



---

**A Better Path to Benefits**



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

## WE WORK FOR THE BENEFIT OF OVER 900,000 MEMBERS,<sup>1</sup> DELIVERING:

### EXTENSIVE NETWORKS<sup>2</sup>

Choice PPO network offers access to over 350,000 dentists nationally.<sup>1,3</sup>

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

Select Plan network is one of the largest in the Mid-Atlantic region.<sup>3,5</sup>

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

### SECURE ONLINE ACCESS

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



#### MEMBER PORTAL

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



#### GO MOBILE COMMUNICATION SERVICE

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



#### MYDOMINION MOBILE APP

Download at [DominionNational.com/mobile](https://DominionNational.com/mobile)



**98% MEMBER  
SATISFACTION RATE<sup>4</sup>**



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

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>

#### DIGIBITE TELEDENTISTRY APP

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

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.



**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.