



A Better Path to Benefits



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

WE WORK FOR THE BENEFIT OF OUR MEMBERS, DELIVERING:

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Choice PPO network offers access to over 350,000 dentists nationally.^{1,3}

Select Plan network is one of the largest in the Mid-Atlantic region.^{3,4}

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

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



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¹ Dominion National Internal Performance Report, 2022.

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

³ Participating providers are subject to change.

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

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

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



Select Plan Basic Kids 702xs (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: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 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					
D0120	Office visit.....	10	D0603	Caries risk assessment and documentation, with a finding of high risk.....	0
D0140	Periodic oral eval - established patient	0	D0701	Panoramic radiographic image – image capture only .	0
D0145	Limited oral eval - problem focused	0	D0702	2-D cephalometric radiographic image – image capture only	0
D0150	Oral eval for a patient under 3 years of age	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0160	Comprehensive oral eval - new or established patient	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0170	Detailed and extensive oral eval - problem focused....	0	D0706	Intraoral – occlusal radiographic image – image capture only	0
D0180	Re-evaluation - limited, problem focused	0	D0707	Intraoral – periapical radiographic image – image capture only	0
D0210	Comp. periodontal eval - new or established patient .	0	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0220	Intraoral – comprehensive series of radiographic images	26	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0230	Intraoral - periapical first radiographic image	0	D1110	Prophylaxis (cleaning) - adult	0
D0240	Intraoral - periapical each add. radiographic image	0	D1120	Prophylaxis (cleaning) - child	0
D0250	Intraoral - occlusal radiographic image	0	D1206	Topical application of fluoride varnish.....	0
D0270	Extra-oral - 2D projection radiographic image	0	D1208	Topical application of fluoride - excluding varnish	0
D0272	Bitewings - single radiographic image.....	0	D1310	Bitewing - single radiographic image	0
D0273	Bitewings - two radiographic images.....	0	D1320	Interpretation of diagnostic image only	0
D0274	Bitewings - three radiographic images	0	D1321	Oral hygiene instructions.....	0
D0277	Bitewings - four radiographic images	0	D1330	Sealant - per tooth	21
D0330	Vertical bitewings - 7 to 8 radiographic images.....	0	D1351	Topical application of fluoride - excluding varnish	0
D0340	Panoramic radiographic image	30	D1352	Application of caries arresting medicament - per tooth.....	21
D0350	2D cephalometric radiographic image	0	D1354	Space maintainer - fixed, unilateral - per quadrant.....	0
D0372	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D1355	Space maintainer - fixed, bilateral, maxillary	143
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D1510	Space maintainer - fixed, bilateral, mandibular	198
D0374	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1516	Space maintainer - removable, unilateral, maxillary	198
D0387	Intraoral tomosynthesis – periapical radiographic image	0	D1517	Space maintainer - removable, bilateral, maxillary	198
D0388	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1520	Space maintainer - removable, bilateral, mandibular	143
D0389	Intraoral tomosynthesis – interpretation of diagnostic image only	0	D1526	Space maintainer - fixed, bilateral, maxillary	198
D0391	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D1527	Space maintainer - fixed, bilateral, mandibular	198
D0460	Interpretation of diagnostic image only	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary	34
D0470	Re-cement or re-bond bilateral space maintainer – maxillary	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	34
D0600	Re-cement or re-bond unilateral space maintainer – maxillary	0	D1553	Re-cement or re-bond unilateral space maintainer – mandibular	34
D0601	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0	D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143
D0602	Distal shoe space maintainer – fixed, unilateral – per quadrant	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)			
D4270	Pedicle soft tissue graft procedure	643	D5725	Rebase hybrid prosthesis.....	260			
D4273	Autogenous connective tissue graft proc.	800	D5730	Reline complete maxillary denture (direct)	159			
D4274	Mesial/distal wedge procedure, single tooth	308	D5731	Reline complete mandibular denture (direct)	159			
D4277	Free soft tissue graft, per tooth.....	654	D5740	Reline maxillary partial denture (direct).....	155			
D4278	Free soft tissue graft, each add. tooth.....	100	D5741	Reline mandibular partial denture (direct).....	155			
D4286	Removal of non-resorbable barrier.....	100	D5750	Reline complete maxillary denture (indirect)	224			
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	D5751	Reline complete mandibular denture (indirect)	224			
D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63	D5760	Reline maxillary partial denture (indirect).....	224			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45	D5761	Reline mandibular partial denture (indirect).....	224			
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	89	D5765	Soft liner for complete or partial removable denture – indirect	53			
D4381	Localized delivery of antimicrobial agents.....	98	D5810	Interim complete denture - maxillary.....	362			
D4910	Periodontal maintenance	74	D5811	Interim complete denture - mandibular.....	362			
D4921	Gingival irrigation with a medicinal agent – per quadrant.....	0	D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary.....	362			
Prosthetics (Dentures)								
D5110	Complete denture - maxillary.....	697	D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	362			
D5120	Complete denture - mandibular.....	697	D5850	Tissue conditioning - maxillary	79			
D5130	Immediate denture - maxillary.....	722	D5851	Tissue conditioning - mandibular	79			
D5140	Immediate denture - mandibular.....	722	Implant Services					
D5211	Maxillary partial denture - resin base.....	649	D6010	Surgical placement of implant body, endosteal	1716			
D5212	Mandibular partial denture - resin base.....	649	D6011	Second stage implant surgery	200			
D5213	Maxillary partial denture - cast metal	750	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	1782			
D5214	Mandibular partial denture - cast metal	750	D6013	Surgical placement of mini implant.....	572			
D5221	Immediate maxillary partial denture - resin base	649	D6040	Surgical placement, eposteal implant	3564			
D5222	Immediate mandibular partial denture - resin base....	649	D6050	Surgical placement, transosteal implant	4455			
D5223	Immediate maxillary partial denture - cast metal	750	D6055	Dental implant supported connecting bar	1611			
D5224	Immediate mandibular partial denture - cast metal ...	750	D6056	Prefabricated abutment	456			
D5225	Maxillary partial denture - flexible base.....	750	D6058	Abutment supported porcelain/ceramic crown	560			
D5226	Mandibular partial denture - flexible base.....	750	D6059	Abutment supported porcelain fused to metal crown - high noble metal	523			
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	750	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	523			
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	750	D6061	Abutment supported porcelain fused to metal crown - noble metal	523			
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary.....	419	D6062	Abutment supported cast metal crown - high noble metal	495			
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular.....	419	D6063	Abutment supported cast metal crown - predominantly based metal	495			
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	419	D6064	Abutment supported cast metal crown - noble metal	495			
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6065	Implant supported porcelain/ceramic crown	560			
D5410	Adjust complete denture - maxillary	38	D6066	Implant supported crown – porcelain fused to high noble metal alloys	523			
D5411	Adjust complete denture - mandibular	38	D6067	Implant supported crown – high noble metal alloys...	523			
D5421	Adjust partial denture - maxillary.....	38	D6068	Abutment supp. retainer for porc/ceramic FPD	788			
D5422	Adjust partial denture - mandibular	38	D6069	Abutment supp. retainer for porc/high noble FPD....	843			
D5511	Repair broken complete denture base, mandibular....	87	D6070	Abutment supp. retainer for porc/pred. base FPD....	695			
D5512	Repair broken complete denture base, maxillary.....	87	D6071	Abutment supp. retainer for porc/noble FPD	704			
D5520	Replace missing or broken teeth - complete denture .	87	D6072	Abutment supp. retainer for cast high noble FPD	788			
D5611	Repair resin partial denture base, mandibular.....	87	D6073	Abutment supp. retainer for cast high noble FPD	749			
D5612	Repair resin partial denture base, maxillary.....	87	D6074	Abutment supp. retainer for cast noble metal FPD....	758			
D5621	Repair cast partial framework, mandibular.....	87	D6075	Implant supported retainer for ceramic FPD.....	874			
D5622	Repair cast partial framework, maxillary.....	87	D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	823			
D5630	Repair or replace broken retentive/clasping material - per tooth	115	D6077	Implant supported retainer for metal FPD – high noble metal alloys	872			
D5640	Replace broken teeth - per tooth	87	D6080	Implant maintenance procedures	61			
D5650	Add tooth to existing partial denture	87	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63			
D5660	Add clasp to existing partial denture - per tooth.....	115	D6082	Implant supported crown – porcelain fused to predominantly base alloys	523			
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287	D6083	Implant supported crown – porcelain fused to noble alloys	523			
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287	D6086	Implant supported crown – predominantly base alloys	495			
D5710	Rebase complete maxillary denture.....	260	D6087	Implant supported crown – noble alloys	495			
D5711	Rebase complete mandibular denture.....	260	D6090	Repair implant supported prosthesis	362			
D5720	Rebase maxillary partial denture.....	260						
D5721	Rebase mandibular partial denture.....	260						

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.....	34	D6783	Retainer crown - 3/4 porc./ceramic	511
D6095	Repair implant abutment, by report	391	D6790	Retainer crown - full cast high noble metal.....	495
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	695	D6791	Retainer crown - full cast predominately base metal..	495
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	843	D6792	Retainer crown - full cast noble metal.....	495
D6100	Surgical removal of implant body	241	D6930	Recement or rebond fixed partial denture.....	69
D6101	Debrivement periimplant defect.....	90	D6980	Fixed partial denture repair, by report	172
D6102	Deridement and osseous contouring periimplant defect	180			
D6103	Bone graft repair perimplant defect	600			
D6104	Bone graft at time of implant placement	600			
D6105	Removal of implant body not requiring bone removal or flap elevation	121			
D6190	Radiographic surgical implant index, by report.....	0			
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	69			
Bridge & Pontics					
D6210	Pontic - cast high noble metal	495	D7111	Extraction, coronal remnants - primary tooth.....	56
D6211	Pontic - cast predominately base metal	495	D7140	Extraction, erupted tooth or exposed root	69
D6212	Pontic - cast noble metal	495	D7210	Extraction, erupted tooth req. bone cut	133
D6214	Pontic - titanium and titanium alloys	495	D7220	Removal of impacted tooth - soft tissue	151
D6240	Pontic - porcelain fused to high noble metal.....	523	D7230	Removal of impacted tooth - partially bony.....	196
D6241	Pontic - porcelain fused to predominately base metal	523	D7240	Removal of impacted tooth - completely bony	241
D6242	Pontic - porcelain fused to noble metal	523	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217
D6243	Pontic – porcelain fused to titanium and titanium alloys	495	D7250	Removal of residual tooth roots.....	141
D6245	Pontic - porcelain/ceramic.....	560	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	217
D6250	Pontic - resin with high noble metal.....	495	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6251	Pontic - resin with predominately base metal.....	495	D7280	Exposure of an unerupted tooth	153
D6252	Pontic - resin with noble metal.....	495	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad ...	141
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad....	141
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad	141
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad	141
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7471	Removal of lateral exostosis	351
D6602	Retainer inlay - cast high noble metal, two surfaces ...	407	D7509	Marsupialization of odontogenic cyst	400
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	425	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6604	Retainer inlay - cast predominantly base metal, two surfaces	407	D7910	Suture of recent small wounds up to 5 cm.....	59
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425	D7921	Collection application of blood concentrate	40
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D6607	Retainer inlay - cast noble metal, >=3 surfaces	425	D7961	Buccal/labial frenectomy (frenulectomy)	263
D6608	Retainer onlay - porc./ceramic, two surfaces.....	479	D7962	Lingual frenectomy (frenulectomy)	263
D6609	Retainer onlay - porc./ceramic, three or more surfaces	499	D7971	Excision of pericoronal gingiva	131
D6610	Retainer onlay - cast high noble metal, two surfaces..	458	D7979	Non-surgical sialolithotomy.....	43
D6611	Retainer onlay - cast high noble metal, >=3 surfaces ..	524			
D6612	Retainer onlay - cast predominantly base metal, two surfaces	458			
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524			
D6614	Retainer onlay - cast noble metal, two surfaces.....	458			
D6615	Retainer onlay - cast noble metal, >=3 surfaces	524			
D6720	Retainer crown - resin with high noble metal	495			
D6721	Retainer crown - resin with predominantly base metal	495			
D6722	Retainer crown - resin with noble metal	495			
D6740	Retainer crown - porcelain/ceramic	560			
D6750	Retainer crown - porcelain fused to high noble metal	523			
D6751	Retainer crown - porcelain fused to predominantly base metal	523			
D6752	Retainer crown - porcelain fused to noble metal	523			
D6780	Retainer crown - 3/4 cast high noble metal	470			
D6781	Retainer crown - 3/4 cast predominantly base metal ..	470			
D6782	Retainer crown - 3/4 cast noble metal	470			
Oral Surgery²					
D8010	Limited ortho. treatment of the primary dentition	3304			
D8020	Limited ortho. treatment of the transitional dentition	3304			
D8030	Limited ortho treatment - adolescent dentition	3422			
D8070	Comp. ortho. treatment - transitional dentition	3304			
D8080	Comp. ortho. treatment - adolescent dentition	3422			
D8090	Comp. ortho. treatment - adult dentition	3658			
D8210	Removable appliance therapy	770			
D8220	Fixed appliance therapy	783			
D8660	Pre-orthodontic treatment visit	413			
D8670	Periodic ortho. treatment visit (as part of contract) ..	118			
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413			
Adjunctive General Services					
D9110	Palliative treatment of dental pain – per visit	43			
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0			
D9211	Regional block anesthesia	0			
D9212	Trigeminal division block anesthesia	0			
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0			
D9219	Evaluation for deep sedation or general anesthesia ...	0			
D9222	Deep sedation/general anesthesia - first 15 minutes..	103			
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	103			
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37			
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	103			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	103	
D9310	Consultation (diagnostic service by nontreating dentist)	43	
D9610	Therapeutic parenteral drug, single admin.	26	
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.....	272	
D9945	Occlusal guard – soft appliance, full arch.....	272	
D9946	Occlusal guard – hard appliance, partial arch	272	
D9950	Occlusion analysis - mounted case.....	104	
D9951	Occlusal adjustment - limited.....	66	
D9952	Occlusal adjustment - complete.....	266	
D9953	Reline custom sleep apnea appliance (indirect).....	175	
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	
<p>1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.</p> <p>2. See exclusion #15 and limitation #24 for additional coverage information.</p>			
<p>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.</p>			
<h3>Plan Exclusions</h3> <p>Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.</p> <ol style="list-style-type: none"> 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) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services. 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. 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. 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. 			
<h3>Plan Limitations</h3> <ol style="list-style-type: none"> One (1) evaluation (D0120, D0140, D0145, D0150, D0180) is covered per six (6) months, per patient. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient. One (1) fluoride application every six (6) months, per patient. One (1) set of bitewing x-rays are covered per six (6) months. 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. One (1) sealant per tooth is covered per 36 months, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay). One (1) application of caries arresting medicament per primary tooth is covered per lifetime. 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. 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%. One (1) relining and rebasing of dentures is covered per 24 months, per patient. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant. 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. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240) and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months. One (1) full mouth debridement is covered per lifetime, per patient. 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. One (1) periodontal surgery of any type, including any associated material, is covered every 24 months, per quadrant or surgical site. Periodontal maintenance is covered four (4) times per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy. 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. Coronectomy, intentional partial tooth removal, one (1) per lifetime. 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). 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. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan. 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. 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. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure. 			