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## A Better Path to Benefits



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 NETWORKS<sup>2</sup>

Choice PPO network offers access to over 367,000 dentists nationally.<sup>1,3</sup>

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

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

To find a participating provider, please visit [DominionNational.com](http://DominionNational.com).

### 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

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

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

#### DIGIBITE TELEDENTISTRY APP

[DominionNational.com/teledentistry](http://DominionNational.com/teledentistry)

Receive a dental consultation without leaving your home or office!

#### Z DENTAL DISCOUNT

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

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

### SECURE ONLINE ACCESS

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



#### MEMBER PORTAL

[DominionMembers.com](http://DominionMembers.com)



#### DOMINION NATIONAL GO MOBILE COMMUNICATION SERVICE

Register at [DominionNational.com/go](http://DominionNational.com/go) or by calling 888.596.0716



#### LIVE CHAT SUPPORT

Visit [DominionNational.com](http://DominionNational.com) to chat with a live agent.



**TOLL-FREE, 24 HOUR ACCESS at 888.518.5338**

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

<sup>1</sup> Dominion National Internal Performance Report, 2023.

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

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

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

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

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



## Select Plan Premium 705xa (PA) Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)

### 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)			
<b>Diagnostic/Preventive</b>								
<b>Prevention Reward:</b> 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.								
D0120	Office visit.....	10	D0707	Intraoral – periapical radiographic image – image capture only .....	0			
D0140	Periodic oral eval - established patient .....	0	D0708	Intraoral – bitewing radiographic image – image capture only .....	0			
D0150	Limited oral eval - problem focused .....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0			
D0160	Comprehensive oral eval - new or established patient .....	0	D1110	Prophylaxis (cleaning) - adult .....	0			
D0170	Detailed and extensive oral eval - problem focused .....	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40			
D0180	Re-evaluation - limited, problem focused .....	0	D1206	Topical application of fluoride varnish.....	0			
D0210	Comp. periodontal eval - new or established patient .....	36	D1208	Topical application of fluoride - excluding varnish .....	0			
D0220	Intraoral – comprehensive series of radiographic images .....	26	D1310	Nutritional counseling for control of dental disease.....	0			
D0230	Intraoral - periapical first radiographic image .....	0	D1320	Tobacco counseling for the control and prevention of oral disease .....	0			
D0240	Intraoral - periapical each add. 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			
D0250	Intraoral - occlusal radiographic image .....	0	D1330	Oral hygiene instructions.....	0			
D0270-74	Extra-oral - 2D projection radiographic image .....	0	<b>Restorative (Fillings)</b>					
D0277	Bitewing x-rays - 1 to 4 radiographic images .....	0	D2140	Amalgam - one surface, prim. or perm. ....	37			
D0330	Vertical bitewings - 7 to 8 radiographic images....	0	D2150	Amalgam - two surfaces, prim. or perm.....	46			
D0340	Panoramic radiographic image .....	30	D2160	Amalgam - three surfaces, prim. or perm. ....	58			
D0350	2D cephalometric radiographic image .....	0	D2161	Amalgam - >=4 surfaces, prim. or perm. ....	69			
D0372	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D2330	Resin-based composite - one surface, anterior ..	64			
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images .....	26	D2331	Resin-based composite - two surfaces, anterior ..	76			
D0374	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2332	Resin-based composite - three surfaces, anterior	90			
D0387	Intraoral tomosynthesis – periapical radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	109			
D0388	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2390	Resin-based composite crown, anterior.....	175			
D0389	Intraoral tomosynthesis – intra-orally or extra-orally – image capture only .....	0	D2391	Resin-based composite - one surface, posterior ..	68			
D0460	Pulp vitality tests .....	0	D2392	Resin-based composite - two surfaces, posterior.	80			
D0470	Diagnostic casts .....	0	D2393	Resin-based composite - three surfaces, posterior.....	93			
D0701	Panoramic radiographic image – image capture only.....	0	D2394	Resin-based composite - >=4 surfaces, posterior.	112			
D0702	2-D cephalometric radiographic image – image capture only .....	0	<b>Crown &amp; Bridge</b>					
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2510	Inlay - metallic - one surface.....	390			
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2520	Inlay - metallic - two surfaces.....	390			
D0706	Intraoral – occlusal radiographic image – image capture only .....	0	D2530	Inlay - metallic - three or more surfaces.....	407			
			D2542	Onlay - metallic-two surfaces .....	423			
			D2543	Onlay - metallic-three surfaces.....	511			
			D2544	Onlay - metallic-four or more surfaces.....	511			
			D2610	Inlay - porcelain/ceramic - one surface .....	410			
			D2620	Inlay - porcelain/ceramic - two surfaces.....	410			
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427			
			D2642	Onlay - porcelain/ceramic - two surfaces .....	439			
			D2643	Onlay - porcelain/ceramic - three surfaces.....	459			
			D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	459			
			D2650	Inlay - resin-based composite - one surface .....	425			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2651	Inlay - resin-based composite - two surfaces .....	425	D3920	Hemisection, not inc. root canal therapy .....	202
D2652	Inlay - resin-based composite - >=3 surfaces.....	425	D3921	Decoronation or submergence of an erupted tooth .....	100
D2662	Onlay - resin-based composite - two surfaces.....	429	D3950	Canal prep/fitting of preformed dowel or post ....	125
D2663	Onlay - resin-based composite - three surfaces ...	429	<b>Periodontics<sup>1</sup></b>		
D2664	Onlay - resin-based composite - >=4 surfaces.....	429	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D2710	Crown - resin based composite (indirect).....	259	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	324
D2720/21/22	Crown - resin with metal .....	470	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90
D2740	Crown - porcelain/ceramic .....	531	D4260	Osseous surgery - >3 cont. teeth, per quad .....	485
D2750/51/52	Crown - porcelain fused metal .....	495	D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360
D2753	Crown - porcelain fused to titanium and titanium alloys .....	495	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502
D2780/81/82	Crown - 3/4 cast with metal .....	457	D4264	Bone replacement graft - retained natural tooth - each additional site in quad .....	393
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275
D2790/91/92	Crown - full cast metal.....	481	D4268	Surgical revision proc., per tooth .....	329
D2794	Crown - titanium and titanium alloys .....	495	D4270	Pedicle soft tissue graft procedure .....	434
D2910/20	Recement inlay, onlay/crown or partial coverage rest. .....	41	D4273	Autogenous connective tissue graft procedure, first tooth.....	540
D2931	Prefab. stainless steel crown .....	119	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2932	Prefabricated resin crown .....	135	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	576
D2940	Protective restoration .....	37	D4277	Free soft tissue graft procedure, first tooth .....	441
D2950	Core buildup, including any pins .....	120	D4278	Free soft tissue graft procedure, each add. tooth .....	68
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4286	Removal of non-resorbable barrier .....	90
D2952	Post and core in addition to crown .....	181	D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105
D2954	Prefab. post and core in addition to crown .....	148	D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	57
D2955	Post removal (not in conj. with endo. therapy)....	101	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	39
D2980	Crown repair necessitated by restorative material failure .....	93	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77
D2981	Inlay repair necessitated by restorative material failure .....	93	D4381	Localized delivery of antimicrobial agents.....	90
D2982	Onlay repair necessitated by restorative material failure .....	93	D4910	Periodontal maintenance .....	66
<b>Endodontics<sup>1</sup></b>					
D3110/20	Pulp cap - direct/indirect (excl. final restoration). ..	28	<b>Prosthetics (Dentures)</b>		
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5110/20	Complete denture - maxillary/mandibular.....	664
D3221	Pulpal debridement.....	87	D5130/40	Immediate denture - maxillary/mandibular.....	708
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth .....	70	D5211/12	Maxillary/mandibular partial denture - resin base .....	613
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth .....	120	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasping materials, rests and teeth).....	722
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	325	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasping materials, rests and teeth) .....	613
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	395	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasping materials, rests and teeth) .....	613
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	488	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasping materials, rests and teeth) .....	722
D3333	Internal root repair of perforation defects .....	96	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasping materials, rests and teeth) .....	722
D3346	Retreat of prev. root canal therapy, anterior.....	356	D5225/26	Maxillary/mandibular partial denture - flexible base .....	722
D3347	Retreat of prev. root canal therapy, premolar .....	418			
D3348	Retreat of prev. root canal therapy, molar .....	527			
D3410	Apicoectomy - anterior .....	310			
D3421	Apicoectomy - premolar (first root) .....	333			
D3425	Apicoectomy - molar (first root) .....	379			
D3426	Apicoectomy - (each add. root).....	148			
D3430	Retrograde filling - per root.....	113			
D3450	Root amputation - per root .....	202			
D3471	Surgical repair of root resorption - anterior .....	310			
D3472	Surgical repair of root resorption - premolar .....	333			
D3473	Surgical repair of root resorption - molar.....	379			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior.....	310			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar.....	333			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar .....	379			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	390
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	407
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	397	D6607	Retainer inlay - cast noble metal, >=3 surfaces ....	407
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6608	Retainer onlay - porc./ceramic, two surfaces .....	439
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	459
D5511	Repair broken complete denture base, mandibular .....	84	D6610	Retainer onlay - cast high noble metal, two surfaces .....	423
D5512	Repair broken complete denture base, maxillary.	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces .....	511
D5520	Replace missing or broken teeth - complete denture.....	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	423
D5611	Repair resin partial denture base, mandibular....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	511
D5612	Repair resin partial denture base, maxillary.....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5621	Repair cast partial framework, mandibular.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces...	511
D5622	Repair cast partial framework, maxillary.....	84	D6720/21/22	Retainer crown - resin with metal .....	470
D5630/60	Clasp repaired, replaced or added .....	112	D6740	Retainer crown - porcelain/ceramic .....	531
D5640	Replace broken teeth - per tooth .....	84	D6750/51/52	Retainer crown - porcelain fused metal .....	495
D5650	Add tooth to existing partial denture .....	84	D6753	Retainer crown – porcelain fused to titanium and titanium alloys .....	495
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6780	Retainer crown - 3/4 cast high noble metal .....	457
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6781	Retainer crown - 3/4 cast predominantly base metal .....	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6782	Retainer crown - 3/4 cast noble metal .....	457
D5725	Rebase hybrid prosthesis.....	253	D6783	Retainer crown - 3/4 porc./ceramic .....	469
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6784	Retainer crown – 3/4 titanium and titanium alloys .....	495
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6790/91/92	Retainer crown - full cast metal.....	481
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6794	Retainer crown - titanium .....	495
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6930	Recement or rebond fixed partial denture.....	66
D5765	Soft liner for complete or partial removable denture – indirect.....	50	D6980	Fixed partial denture repair, by report .....	157
D5810/11	Interim complete denture - maxillary/ mandibular .....	333			
D5820/21	Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary/ mandibular .....	333			
D5850/51	Tissue conditioning - maxillary/mandibular .....	75			
<b>Bridge &amp; Pontics</b>					
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)				
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure .....	57	D7111	Extraction, coronal remnants - primary tooth.....	45
D6210/11/12	Pontic - metal .....	481	D7140	Extraction, erupted tooth or exposed root .....	63
D6240/41/42	Pontic - porcelain fused metal.....	495	D7210	Extraction, erupted tooth req elev, etc .....	127
D6243	Pontic - porcelain fused to titanium and titanium alloys .....	495	D7220	Removal of impacted tooth - soft tissue .....	144
D6245	Pontic - porcelain/ceramic.....	531	D7230	Removal of impacted tooth - partially bony.....	189
D6250/51/52	Pontic - resin with metal.....	470	D7240	Removal of impacted tooth - completely bony ....	227
D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	233	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	181
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	364	D7250	Removal of residual tooth roots.....	136
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	181
D6600	Retainer inlay - porc./ceramic, two surfaces .....	410	D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	211
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	427	D7280	Exposure of an unerupted tooth .....	111
D6602	Retainer inlay - cast high noble metal, two surfaces .....	390	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6603	Retainer inlay - cast high noble metal, >=3 surfaces .....	407	D7310/20	Alveoloplasty, per quad .....	135
			D7509	Marsupialization of odontogenic cyst .....	360
			D7510	Incision and drainage of abscess - intraoral soft tissue .....	91
			D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
			D7961	Buccal/labial frenectomy (frenulectomy) .....	256
			D7962	Lingual frenectomy (frenulectomy) .....	256
			D7979	Non-surgical sialolithotomy.....	43
<b>Oral Surgery<sup>1</sup></b>					
			D7250	Coronectomy – intentional partial tooth removal, impacted teeth only .....	181
			D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	211
			D7280	Exposure of an unerupted tooth .....	111
			D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
			D7310/20	Alveoloplasty, per quad .....	135
			D7509	Marsupialization of odontogenic cyst .....	360
			D7510	Incision and drainage of abscess - intraoral soft tissue .....	91
			D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
			D7961	Buccal/labial frenectomy (frenulectomy) .....	256
			D7962	Lingual frenectomy (frenulectomy) .....	256
			D7979	Non-surgical sialolithotomy.....	43
<b>Orthodontics<sup>2</sup></b>					
			D8090	Comp. ortho. treatment - adult dentition .....	3658
			D8660	Pre-orthodontic treatment visit .....	413
			D8670	Periodic ortho. treatment visit (as part of contract) .....	118

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413			the exception of out-of-area emergency dental services).
<b>Adjunctive General Services</b>					
D9110	Palliative treatment of dental pain – per visit .....	43	12.	Services related to the treatment of TMD (Temporomandibular Disorder).	
D9210/15	Local anesthesia .....	0	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 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.	
D9211	Regional block anesthesia .....	0	14.	Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.	
D9212	Trigeminal division block anesthesia .....	0	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.	
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 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, per quadrant .....	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			
D9953	Reline custom sleep apnea appliance (indirect)...	158			
D9986	Missed appointment .....	50			
D9995	Teledentistry – synchronous; real-time encounter .....	0			
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review. 0				
1.	As performed by a Participating General Dentist. See Plan Exclusion #13.				
2.	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.					
<b>Plan Exclusions</b>					
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.					
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 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 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

- Coverage continues through end of the year 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: \$425 per child per calendar year for medically necessary treatment (maximum of \$850 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)
<b>Diagnostic/Preventive</b>					
<b>Prevention Reward:</b> 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					
D0120	Office visit .....	0	D0602	Caries risk assessment and documentation, with a finding of moderate risk .....	0
D0140	Periodic oral eval - established patient .....	0	D0603	Caries risk assessment and documentation, with a finding of high risk .....	0
D0145	Limited oral eval - problem focused .....	0	D0701	Panoramic radiographic image – image capture only .....	0
D0150	Oral eval for a patient under 3 years of age .....	0	D0702	2-D cephalometric radiographic image – image capture only .....	0
D0160	Comprehensive oral eval - new or established patient .....	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only .....	0
D0170	Detailed and extensive oral eval - problem focused ...	0	D0705	Extra-oral posterior dental radiographic image – image capture only .....	0
D0180	Re-evaluation - limited, problem focused .....	0	D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0210	Comp. periodontal eval - new or established patient .....	0	D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0220	Intraoral – comprehensive series of radiographic images .....	0	D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0230	Intraoral - periapical first radiographic image .....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only .....	0
D0240	Intraoral - periapical each add. radiographic image ...	0	D1110	Prophylaxis (cleaning) - adult .....	0
D0250	Intraoral - occlusal radiographic image .....	0	D1120	Prophylaxis (cleaning) - child .....	0
D0270	Extra-oral - 2D projection radiographic image .....	0	D1206	Topical application of fluoride varnish .....	0
D0272	Bitewing - single radiographic image .....	0	D1208	Topical application of fluoride - excluding varnish .....	0
D0273	Bitewings - two radiographic images .....	0	D1310	Nutritional counseling for control of dental disease ..	0
D0274	Bitewings - three radiographic images .....	0	D1320	Tobacco counseling for control of prev. oral disease ..	0
D0277	Bitewings - four radiographic images .....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0
D0330	Vertical bitewings - 7 to 8 radiographic images .....	0	D1330	Oral hygiene instructions .....	0
D0340	Panoramic radiographic image .....	0	D1351	Sealant - per tooth .....	0
D0350	2D cephalometric radiographic image .....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth ...	0
D0372	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D1354	Application of caries arresting medicament - per tooth .....	0
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0	D1355	Caries preventive medicament application – per tooth .....	0
D0374	Intraoral tomosynthesis – bitewing radiographic image .....	0	D1510	Space maintainer - fixed, unilateral - per quadrant ..	0
D0387	Intraoral tomosynthesis – periapical radiographic image .....	0	D1516	Space maintainer - fixed - bilateral, maxillary ..	0
D0388	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only .....	0	D1517	Space maintainer - fixed - bilateral, mandibular ..	0
D0389	Intraoral tomosynthesis – interpretation of diagnostic image only .....	0	D1520	Space maintainer - removable, unilateral - per quadrant .....	0
D0391	Interpretation of diagnostic image only .....	0	D1526	Space maintainer - removable - bilateral, maxillary ..	0
D0460	Re-cement or re-bond bilateral space maintainer – maxillary .....	0	D1527	Space maintainer - removable - bilateral, mandibular ..	0
D0470	Re-cement or re-bond unilateral space maintainer – maxillary .....	0	D1551	Re-cement or re-bond unilateral space maintainer – maxillary .....	0
D0600	Re-cement or re-bond bilateral space maintainer – mandibular .....	0	D1552	Re-cement or re-bond unilateral space maintainer – mandibular .....	0
D0601	Re-cement or re-bond bilateral space maintainer – per quadrant .....	0	D1553	Distal shoe space maintainer – fixed, unilateral – per quadrant .....	0
	Caries risk assessment and documentation, with a finding of low risk .....	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant .....	0

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Restorative (Fillings)</b>					
D2140	Amalgam - one surface, prim. or perm. ....	21	D2980	Crown repair necessitated by restorative material failure .....	51
D2150	Amalgam - two surfaces, prim. or perm. ....	26	D2981	Inlay repair necessitated by restorative material failure .....	51
D2160	Amalgam - three surfaces, prim. or perm. ....	32	D2982	Onlay repair necessitated by restorative material failure .....	51
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	39	D2983	Veneer repair necessitated by restorative material failure .....	51
D2330	Resin-based composite - one surface, anterior ....	35	D2990	Resin infiltration lesion .....	21
D2331	Resin-based composite - two surfaces, anterior ....	42			
D2332	Resin-based composite - three surfaces, anterior ....	50			
D2335	Resin-based composite - >=4 surfaces, anterior ....	60			
D2390	Resin-based composite crown, anterior ....	96			
D2391	Resin-based composite - one surface, posterior ....	37			
D2392	Resin-based composite - two surfaces, posterior ....	44			
D2393	Resin-based composite - three surfaces, posterior ....	51			
D2394	Resin-based composite - >=4 surfaces, posterior ....	62			
<b>Crown &amp; Bridge</b>					
D2510	Inlay- metallic - one surface .....	204	D3110	Pulp cap - direct (excl. final restoration) .....	16
D2520	Inlay- metallic - two surfaces .....	204	D3120	Pulp cap - indirect (excl. final restoration) .....	16
D2530	Inlay - metallic - three or more surfaces .....	213	D3220	Therapeutic pulpotomy (excl. final restor.) .....	41
D2542	Onlay - metallic-two surfaces .....	229	D3221	Pulpal debridement, prim. and perm. teeth .....	47
D2543	Onlay - metallic - three surfaces .....	262	D3222	Partial pulpotomy for apexogenesis .....	80
D2544	Onlay - metallic - four or more surfaces .....	262	D3230	Pulpal therapy - resorbable filling, anterior, primary tooth .....	80
D2610	Inlay - porcelain/ceramic - one surface .....	214	D3240	Pulpal therapy - resorbable filling, posterior, primary tooth .....	82
D2620	Inlay - porcelain/ceramic - two surfaces .....	214	D3310	Endodontic therapy, anterior tooth (excluding final restoration) .....	171
D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	223	D3320	Endodontic therapy, premolar tooth (excluding final restoration) .....	209
D2642	Onlay - porcelain/ceramic - two surfaces .....	240	D3330	Endodontic therapy, molar tooth (excluding final restoration) .....	256
D2643	Onlay - porcelain/ceramic - three surfaces .....	250	D3333	Internal root repair of perforation defects .....	53
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	250	D3346	Retreat of prev. root canal therapy, anterior .....	194
D2650	Inlay - resin-based composite - one surface .....	220	D3347	Retreat of prev. root canal therapy - premolar .....	233
D2651	Inlay - resin-based composite - two surfaces .....	220	D3348	Retreat of prev. root canal therapy, molar .....	279
D2652	Inlay - resin-based composite - >=3 surfaces .....	220	D3351	Apexification/recalcification - initial visit .....	101
D2662	Onlay - resin-based composite - two surfaces .....	222	D3352	Apexification/recalcification - interim med. repl. ....	295
D2663	Onlay - resin-based composite - three surfaces .....	222	D3353	Apexification/recalcification - final visit .....	225
D2664	Onlay - resin-based composite - >=4 surfaces .....	222	D3355	Pulpal regeneration - initial visit .....	101
D2710	Crown - resin based composite (indirect) .....	136	D3356	Pulpal regeneration - interim medication replacement .....	295
D2712	Crown - 3/4 resin-based composite (indirect) .....	243	D3357	Pulpal regeneration - completion of treatment .....	225
D2720	Crown - resin with high noble metal .....	248	D3410	Apicoectomy - anterior .....	162
D2721	Crown - resin with predominantly base metal .....	248	D3421	Apicoectomy - premolar (first root) .....	182
D2722	Crown - resin with noble metal .....	248	D3425	Apicoectomy - molar (first root) .....	209
D2740	Crown - porcelain/ceramic .....	280	D3426	Apicoectomy (each add. root) .....	76
D2750	Crown - porcelain fused to high noble metal .....	262	D3430	Retrograde filling - per root .....	60
D2751	Crown - porcelain fused to predominantly base metal .....	262	D3450	Root amputation - per root .....	117
D2752	Crown - porcelain fused to noble metal .....	262	D3471	Surgical repair of root resorption - anterior .....	162
D2753	Crown - porcelain fused to titanium and titanium alloys .....	262	D3472	Surgical repair of root resorption - premolar .....	182
D2780	Crown - 3/4 cast high noble metal .....	239	D3473	Surgical repair of root resorption - molar .....	209
D2781	Crown - 3/4 cast predominantly base metal .....	239	D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior ..	162
D2782	Crown - 3/4 cast noble metal .....	239	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar .....	182
D2783	Crown - 3/4 porcelain/ceramic .....	256	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.....	209
D2790	Crown - full cast high noble metal .....	248	D3920	Hemisection, not inc. root canal therapy .....	117
D2791	Crown - full cast predominantly base metal .....	248	D3921	Decoronation or submergence of an erupted tooth ..	100
D2792	Crown - full cast noble metal .....	248	D3950	Canal prep/fitting of preformed dowel or post .....	68
D2794	Crown - titanium and titanium alloys .....	248			
D2910	Recement inlay .....	22			
D2920	Recement crown .....	22			
D2928	Prefab. porcelain/ceramic crown - permanent tooth .....	280			
D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	280			
D2930	Prefab. stainless steel crown - prim. tooth .....	55			
D2931	Prefab. stainless steel crown - perm. tooth .....	61			
D2932	Prefabricated resin crown .....	70			
D2940	Protective restoration .....	20			
D2941	Interim therapeutic restoration, primary dentition ....	16			
D2949	Restorative foundation for an indirect restoration ....	0			
D2950	Core buildup, including any pins .....	63			
D2951	Pin retention - per tooth, in addition to restoration ...	11			
D2952	Post and core in addition to crown .....	93			
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			
<b>Periodontics<sup>1</sup></b>					
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	140			
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	50			
D4212	Gingivectomy or gingivoplasty, rest., per tooth .....	20			
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	173			
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	53			
D4249	Clinical crown lengthening - hard tissue .....	288			
D4260	Osseous surgery - >3 cont. teeth, per quad .....	250			
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	196			
D4268	Surgical revision proc., per tooth .....	179			
D4270	Pedicle soft tissue graft procedure .....	322			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
D4273	Autogenous connective tissue graft proc. ....	400	D5730	Reline complete maxillary denture (direct) .....	80			
D4274	Mesial/distal wedge procedure, single tooth .....	154	D5731	Reline complete mandibular denture (direct) .....	80			
D4277	Free soft tissue graft, per tooth .....	327	D5740	Reline maxillary partial denture (direct) .....	78			
D4278	Free soft tissue graft, each add. tooth .....	50	D5741	Reline mandibular partial denture (direct) .....	78			
D4286	Removal of non-resorbable barrier .....	90	D5750	Reline complete maxillary denture (indirect) .....	112			
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	55	D5751	Reline complete mandibular denture (indirect) .....	112			
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	32	D5760	Reline maxillary partial denture (indirect) .....	112			
D4346	caling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23	D5761	Reline mandibular partial denture (indirect) .....	112			
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	45	D5765	Soft liner for complete or partial removable denture – indirect .....	50			
D4381	Localized delivery of antimicrobial agents .....	49	D5810	Interim complete denture - maxillary .....	181			
D4910	Periodontal maintenance .....	37	D5811	Interim complete denture - mandibular .....	181			
D4921	Gingival irrigation with a medicinal agent – per quadrant .....	0	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	181			
<b>Prosthetics (Dentures)</b>								
D5110	Complete denture - maxillary .....	349	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular .....	181			
D5120	Complete denture - mandibular .....	349	D5850	Tissue conditioning - maxillary .....	40			
D5130	Immediate denture - maxillary .....	361	D5851	Tissue conditioning - mandibular .....	40			
D5140	Immediate denture - mandibular .....	361	<b>Implant Services</b>					
D5211	Maxillary partial denture - resin base .....	325	D6010	Surgical placement of implant body, endosteal .....	858			
D5212	Mandibular partial denture - resin base .....	325	D6011	Second stage implant surgery .....	100			
D5213	Maxillary partial denture - cast metal .....	375	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant .....	891			
D5214	Mandibular partial denture - cast metal .....	375	D6013	Surgical placement of mini implant .....	286			
D5221	Immediate maxillary partial denture - resin base .....	325	D6040	Surgical placement, eposteal implant .....	1782			
D5222	Immediate mandibular partial denture - resin base ...	325	D6050	Surgical placement, transosteal implant .....	2228			
D5223	Immediate maxillary partial denture - cast metal .....	375	D6055	Dental implant supported connecting bar .....	806			
D5224	Immediate mandibular partial denture - cast metal ..	375	D6056	Prefabricated abutment .....	228			
D5225	Maxillary partial denture - flexible base .....	375	D6058	Abutment supported porcelain/ceramic crown .....	280			
D5226	Mandibular partial denture - flexible base .....	375	D6059	Abutment supported porcelain fused to metal crown - high noble metal .....	262			
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	375	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal .....	262			
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	375	D6061	Abutment supported porcelain fused to metal crown - noble metal .....	262			
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	210	D6062	Abutment supported cast metal crown - high noble metal .....	248			
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	210	D6063	Abutment supported cast metal crown - predominantly based metal .....	248			
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	210	D6064	Abutment supported cast metal crown - noble metal .....	248			
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	210	D6065	Implant supported porcelain/ceramic crown .....	280			
D5410	Adjust complete denture - maxillary .....	19	D6066	Implant supported crown – porcelain fused to high noble metal alloys .....	262			
D5411	Adjust complete denture - mandibular .....	19	D6067	Implant supported crown – high noble metal alloys .....	262			
D5421	Adjust partial denture - maxillary .....	19	D6068	Abutment supp. retainer for porc/ceramic FPD .....	394			
D5422	Adjust partial denture - mandibular .....	19	D6069	Abutment supp. retainer for porc/high noble FPD .....	422			
D5511	Repair broken complete denture base, mandibular ...	44	D6070	Abutment supp. retainer for porc/pred. base FPD .....	348			
D5512	Repair broken complete denture base, maxillary .....	44	D6071	Abutment supp. retainer for porc/noble FPD .....	352			
D5520	Replace missing or broken teeth - complete denture	44	D6072	Abutment supp. retainer for cast high noble FPD .....	394			
D5611	Repair resin partial denture base, mandibular .....	44	D6073	Abutment supp. retainer for cast high noble FPD .....	375			
D5612	Repair resin partial denture base, maxillary .....	44	D6074	Abutment supp. retainer for cast noble metal FPD .....	379			
D5621	Repair cast partial framework, mandibular .....	44	D6075	Implant supported retainer for ceramic FPD .....	437			
D5622	Repair cast partial framework, maxillary .....	44	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys .....	412			
D5630	Repair or replace broken retentive/clasping material - per tooth .....	58	D6077	Implant supported retainer for metal FPD – high noble metal alloys .....	436			
D5640	Replace broken teeth - per tooth .....	44	D6080	Implant maintenance procedures .....	31			
D5650	Add tooth to existing partial denture .....	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			
D5660	Add clasp to existing partial denture - per tooth .....	58	D6082	Implant supported crown – porcelain fused to predominantly base alloys .....	262			
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) .....	144	D6083	Implant supported crown – porcelain fused to noble alloys .....	262			
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	144	D6086	Implant supported crown – predominantly base alloys .....	248			
D5710	Rebase complete maxillary denture .....	130	D6087	Implant supported crown – noble alloys .....	248			
D5711	Rebase complete mandibular denture .....	130	D6090	Repair implant supported prosthesis .....	181			
D5720	Rebase maxillary partial denture .....	130						
D5721	Rebase mandibular partial denture .....	130						
D5725	Rebase hybrid prosthesis .....	130						

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment .....	17	D6790	Retainer crown - full cast high noble metal .....	248	
D6095	Repair implant abutment, by report .....	196	D6791	Retainer crown - full cast predominately base metal .....	248	
D6098	Implant supported retainer – porcelain fused to predominantly base alloys .....	348	D6792	Retainer crown - full cast noble metal .....	248	
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys .....	422	D6930	Recement or rebond fixed partial denture .....	35	
D6100	Surgical removal of implant body .....	121	D6980	Fixed partial denture repair, by report .....	86	
D6101	Debridement periimplant defect .....	45	<b>Oral Surgery<sup>1</sup></b>			
D6102	Deridement and osseous contouring periimplant defect .....	90	D7111	Extraction, coronal remnants - primary tooth .....	28	
D6103	Bone graft repair perimplant defect .....	300	D7140	Extraction, erupted tooth or exposed root .....	35	
D6104	Bone graft at time of implant placement .....	300	D7210	Extraction, erupted tooth req. bone cut .....	67	
D6105	Removal of implant body not requiring bone removal or flap elevation .....	61	D7220	Removal of impacted tooth - soft tissue .....	76	
D6190	Radiographic surgical implant index, by report .....	0	D7230	Removal of impacted tooth - partially bony .....	98	
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	35	D7240	Removal of impacted tooth - completely bony .....	121	
<b>Bridge &amp; Pontics</b>						
D6210	Pontic - cast high noble metal .....	248	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	109	
D6211	Pontic - cast predominately base metal .....	248	D7250	Removal of residual tooth roots .....	71	
D6212	Pontic - cast noble metal .....	248	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	109	
D6214	Pontic - titanium and titanium alloys .....	248	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	113	
D6240	Pontic - porcelain fused to high noble metal .....	262	D7280	Exposure of an unerupted tooth .....	77	
D6241	Pontic - porcelain fused to predominately base metal .....	262	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	30	
D6242	Pontic - porcelain fused to noble metal .....	262	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ....	71	
D6243	Pontic – porcelain fused to titanium and titanium alloys .....	248	D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ....	71	
D6245	Pontic - porcelain/ceramic .....	280	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	71	
D6250	Pontic - resin with high noble metal .....	248	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad. ....	71	
D6251	Pontic - resin with predominately base metal .....	248	D7471	Removal of lateral exostosis .....	176	
D6252	Pontic - resin with noble metal .....	248	D7509	Marsupialization of odontogenic cyst .....	360	
D6545	Ret. - cast metal for resin bonded fixed prosthesis ....	126	D7510	Incision and drainage of abscess - intraoral soft tissue .....	48	
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	197	D7910	Suture of recent small wounds up to 5 cm .....	30	
D6549	Resin retainer - for resin bonded fixed prosthesis .....	126	D7921	Collection application of blood concentrate .....	20	
D6600	Retainer inlay - porc./ceramic, two surfaces .....	214	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25	
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	223	D7961	Buccal/labial frenectomy (frenulectomy) .....	132	
D6602	Retainer inlay - cast high noble metal, two surfaces ..	204	D7962	Lingual frenectomy (frenulectomy) .....	132	
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ..	213	D7971	Excision of pericoronal gingiva .....	66	
D6604	Retainer inlay - cast predominately base metal, two surfaces .....	204	D7979	Non-surgical sialolithotomy .....	22	
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	213	<b>Orthodontics<sup>2</sup></b>			
D6606	Retainer inlay - cast noble metal, two surfaces .....	204	D8010	Limited ortho. treatment of the primary dentition ....	3304	
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	213	D8020	Limited ortho. treatment of the transitional dentition .....	3304	
D6608	Retainer onlay - porc./ceramic, two surfaces .....	240	D8030	Limited ortho treatment - adolescent dentition .....	3422	
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	250	D8070	Comp. ortho. treatment - transitional dentition .....	3304	
D6610	Retainer onlay - cast high noble metal, two surfaces ..	229	D8080	Comp. ortho. treatment - adolescent dentition .....	3422	
D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	262	D8090	Comp. ortho. treatment - adult dentition .....	3658	
D6612	Retainer onlay - cast predominately base metal, two surfaces .....	229	D8210	Removable appliance therapy .....	770	
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	262	D8220	Fixed appliance therapy .....	783	
D6614	Retainer onlay - cast noble metal, two surfaces .....	229	D8660	Pre-orthodontic treatment visit .....	413	
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	262	D8670	Periodic ortho. treatment visit (as part of contract) ..	118	
D6720	Retainer crown - resin with high noble metal .....	248	D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)) .....	413	
D6721	Retainer crown - resin with predominately base metal .....	248	<b>Adjunctive General Services</b>			
D6722	Retainer crown - resin with noble metal .....	248	D9110	Palliative treatment of dental pain – per visit .....	22	
D6740	Retainer crown - porcelain/ceramic .....	280	D9210	Local anesthesia not in conj. w/ operative/surg. procedures .....	0	
D6750	Retainer crown - porcelain fused to high noble metal .....	262	D9211	Regional block anesthesia .....	0	
D6751	Retainer crown - porcelain fused to predominately base metal .....	262	D9212	Trigeminal division block anesthesia .....	0	
D6752	Retainer crown - porcelain fused to noble metal .....	262	D9215	Local anesthesia in conj. w/ operative/surg. procedures .....	0	
D6780	Retainer crown - 3/4 cast high noble metal .....	235	D9219	Evaluation for deep sedation or general anesthesia ..	0	
D6781	Retainer crown - 3/4 cast predominately base metal .....	235	D9222	Deep sedation/general anesthesia - first 15 minutes ..	52	
D6782	Retainer crown - 3/4 cast noble metal .....	235	D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment .....	52	
D6783	Retainer crown - 3/4 porc./ceramic .....	256	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis .....	19	
			D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes .....	52	
			D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment .....	52	

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	Plan Limitations
D9310	Consultation (diagnostic service by nontreating dentist) .....	22	1. One (1) evaluation (D0120, D0140, D0145, D0150, D0180) is covered per six (6) months, per patient.
D9610	Therapeutic parenteral drug, single admin. ....	13	2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190	3. One (1) fluoride application every six (6) months, per patient.
D9910	Application of desensitizing medicament .....	16	4. One {1} set of bitewing x-rays are covered per six (6) months.
D9930	Treatment of complications (post-surgical) .....	22	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.
D9944	Occlusal guard – hard appliance, full arch .....	136	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).
D9945	Occlusal guard – soft appliance, full arch .....	136	7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
D9946	Occlusal guard – hard appliance, partial arch .....	136	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.
D9950	Occlusion analysis - mounted case .....	52	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%.
D9951	Occlusal adjustment - limited .....	33	10. One (1) relining and rebasing of dentures is covered per 24 months, per patient.
D9952	Occlusal adjustment - complete .....	133	11. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
D9953	Reline custom sleep apnea appliance (indirect) .....	158	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.
D9986	Missed appointment .....	50	13. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240) and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
D9995	Teledentistry – synchronous; real-time encounter.....	0	14. One (1) full mouth debridement is covered per lifetime, per patient.
D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review.....	0	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.
D9997	Dental case management – patients with special health care needs .....	50	16. One (1) periodontal surgery of any type, including any associated material, is covered every 24 months, per quadrant or surgical site.
1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.			17. Periodontal maintenance is covered four (4) times per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
2. See exclusion #15 and limitation #24 for additional coverage information			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.
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.			19. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
<b>Plan Exclusions</b> Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.			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).
1. Services which are covered under worker's compensation or employer's liability laws.			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.
2. Services which are not necessary for the patient's dental health as determined by the Plan.			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.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined 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.
4. Oral surgery requiring the setting of fractures or dislocations.			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.
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.			25. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
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.			