

The dental plan is underwritten by Dominion Dental Services, Inc. d/b/a Dominion National (hereinafter referred to as "Dominion").



Select Plan Basic 703xa (DC)
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)
Diagnostic/Preventive			D2391	Resin-based composite - one surface, posterior	73
D9439	Office visit	10	D2392	Resin-based composite - two surfaces, posterior.....	87
D0120	Periodic oral eval - established patient.....	0	D2393	Resin-based composite - three surfaces, posterior.....	102
D0140	Limited oral eval - problem focused	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D0150	Comprehensive oral eval - new or established patient.....	0	Crown & Bridge		
D0160	Detailed and extensive oral eval - problem focused.....	0	D2510	Inlay - metallic - one surface	407
D0170	Re-evaluation - limited, problem focused	0	D2520	Inlay - metallic - two surfaces	407
D0180	Comp. periodontal eval - new or established patient.....	36	D2530	Inlay - metallic - three or more surfaces.....	425
D0210	Intraoral - complete series of radiographic images	26	D2542	Onlay - metallic-two surfaces	458
D0220	Intraoral - periapical first radiographic image	0	D2543	Onlay - metallic-three surfaces	524
D0230	Intraoral - periapical each add. radiographic image.....	0	D2544	Onlay - metallic-four or more surfaces	524
D0240	Intraoral - occlusal radiographic image	0	D2610	Inlay - porcelain/ceramic - one surface	427
D0250	Extra-oral - 2D projection radiographic image	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	427
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0330	Panoramic radiographic image	30	D2643	Onlay - porcelain/ceramic - three surfaces	499
D0340	2D cephalometric radiographic image	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2650	Inlay - resin-based composite - one surface	440
D0351	3D photographic image	0	D2651	Inlay - resin-based composite - two surfaces	440
D0460	Pulp vitality tests.....	0	D2652	Inlay - resin-based composite - >=3 surfaces	440
D0470	Diagnostic casts.....	0	D2662	Onlay - resin-based composite - two surfaces.....	444
D1110	Prophylaxis (cleaning) - adult.....	13	D2663	Onlay - resin-based composite - three surfaces ..	444
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2664	Onlay - resin-based composite - >=4 surfaces.....	444
D1206	Topical application of fluoride varnish.....	0	D2710	Crown - resin based composite (indirect).....	272
D1208	Topical application of fluoride - excluding varnish ...	0	D2712	Crown - 3/4 resin-based composite (indirect).....	485
D1310	Nutritional counseling for control of dental disease	0	D2720/21/22	Crown - resin with metal.....	495
D1320/30	Oral hygiene instructions.....	0	D2740	Crown - porcelain/ceramic	560
Restorative (Fillings)			D2750/51/52	Crown - porcelain fused metal.....	523
D2140	Amalgam - one surface, prim. or perm.	41	D2780/81/82	Crown - 3/4 cast with metal	478
D2150	Amalgam - two surfaces, prim. or perm.	51	D2783	Crown - 3/4 porcelain/ceramic.....	511
D2160	Amalgam - three surfaces, prim. or perm.	64	D2790/91/92	Crown - full cast metal	495
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	43
D2330	Resin-based composite - one surface, anterior.....	69	D2931	Prefab. stainless steel crown.....	121
D2331	Resin-based composite - two surfaces, anterior	83	D2932	Prefabricated resin crown.....	140
D2332	Resin-based composite - three surfaces, anterior	99	D2940	Protective restoration	39
D2335	Resin-based composite - >=4 surfaces, anterior	119	D2950	Core buildup, including any pins.....	125
D2390	Resin-based composite crown, anterior	192	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

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2981	Inlay repair necessitated by restorative material failure.....	102	Prosthetics (Dentures)		
D2982	Onlay repair necessitated by restorative material failure.....	102	D5110/20	Complete denture - maxillary/mandibular.....	697
Endodontics¹			D5130/40	Immediate denture - maxillary/mandibular.....	722
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5213/14	Maxillary/mandibular partial denture - cast metal.....	750
D3221	Pulpal debridement	94	D5221	Immediate maxillary partial denture - resin base	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5222	Immediate mandibular partial denture - resin base	649
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5223	Immediate maxillary partial denture - cast metal framework.....	750
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5224	Immediate mandibular partial denture - cast metal framework.....	750
D3333	Internal root repair of perforation defects.....	105	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3346	Retreat of prev. root canal therapy, anterior.....	387	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	419
D3347	Retreat of prev. root canal therapy, premolar.....	465	D5410/11	Adjust complete denture - maxillary/mandibular	38
D3348	Retreat of prev. root canal therapy, molar	558	D5421/22	Adjust partial denture - maxillary/mandibular	38
D3410	Apicoectomy - anterior	323	D5511	Repair broken complete denture base, mandibular.....	87
D3421	Apicoectomy - premolar (first root)	364	D5512	Repair broken complete denture base, maxillary.....	87
D3425	Apicoectomy - molar (first root)	418	D5520	Replace missing or broken teeth - complete denture	87
D3426	Apicoectomy - (each add. root)	152	D5611	Repair resin partial denture base, mandibular.....	87
D3430	Retrograde filling - per root	119	D5612	Repair resin partial denture base, maxillary.....	87
D3450	Root amputation - per root	234	D5621	Repair cast partial framework, mandibular.....	87
D3920	Hemisection, not inc. root canal therapy	234	D5622	Repair cast partial framework, maxillary.....	87
D3950	Canal prep/fitting of preformed dowel or post....	136	D5630/60	Clasp repaired, replaced or added	115
Periodontics¹			D5640	Replace broken teeth - per tooth	87
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279	D5650	Add tooth to existing partial denture	87
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100	D5670/71	Replace all teeth and acrylic on cast metal framework.....	287
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345	D5710/11	Rebase complete maxillary/mandibular denture.....	260
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106	D5720/21	Rebase maxillary/mandibular partial denture	260
D4260	Osseous surgery - >3 cont. teeth, per quad	499	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
D4261	Osseous surgery - <=3 cont. teeth, per quad	392	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155
D4263	Bone replacement graft - retained natural tooth - first site in quad	613	D5750/51	Reline complete maxillary/mandibular denture (lab)	224
D4264	Bone replacement graft - retained natural tooth - each additional site in quad.....	480	D5760/61	Reline maxillary/mandibular partial denture (lab)	224
D4265	Biological materials to aid in soft and osseous tissue regeneration	336	D5810/11	Interim complete denture - maxillary/mandibular	362
D4268	Surgical revision proc., per tooth.....	358	D5820/21	Interim partial denture - maxillary/mandibular	362
D4270	Pedicle soft tissue graft procedure	530	D5850/51	Tissue conditioning - maxillary/mandibular	79
D4273	Autogenous connective tissue graft procedure, first tooth.....	660	Bridge & Pontics		
D4274	Mesial/distal wedge procedure, single tooth.....	308	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	705	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
D4277	Free soft tissue graft procedure, first tooth	540	D6210/11/12	Pontic - metal	495
D4278	Free soft tissue graft procedure, each add. tooth	83	D6240/41/42	Pontic - porcelain fused metal.....	523
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	D6245	Pontic - porcelain/ceramic.....	560
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63	D6250/51/52	Pontic - resin with metal	495
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	51	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D4355	Full mouth debridement.....	89			
D4381	Localized delivery of antimicrobial agents	98			
D4910	Periodontal maintenance	74			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393	Orthodontics²		
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D8090	Comp. ortho. treatment - adult dentition.....	3658
D6600	Retainer inlay - porc./ceramic, two surfaces.....	427	D8660	Pre-orthodontic treatment visit.....	413
D6601	Retainer inlay - porc./ceramic, >=3 surfaces.....	445	D8670	Periodic ortho. treatment visit (as part of contract).....	118
D6602	Retainer inlay - cast high noble metal, two surfaces.....	407	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413
D6603	Retainer inlay - cast high noble metal, >=3 surfaces.....	425	Adjunctive General Services		
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	407	D9110	Palliative (emergency) treatment of dental pain.....	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces.....	425	D9210/15	Local anesthesia.....	0
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	D9211	Regional block anesthesia.....	0
D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	425	D9212	Trigeminal division block anesthesia.....	0
D6608	Retainer onlay - porc./ceramic, two surfaces.....	479	D9219	Evaluation for deep sedation or general anesthesia.....	0
D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	499	D9222	Deep sedation/general anesthesia - first 15 minutes.....	103
D6610	Retainer onlay - cast high noble metal, two surfaces.....	458	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr.....	103
D6611	Retainer onlay - cast high noble metal, >=3 surfaces.....	524	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	458	D9239	Intravenous moderate sedation/analgesia - first 15 minutes.....	103
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces.....	524	D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min.....	103
D6614	Retainer onlay - cast noble metal, two surfaces.....	458	D9310	Consultation (diagnostic service by nontreating dentist).....	43
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524	D9613	Infiltration of sustained release therapeutic drug - single or multiple sites.....	190
D6720/21/22	Retainer crown - resin with metal.....	495	D9910	Application of desensitizing medicament.....	31
D6740	Retainer crown - porcelain/ceramic.....	560	D9930	Treatment of complications (post-surgical).....	43
D6750/51/52	Retainer crown - porcelain fused metal.....	523	D9944	Occlusal guard - hard appliance, full arch.....	272
D6780	Retainer crown - 3/4 cast high noble metal.....	470	D9945	Occlusal guard - soft appliance, full arch.....	272
D6781	Retainer crown - 3/4 cast predominantly base metal.....	470	D9946	Occlusal guard - hard appliance, partial arch.....	272
D6782	Retainer crown - 3/4 cast noble metal.....	470	D9950	Occlusion analysis - mounted case.....	104
D6783	Retainer crown - 3/4 porc./ceramic.....	511	D9951	Occlusal adjustment - limited.....	66
D6790/91/92	Retainer crown - full cast metal.....	495	D9952	Occlusal adjustment - complete.....	266
D6930	Recement or rebond fixed partial denture.....	69	D9986	Missed appointment.....	50
D6980	Fixed partial denture repair, by report.....	172	D9995	Teledentistry - synchronous; real-time encounter.....	20
			D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review.....	20
Oral Surgery¹			1	As performed by a Participating General Dentist. See Plan Exclusion #13.	
D7111	Extraction, coronal remnants - primary tooth.....	56	2	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.	
D7140	Extraction, erupted tooth or exposed root.....	69			
D7210	Extraction, erupted tooth req elev, etc.....	133			
D7220	Removal of impacted tooth - soft tissue.....	151			
D7230	Removal of impacted tooth - partially bony.....	196			
D7240	Removal of impacted tooth - completely bony.....	241			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217			
D7250	Removal of residual tooth roots.....	141			
D7251	Coronectomy - intentional partial tooth removal.....	217			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226			
D7280	Exposure of an unerupted tooth.....	153			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60			
D7310/20	Alveoloplasty, per quad.....	141			
D7510	Incision and drainage of abscess - intraoral soft tissue.....	96			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263			
D7979	Non-surgical sialolithotomy.....	43			

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 medically not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, 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).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating general dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
5. Two (2) bitewing x-rays are covered per calendar year per patient.

6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
9. 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%.
10. Relining and rebasing of dentures is covered once every 24 months per patient.
11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
12. Root planing or scaling is covered once every 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, limited to once per two years.
14. 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
15. Full mouth debridement is covered once per lifetime per patient.
16. 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.
17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
19. Coronectomy - intentional partial tooth removal, once per lifetime.
20. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).
21. Orthodontia treatment is limited to once per lifetime.

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Select Plan Basic 703xa (DE)

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- 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.
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D0351	3D photographic image	0	D2651	Inlay - resin-based composite - two surfaces	440
D0460	Pulp vitality tests.....	0	D2652	Inlay - resin-based composite - >=3 surfaces	440
D0470	Diagnostic casts.....	0	D2662	Onlay - resin-based composite - two surfaces.....	444
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D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2664	Onlay - resin-based composite - >=4 surfaces.....	444
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			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

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D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5213/14	Maxillary/mandibular partial denture - cast metal.....	750
D3221	Pulpal debridement	94	D5221	Immediate maxillary partial denture - resin base	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5222	Immediate mandibular partial denture - resin base	649
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5223	Immediate maxillary partial denture - cast metal framework.....	750
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5224	Immediate mandibular partial denture - cast metal framework.....	750
D3333	Internal root repair of perforation defects.....	105	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3346	Retreat of prev. root canal therapy, anterior.....	387	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	419
D3347	Retreat of prev. root canal therapy, premolar.....	465	D5410/11	Adjust complete denture - maxillary/mandibular	38
D3348	Retreat of prev. root canal therapy, molar	558	D5421/22	Adjust partial denture - maxillary/mandibular	38
D3410	Apicoectomy - anterior	323	D5511	Repair broken complete denture base, mandibular.....	87
D3421	Apicoectomy - premolar (first root)	364	D5512	Repair broken complete denture base, maxillary.....	87
D3425	Apicoectomy - molar (first root)	418	D5520	Replace missing or broken teeth - complete denture	87
D3426	Apicoectomy - (each add. root)	152	D5611	Repair resin partial denture base, mandibular.....	87
D3430	Retrograde filling - per root	119	D5612	Repair resin partial denture base, maxillary.....	87
D3450	Root amputation - per root	234	D5621	Repair cast partial framework, mandibular.....	87
D3920	Hemisection, not inc. root canal therapy	234	D5622	Repair cast partial framework, maxillary.....	87
D3950	Canal prep/fitting of preformed dowel or post....	136	D5630/60	Clasp repaired, replaced or added	115
Periodontics¹			D5640	Replace broken teeth - per tooth	87
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279	D5650	Add tooth to existing partial denture	87
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100	D5670/71	Replace all teeth and acrylic on cast metal framework.....	287
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345	D5710/11	Rebase complete maxillary/mandibular denture.....	260
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106	D5720/21	Rebase maxillary/mandibular partial denture	260
D4260	Osseous surgery - >3 cont. teeth, per quad	499	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
D4261	Osseous surgery - <=3 cont. teeth, per quad	392	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155
D4263	Bone replacement graft - retained natural tooth - first site in quad	613	D5750/51	Reline complete maxillary/mandibular denture (lab)	224
D4264	Bone replacement graft - retained natural tooth - each additional site in quad.....	480	D5760/61	Reline maxillary/mandibular partial denture (lab)	224
D4265	Biological materials to aid in soft and osseous tissue regeneration	336	D5810/11	Interim complete denture - maxillary/mandibular	362
D4268	Surgical revision proc., per tooth.....	358	D5820/21	Interim partial denture - maxillary/mandibular	362
D4270	Pedicle soft tissue graft procedure	530	D5850/51	Tissue conditioning - maxillary/mandibular	79
D4273	Autogenous connective tissue graft procedure, first tooth.....	660	Bridge & Pontics		
D4274	Mesial/distal wedge procedure, single tooth.....	308	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	705	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
D4277	Free soft tissue graft procedure, first tooth	540	D6210/11/12	Pontic - metal	495
D4278	Free soft tissue graft procedure, each add. tooth	83	D6240/41/42	Pontic - porcelain fused metal.....	523
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	D6245	Pontic - porcelain/ceramic.....	560
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63	D6250/51/52	Pontic - resin with metal	495
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	51	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D4355	Full mouth debridement.....	89			
D4381	Localized delivery of antimicrobial agents	98			
D4910	Periodontal maintenance	74			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393	Orthodontics²		
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D8090	Comp. ortho. treatment - adult dentition.....	3658
D6600	Retainer inlay - porc./ceramic, two surfaces.....	427	D8660	Pre-orthodontic treatment visit.....	413
D6601	Retainer inlay - porc./ceramic, >=3 surfaces.....	445	D8670	Periodic ortho. treatment visit (as part of contract).....	118
D6602	Retainer inlay - cast high noble metal, two surfaces.....	407	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413
D6603	Retainer inlay - cast high noble metal, >=3 surfaces.....	425	Adjunctive General Services		
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	407	D9110	Palliative (emergency) treatment of dental pain.....	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces.....	425	D9210/15	Local anesthesia.....	0
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	D9211	Regional block anesthesia.....	0
D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	425	D9212	Trigeminal division block anesthesia.....	0
D6608	Retainer onlay - porc./ceramic, two surfaces.....	479	D9219	Evaluation for deep sedation or general anesthesia.....	0
D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	499	D9222	Deep sedation/general anesthesia - first 15 minutes.....	103
D6610	Retainer onlay - cast high noble metal, two surfaces.....	458	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr.....	103
D6611	Retainer onlay - cast high noble metal, >=3 surfaces.....	524	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	458	D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces.....	524	D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min.....	103
D6614	Retainer onlay - cast noble metal, two surfaces.....	458	D9310	Consultation (diagnostic service by nontreating dentist).....	43
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D6720/21/22	Retainer crown - resin with metal.....	495	D9910	Application of desensitizing medicament.....	31
D6740	Retainer crown - porcelain/ceramic.....	560	D9930	Treatment of complications (post-surgical).....	43
D6750/51/52	Retainer crown - porcelain fused metal.....	523	D9944	Occlusal guard – hard appliance, full arch.....	272
D6780	Retainer crown - 3/4 cast high noble metal.....	470	D9945	Occlusal guard – soft appliance, full arch.....	272
D6781	Retainer crown - 3/4 cast predominantly base metal.....	470	D9946	Occlusal guard – hard appliance, partial arch.....	272
D6782	Retainer crown - 3/4 cast noble metal.....	470	D9950	Occlusion analysis - mounted case.....	104
D6783	Retainer crown - 3/4 porc./ceramic.....	511	D9951	Occlusal adjustment - limited.....	66
D6790/91/92	Retainer crown - full cast metal.....	495	D9952	Occlusal adjustment - complete.....	266
D6930	Recement or rebond fixed partial denture.....	69	D9986	Missed appointment.....	50
D6980	Fixed partial denture repair, by report.....	172	D9995	Teledentistry – synchronous; real-time encounter.....	20
			D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.....	20
Oral Surgery¹			1	As performed by a Participating General Dentist. See Plan Exclusion #13.	
D7111	Extraction, coronal remnants - primary tooth.....	56	2	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.	
D7140	Extraction, erupted tooth or exposed root.....	69			
D7210	Extraction, erupted tooth req elev, etc.....	133			
D7220	Removal of impacted tooth - soft tissue.....	151			
D7230	Removal of impacted tooth - partially bony.....	196			
D7240	Removal of impacted tooth - completely bony.....	241			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217			
D7250	Removal of residual tooth roots.....	141			
D7251	Coronectomy - intentional partial tooth removal.....	217			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226			
D7280	Exposure of an unerupted tooth.....	153			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60			
D7310/20	Alveoloplasty, per quad.....	141			
D7510	Incision and drainage of abscess - intraoral soft tissue.....	96			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263			
D7979	Non-surgical sialolithotomy.....	43			

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 medically not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, 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).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating general dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
5. Two (2) bitewing x-rays are covered per calendar year per patient.

6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
9. 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%.
10. Relining and rebasing of dentures is covered once every 24 months per patient.
11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
12. Root planing or scaling is covered once every 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, limited to once per two years.
14. 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
15. Full mouth debridement is covered once per lifetime per patient.
16. 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.
17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
19. Coronectomy - intentional partial tooth removal, once per lifetime.
20. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).
21. Orthodontia treatment is limited to once per lifetime.

The dental plan is underwritten by Dominion Dental Services, Inc. d/b/a Dominion National (hereinafter referred to as "Dominion").



Select Plan Basic 703xa (MD)
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)
Diagnostic/Preventive			D2391	Resin-based composite - one surface, posterior	73
D9439	Office visit	10	D2392	Resin-based composite - two surfaces, posterior.....	87
D0120	Periodic oral eval - established patient.....	0	D2393	Resin-based composite - three surfaces, posterior.....	102
D0140	Limited oral eval - problem focused	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D0150	Comprehensive oral eval - new or established patient.....	0	Crown & Bridge		
D0160	Detailed and extensive oral eval - problem focused.....	0	D2510	Inlay - metallic - one surface	407
D0170	Re-evaluation - limited, problem focused	0	D2520	Inlay - metallic - two surfaces	407
D0180	Comp. periodontal eval - new or established patient.....	36	D2530	Inlay - metallic - three or more surfaces.....	425
D0210	Intraoral - complete series of radiographic images	26	D2542	Onlay - metallic-two surfaces	458
D0220	Intraoral - periapical first radiographic image	0	D2543	Onlay - metallic-three surfaces	524
D0230	Intraoral - periapical each add. radiographic image.....	0	D2544	Onlay - metallic-four or more surfaces	524
D0240	Intraoral - occlusal radiographic image	0	D2610	Inlay - porcelain/ceramic - one surface	427
D0250	Extra-oral - 2D projection radiographic image	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	427
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0330	Panoramic radiographic image	30	D2643	Onlay - porcelain/ceramic - three surfaces	499
D0340	2D cephalometric radiographic image	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2650	Inlay - resin-based composite - one surface	440
D0351	3D photographic image	0	D2651	Inlay - resin-based composite - two surfaces	440
D0460	Pulp vitality tests.....	0	D2652	Inlay - resin-based composite - >=3 surfaces	440
D0470	Diagnostic casts.....	0	D2662	Onlay - resin-based composite - two surfaces.....	444
D1110	Prophylaxis (cleaning) - adult.....	13	D2663	Onlay - resin-based composite - three surfaces ..	444
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2664	Onlay - resin-based composite - >=4 surfaces.....	444
D1206	Topical application of fluoride varnish.....	0	D2710	Crown - resin based composite (indirect).....	272
D1208	Topical application of fluoride - excluding varnish ...	0	D2712	Crown - 3/4 resin-based composite (indirect).....	485
D1310	Nutritional counseling for control of dental disease	0	D2720/21/22	Crown - resin with metal.....	495
D1320/30	Oral hygiene instructions.....	0	D2740	Crown - porcelain/ceramic	560
Restorative (Fillings)			D2750/51/52	Crown - porcelain fused metal.....	523
D2140	Amalgam - one surface, prim. or perm.	41	D2780/81/82	Crown - 3/4 cast with metal	478
D2150	Amalgam - two surfaces, prim. or perm.	51	D2783	Crown - 3/4 porcelain/ceramic	511
D2160	Amalgam - three surfaces, prim. or perm.	64	D2790/91/92	Crown - full cast metal	495
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	43
D2330	Resin-based composite - one surface, anterior.....	69	D2931	Prefab. stainless steel crown.....	121
D2331	Resin-based composite - two surfaces, anterior	83	D2932	Prefabricated resin crown.....	140
D2332	Resin-based composite - three surfaces, anterior	99	D2940	Protective restoration	39
D2335	Resin-based composite - >=4 surfaces, anterior	119	D2950	Core buildup, including any pins.....	125
D2390	Resin-based composite crown, anterior	192	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

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888.518.5338; DominionNational.com

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2981	Inlay repair necessitated by restorative material failure.....	102	Prosthetics (Dentures)		
D2982	Onlay repair necessitated by restorative material failure.....	102	D5110/20	Complete denture - maxillary/mandibular.....	697
Endodontics¹			D5130/40	Immediate denture - maxillary/mandibular.....	722
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5213/14	Maxillary/mandibular partial denture - cast metal.....	750
D3221	Pulpal debridement	94	D5221	Immediate maxillary partial denture - resin base	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5222	Immediate mandibular partial denture - resin base	649
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5223	Immediate maxillary partial denture - cast metal framework.....	750
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5224	Immediate mandibular partial denture - cast metal framework.....	750
D3333	Internal root repair of perforation defects.....	105	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3346	Retreat of prev. root canal therapy, anterior.....	387	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	419
D3347	Retreat of prev. root canal therapy, premolar.....	465	D5410/11	Adjust complete denture - maxillary/mandibular	38
D3348	Retreat of prev. root canal therapy, molar	558	D5421/22	Adjust partial denture - maxillary/mandibular	38
D3410	Apicoectomy - anterior	323	D5511	Repair broken complete denture base, mandibular.....	87
D3421	Apicoectomy - premolar (first root)	364	D5512	Repair broken complete denture base, maxillary.....	87
D3425	Apicoectomy - molar (first root)	418	D5520	Replace missing or broken teeth - complete denture	87
D3426	Apicoectomy - (each add. root)	152	D5611	Repair resin partial denture base, mandibular.....	87
D3430	Retrograde filling - per root	119	D5612	Repair resin partial denture base, maxillary.....	87
D3450	Root amputation - per root	234	D5621	Repair cast partial framework, mandibular.....	87
D3920	Hemisection, not inc. root canal therapy	234	D5622	Repair cast partial framework, maxillary.....	87
D3950	Canal prep/fitting of preformed dowel or post....	136	D5630/60	Clasp repaired, replaced or added	115
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D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279	D5650	Add tooth to existing partial denture	87
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100	D5670/71	Replace all teeth and acrylic on cast metal framework.....	287
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345	D5710/11	Rebase complete maxillary/mandibular denture.....	260
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106	D5720/21	Rebase maxillary/mandibular partial denture	260
D4260	Osseous surgery - >3 cont. teeth, per quad	499	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
D4261	Osseous surgery - <=3 cont. teeth, per quad	392	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155
D4263	Bone replacement graft - retained natural tooth - first site in quad	613	D5750/51	Reline complete maxillary/mandibular denture (lab)	224
D4264	Bone replacement graft - retained natural tooth - each additional site in quad.....	480	D5760/61	Reline maxillary/mandibular partial denture (lab)	224
D4265	Biological materials to aid in soft and osseous tissue regeneration	336	D5810/11	Interim complete denture - maxillary/mandibular	362
D4268	Surgical revision proc., per tooth.....	358	D5820/21	Interim partial denture - maxillary/mandibular	362
D4270	Pedicle soft tissue graft procedure	530	D5850/51	Tissue conditioning - maxillary/mandibular	79
D4273	Autogenous connective tissue graft procedure, first tooth.....	660	Bridge & Pontics		
D4274	Mesial/distal wedge procedure, single tooth.....	308	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	705	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
D4277	Free soft tissue graft procedure, first tooth	540	D6210/11/12	Pontic - metal	495
D4278	Free soft tissue graft procedure, each add. tooth	83	D6240/41/42	Pontic - porcelain fused metal.....	523
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	D6245	Pontic - porcelain/ceramic.....	560
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63	D6250/51/52	Pontic - resin with metal	495
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	51	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D4355	Full mouth debridement.....	89			
D4381	Localized delivery of antimicrobial agents	98			
D4910	Periodontal maintenance	74			

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D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D8090	Comp. ortho. treatment - adult dentition	3658
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D8660	Pre-orthodontic treatment visit.....	413
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D6602	Retainer inlay - cast high noble metal, two surfaces	407	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	Adjunctive General Services		
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	407	D9110	Palliative (emergency) treatment of dental pain	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces.....	425	D9210/15	Local anesthesia.....	0
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	D9211	Regional block anesthesia.....	0
D6607	Retainer Inlay - cast noble metal, >=3 surfaces.....	425	D9212	Trigeminal division block anesthesia	0
D6608	Retainer onlay - porc./ceramic, two surfaces.....	479	D9219	Evaluation for deep sedation or general anesthesia	0
D6609	Retainer onlay - porc./ceramic, three or more surfaces	499	D9222	Deep sedation/general anesthesia - first 15 minutes	103
D6610	Retainer onlay - cast high noble metal, two surfaces.....	458	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	458	D9239	Intravenous moderate sedation/analgesia – first 15 minutes	103
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524	D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min	103
D6614	Retainer onlay - cast noble metal, two surfaces	458	D9310	Consultation (diagnostic service by nontreating dentist)	43
D6615	Retainer onlay - cast noble metal, >=3 surfaces	524	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D6720/21/22	Retainer crown - resin with metal	495	D9910	Application of desensitizing medicament	31
D6740	Retainer crown - porcelain/ceramic	560	D9930	Treatment of complications (post-surgical).....	43
D6750/51/52	Retainer crown - porcelain fused metal	523	D9944	Occlusal guard – hard appliance, full arch.....	272
D6780	Retainer crown - 3/4 cast high noble metal	470	D9945	Occlusal guard – soft appliance, full arch	272
D6781	Retainer crown - 3/4 cast predominantly base metal.....	470	D9946	Occlusal guard – hard appliance, partial arch	272
D6782	Retainer crown - 3/4 cast noble metal	470	D9950	Occlusion analysis - mounted case	104
D6783	Retainer crown - 3/4 porc./ceramic.....	511	D9951	Occlusal adjustment - limited	66
D6790/91/92	Retainer crown - full cast metal	495	D9952	Occlusal adjustment - complete	266
D6930	Recement or rebond fixed partial denture.....	69	D9986	Missed appointment.....	50
D6980	Fixed partial denture repair, by report	172	D9995	Teledentistry – synchronous; real-time encounter.....	20
			D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.....	20
Oral Surgery¹					
D7111	Extraction, coronal remnants - primary tooth.....	56	1	As performed by a Participating General Dentist. See Plan Exclusion #13.	
D7140	Extraction, erupted tooth or exposed root	69	2	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.	
D7210	Extraction, erupted tooth req elev, etc	133			
D7220	Removal of impacted tooth - soft tissue	151			
D7230	Removal of impacted tooth - partially bony.....	196			
D7240	Removal of impacted tooth - completely bony	241			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217			
D7250	Removal of residual tooth roots	141			
D7251	Coronectomy - intentional partial tooth removal	217			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	226			
D7280	Exposure of an unerupted tooth	153			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60			
D7310/20	Alveoloplasty, per quad	141			
D7510	Incision and drainage of abscess - intraoral soft tissue	96			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	263			
D7979	Non-surgical sialolithotomy	43			

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 Certificate of Coverage titled “State-Specific Exclusions” for additional exclusions, if applicable.

- 1. Services which are covered under worker’s compensation or employer’s liability laws.
- 2. Services which are not necessary for the patient’s dental health as determined by the Plan.
- 3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- 4. Oral surgery requiring the setting of fractures or dislocations.
- 5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, 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).
- 13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating general dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
- 14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
- 15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient’s responsibility.

Plan Limitations

- 1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
- 2. One (1) problem focused exam is covered per calendar year per patient.
- 3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- 4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
- 5. Two (2) bitewing x-rays are covered per calendar year per patient.
- 6. One (1) set of full mouth x-rays or panoramic film is covered

- every three (3) years per patient.
- 7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- 8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- 9. 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%.
- 10. Relining and rebasing of dentures is covered once every 24 months per patient.
- 11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- 12. Root planing or scaling is covered once every 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, limited to once per two years.
- 14. 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
- 15. Full mouth debridement is covered once per lifetime per patient.
- 16. 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.
- 17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- 18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- 19. Coronectomy - intentional partial tooth removal, once per lifetime.
- 20. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).
- 21. Orthodontia treatment is limited to once per lifetime.

The dental plan is underwritten by Dominion Dental Services, Inc. d/b/a Dominion National (hereinafter referred to as "Dominion").



Select Plan Basic 703xa (PA)

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)
Diagnostic/Preventive			D2391	Resin-based composite - one surface, posterior	73
D9439	Office visit	10	D2392	Resin-based composite - two surfaces, posterior.....	87
D0120	Periodic oral eval - established patient.....	0	D2393	Resin-based composite - three surfaces, posterior.....	102
D0140	Limited oral eval - problem focused	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D0150	Comprehensive oral eval - new or established patient.....	0	Crown & Bridge		
D0160	Detailed and extensive oral eval - problem focused.....	0	D2510	Inlay - metallic - one surface	407
D0170	Re-evaluation - limited, problem focused	0	D2520	Inlay - metallic - two surfaces	407
D0180	Comp. periodontal eval - new or established patient.....	36	D2530	Inlay - metallic - three or more surfaces.....	425
D0210	Intraoral - complete series of radiographic images	26	D2542	Onlay - metallic-two surfaces	458
D0220	Intraoral - periapical first radiographic image	0	D2543	Onlay - metallic-three surfaces	524
D0230	Intraoral - periapical each add. radiographic image.....	0	D2544	Onlay - metallic-four or more surfaces	524
D0240	Intraoral - occlusal radiographic image	0	D2610	Inlay - porcelain/ceramic - one surface	427
D0250	Extra-oral - 2D projection radiographic image	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	427
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0330	Panoramic radiographic image	30	D2643	Onlay - porcelain/ceramic - three surfaces	499
D0340	2D cephalometric radiographic image	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2650	Inlay - resin-based composite - one surface	440
D0351	3D photographic image	0	D2651	Inlay - resin-based composite - two surfaces	440
D0460	Pulp vitality tests.....	0	D2652	Inlay - resin-based composite - >=3 surfaces	440
D0470	Diagnostic casts.....	0	D2662	Onlay - resin-based composite - two surfaces.....	444
D1110	Prophylaxis (cleaning) - adult.....	13	D2663	Onlay - resin-based composite - three surfaces ..	444
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2664	Onlay - resin-based composite - >=4 surfaces.....	444
D1206	Topical application of fluoride varnish.....	0	D2710	Crown - resin based composite (indirect).....	272
D1208	Topical application of fluoride - excluding varnish ...	0	D2712	Crown - 3/4 resin-based composite (indirect).....	485
D1310	Nutritional counseling for control of dental disease	0	D2720/21/22	Crown - resin with metal.....	495
D1320/30	Oral hygiene instructions.....	0	D2740	Crown - porcelain/ceramic	560
Restorative (Fillings)			D2750/51/52	Crown - porcelain fused metal.....	523
D2140	Amalgam - one surface, prim. or perm.	41	D2780/81/82	Crown - 3/4 cast with metal	478
D2150	Amalgam - two surfaces, prim. or perm.	51	D2783	Crown - 3/4 porcelain/ceramic	511
D2160	Amalgam - three surfaces, prim. or perm.	64	D2790/91/92	Crown - full cast metal	495
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	43
D2330	Resin-based composite - one surface, anterior.....	69	D2931	Prefab. stainless steel crown.....	121
D2331	Resin-based composite - two surfaces, anterior	83	D2932	Prefabricated resin crown.....	140
D2332	Resin-based composite - three surfaces, anterior	99	D2940	Protective restoration	39
D2335	Resin-based composite - >=4 surfaces, anterior	119	D2950	Core buildup, including any pins.....	125
D2390	Resin-based composite crown, anterior	192	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

Dominion National; 251 18th Street South, Suite 900; Arlington, VA 22202

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DMN20MADOBINFAM - DCDEPAVA

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2981	Inlay repair necessitated by restorative material failure.....	102	Prosthetics (Dentures)		
D2982	Onlay repair necessitated by restorative material failure.....	102	D5110/20	Complete denture - maxillary/mandibular.....	697
Endodontics¹			D5130/40	Immediate denture - maxillary/mandibular.....	722
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5213/14	Maxillary/mandibular partial denture - cast metal.....	750
D3221	Pulpal debridement	94	D5221	Immediate maxillary partial denture - resin base	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5222	Immediate mandibular partial denture - resin base	649
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5223	Immediate maxillary partial denture - cast metal framework.....	750
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5224	Immediate mandibular partial denture - cast metal framework.....	750
D3333	Internal root repair of perforation defects.....	105	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3346	Retreat of prev. root canal therapy, anterior.....	387	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	419
D3347	Retreat of prev. root canal therapy, premolar.....	465	D5410/11	Adjust complete denture - maxillary/mandibular	38
D3348	Retreat of prev. root canal therapy, molar	558	D5421/22	Adjust partial denture - maxillary/mandibular	38
D3410	Apicoectomy - anterior	323	D5511	Repair broken complete denture base, mandibular.....	87
D3421	Apicoectomy - premolar (first root)	364	D5512	Repair broken complete denture base, maxillary.....	87
D3425	Apicoectomy - molar (first root)	418	D5520	Replace missing or broken teeth - complete denture	87
D3426	Apicoectomy - (each add. root)	152	D5611	Repair resin partial denture base, mandibular.....	87
D3430	Retrograde filling - per root	119	D5612	Repair resin partial denture base, maxillary.....	87
D3450	Root amputation - per root	234	D5621	Repair cast partial framework, mandibular.....	87
D3920	Hemisection, not inc. root canal therapy	234	D5622	Repair cast partial framework, maxillary.....	87
D3950	Canal prep/fitting of preformed dowel or post....	136	D5630/60	Clasp repaired, replaced or added	115
Periodontics¹			D5640	Replace broken teeth - per tooth	87
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279	D5650	Add tooth to existing partial denture	87
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100	D5670/71	Replace all teeth and acrylic on cast metal framework.....	287
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345	D5710/11	Rebase complete maxillary/mandibular denture.....	260
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106	D5720/21	Rebase maxillary/mandibular partial denture	260
D4260	Osseous surgery - >3 cont. teeth, per quad	499	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
D4261	Osseous surgery - <=3 cont. teeth, per quad	392	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155
D4263	Bone replacement graft - retained natural tooth - first site in quad	613	D5750/51	Reline complete maxillary/mandibular denture (lab)	224
D4264	Bone replacement graft - retained natural tooth - each additional site in quad.....	480	D5760/61	Reline maxillary/mandibular partial denture (lab)	224
D4265	Biological materials to aid in soft and osseous tissue regeneration	336	D5810/11	Interim complete denture - maxillary/mandibular	362
D4268	Surgical revision proc., per tooth.....	358	D5820/21	Interim partial denture - maxillary/mandibular	362
D4270	Pedicle soft tissue graft procedure	530	D5850/51	Tissue conditioning - maxillary/mandibular	79
D4273	Autogenous connective tissue graft procedure, first tooth.....	660	Bridge & Pontics		
D4274	Mesial/distal wedge procedure, single tooth.....	308	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	705	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
D4277	Free soft tissue graft procedure, first tooth	540	D6210/11/12	Pontic - metal	495
D4278	Free soft tissue graft procedure, each add. tooth	83	D6240/41/42	Pontic - porcelain fused metal.....	523
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	D6245	Pontic - porcelain/ceramic.....	560
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63	D6250/51/52	Pontic - resin with metal	495
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	51	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D4355	Full mouth debridement.....	89			
D4381	Localized delivery of antimicrobial agents	98			
D4910	Periodontal maintenance	74			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393	Orthodontics²		
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D8090	Comp. ortho. treatment - adult dentition.....	3658
D6600	Retainer inlay - porc./ceramic, two surfaces.....	427	D8660	Pre-orthodontic treatment visit.....	413
D6601	Retainer inlay - porc./ceramic, >=3 surfaces.....	445	D8670	Periodic ortho. treatment visit (as part of contract).....	118
D6602	Retainer inlay - cast high noble metal, two surfaces.....	407	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413
D6603	Retainer inlay - cast high noble metal, >=3 surfaces.....	425	Adjunctive General Services		
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	407	D9110	Palliative (emergency) treatment of dental pain.....	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces.....	425	D9210/15	Local anesthesia.....	0
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	D9211	Regional block anesthesia.....	0
D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	425	D9212	Trigeminal division block anesthesia.....	0
D6608	Retainer onlay - porc./ceramic, two surfaces.....	479	D9219	Evaluation for deep sedation or general anesthesia.....	0
D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	499	D9222	Deep sedation/general anesthesia - first 15 minutes.....	103
D6610	Retainer onlay - cast high noble metal, two surfaces.....	458	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr.....	103
D6611	Retainer onlay - cast high noble metal, >=3 surfaces.....	524	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	458	D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces.....	524	D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min.....	103
D6614	Retainer onlay - cast noble metal, two surfaces.....	458	D9310	Consultation (diagnostic service by nontreating dentist).....	43
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524	D9613	Infiltration of sustained release therapeutic drug – single or multiple sites.....	190
D6720/21/22	Retainer crown - resin with metal.....	495	D9910	Application of desensitizing medicament.....	31
D6740	Retainer crown - porcelain/ceramic.....	560	D9930	Treatment of complications (post-surgical).....	43
D6750/51/52	Retainer crown - porcelain fused metal.....	523	D9944	Occlusal guard – hard appliance, full arch.....	272
D6780	Retainer crown - 3/4 cast high noble metal.....	470	D9945	Occlusal guard – soft appliance, full arch.....	272
D6781	Retainer crown - 3/4 cast predominantly base metal.....	470	D9946	Occlusal guard – hard appliance, partial arch.....	272
D6782	Retainer crown - 3/4 cast noble metal.....	470	D9950	Occlusion analysis - mounted case.....	104
D6783	Retainer crown - 3/4 porc./ceramic.....	511	D9951	Occlusal adjustment - limited.....	66
D6790/91/92	Retainer crown - full cast metal.....	495	D9952	Occlusal adjustment - complete.....	266
D6930	Recement or rebond fixed partial denture.....	69	D9986	Missed appointment.....	50
D6980	Fixed partial denture repair, by report.....	172	D9995	Teledentistry – synchronous; real-time encounter.....	20
			D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.....	20
Oral Surgery¹			1	As performed by a Participating General Dentist. See Plan Exclusion #13.	
D7111	Extraction, coronal remnants - primary tooth.....	56	2	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.	
D7140	Extraction, erupted tooth or exposed root.....	69			
D7210	Extraction, erupted tooth req elev, etc.....	133			
D7220	Removal of impacted tooth - soft tissue.....	151			
D7230	Removal of impacted tooth - partially bony.....	196			
D7240	Removal of impacted tooth - completely bony.....	241			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217			
D7250	Removal of residual tooth roots.....	141			
D7251	Coronectomy - intentional partial tooth removal.....	217			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226			
D7280	Exposure of an unerupted tooth.....	153			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60			
D7310/20	Alveoloplasty, per quad.....	141			
D7510	Incision and drainage of abscess - intraoral soft tissue.....	96			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263			
D7979	Non-surgical sialolithotomy.....	43			

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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 medically not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, 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).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating general dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
5. Two (2) bitewing x-rays are covered per calendar year per patient.

6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
9. 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%.
10. Relining and rebasing of dentures is covered once every 24 months per patient.
11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
12. Root planing or scaling is covered once every 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, limited to once per two years.
14. 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
15. Full mouth debridement is covered once per lifetime per patient.
16. 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.
17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
19. Coronectomy - intentional partial tooth removal, once per lifetime.
20. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).
21. Orthodontia treatment is limited to once per lifetime.

The dental plan is underwritten by Dominion Dental Services, Inc. d/b/a Dominion National (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)
Diagnostic/Preventive			D2391	Resin-based composite - one surface, posterior	73
D9439	Office visit	10	D2392	Resin-based composite - two surfaces, posterior.....	87
D0120	Periodic oral eval - established patient.....	0	D2393	Resin-based composite - three surfaces, posterior.....	102
D0140	Limited oral eval - problem focused	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D0150	Comprehensive oral eval - new or established patient.....	0	Crown & Bridge		
D0160	Detailed and extensive oral eval - problem focused.....	0	D2510	Inlay - metallic - one surface	407
D0170	Re-evaluation - limited, problem focused	0	D2520	Inlay - metallic - two surfaces	407
D0180	Comp. periodontal eval - new or established patient.....	36	D2530	Inlay - metallic - three or more surfaces.....	425
D0210	Intraoral - complete series of radiographic images	26	D2542	Onlay - metallic-two surfaces	458
D0220	Intraoral - periapical first radiographic image	0	D2543	Onlay - metallic-three surfaces	524
D0230	Intraoral - periapical each add. radiographic image.....	0	D2544	Onlay - metallic-four or more surfaces	524
D0240	Intraoral - occlusal radiographic image	0	D2610	Inlay - porcelain/ceramic - one surface	427
D0250	Extra-oral - 2D projection radiographic image	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	427
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0330	Panoramic radiographic image	30	D2643	Onlay - porcelain/ceramic - three surfaces	499
D0340	2D cephalometric radiographic image	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2650	Inlay - resin-based composite - one surface	440
D0351	3D photographic image	0	D2651	Inlay - resin-based composite - two surfaces	440
D0460	Pulp vitality tests.....	0	D2652	Inlay - resin-based composite - >=3 surfaces	440
D0470	Diagnostic casts.....	0	D2662	Onlay - resin-based composite - two surfaces.....	444
D1110	Prophylaxis (cleaning) - adult.....	13	D2663	Onlay - resin-based composite - three surfaces ..	444
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2664	Onlay - resin-based composite - >=4 surfaces.....	444
D1206	Topical application of fluoride varnish.....	0	D2710	Crown - resin based composite (indirect).....	272
D1208	Topical application of fluoride - excluding varnish ...	0	D2712	Crown - 3/4 resin-based composite (indirect).....	485
D1310	Nutritional counseling for control of dental disease	0	D2720/21/22	Crown - resin with metal.....	495
D1320/30	Oral hygiene instructions.....	0	D2740	Crown - porcelain/ceramic	560
Restorative (Fillings)			D2750/51/52	Crown - porcelain fused metal.....	523
D2140	Amalgam - one surface, prim. or perm.	41	D2780/81/82	Crown - 3/4 cast with metal	478
D2150	Amalgam - two surfaces, prim. or perm.	51	D2783	Crown - 3/4 porcelain/ceramic	511
D2160	Amalgam - three surfaces, prim. or perm.	64	D2790/91/92	Crown - full cast metal	495
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	43
D2330	Resin-based composite - one surface, anterior.....	69	D2931	Prefab. stainless steel crown.....	121
D2331	Resin-based composite - two surfaces, anterior	83	D2932	Prefabricated resin crown.....	140
D2332	Resin-based composite - three surfaces, anterior	99	D2940	Protective restoration	39
D2335	Resin-based composite - >=4 surfaces, anterior	119	D2950	Core buildup, including any pins.....	125
D2390	Resin-based composite crown, anterior	192	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

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2981	Inlay repair necessitated by restorative material failure.....	102	Prosthetics (Dentures)		
D2982	Onlay repair necessitated by restorative material failure.....	102	D5110/20	Complete denture - maxillary/mandibular.....	697
Endodontics¹			D5130/40	Immediate denture - maxillary/mandibular.....	722
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5213/14	Maxillary/mandibular partial denture - cast metal.....	750
D3221	Pulpal debridement	94	D5221	Immediate maxillary partial denture - resin base	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5222	Immediate mandibular partial denture - resin base	649
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5223	Immediate maxillary partial denture - cast metal framework.....	750
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5224	Immediate mandibular partial denture - cast metal framework.....	750
D3333	Internal root repair of perforation defects.....	105	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3346	Retreat of prev. root canal therapy, anterior.....	387	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	419
D3347	Retreat of prev. root canal therapy, premolar.....	465	D5410/11	Adjust complete denture - maxillary/mandibular	38
D3348	Retreat of prev. root canal therapy, molar	558	D5421/22	Adjust partial denture - maxillary/mandibular	38
D3410	Apicoectomy - anterior	323	D5511	Repair broken complete denture base, mandibular.....	87
D3421	Apicoectomy - premolar (first root)	364	D5512	Repair broken complete denture base, maxillary.....	87
D3425	Apicoectomy - molar (first root)	418	D5520	Replace missing or broken teeth - complete denture	87
D3426	Apicoectomy - (each add. root)	152	D5611	Repair resin partial denture base, mandibular.....	87
D3430	Retrograde filling - per root	119	D5612	Repair resin partial denture base, maxillary.....	87
D3450	Root amputation - per root	234	D5621	Repair cast partial framework, mandibular.....	87
D3920	Hemisection, not inc. root canal therapy	234	D5622	Repair cast partial framework, maxillary.....	87
D3950	Canal prep/fitting of preformed dowel or post....	136	D5630/60	Clasp repaired, replaced or added	115
Periodontics¹			D5640	Replace broken teeth - per tooth	87
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279	D5650	Add tooth to existing partial denture	87
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100	D5670/71	Replace all teeth and acrylic on cast metal framework.....	287
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345	D5710/11	Rebase complete maxillary/mandibular denture.....	260
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106	D5720/21	Rebase maxillary/mandibular partial denture	260
D4260	Osseous surgery - >3 cont. teeth, per quad	499	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
D4261	Osseous surgery - <=3 cont. teeth, per quad	392	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155
D4263	Bone replacement graft - retained natural tooth - first site in quad	613	D5750/51	Reline complete maxillary/mandibular denture (lab)	224
D4264	Bone replacement graft - retained natural tooth - each additional site in quad.....	480	D5760/61	Reline maxillary/mandibular partial denture (lab)	224
D4265	Biological materials to aid in soft and osseous tissue regeneration	336	D5810/11	Interim complete denture - maxillary/mandibular	362
D4268	Surgical revision proc., per tooth.....	358	D5820/21	Interim partial denture - maxillary/mandibular	362
D4270	Pedicle soft tissue graft procedure	530	D5850/51	Tissue conditioning - maxillary/mandibular	79
D4273	Autogenous connective tissue graft procedure, first tooth.....	660	Bridge & Pontics		
D4274	Mesial/distal wedge procedure, single tooth.....	308	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	705	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
D4277	Free soft tissue graft procedure, first tooth	540	D6210/11/12	Pontic - metal	495
D4278	Free soft tissue graft procedure, each add. tooth	83	D6240/41/42	Pontic - porcelain fused metal.....	523
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109	D6245	Pontic - porcelain/ceramic.....	560
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63	D6250/51/52	Pontic - resin with metal	495
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	51	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D4355	Full mouth debridement.....	89			
D4381	Localized delivery of antimicrobial agents	98			
D4910	Periodontal maintenance	74			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393	Orthodontics²		
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D8090	Comp. ortho. treatment - adult dentition.....	3658
D6600	Retainer inlay - porc./ceramic, two surfaces.....	427	D8660	Pre-orthodontic treatment visit.....	413
D6601	Retainer inlay - porc./ceramic, >=3 surfaces.....	445	D8670	Periodic ortho. treatment visit (as part of contract).....	118
D6602	Retainer inlay - cast high noble metal, two surfaces.....	407	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413
D6603	Retainer inlay - cast high noble metal, >=3 surfaces.....	425	Adjunctive General Services		
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	407	D9110	Palliative (emergency) treatment of dental pain.....	43
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces.....	425	D9210/15	Local anesthesia.....	0
D6606	Retainer inlay - cast noble metal, two surfaces.....	407	D9211	Regional block anesthesia.....	0
D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	425	D9212	Trigeminal division block anesthesia.....	0
D6608	Retainer onlay - porc./ceramic, two surfaces.....	479	D9219	Evaluation for deep sedation or general anesthesia.....	0
D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	499	D9222	Deep sedation/general anesthesia - first 15 minutes.....	103
D6610	Retainer onlay - cast high noble metal, two surfaces.....	458	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr.....	103
D6611	Retainer onlay - cast high noble metal, >=3 surfaces.....	524	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	37
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	458	D9239	Intravenous moderate sedation/analgesia - first 15 minutes.....	103
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces.....	524	D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min.....	103
D6614	Retainer onlay - cast noble metal, two surfaces.....	458	D9310	Consultation (diagnostic service by nontreating dentist).....	43
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	524	D9613	Infiltration of sustained release therapeutic drug - single or multiple sites.....	190
D6720/21/22	Retainer crown - resin with metal.....	495	D9910	Application of desensitizing medicament.....	31
D6740	Retainer crown - porcelain/ceramic.....	560	D9930	Treatment of complications (post-surgical).....	43
D6750/51/52	Retainer crown - porcelain fused metal.....	523	D9944	Occlusal guard - hard appliance, full arch.....	272
D6780	Retainer crown - 3/4 cast high noble metal.....	470	D9945	Occlusal guard - soft appliance, full arch.....	272
D6781	Retainer crown - 3/4 cast predominantly base metal.....	470	D9946	Occlusal guard - hard appliance, partial arch.....	272
D6782	Retainer crown - 3/4 cast noble metal.....	470	D9950	Occlusion analysis - mounted case.....	104
D6783	Retainer crown - 3/4 porc./ceramic.....	511	D9951	Occlusal adjustment - limited.....	66
D6790/91/92	Retainer crown - full cast metal.....	495	D9952	Occlusal adjustment - complete.....	266
D6930	Recement or rebond fixed partial denture.....	69	D9986	Missed appointment.....	50
D6980	Fixed partial denture repair, by report.....	172	D9995	Teledentistry - synchronous; real-time encounter.....	20
			D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review.....	20
Oral Surgery¹			1	As performed by a Participating General Dentist. See Plan Exclusion #13.	
D7111	Extraction, coronal remnants - primary tooth.....	56	2	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.	
D7140	Extraction, erupted tooth or exposed root.....	69			
D7210	Extraction, erupted tooth req elev, etc.....	133			
D7220	Removal of impacted tooth - soft tissue.....	151			
D7230	Removal of impacted tooth - partially bony.....	196			
D7240	Removal of impacted tooth - completely bony.....	241			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217			
D7250	Removal of residual tooth roots.....	141			
D7251	Coronectomy - intentional partial tooth removal.....	217			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226			
D7280	Exposure of an unerupted tooth.....	153			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60			
D7310/20	Alveoloplasty, per quad.....	141			
D7510	Incision and drainage of abscess - intraoral soft tissue.....	96			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263			
D7979	Non-surgical sialolithotomy.....	43			

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 medically not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, 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).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating general dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
5. Two (2) bitewing x-rays are covered per calendar year per patient.

6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
9. 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%.
10. Relining and rebasing of dentures is covered once every 24 months per patient.
11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
12. Root planing or scaling is covered once every 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, limited to once per two years.
14. 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
15. Full mouth debridement is covered once per lifetime per patient.
16. 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.
17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
19. Coronectomy - intentional partial tooth removal, once per lifetime.
20. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).
21. Orthodontia treatment is limited to once per lifetime.