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171
D2542	Onlay - metallic-two surfaces	229	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209
D2543	Onlay - metallic - three surfaces	262	D3330	Endodontic therapy, molar tooth (excluding final restoration)	256
D2544	Onlay - metallic - four or more surfaces	262	D3333	Internal root repair of perforation defects	53
D2610	Inlay - porcelain/ceramic - one surface	214	D3346	Retreat of prev. root canal therapy, anterior	194
D2620	Inlay - porcelain/ceramic - two surfaces	214	D3347	Retreat of prev. root canal therapy - premolar	233
D2630	Inlay - porcelain/ceramic - >=3 surfaces	223	D3348	Retreat of prev. root canal therapy, molar	279
D2642	Onlay - porcelain/ceramic - two surfaces	240	D3351	Apexification/recalcification - initial visit	101
D2643	Onlay - porcelain/ceramic - three surfaces	250	D3352	Apexification/recalcification - interim med. repl.	295
D2644	Onlay - porcelain/ceramic - >=4 surfaces	250	D3353	Apexification/recalcification - final visit	225
D2650	Inlay - resin-based composite - one surface	220	D3355	Pulpal regeneration - initial visit	101
D2651	Inlay - resin-based composite - two surfaces	220	D3356	Pulpal regeneration - interim medication replacement	295
D2652	Inlay - resin-based composite - >=3 surfaces	220	D3357	Pulpal regeneration - completion of treatment	225
D2662	Onlay - resin-based composite - two surfaces	222	D3410	Apicoectomy - anterior	162
D2663	Onlay - resin-based composite - three surfaces	222	D3421	Apicoectomy - premolar (first root)	182
D2664	Onlay - resin-based composite - >=4 surfaces	222	D3425	Apicoectomy - molar (first root)	209
D2710	Crown - resin based composite (indirect)	136	D3426	Apicoectomy (each add. root)	76
D2712	Crown - 3/4 resin-based composite (indirect)	243	D3430	Retrograde filling - per root	60
D2720	Crown - resin with high noble metal	248	D3450	Root amputation - per root	117
D2721	Crown - resin with predominantly base metal	248	D3471	Surgical repair of root resorption - anterior	162
D2722	Crown - resin with noble metal	248	D3472	Surgical repair of root resorption – premolar	182
D2740	Crown - porcelain/ceramic	280	D3473	Surgical repair of root resorption – molar	209
D2750	Crown - porcelain fused to high noble metal	262	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	162
D2751	Crown - porcelain fused to predominantly base metal	262	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	182
D2752	Crown - porcelain fused to noble metal	262	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	209
D2753	Crown - porcelain fused to titanium and titanium alloys	262	D3920	Hemisection, not inc. root canal therapy	117
D2780	Crown - 3/4 cast high noble metal	239	D3950	Canal prep/fitting of preformed dowel or post	68
D2781	Crown - 3/4 cast predominantly base metal	239			
D2782	Crown - 3/4 cast noble metal	239	Periodontics¹		
D2783	Crown - 3/4 porcelain/ceramic	256	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140
D2790	Crown - full cast high noble metal	248	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	50
D2791	Crown - full cast predominately base metal	248	D4212	Gingivectomy or gingivoplasty, rest., per tooth	20
D2792	Crown - full cast noble metal	248	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173
D2794	Crown - titanium and titanium alloys	248	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	53
D2910	Recement inlay	22	D4249	Clinical crown lengthening - hard tissue	288
D2920	Recement crown	22	D4260	Osseous surgery - >3 cont. teeth, per quad	250
D2928	Prefab. porcelain/ceramic crown – permanent tooth	280	D4261	Osseous surgery - <=3 cont. teeth, per quad	196
D2929	Prefab. porcelain/ceramic crown - prim. tooth	280	D4268	Surgical revision proc., per tooth	179
D2930	Prefab. stainless steel crown - prim. tooth	55	D4270	Pedicle soft tissue graft procedure	322
D2931	Prefab. stainless steel crown - perm. tooth	61	D4273	Autogenous connective tissue graft proc.	400
D2932	Prefabricated resin crown	70	D4274	Mesial/distal wedge procedure, single tooth	154
D2940	Protective restoration	20	D4277	Free soft tissue graft, per tooth	327
D2941	Interim therapeutic restoration, primary dentition	16	D4278	Free soft tissue graft, each add. tooth	50
D2949	Restorative foundation for an indirect restoration	0	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55
D2950	Core buildup, including any pins	63	D4342	Perio scaling and root planing - <= 3 teeth, per quad	32
D2951	Pin retention - per tooth, in addition to restoration	11			
D2952	Post and core in addition to crown	93			
D2954	Prefab. post and core in addition to crown	77			
D2955	Post removal (not in conj. with endo. therapy)	53			
D2970	Temporary crown (fractured tooth)	0			
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			
D2983	Veneer repair necessitated by restorative material failure	51			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23	D5850	Tissue conditioning - maxillary	40
D4355	Full mouth debridement	45	D5851	Tissue conditioning - mandibular	40
D4381	Localized delivery of antimicrobial agents	49	Implant Services		
D4910	Periodontal maintenance	37	D6010	Surgical placement of implant body, endosteal	858
D4921	Gingival irrigation - per quadrant	0	D6011	Second stage implant surgery	100
Prosthetics (Dentures)			D6012	Surgical placement of interim implant body	891
D5110	Complete denture - maxillary	349	D6013	Surgical placement of mini implant	286
D5120	Complete denture - mandibular	349	D6040	Surgical placement, eposteal implant	1782
D5130	Immediate denture - maxillary	361	D6050	Surgical placement, transosteal implant	2228
D5140	Immediate denture - mandibular	361	D6055	Dental implant supported connecting bar	806
D5211	Maxillary partial denture - resin base	325	D6056	Prefabricated abutment	228
D5212	Mandibular partial denture - resin base	325	D6058	Abutment supported porcelain/ceramic crown	280
D5213	Maxillary partial denture - cast metal	375	D6059	Abutment supported porcelain fused to metal crown - high noble metal	262
D5214	Mandibular partial denture - cast metal	375	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	262
D5221	Immediate maxillary partial denture - resin base	325	D6061	Abutment supported porcelain fused to metal crown - noble metal	262
D5222	Immediate mandibular partial denture - resin base	325	D6062	Abutment supported cast metal crown - high noble metal	248
D5223	Immediate maxillary partial denture - cast metal	375	D6063	Abutment supported cast metal crown - predominantly based metal	248
D5224	Immediate mandibular partial denture - cast metal	375	D6064	Abutment supported cast metal crown - noble metal	248
D5225	Maxillary partial denture - flexible base	375	D6065	Implant supported porcelain/ceramic crown	280
D5226	Mandibular partial denture - flexible base	375	D6066	Implant supported crown – porcelain fused to high noble metal alloys	262
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	210	D6067	Implant supported crown – high noble metal alloys	262
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	210	D6068	Abutment supp. retainer for porc/ceramic FPD	394
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	210	D6069	Abutment supp. retainer for porc/high noble FPD	422
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	210	D6070	Abutment supp. retainer for porc/pred. base FPD	348
D5410	Adjust complete denture - maxillary	19	D6071	Abutment supp. retainer for porc/noble FPD	352
D5411	Adjust complete denture - mandibular	19	D6072	Abutment supp. retainer for cast high noble FPD	394
D5421	Adjust partial denture - maxillary	19	D6073	Abutment supp. retainer for cast high noble FPD	375
D5422	Adjust partial denture - mandibular	19	D6074	Abutment supp. retainer for cast noble metal FPD	379
D5511	Repair broken complete denture base, mandibular	44	D6075	Implant supported retainer for ceramic FPD	437
D5512	Repair broken complete denture base, maxillary	44	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	412
D5520	Replace missing or broken teeth - complete denture	44	D6077	Implant supported retainer for metal FPD – high noble metal alloys	436
D5611	Repair resin partial denture base, mandibular	44	D6080	Implant maintenance procedures	31
D5612	Repair resin partial denture base, maxillary	44	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
D5621	Repair cast partial framework, mandibular	44	D6082	Implant supported crown – porcelain fused to predominantly base alloys	262
D5622	Repair cast partial framework, maxillary	44	D6083	Implant supported crown – porcelain fused to noble alloys	262
D5630	Repair or replace broken retentive/clasping material - per tooth	58	D6086	Implant supported crown – predominantly base alloys	248
D5640	Replace broken teeth - per tooth	44	D6087	Implant supported crown – noble alloys	248
D5650	Add tooth to existing partial denture	44	D6090	Repair implant supported prosthesis	181
D5660	Add clasp to existing partial denture - per tooth	58	D6091	Replacement of semi-precision or precision attachment	17
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	144	D6095	Repair implant abutment, by report	196
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	144	D6098	Implant supported retainer – porcelain fused to predominantly base alloys	348
D5710	Rebase complete maxillary denture	130	D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	422
D5711	Rebase complete mandibular denture	130	D6100	Implant removal, by report	121
D5720	Rebase maxillary partial denture	130	D6101	Debridement periimplant defect	45
D5721	Rebase mandibular partial denture	130	D6102	Debridement and osseous contouring periimplant defect	90
D5730	Reline complete maxillary denture (direct)	80	D6103	Bone graft repair perrimplant defect	300
D5731	Reline complete mandibular denture (direct)	80	D6104	Bone graft at time of implant placement	300
D5740	Reline maxillary partial denture (direct)	78	D6190	Radiographic surgical implant index, by report	0
D5741	Reline mandibular partial denture (direct)	78	Bridge & Pontics		
D5750	Reline complete maxillary denture (indirect)	112	D6210	Pontic - cast high noble metal	248
D5751	Reline complete mandibular denture (indirect)	112			
D5760	Reline maxillary partial denture (indirect)	112			
D5761	Reline mandibular partial denture (indirect)	112			
D5810	Interim complete denture - maxillary	181			
D5811	Interim complete denture - mandibular	181			
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	181			
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	181			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6211	Pontic - cast predominately base metal	248	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30
D6212	Pontic - cast noble metal	248	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. .	71
D6214	Pontic - titanium and titanium alloys	248	D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ..	71
D6240	Pontic - porcelain fused to high noble metal	262	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	71
D6241	Pontic - porcelain fused to predominately base metal	262	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	71
D6242	Pontic - porcelain fused to noble metal	262	D7471	Removal of lateral exostosis	176
D6243	Pontic - porcelain fused to titanium and titanium alloys	248	D7510	Incision and drainage of abscess - intraoral soft tissue	48
D6245	Pontic - porcelain/ceramic	280	D7910	Suture of recent small wounds up to 5 cm	30
D6250	Pontic - resin with high noble metal	248	D7921	Collection application of blood concentrate	20
D6251	Pontic - resin with predominately base metal	248	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D6252	Pontic - resin with noble metal	248	D7961	Buccal/labial frenectomy (frenulectomy)	132
D6545	Ret. - cast metal for resin bonded fixed prosthesis	126	D7962	Lingual frenectomy (frenulectomy)	132
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197	D7971	Excision of pericoronal gingiva	66
D6549	Resin retainer - for resin bonded fixed prosthesis	126	D7979	Non-surgical sialolithotomy	22
D6600	Retainer inlay - porc./ceramic, two surfaces	214	Orthodontics²		
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223	D8010	Limited ortho. treatment of the primary dentition	3304
D6602	Retainer inlay - cast high noble metal, two surfaces ..	204	D8020	Limited ortho. treatment of the transitional dentition	3304
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	213	D8030	Limited ortho treatment - adolescent dentition	3422
D6604	Retainer inlay - cast predominantly base metal, two surfaces	204	D8050	Interceptive ortho. treatment of the primary dentition	3304
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213	D8060	Interceptive ortho. treatment - transitional dentition	3304
D6606	Retainer inlay - cast noble metal, two surfaces	204	D8070	Comp. ortho. treatment - transitional dentition	3304
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213	D8080	Comp. ortho. treatment - adolescent dentition	3422
D6608	Retainer onlay - porc./ceramic, two surfaces	240	D8090	Comp. ortho. treatment - adult dentition	3658
D6609	Retainer onlay - porc./ceramic, three or more surfaces	250	D8210	Removable appliance therapy	770
D6610	Retainer onlay - cast high noble metal, two surfaces .	229	D8220	Fixed appliance therapy	783
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .	262	D8660	Pre-orthodontic treatment visit	413
D6612	Retainer onlay - cast predominantly base metal, two surfaces	229	D8670	Periodic ortho. treatment visit (as part of contract) ..	118
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	413
D6614	Retainer onlay - cast noble metal, two surfaces	229	Adjunctive General Services		
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262	D9110	Palliative (emergency) treatment of dental pain	22
D6720	Retainer crown - resin with high noble metal	248	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
D6721	Retainer crown - resin with predominantly base metal	248	D9211	Regional block anesthesia	0
D6722	Retainer crown - resin with noble metal	248	D9212	Trigeminal division block anesthesia	0
D6740	Retainer crown - porcelain/ceramic	280	D9215	Local anesthesia in conj. w/ operative/surg. procedures	0
D6750	Retainer crown - porcelain fused to high noble metal	262	D9219	Evaluation for deep sedation or general anesthesia ..	0
D6751	Retainer crown - porcelain fused to predominately base metal	262	D9222	Deep sedation/general anesthesia - first 15 minutes .	52
D6752	Retainer crown - porcelain fused to noble metal	262	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	52
D6780	Retainer crown - 3/4 cast high noble metal	235	D9230	Inhalation of nitrous oxide/analgesia, anxietyolysis	19
D6781	Retainer crown - 3/4 cast predominantly base metal	235	D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	52
D6782	Retainer crown - 3/4 cast noble metal	235	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	52
D6783	Retainer crown - 3/4 porc./ceramic	256	D9310	Consultation (diagnostic service by nontreating dentist)	22
D6790	Retainer crown - full cast high noble metal	248	D9610	Therapeutic parenteral drug, single admin.	13
D6791	Retainer crown - full cast predominately base metal .	248	D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	190
D6792	Retainer crown - full cast noble metal	248	D9910	Application of desensitizing medicament	16
D6930	Recement or rebond fixed partial denture	35	D9930	Treatment of complications (post-surgical)	22
D6980	Fixed partial denture repair, by report	86	D9944	Occlusal guard - hard appliance, full arch	136
Oral Surgery¹			D9945	Occlusal guard - soft appliance, full arch	136
D7111	Extraction, coronal remnants - primary tooth	28	D9946	Occlusal guard - hard appliance, partial arch	136
D7140	Extraction, erupted tooth or exposed root	35	D9950	Occlusion analysis - mounted case	52
D7210	Extraction, erupted tooth req. bone cut	67	D9951	Occlusion adjustment - limited	33
D7220	Removal of impacted tooth - soft tissue	76	D9952	Occlusal adjustment - complete	133
D7230	Removal of impacted tooth - partially bony	98	D9986	Missed appointment	50
D7240	Removal of impacted tooth - completely bony	121	D9995	Teledentistry - synchronous; real-time encounter (when available)	0
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109			
D7250	Removal of residual tooth roots	71			
D7251	Coronectomy-intentional partial tooth removal	109			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113			
D7280	Exposure of an unerupted tooth	77			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
----------	-------------	---------------------

D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review (when available)	0
D9997	Dental case management – patients with special health care needs	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
2. See exclusion #15 and limitation #24 for additional coverage information

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

Plan Exclusions

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

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia is not a covered benefit under this policy. A discount is provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #24 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0140, D0145, D0150, D0180) is covered per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride application every six (6) months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages six (6)

- and above. No more than one (1) set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime.
8. Replacement of a primary stainless steel crown (under age 15), crown, denture or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.
9. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary and Reasonable (UCR) fee, minus 25%.
10. One (1) relining and rebasing of dentures is covered per 24 months, per patient.
11. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
12. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
13. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240) and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
14. One (1) full mouth debridement is covered per lifetime, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
16. One (1) periodontal surgery of any type, including any associated material, is covered every 24 months, per quadrant or surgical site.
17. Periodontal maintenance is covered four (4) times per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
18. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
19. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
20. General anesthesia and analgesic (only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions), including intravenous and non-intravenous sedation with a maximum of 60 minutes of services allowed (general anesthesia is not covered with procedure codes D9230, D9239 or D9243; intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; non-intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; requires a narrative of medical necessity be maintained in patient records).
21. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one (1) per 12 consecutive month period.
22. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
23. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
24. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
25. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.