



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 NETWORKS²

Choice PPO network offers access to over 367,000 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.

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

Access to discounts on hearing aids and services.⁵

DIGIBITE TELEDENTISTRY APP

DominionNational.com/teledentistry

Receive a dental consultation without leaving your home or office!

Z DENTAL DISCOUNT

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



DOMINION NATIONAL GO MOBILE COMMUNICATION SERVICE

Register at DominionNational.com/go or by calling 888.596.0716



LIVE CHAT SUPPORT

Visit 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.

¹ Dominion National Internal Performance Report, 2023.

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

³ Participating providers are subject to change.

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

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



Select Plan Premium Kids 706s (VA) Description of Services, Member Copayments, Exclusions and Limitations for Pediatric Services

- Coverage continues through end of 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.
- The out-of-pocket maximum of \$425 applies per covered child under age 19. A family with 2 or more covered children under age 19 will have an aggregate out-of-pocket maximum of \$850 for all children under age 19 with no child contributing more than the single child MOOP. The member shall only be responsible for the

- copayment listed in Member Copayment column. Any procedure listed that has a Member Copayment above the annual out-of-pocket maximum may apply as these procedures are not considered medically necessary and are included as additional benefits.
- The Plan is responsible for the difference between the Actual Copayment and the Member Copayment for all medically necessary treatment.
- 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)	ACTUAL COPAYMENT(S)
Diagnostic/Preventive			
D0120	Office visit	0	0
D0140	Periodic oral eval - established patient	0.....	0
D0145	Limited oral eval - problem focused.....	0.....	0
D0150	Oral eval for a patient under 3 years of age	0.....	0
D0160	Comprehensive oral eval - new or established patient	0.....	0
D0170	Detailed and extensive oral eval - problem focused.....	0.....	0
D0210	Re-evaluation - limited, problem focused	0.....	0
D0220/30	Intraoral – comprehensive series of radiographic images.....	0.....	0
D0240	Intraoral - periapical first film and each additional	0.....	0
D0250	Intraoral - occlusal film	0.....	0
D0270-74	Extraoral - first film	0.....	0
D0277	Bitewing x-rays - 1-4 films.....	0.....	0
D0330	Vertical bitewings - 7 to 8 films	0.....	0
D0340	Panoramic film	0.....	0
D0350	CEphalometric film	0.....	0
D0351	Oral/facial photographic images	0.....	0
D0372	3D photographic image	0.....	0
D0373	Intraoral tomosynthesis – comprehensive series of radiographic images	0.....	0
D0374	Intraoral tomosynthesis – bitewing radiographic image	0.....	0
D0387	Intraoral tomosynthesis – periapical radiographic image	0.....	0
D0388	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0.....	0
D0389	Intraoral tomosynthesis – bitewing radiographic image – image capture only.....	0.....	0
D0460	Intraoral tomosynthesis – periapical radiographic image – image capture only.....	0.....	0
D0470	Pulp vitality tests	0.....	0
D0600	Diagnostic casts	0.....	0
D0601/02/03	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0.....	0
	Caries risk assessment & documentation, with a finding of low/ moderate/high risk.....	0.....	0
D0701-09	Caries risk assessment & documentation, with a finding of low/ moderate/high risk.....	0.....	0
D1110	Image capture only procedures.....	0.....	0
D1120	Prophylaxis (cleaning) - adult	0.....	0
D1206	Prophylaxis (cleaning) - child	0.....	0
D1208	Topical application of fluoride varnish.....	0.....	0
D1310/20/21/30	Topical application of fluoride - excluding varnish	0.....	0
D1351	Oral hygiene instructions.....	0.....	0
D1352	Sealant - per tooth	0.....	0
D1354	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	0.....	0
D1355	Application of caries arresting medicament - per tooth.....	0.....	0
D1510/20	Caries preventive medicament application – per tooth	0.....	0
	Space maintainer - fixed/removable, unilateral - per quadrant	0.....	0

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular	0.....	0
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular	0.....	0
D1551/52/53	Re-cement/re-bond bilateral/unilateral space maintainer – maxillary/mandibular	0.....	0
D1556/57/58	Removal of fixed bilateral/unilateral space maintainer – maxillary/mandibular	0.....	0
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	0.....	0
Restorative (Fillings)			
D2140	Amalgam - one surface, prim. or perm.	21.....	21
D2150	Amalgam - two surfaces, prim. or perm.	26.....	26
D2160	Amalgam - three surfaces, prim. or perm.	32.....	32
D2161	Amalgam - >=4 surfaces, prim. or perm.	39.....	39
D2330	Resin-based composite - one surface, anterior	35.....	35
D2331	Resin-based composite - two surfaces, anterior	42.....	42
D2332	Resin-based composite - three surfaces, anterior	50.....	50
D2335	Resin-based composite - >=4 surfaces, anterior.....	60.....	60
D2390	Resin-based composite crown, anterior.....	96.....	96
D2391	Resin-based composite - one surface, posterior	37.....	37
D2392	Resin-based composite - two surfaces, posterior	44.....	44
D2393	Resin-based composite - three surfaces, posterior	51.....	51
D2394	Resin-based composite - >=4 surfaces, posterior	62.....	62
Crown & Bridge			
D2510/20	Inlay- metallic - one to two surfaces.....	204.....	204
D2530	Inlay - metallic - three or more surfaces.....	213.....	213
D2542	Onlay - metallic-two surfaces	229.....	229
D2543/44	Onlay - metallic - three or more surfaces	262.....	262
D2610/20	Inlay - porcelain/ceramic - one to two surfaces	214.....	214
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223.....	223
D2642	Onlay - porcelain/ceramic - two surfaces.....	240.....	240
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	250.....	250
D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	220.....	220
D2662/63/64	Onlay - resin-based composite - >=2 surfaces	222.....	222
D2710	Crown - resin based composite (indirect).....	136.....	136
D2712	Crown - 3/4 resin-based composite (indirect).....	243.....	243
D2720/21/22	Crown - resin with metal	248.....	248
D2740	Crown - porcelain/ceramic	280.....	280
D2750/51/52/53	Crown - porcelain fused to metal	262.....	262
D2780/81/82	Crown - 3/4 cast with metal	239.....	239
D2783	Crown - 3/4 porcelain/ceramic	256.....	256
D2790-94	Crown - full cast metal.....	248.....	248
D2910/20	Recement inlay, onlay/crown or partial coverage rest	22.....	22
D2915	Recement cast or prefab. post and core.....	41.....	41
D2928/29	Prefab. porcelain/ceramic crown - prim. or perm. tooth	280.....	280
D2930	Prefab. stainless steel crown - prim. tooth	55.....	55
D2931	Prefab. stainless steel crown - perm. tooth.....	61.....	61
D2932	Prefabricated resin crown	70.....	70
D2933	Prefab. stainless steel crown w/ resin window	136.....	136
D2934	Prefab. esthetic coated primary tooth	148.....	148
D2940	Protective restoration	20.....	20
D2941	Interim therapeutic restoration, primary dentition.....	16.....	16
D2950	Core buildup, including any pins	63.....	63
D2951	Pin retention - per tooth, in addition to restoration	11.....	11
D2952	Post and core in addition to crown	93.....	93
D2954	Prefab. post and core in addition to crown	77.....	77
D2955	Post removal (not in conj. with endo. therapy).....	53.....	53
D2962	Labial veneer (porcelain laminate) - laboratory	225.....	225
D2970	Temporary crown (fractured tooth)	0.....	0
D2980/81/82/83	Crown, inlay, onlay or veneer repair.....	51.....	51
Endodontics¹			
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	16.....	16
D3220	Therapeutic pulpotomy (excl. final restor.).....	41.....	41
D3221	Pulpal debridement, prim. and perm. teeth	47.....	47
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80.....	80
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82.....	82
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171.....	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209.....	209
D3330	Endodontic therapy, molar tooth (excluding final restoration)	256.....	256

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D3333	Internal root repair of perforation defects	53.....	53
D3346	Retreat of prev. root canal therapy, anterior	194.....	194
D3347	Retreat of prev root canal therapy - premolar	233.....	233
D3348	Retreat of prev. root canal therapy, molar	279.....	279
D3351	Apexification/recalcification - initial visit.....	101.....	101
D3352	Apexification/recalcification - interim med. repl.....	295.....	295
D3353	Apexification/recalcification - final visit	225.....	225
D3355	Pulpal regeneration - initial visit.....	101.....	101
D3356	Pulpal regeneration - interim medication replacement	295.....	295
D3357	Pulpal regeneration - completion of treatment	225.....	225
D3410	Apicoectomy - anterior	162.....	162
D3421	Apicoectomy - premolar (first root).....	182.....	182
D3425	Apicoectomy - molar (first root)	209.....	209
D3426	Apicoectomy - (each add. root)	76.....	76
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	372.....	372
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site.....	291.....	291
D3430	Retrograde filling - per root.....	60.....	60
D3450	Root amputation - per root	117.....	117
D3471	Surgical repair of root resorption - anterior	162.....	162
D3472	Surgical repair of root resorption – premolar	182.....	182
D3473	Surgical repair of root resorption – molar	209.....	209
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	162.....	162
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	182.....	182
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	209.....	209
D3920	Hemisection, not inc. root canal therapy	117.....	117
D3921	Decoronation or submergence of an erupted tooth	100.....	100
D3950	Canal prep/fitting of preformed dowel or post	68.....	68
Periodontics¹			
D0180	Comp. periodontal eval - new or established patient	0.....	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	140.....	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	50.....	50
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	173.....	173
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	53.....	53
D4249	Clinical crown lengthening - hard tissue	288.....	288
D4260	Osseous surgery - >3 cont. teeth, per quad	250.....	250
D4261	Osseous surgery - <=3 cont. teeth, per quad	196.....	196
D4263	Bone replacement graft, first site in quad	372.....	372
D4264	Bone replacement graft, each add. site in quad.....	291.....	291
D4268	Surgical revision proc., per tooth	179.....	179
D4270	Pedicle soft tissue graft procedure	322.....	322
D4273	Autogenous connective tissue graft proc.	375.....	400
D4274	Mesial/distal wedge procedure, single tooth	154.....	154
D4277	Free soft tissue graft, per tooth	327.....	327
D4278	Free soft tissue graft, each add. tooth	50.....	50
D4286	Removal of non-resorbable barrier.....	90.....	90
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	214.....	214
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	189.....	189
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55.....	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad	32.....	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23.....	23
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	45.....	45
D4381	Localized delivery of antimicrobial agents.....	49.....	49
D4910	Periodontal maintenance	37.....	37
Prosthetics (Dentures)			
D5110/20	Complete denture - maxillary/mandibular.....	349.....	349
D5130/40	Immediate denture - maxillary/mandibular	361.....	361
D5211/12	Maxillary/mandibular partial denture - resin base.....	325.....	325
D5213/14	Maxillary/mandibular partial denture - cast metal framework	375.....	375
D5221/22	Immediate maxillary/mandibular partial denture.....	325.....	325
D5223/24	Immediate maxillary/mandibular partial denture.....	375.....	375

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5225/26	Maxillary/mandibular partial denture - flexible base.....	375.....	375
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	375.....	375
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	375.....	375
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	210.....	210
D5284/86	Rem. unilateral partial denture – one piece flexible/resin base.....	210.....	210
D5410/11	Adjust complete denture - maxillary/mandibular	19.....	19
D5421/22	Adjust partial denture - maxillary/mandibular.....	19.....	19
D5511/12	Repair broken complete denture base, maxillary/mandibular.....	44.....	44
D5520	Replace missing or broken teeth - complete denture	44.....	44
D5611/12	Repair resin partial denture base, maxillary/mandibular.....	44.....	44
D5621/22	Repair cast partial framework, maxillary/mandibular.....	44.....	44
D5630/60	Clasp repaired, replaced or added	58.....	58
D5640/50	Replace broken tooth/add tooth to existing partial denture	44.....	44
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular).....	144.....	144
D5710/11	Rebase complete maxillary/mandibular denture.....	130.....	130
D5720/21	Rebase maxillary/mandibular partial denture.....	130.....	130
D5725	Rebase hybrid prosthesis.....	130.....	130
D5730/31	Reline complete maxillary/mandibular denture (direct).....	80.....	80
D5740/41	Reline maxillary/mandibular partial denture (direct).....	78.....	78
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	112.....	112
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	112.....	112
D5765	Soft liner for complete or partial removable denture – indirect	50.....	50
D5810/11	Interim complete denture - maxillary/mandibular.....	181.....	181
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	181.....	181
D5850/51	Tissue conditioning - maxillary/mandibular	40.....	40
D5951	Feeding aid	425.....	698
Bridge & Pontics			
D6205	Pontic - indirect resin based composite	223.....	223
D6210-14	Pontic - metal	248.....	248
D6240/41/42	Pontic - porcelain fused to metal	262.....	262
D6243	Pontic – porcelain fused to titanium and titanium alloys.....	248.....	248
D6245	Pontic - porcelain/ceramic.....	280.....	280
D6250/51/52	Pontic - resin with metal.....	248.....	248
D6545	Ret. - cast metal for resin bonded fixed prosthesis	126.....	126
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	197.....	197
D6549	Resin retainer - for resin bonded fixed prosthesis.....	126.....	126
D6600	Retainer inlay - porc./ceramic, two surfaces	214.....	214
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223.....	223
D6602	Retainer inlay - cast high noble metal, two surfaces	204.....	204
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	213.....	213
D6604	Retainer inlay - cast predominantly base metal, two surfaces	204.....	204
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213.....	213
D6606	Retainer inlay - cast noble metal, two surfaces	204.....	204
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213.....	213
D6608	Retainer onlay - porc./ceramic, two surfaces	240.....	240
D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	250.....	250
D6610	Retainer onlay - cast high noble metal, two surfaces.....	229.....	229
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	262.....	262
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	229.....	229
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	262.....	262
D6614	Retainer onlay - cast noble metal, two surfaces.....	229.....	229
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262.....	262
D6710	Retainer crown - indirect resin based composite	223.....	223
D6720/21/22	Retainer crown - resin with metal	248.....	248
D6740	Retainer crown - porcelain/ceramic	280.....	280
D6750/51/52	Retainer crown - porcelain fused to metal	262.....	262
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	248.....	248
D6780/81/82	Retainer crown - 3/4 cast metal	235.....	235
D6783	Retainer crown - 3/4 porc./ceramic	256.....	256
D6784	Retainer crown – 3/4 titanium and titanium alloys	248.....	248
D6790-94	Retainer crown - full cast metal.....	248.....	248
D6930	Recement or rebond fixed partial denture	35.....	35
D6980	Fixed partial denture repair, by report	86.....	86

DESCRIPTION

MEMBER
COPAYMENT(S)ACTUAL
COPAYMENT(S)Oral Surgery¹

D7111	Extraction, coronal remnants - primary tooth	28.....	28
D7140	Extraction, erupted tooth or exposed root	35.....	35
D7210	Extraction, erupted tooth req. bone cut	67.....	67
D7220	Removal of impacted tooth - soft tissue	76.....	76
D7230	Removal of impacted tooth - partially bony	98.....	98
D7240	Removal of impacted tooth - completely bony	121.....	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109.....	109
D7250	Removal of residual tooth roots.....	71.....	71
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	109.....	109
D7260	Oroantral fistula closure	289.....	289
D7261	Primary closure of a sinus perforation	233.....	233
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113.....	113
D7280	Exposure of an unerupted tooth	77.....	77
D7282	Mobil. of erupted/malpositioned tooth to aid eruption	116.....	116
D7283	Place. of device to facilitate erupt. of impacted tooth	72.....	72
D7285	Biopsy of oral tissue - hard (bone, tooth)	194.....	194
D7286	Biopsy of oral tissue - soft (all others)	148.....	148
D7288	Brush biopsy - transepithelial sample collect	47.....	47
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	30.....	30
D7310/20	Alveoplasty, per quadrant	71.....	71
D7311/21	Alveoplasty in conj. with/out extractions.....	71.....	71
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	177.....	177
D7451	Removal of benign odon cyst/tumor - diam >1.25cm	272.....	272
D7471	Removal of lateral exostosis	176.....	176
D7472/73	Removal of torus palatinus/mandibularis	240.....	240
D7485	Surgical reduction of osseous tuberosity	284.....	284
D7509	Marsupialization of odontogenic cyst.....	360.....	360
D7510	Incision and drainage of abscess - intraoral soft tissue	48.....	48
D7511	Incision/drainage of abscess - intra. soft tissue, comp.....	56.....	56
D7880	Occlusal orthotic device for TMJ, by report	136.....	136
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25.....	25
D7961/62	Buccal/labial or lingual frenectomy (frenulectomy)	132.....	132
D7963	Frenuloplasty.....	147.....	147
D7970	Excision of hyperplastic tissue - per arch.....	117.....	117
D7971	Excision of pericoronal gingiva	66.....	66
D7972	Surgical reduction of fibrous tuberosity.....	261.....	261
D7979	Non-surgical sialolithotomy.....	22.....	22

Orthodontics²

D8020	Limited ortho. treatment of the transitional dentition	425.....	3304
D8030	Limited ortho treatment - adolescent dentition	425.....	3422
D8040	Limited ortho treatment - adult dentition.....	425.....	3658
D8070	Comp. ortho. treatment - transitional dentition	425.....	3304
D8080	Comp. ortho. treatment - adolescent dentition	425.....	3422
D8090	Comp. ortho. treatment - adult dentition	425.....	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting).....	425.....	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting).....	425.....	783
D8660	Pre-orthodontic treatment visit	413.....	413
D8670	Periodic ortho. treatment visit (as part of contract)	118.....	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	413.....	413
D8701/02	Repair of fixed retainer, includes reattachment – maxillary/mandibular	174.....	174
D8703/04	Replacement of lost or broken retainer – maxillary/mandibular	179.....	179
D8999	Unspecified orthodontic procedure, by report	0.....	0

Adjunctive General Services

D9110	Palliative treatment of dental pain – per visit	22.....	22
D9210/15	Local anesthesia	0.....	0
D9211/12	Regional block anesthesia	0.....	0
D9219	Evaluation for deep sedation or general anesthesia	0.....	0
D9222/23	Deep sedation/general anesthesia - each 15 minute increment.....	52.....	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19.....	19
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment	52.....	52
D9248	Non-intravenous conscious sedation	73.....	73
D9310	Consultation (diagnostic service by nontreating dentist)	22.....	22
D9420	Hospital call	175.....	175

**ADA
CODE**

DESCRIPTION

**MEMBER
COPAYMENT(S)**

**ACTUAL
COPAYMENT(S)**

D9440	Office visit after regularly scheduled hours.....	45.....	45
D9610	Therapeutic parenteral drug, single admin.....	13.....	13
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.....	35.....	35
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190.....	190
D9630	Drugs or medicaments dispensed in the office for home use.....	21.....	21
D9910	Application of desensitizing medicament	16.....	16
D9920	Behavior management, by report	34.....	34
D9930	Treatment of complications (post-surgical)	22.....	22
D9944/45/46	Occlusal guard – hard/soft appliance, full/partial arch	136.....	136
D9950	Occlusion analysis - mounted case.....	52.....	52
D9951	Occlusal adjustment - limited.....	33.....	33
D9952	Occlusal adjustment - complete	133.....	133
D9953	Reline custom sleep apnea appliance (indirect).....	158.....	158
D9986	Missed appointment	50.....	50
D9995/96	Teledentistry - synchronous/asynchronous.....	0.....	0
D9997	Dental case management – patients with special health care needs...	50.....	50

- 1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. See Plan Exclusion #13.
- 2 See limitation #23 for additional coverage information.

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.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not medically necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, 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 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 or an occlusal orthotic device, by report, for temporomandibular pain, dysfunction or associated musculature.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics and palliative emergency pain treatment). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia are not covered benefits under this policy. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #23 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145 or D0150) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride treatment is covered per six (6) months, per patient.
4. One (1) sealant per tooth, per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
5. One (1) application of caries arresting medicament per primary tooth is covered per lifetime

6. One (1) space maintainer (D1510, D1516, D1517, D1520, D1526 or D1527) is covered per 12 months, per quadrant (unilateral) or per arch (bilateral), per patient; one (1) distal shoe space maintainer (D1575), fixed, unilateral per 24 months.
7. Replacement of a filling is covered if it is more than 12 months from the date of original placement.
8. Replacement of an onlay (porcelain/ceramic, four or more surfaces), crown, denture or labial veneer is covered if it is more than five (5) years from the date of original placement.
9. Replacement of a primary stainless steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
10. Relining and rebasing of dentures is covered once per tooth per 24 months, per patient, only after six (6) months of initial placement.
11. Root canal treatment is covered once per tooth, per lifetime, per patient. Retreatment of previous root canal therapy is covered once per tooth, per lifetime, per patient.
12. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per quadrant, per patient.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
14. Full mouth debridement is covered once per 12 months, 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, per patient. Must have pocket depths of five (5) millimeters or greater.
16. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site, per patient.
17. Periodontal maintenance after active therapy is covered four (4) times per 12 months, per patient.
18. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. General anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 150 minutes or 10 units of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment.
21. Occlusal guard, by report (for grinding and clenching of teeth)
22. Apexification, apicoectomy and clinical crown lengthening are each covered once per tooth, per provider, per lifetime.
23. Orthodontics is only covered if medically necessary and is limited to once per lifetime. Patient copayments will apply to the routine orthodontic appliance portion of services only, including pre-orthodontic visit, radiographs, treatment plan, records, diagnostic models, initial banding, debanding, one set of retainers and 12 months of retainer adjustments. Additional costs incurred will become the patient's responsibility.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.