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

### VALUE-ADDED BENEFITS

#### SMILEDIRECTCLUB

[DominionNational.com/sdc](https://DominionNational.com/sdc)

Orthodontic clear aligners offer a cost-effective alternative to traditional braces.<sup>6</sup>

#### HEARING DISCOUNT PROGRAM

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

Access to discounts on hearing aids and services.<sup>7</sup>

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Receive a dental consultation without leaving your home or office!

1 Dominion National Internal Performance Report, 2021.

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

3 Participating providers are subject to change.

4 Dominion National customer satisfaction survey, based on renewing members, 2021.

5 Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2021. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

6 Visit [DominionNational.com/sdc](https://DominionNational.com/sdc) for full details. Not all individuals are suitable candidates for clear aligners. These services, which are offered and arranged for by SmileDirectClub, are intended for certain individuals who have mild or moderate orthodontic needs and only if approved by a state-licensed dentist or orthodontist. Dominion National is not a provider of dental care services.

7 Visit [amplifonusa.com/dn](https://amplifonusa.com/dn) for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.

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



**Select Plan Basic 703xa (VA)**  
**Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)**  
 - Coverage begins the first day of the month following the month in which the Member turns 19 -

**Plan Highlights**

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>			D1208	Topical application of fluoride - excluding varnish	0
D9439	Office visit.....	10	D1310	Nutritional counseling for control of dental disease.....	0
D0120	Periodic oral eval - established patient .....	0	D1320	Tobacco counseling for the control and prevention of oral disease .....	0
D0140	Limited oral eval - problem focused .....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use...	0
D0150	Comprehensive oral eval - new or established patient .....	0	D1330	Oral hygiene instructions.....	0
D0160	Detailed and extensive oral eval - problem focused .....	0	<b>Restorative (Fillings)</b>		
D0170	Re-evaluation - limited, problem focused .....	0	D2140	Amalgam - one surface, prim. or perm. ....	41
D0180	Comp. periodontal eval - new or established patient .....	36	D2150	Amalgam - two surfaces, prim. or perm.....	51
D0210	Intraoral - complete series of radiographic images .....	26	D2160	Amalgam - three surfaces, prim. or perm. ....	64
D0220	Intraoral - periapical first radiographic image .....	0	D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78
D0230	Intraoral - periapical each add. radiographic image .....	0	D2330	Resin-based composite - one surface, anterior ...	69
D0240	Intraoral - occlusal radiographic image .....	0	D2331	Resin-based composite - two surfaces, anterior ..	83
D0250	Extra-oral - 2D projection radiographic image .....	0	D2332	Resin-based composite - three surfaces, anterior	99
D0270-74	Bitewing x-rays - 1 to 4 radiographic images .....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	119
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2390	Resin-based composite crown, anterior.....	192
D0330	Panoramic radiographic image .....	30	D2391	Resin-based composite - one surface, posterior ..	73
D0340	2D cephalometric radiographic image .....	0	D2392	Resin-based composite - two surfaces, posterior.	87
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally .....	0	D2393	Resin-based composite - three surfaces, posterior .....	102
D0351	3D photographic image .....	0	D2394	Resin-based composite - >=4 surfaces, posterior.	123
D0460	Pulp vitality tests .....	0	<b>Crown &amp; Bridge</b>		
D0470	Diagnostic casts .....	0	D2510	Inlay - metallic - one surface.....	407
D0701	Panoramic radiographic image – image capture only.....	0	D2520	Inlay - metallic - two surfaces.....	407
D0702	2-D cephalometric radiographic image – image capture only .....	0	D2530	Inlay - metallic - three or more surfaces.....	425
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2542	Onlay - metallic-two surfaces .....	458
D0704	3-D photographic image – image capture only ....	0	D2543	Onlay - metallic-three surfaces.....	524
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2544	Onlay - metallic-four or more surfaces.....	524
D0706	Intraoral – occlusal radiographic image – image capture only .....	0	D2610	Inlay - porcelain/ceramic - one surface .....	427
D0707	Intraoral – periapical radiographic image – image capture only .....	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	427
D0708	Intraoral – bitewing radiographic image – image capture only .....	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445
D0709	Intraoral – complete series of radiographic images – image capture only.....	0	D2642	Onlay - porcelain/ceramic - two surfaces .....	479
D1110	Prophylaxis (cleaning) - adult .....	13	D2643	Onlay - porcelain/ceramic - three surfaces.....	499
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	499
D1206	Topical application of fluoride varnish.....	0	D2650	Inlay - resin-based composite - one surface .....	440
			D2651	Inlay - resin-based composite - two surfaces .....	440
			D2652	Inlay - resin-based composite - >=3 surfaces.....	440
			D2662	Onlay - resin-based composite - two surfaces.....	444
			D2663	Onlay - resin-based composite - three surfaces ...	444
			D2664	Onlay - resin-based composite - >=4 surfaces.....	444
			D2710	Crown - resin based composite (indirect).....	272
			D2712	Crown - 3/4 resin-based composite (indirect).....	485
			D2720/21/22	Crown - resin with metal .....	495

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2740	Crown - porcelain/ceramic .....	560			
D2750/51/52	Crown - porcelain fused metal .....	523			
D2753	Crown - porcelain fused to titanium and titanium alloys .....	523			
D2780/81/82	Crown - 3/4 cast with metal .....	478			
D2783	Crown - 3/4 porcelain/ceramic.....	511			
D2790/91/92	Crown - full cast metal.....	495			
D2794	Crown - titanium and titanium alloys	523			
D2910/20	Recement inlay, onlay/crown or partial coverage rest. ....	43			
D2931	Prefab. stainless steel crown .....	121			
D2932	Prefabricated resin crown .....	140			
D2940	Protective restoration .....	39			
D2950	Core buildup, including any pins .....	125			
D2951	Pin retention - per tooth, in addition to restoration.....	22			
D2952	Post and core in addition to crown .....	186			
D2954	Prefab. post and core in addition to crown .....	154			
D2955	Post removal (not in conj. with endo. therapy)....	105			
D2980	Crown repair necessitated by restorative material failure .....	102			
D2981	Inlay repair necessitated by restorative material failure .....	102			
D2982	Onlay repair necessitated by restorative material failure .....	102			
<b>Endodontics<sup>1</sup></b>					
D3110/20	Pulp cap - direct/indirect (excl. final restoration).	32			
D3220	Therapeutic pulpotomy (excl. final restor.).....	81			
D3221	Pulpal debridement.....	94			
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth .....	82			
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth .....	140			
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	341			
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	418			
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	512			
D3333	Internal root repair of perforation defects .....	105			
D3346	Retreat of prev. root canal therapy, anterior .....	387			
D3347	Retreat of prev. root canal therapy, premolar .....	465			
D3348	Retreat of prev. root canal therapy, molar .....	558			
D3410	Apicoectomy - anterior .....	323			
D3421	Apicoectomy - premolar (first root) .....	364			
D3425	Apicoectomy - molar (first root) .....	418			
D3426	Apicoectomy - (each add. root) .....	152			
D3430	Retrograde filling - per root.....	119			
D3450	Root amputation - per root .....	234			
D3471	Surgical repair of root resorption - anterior .....	323			
D3472	Surgical repair of root resorption - premolar .....	364			
D3473	Surgical repair of root resorption - molar .....	418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	323			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	364			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar .....	418			
D3920	Hemisection, not inc. root canal therapy .....	234			
D3921	Decoronation or submergence of an erupted tooth .....	107			
D3950	Canal prep/fitting of preformed dowel or post....	136			
			<b>Periodontics<sup>1</sup></b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	279			
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	100			
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345			
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	106			
D4260	Osseous surgery - >3 cont. teeth, per quad .....	499			
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	392			
D4263	Bone replacement graft - retained natural tooth - first site in quad.....	613			
D4264	Bone replacement graft - retained natural tooth - each additional site in quad .....	480			
D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	336			
D4268	Surgical revision proc., per tooth .....	358			
D4270	Pedicle soft tissue graft procedure .....	530			
D4273	Autogenous connective tissue graft procedure, first tooth.....	660			
D4274	Mesial/distal wedge procedure, single tooth.....	308			
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	705			
D4277	Free soft tissue graft procedure, first tooth .....	540			
D4278	Free soft tissue graft procedure, each add. tooth .....	83			
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	109			
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	63			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	51			
D4355	Full mouth debridement .....	89			
D4381	Localized delivery of antimicrobial agents.....	98			
D4910	Periodontal maintenance .....	74			
			<b>Prosthetics (Dentures)</b>		
D5110/20	Complete denture - maxillary/mandibular.....	697			
D5130/40	Immediate denture - maxillary/mandibular .....	722			
D5211/12	Maxillary/mandibular partial denture - resin base.....	649			
D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750			
D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth) .....	649			
D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649			
D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth) .....	750			
D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750			
D5225/26	Maxillary/mandibular partial denture - flexible base .....	750			
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	750			
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular .....	419			



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	419	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	425
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6606	Retainer inlay - cast noble metal, two surfaces....	407
D5410/11	Adjust complete denture - maxillary/mandibular	38	D6607	Retainer inlay - cast noble metal, >=3 surfaces ....	425
D5421/22	Adjust partial denture - maxillary/mandibular.....	38	D6608	Retainer onlay - porc./ceramic, two surfaces .....	479
D5511	Repair broken complete denture base, mandibular .....	87	D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	499
D5512	Repair broken complete denture base, maxillary.	87	D6610	Retainer onlay - cast high noble metal, two surfaces .....	458
D5520	Replace missing or broken teeth - complete denture.....	87	D6611	Retainer onlay - cast high noble metal, >=3 surfaces .....	524
D5611	Repair resin partial denture base, mandibular.....	87	D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	458
D5612	Repair resin partial denture base, maxillary.....	87	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	524
D5621	Repair cast partial framework, mandibular.....	87	D6614	Retainer onlay - cast noble metal, two surfaces...	458
D5622	Repair cast partial framework, maxillary.....	87	D6615	Retainer onlay - cast noble metal, >=3 surfaces...	524
D5630/60	Clasp repaired, replaced or added .....	115	D6720/21/22	Retainer crown - resin with metal .....	495
D5640	Replace broken teeth - per tooth .....	87	D6740	Retainer crown - porcelain/ceramic .....	560
D5650	Add tooth to existing partial denture.....	87	D6750/51/52	Retainer crown - porcelain fused metal .....	523
D5670/71	Replace all teeth and acrylic on cast metal framework.....	287	D6753	Retainer crown – porcelain fused to titanium and titanium alloys.....	523
D5710/11	Rebase complete maxillary/mandibular denture.	260	D6780	Retainer crown - 3/4 cast high noble metal .....	470
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6781	Retainer crown - 3/4 cast predominantly base metal .....	470
D5725	Rebase hybrid prosthesis.....	260	D6782	Retainer crown - 3/4 cast noble metal .....	470
D5730/31	Reline complete maxillary/mandibular denture (direct).....	159	D6783	Retainer crown - 3/4 porc./ceramic .....	511
D5740/41	Reline maxillary/mandibular partial denture (direct).....	155	D6784	Retainer crown – 3/4 titanium and titanium alloys .....	523
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	224	D6790/91/92	Retainer crown - full cast metal.....	495
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	224	D6794	Retainer crown - titanium .....	523
D5765	Soft liner for complete or partial removable denture – indirect.....	53	D6930	Recement or rebond fixed partial denture.....	69
D5810/11	Tissue conditioning - maxillary/mandibular .....	79	D6980	Fixed partial denture repair, by report .....	172
D5820/21	Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary/ mandibular	362	<b>Oral Surgery<sup>1</sup></b>		
D5850/51	Tissue conditioning - maxillary/mandibular .....	79	D7111	Extraction, coronal remnants - primary tooth .....	56
<b>Bridge &amp; Pontics</b>			D7140	Extraction, erupted tooth or exposed root .....	69
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7210	Extraction, erupted tooth req elev, etc .....	133
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	D7220	Removal of impacted tooth - soft tissue .....	151
D6210/11/12	Pontic - metal .....	495	D7230	Removal of impacted tooth - partially bony.....	196
D6240/41/42	Pontic - porcelain fused metal.....	523	D7240	Removal of impacted tooth - completely bony ....	241
D6243	Pontic – porcelain fused to titanium and titanium alloys .....	523	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	217
D6245	Pontic - porcelain/ceramic.....	560	D7250	Removal of residual tooth roots .....	141
D6250/51/52	Pontic - resin with metal.....	495	D7251	Coronectomy - intentional partial tooth removal	217
D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	251	D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	226
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	393	D7280	Exposure of an unerupted tooth .....	153
D6549	Resin retainer - for resin bonded fixed prosthesis	251	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D6600	Retainer inlay - porc./ceramic, two surfaces .....	427	D7310/20	Alveoloplasty, per quad.....	141
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	445	D7510	Incision and drainage of abscess - intraoral soft tissue .....	96
D6602	Retainer inlay - cast high noble metal, two surfaces .....	407	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces .....	425	D7961	Buccal/labial frenectomy (frenulectomy).....	263
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	407	D7962	Lingual frenectomy (frenulectomy) .....	263
			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
			D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)) .....	413

**Adjunctive General Services**

D9110	Palliative (emergency) treatment of dental pain..	43
D9210/15	Local anesthesia .....	0
D9211	Regional block anesthesia .....	0
D9212	Trigeminal division block anesthesia .....	0
D9219	Evaluation for deep sedation or general anesthesia .....	0
D9222	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) .....	43
D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190
D9910	Application of desensitizing medicament .....	31
D9930	Treatment of complications (post-surgical) .....	43
D9944	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
D9986	Missed appointment .....	50
D9995	Teledentistry – synchronous; real-time encounter .....	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs.....	50

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

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

**Plan Exclusions**

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

- Services which are covered under worker’s compensation or employer’s liability laws.
- Services which are not necessary for the patient’s dental health as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with

- the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
- The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient’s responsibility.

**Plan Limitations**

- Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year per patient.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
- Two (2) bitewing x-rays are covered per calendar year per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider’s Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant per patient.
- Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
- Full mouth debridement is covered once per lifetime per patient.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
- Orthodontia treatment is limited to once per lifetime.



**Select Plan Basic Kids 702xs (VA)**  
**Description of Services, Member Copayments,**  
**Exclusions and Limitations for Pediatric Services**  
 - under age 19 (coverage continues through end of month in which the Member turns 19) -

**Plan Highlights**

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$375 per child per calendar year for medically necessary treatment (maximum of \$750 for policy covering two or more children). 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)
<b>Diagnostic/Preventive</b>			
D9439	Office visit .....	10 .....	10
D0120	Periodic oral eval - established patient .....	0 .....	0
D0140	Limited oral eval - problem focused .....	0 .....	0
D0145	Oral eval for a patient under 3 years of age .....	0 .....	0
D0150	Comprehensive oral eval - new or established patient .....	0 .....	0
D0160	Detailed and extensive oral eval - problem focused .....	0 .....	0
D0170	Re-evaluation - limited, problem focused .....	0 .....	0
D0210	Intraoral - complete series of radiographic images .....	26 .....	26
D0220/30	Intraoral - periapical first film and each additional .....	0 .....	0
D0240	Intraoral - occlusal film .....	0 .....	0
D0250	Extraoral - first film .....	0 .....	0
D0270-74	Bitewing x-rays - 1-4 films .....	0 .....	0
D0277	Vertical bitewings - 7 to 8 films .....	0 .....	0
D0330	Panoramic film .....	30 .....	30
D0340	Cephalometric film .....	0 .....	0
D0350	Oral/facial photographic images .....	0 .....	0
D0351	3D photographic image .....	0 .....	0
D0460	Pulp vitality tests .....	0 .....	0
D0470	Diagnostic casts .....	0 .....	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0 .....	0
D0601/02/03	Caries risk assessment & documentation, with a finding of low/moderate/high risk .....	0 .....	0
D0701-09	Image capture only procedures .....	0 .....	0
D1110	Prophylaxis (cleaning) - adult .....	0 .....	0
D1120	Prophylaxis (cleaning) - child .....	0 .....	0
D1206	Topical application of fluoride varnish .....	0 .....	0
D1208	Topical application of fluoride - excluding varnish .....	0 .....	0
D1310/20/21/30	Oral hygiene instructions .....	0 .....	0
D1351	Sealant - per tooth .....	21 .....	21
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth .....	21 .....	21
D1354	Application of caries arresting medicament - per tooth .....	0 .....	0
D1355	Caries preventive medicament application – per tooth .....	21 .....	21
D1510/20	Space maintainer - fixed/removable, unilateral - per quadrant .....	143 .....	143
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular .....	198 .....	198
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular .....	198 .....	198
D1551/52/53	Re-cement/re-bond bilateral/unilateral space maintainer – maxillary/mandibular .....	34 .....	34
D1556/57/58	Removal of fixed bilateral/unilateral space maintainer – maxillary/mandibular .....	44 .....	44
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant .....	143 .....	143
<b>Restorative (Fillings)</b>			
D2140	Amalgam - one surface, prim. or perm. ....	41 .....	41

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D2150	Amalgam - two surfaces, prim. or perm. ....	51	51
D2160	Amalgam - three surfaces, prim. or perm. ....	64	64
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78	78
D2330	Resin-based composite - one surface, anterior ....	69	69
D2331	Resin-based composite - two surfaces, anterior ....	83	83
D2332	Resin-based composite - three surfaces, anterior ....	99	99
D2335	Resin-based composite - >=4 surfaces, anterior ....	119	119
D2390	Resin-based composite crown, anterior ....	192	192
D2391	Resin-based composite - one surface, posterior ....	73	73
D2392	Resin-based composite - two surfaces, posterior ....	87	87
D2393	Resin-based composite - three surfaces, posterior ....	102	102
D2394	Resin-based composite - >=4 surfaces, posterior ....	123	123
<b>Crown &amp; Bridge</b>			
D2510/20	Inlay- metallic - one to two surfaces ....	407	407
D2530	Inlay - metallic - three or more surfaces ....	425	425
D2542	Onlay - metallic - two surfaces ....	458	458
D2543/44	Onlay - metallic - three or more surfaces ....	524	524
D2610/20	Inlay - porcelain/ceramic - one to two surfaces ....	427	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces ....	445	445
D2642	Onlay - porcelain/ceramic - two surfaces ....	479	479
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces ....	375	499
D2650/51/52	Inlay - resin-based composite - >=1 surface(s) ....	440	440
D2662/63/64	Onlay - resin-based composite - >=2 surfaces ....	444	444
D2710	Crown - resin based composite (indirect) ....	272	272
D2712	Crown - 3/4 resin-based composite (indirect) ....	485	485
D2720/21/22	Crown - resin with metal ....	375	495
D2740	Crown - porcelain/ceramic ....	375	560
D2750/51/52/53	Crown - porcelain fused to metal ....	375	523
D2780/81/82	Crown - 3/4 cast with metal ....	478	478
D2783	Crown - 3/4 porcelain/ceramic ....	511	511
D2790-94	Crown - full cast metal ....	375	495
D2910/20	Recement inlay, onlay/crown or partial coverage rest ....	43	43
D2915	Recement cast or prefab. post and core ....	82	82
D2928/29	Prefab. porcelain/ceramic crown - prim. or perm. tooth ....	375	560
D2930	Prefab. stainless steel crown - prim. tooth ....	110	110
D2931	Prefab. stainless steel crown - perm. tooth ....	121	121
D2932	Prefabricated resin crown ....	140	140
D2933	Prefab. stainless steel crown w/ resin window ....	271	271
D2934	Prefab. esthetic coated primary tooth ....	296	296
D2940	Protective restoration ....	39	39
D2941	Interim therapeutic restoration, primary dentition ....	31	31
D2950	Core buildup, including any pins ....	125	125
D2951	Pin retention - per tooth, in addition to restoration ....	22	22
D2952	Post and core in addition to crown ....	186	186
D2954	Prefab. post and core in addition to crown ....	154	154
D2955	Post removal (not in conj. with endo. therapy) ....	105	105
D2962	Labial veneer (porcelain laminate) - laboratory ....	375	449
D2970	Temporary crown (fractured tooth) ....	0	0
D2980/81/82/83	Crown, inlay, onlay or veneer repair ....	102	102
<b>Endodontics<sup>1</sup></b>			
D3110/20	Pulp cap - direct/indirect (excl. final restoration) ....	32	32
D3220	Therapeutic pulpotomy (excl. final restor.) ....	81	81
D3221	Pulpal debridement, prim. and perm. teeth ....	94	94
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth ....	160	160
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth ....	164	164
D3310	Endodontic therapy, anterior tooth (excluding final restoration) ....	341	341
D3320	Endodontic therapy, premolar tooth (excluding final restoration) ....	375	418
D3330	Endodontic therapy, molar tooth (excluding final restoration) ....	375	512
D3333	Internal root repair of perforation defects ....	105	105
D3346	Retreat of prev. root canal therapy, anterior ....	375	387
D3347	Retreat of prev root canal therapy - premolar ....	375	465
D3348	Retreat of prev. root canal therapy, molar ....	375	558
D3351	Apexification/recalcification - initial visit ....	202	202
D3352	Apexification/recalcification - interim med. repl. ....	375	589
D3353	Apexification/recalcification - final visit ....	375	449
D3355	Pulpal regeneration - initial visit ....	202	202



ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D3356	Pulpal regeneration - interim medication replacement .....	589 .....	589
D3357	Pulpal regeneration - completion of treatment .....	449 .....	449
D3410	Apicoectomy - anterior .....	323 .....	323
D3421	Apicoectomy - premolar (first root) .....	364 .....	364
D3425	Apicoectomy - molar (first root) .....	375 .....	418
D3426	Apicoectomy - (each add. root) .....	152 .....	152
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site .....	743 .....	743
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site .....	582 .....	582
D3430	Retrograde filling - per root .....	119 .....	119
D3450	Root amputation - per root .....	234 .....	234
D3471	Surgical repair of root resorption - anterior .....	323 .....	323
D3472	Surgical repair of root resorption - premolar .....	364 .....	364
D3473	Surgical repair of root resorption - molar .....	375 .....	418
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior .....	323 .....	323
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar .....	364 .....	364
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar .....	375 .....	418
D3920	Hemisection, not inc. root canal therapy .....	234 .....	234
D3921	Decoronation or submergence of an erupted tooth .....	107 .....	107
D3950	Canal prep/fitting of preformed dowel or post .....	136 .....	136
<b>Periodontics<sup>1</sup></b>			
D0180	Comp. periodontal eval - new or established patient .....	0 .....	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	279 .....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	100 .....	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad .....	345 .....	345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad .....	106 .....	106
D4249	Clinical crown lengthening - hard tissue .....	375 .....	576
D4260	Osseous surgery - >3 cont. teeth, per quad .....	375 .....	499
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	375 .....	392
D4263	Bone replacement graft, first site in quad. ....	375 .....	743
D4264	Bone replacement graft, each add. site in quad. ....	375 .....	582
D4268	Surgical revision proc., per tooth .....	358 .....	358
D4270	Pedicle soft tissue graft procedure .....	375 .....	643
D4273	Autogenous connective tissue graft proc. ....	375 .....	800
D4274	Mesial/distal wedge procedure, single tooth .....	308 .....	308
D4277	Free soft tissue graft, per tooth .....	375 .....	654
D4278	Free soft tissue graft, each add. tooth .....	100 .....	100
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns .....	427 .....	427
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns .....	377 .....	377
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	109 .....	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	63 .....	63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	45 .....	45
D4355	Full mouth debridement .....	89 .....	89
D4381	Localized delivery of antimicrobial agents .....	98 .....	98
D4910	Periodontal maintenance .....	74 .....	74
<b>Prosthetics (Dentures)</b>			
D5110/20	Complete denture - maxillary/mandibular .....	375 .....	697
D5130/40	Immediate denture - maxillary/mandibular .....	375 .....	722
D5211/12	Maxillary/mandibular partial denture - resin base .....	375 .....	649
D5213/14	Maxillary/mandibular partial denture - cast metal framework .....	375 .....	750
D5221/22	Immediate maxillary/mandibular partial denture .....	649 .....	649
D5223/24	Immediate maxillary/mandibular partial denture .....	750 .....	750
D5225/26	Maxillary/mandibular partial denture - flexible base .....	375 .....	750
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	375 .....	750
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	375 .....	750
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular .....	375 .....	419
D5284/86	Rem. unilateral partial denture - one piece flexible/resin base .....	375 .....	419
D5410/11	Adjust complete denture - maxillary/mandibular .....	38 .....	38
D5421/22	Adjust partial denture - maxillary/mandibular .....	38 .....	38
D5511/12	Repair broken complete denture base, maxillary/mandibular .....	87 .....	87

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5520	Replace missing or broken teeth - complete denture .....	87 .....	87
D5611/12	Repair resin partial denture base, maxillary/mandibular .....	87 .....	87
D5621/22	Repair cast partial framework, maxillary/mandibular .....	87 .....	87
D5630/60	Clasp repaired, replaced or added .....	115 .....	115
D5640/50	Replace broken tooth/add tooth to existing partial denture .....	87 .....	87
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/ mandibular) .....	287 .....	287
D5710/11	Rebase complete maxillary/mandibular denture .....	260 .....	260
D5720/21	Rebase maxillary/mandibular partial denture .....	260 .....	260
D5725	Rebase hybrid prosthesis.....	260 .....	260
D5730/31	Reline complete maxillary/mandibular denture (direct) .....	159 .....	159
D5740/41	Reline maxillary/mandibular partial denture (direct) .....	155 .....	155
D5750/51	Reline complete maxillary/mandibular denture (indirect) .....	224 .....	224
D5760/61	Reline maxillary/mandibular partial denture (indirect) .....	224 .....	224
D5765	Soft liner for complete or partial removable denture – indirect .....	53 .....	53
D5810/11	Interim complete denture - maxillary/mandibular .....	362 .....	362
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular .....	362 .....	362
D5850/51	Tissue conditioning - maxillary/mandibular .....	79 .....	79
D5951	Feeding aid .....	375 .....	1395
<b>Bridge &amp; Pontics</b>			
D6205	Pontic - indirect resin based composite .....	375 .....	445
D6210-14	Pontic - metal .....	375 .....	495
D6240/41/42	Pontic - porcelain fused to metal .....	375 .....	523
D6243	Pontic – porcelain fused to titanium and titanium alloys .....	375 .....	495
D6245	Pontic - porcelain/ceramic .....	375 .....	560
D6250/51/52	Pontic - resin with metal .....	375 .....	495
D6545	Ret. - cast metal for resin bonded fixed prosthesis .....	251 .....	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	375 .....	393
D6549	Resin retainer - for resin bonded fixed prosthesis .....	251 .....	251
D6600	Retainer inlay - porc./ceramic, two surfaces .....	427 .....	427
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	445 .....	445
D6602	Retainer inlay - cast high noble metal, two surfaces .....	407 .....	407
D6603	Retainer inlay - cast high noble metal, >=3 surfaces .....	425 .....	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	407 .....	407
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	425 .....	425
D6606	Retainer inlay - cast noble metal, two surfaces .....	407 .....	407
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	425 .....	425
D6608	Retainer onlay - porc./ceramic, two surfaces .....	479 .....	479
D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	499 .....	499
D6610	Retainer onlay - cast high noble metal, two surfaces .....	458 .....	458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces .....	524 .....	524
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	458 .....	458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	524 .....	524
D6614	Retainer onlay - cast noble metal, two surfaces .....	458 .....	458
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	524 .....	524
D6710	Retainer crown - indirect resin based composite .....	375 .....	445
D6720/21/22	Retainer crown - resin with metal .....	375 .....	495
D6740	Retainer crown - porcelain/ceramic .....	375 .....	560
D6750/51/52	Retainer crown - porcelain fused to metal .....	375 .....	523
D6753	Retainer crown – porcelain fused to titanium and titanium alloys .....	375 .....	495
D6780/81/82	Retainer crown - 3/4 cast metal .....	470 .....	470
D6783	Retainer crown - 3/4 porc./ceramic .....	511 .....	511
D6784	Retainer crown – 3/4 titanium and titanium alloys .....	375 .....	495
D6790-94	Retainer crown - full cast metal .....	375 .....	495
D6930	Recement or rebond fixed partial denture .....	69 .....	69
D6980	Fixed partial denture repair, by report .....	172 .....	172
<b>Oral Surgery'</b>			
D7111	Extraction, coronal remnants - primary tooth .....	56 .....	56
D7140	Extraction, erupted tooth or exposed root .....	69 .....	69
D7210	Extraction, erupted tooth req. bone cut .....	133 .....	133
D7220	Removal of impacted tooth - soft tissue .....	151 .....	151
D7230	Removal of impacted tooth - partially bony .....	196 .....	196
D7240	Removal of impacted tooth - completely bony .....	241 .....	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	217 .....	217

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D7250	Removal of residual tooth roots .....	141 .....	141
D7251	Coronectomy-intentional partial tooth removal .....	217 .....	217
D7260	Oroantral fistula closure .....	375 .....	578
D7261	Primary closure of a sinus perforation .....	375 .....	465
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	226 .....	226
D7280	Exposure of an unerupted tooth .....	153 .....	153
D7282	Mobil. of erupted/malpositioned tooth to aid eruption .....	231 .....	231
D7283	Place. of device to facilitate erupt. of impacted tooth .....	144 .....	144
D7285	Biopsy of oral tissue - hard (bone, tooth) .....	375 .....	387
D7286	Biopsy of oral tissue - soft (all others) .....	295 .....	295
D7288	Brush biopsy - transepithelial sample collect .....	93 .....	93
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	60 .....	60
D7310/20	Alveoloplasty, per quadrant .....	141 .....	141
D7311/21	Alveoloplasty in conj. with/without extractions .....	141 .....	141
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm .....	354 .....	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm .....	375 .....	543
D7471	Removal of lateral exostosis .....	351 .....	351
D7472/73	Removal of torus palatinus/mandibularis .....	375 .....	480
D7485	Surgical reduction of osseous tuberosity .....	568 .....	568
D7510	Incision and drainage of abscess - intraoral soft tissue .....	96 .....	96
D7511	Incision/drainage of abscess - intra. soft tissue, comp. ....	112 .....	112
D7880	Occlusal orthotic device for TMJ, "by report" .....	272 .....	272
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) .....	263 .....	263
D7963	Frenuloplasty .....	293 .....	293
D7970	Excision of hyperplastic tissue - per arch .....	233 .....	233
D7971	Excision of pericoronal gingiva .....	131 .....	131
D7972	Surgical reduction of fibrous tuberosity .....	521 .....	521
D7979	Non-surgical sialolithotomy .....	43 .....	43
<b>Orthodontics<sup>2</sup></b>			
D8020	Limited ortho. treatment of the transitional dentition .....	375 .....	3304
D8030	Limited ortho treatment - adolescent dentition .....	375 .....	3422
D8040	Limited ortho treatment - adult dentition .....	3658 .....	3658
D8070	Comp. ortho. treatment - transitional dentition .....	3304 .....	3304
D8080	Comp. ortho. treatment - adolescent dentition .....	375 .....	3422
D8090	Comp. ortho. treatment - adult dentition .....	3658 .....	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting) .....	375 .....	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting) .....	375 .....	783
D8660	Pre-orthodontic treatment visit .....	375 .....	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
<b>Adjunctive General Services</b>			
D9110	Palliative (emergency) treatment of dental pain .....	43 .....	43
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 .....	103 .....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis .....	37 .....	37
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment .....	103 .....	103
D9248	Non-intravenous conscious sedation .....	145 .....	145
D9310	Consultation (diagnostic service by nontreating dentist) .....	43 .....	43
D9420	Hospital call .....	350 .....	350
D9440	Office visit after regularly scheduled hours .....	90 .....	90
D9610	Therapeutic parenteral drug, single admin. ....	26 .....	26
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med. ....	70 .....	70
D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190 .....	190
D9630	Drugs or medicaments dispensed in the office for home use .....	42 .....	42
D9910	Application of desensitizing medicament .....	31 .....	31

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D9920	Behavior management, by report .....	68 .....	68
D9930	Treatment of complications (post-surgical) .....	43 .....	43
D9944/45/46	Occlusal guard – hard/soft appliance, full/partial arch .....	272 .....	272
D9950	Occlusion analysis - mounted case .....	104 .....	104
D9951	Occlusal adjustment - limited .....	66 .....	66
D9952	Occlusal adjustment - complete .....	266 .....	266
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.

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

### Plan Exclusions

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

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

6. 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 a 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. 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.
9. Relining and rebasing of dentures is covered once per tooth per 24 months, per patient, only after six (6) months of initial placement.
10. 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.
11. 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.
12. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
13. Full mouth debridement is covered once per 12 months, per patient.
14. 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.
15. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site, per patient.
16. Periodontal maintenance after active therapy is covered four (4) times per 12 months, per patient.
17. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
18. 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.
19. 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.
20. Occlusal guard, by report (for grinding and clenching of teeth)
21. Apexification, apicoectomy and clinical crown lengthening are each covered once per tooth, per provider, per lifetime.
22. 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.
23. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.