

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



**Elite ePPO Basic (DC)  
Description of Services, Member Copayments, Exclusions  
and Limitations for Adult Services (age 19 and over)**

**Plan Highlights**

- This plan has fixed copayments. In-network (IN) providers have contracted with Dominion and accept the IN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of- area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).
- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network
Single adult		\$25
Three or more adults		\$75
Applies to:		Class 2 and Class 3
<ul style="list-style-type: none"> <li>• Each member must pay the in-network deductible amount for dental services before the plan will begin to cover the member’s dental procedures. There is a \$25 deductible per adult Member per Calendar Year and the single adult deductible amount must be met prior to satisfying the three or more adults deductible. For three or more adults, the total combined maximum deductible amount for all adult Members is \$75 per Calendar Year at which point the deductible is waived for remaining adult Members.</li> </ul>		
Maximums		In-Network
Annual		\$1,500
Lifetime Ortho		N/A
The annual maximum applies to: Class 1, Class 2 and Class 3		
Rollover Services	Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts	\$750	\$1,875
<ul style="list-style-type: none"> <li>• A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> <li>• At least one claim must be submitted for Class 1 covered services during the Calendar Year.</li> <li>• The member must have received services in excess of any deductible.</li> <li>• The member must not have received services that exceed the service maximum, which is the amount paid by the plan.</li> <li>• If eligible, the amount of rollover services may not be greater than the rollover maximum.</li> <li>• A member’s rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given Calendar Year.</li> </ul> </li> </ul>		

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
<b>Class 1 Diagnostic/Preventive</b>			D0272	Bitewing x-rays - two radiographic images .....	0
D0120	Periodic oral eval - established patient .....	0	D0273	Bitewing x-rays - three radiographic images .....	0
D0140	Limited oral eval - problem focused .....	0	D0274	Bitewing x-rays - four radiographic images .....	0
D0150	Comprehensive oral eval - new or established patient .....	0	D0277	Vertical bitewings - 7 to 8 radiographic images .....	0
D0160	Detailed and extensive oral eval - problem focused ..	0	D0330	Panoramic radiographic image .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0340	2D cephalometric radiographic image .....	0
D0180	Comp. periodontal eval - new or established patient 0		D0350	2D oral/facial photographic images .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D0373	Intraoral tomosynthesis – bitewing radiographic image .....	0
D0230	Intraoral - periapical each add. radiographic image ..	0	D0374	Intraoral tomosynthesis – periapical radiographic image .....	0
D0240	Intraoral - occlusal radiographic image .....	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only .....	0
D0250	Extraoral - 2D projection radiographic image .....	0			
D0270	Bitewing x-rays - single radiographic image .....	0			

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D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2722	Crown - resin with noble metal	450
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2740	Crown - porcelain/ceramic	545
D0460	Pulp vitality tests	0	D2750	Crown - porcelain fused to high noble metal	570
D0701	Panoramic radiographic image – image capture only	0	D2751	Crown - porcelain fused to predominately base metal	520
D0702	2-D cephalometric radiographic image – image capture only	0	D2752	Crown - porcelain fused to noble metal	520
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0	D2780	Crown - 3/4 cast high noble metal	393
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2781	Crown - 3/4 cast predominately base metal	368
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2782	Crown - 3/4 cast noble metal	391
D0707	Intraoral – periapical radiographic image – image capture only	0	D2783	Crown - 3/4 porcelain/ceramic	400
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2790	Crown - full cast high noble metal	507
D0709	Intraoral – comprehensive series of radiographic images – image capture only	0	D2791	Crown - full cast predominately base metal	455
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office)	0	D2792	Crown - full cast noble metal	473
D1110	Prophylaxis (cleaning) - adult	0	D2794	Crown - titanium and titanium alloys	530
<b>Class 2 Restorative (Fillings)</b>			D2910	Recement inlay, onlay/crown or partial coverage rest.	34
D2140	Amalgam - one surface, prim. or perm.	20	D2915	Recement cast of prefabricated post and core (once in a lifetime)	34
D2150	Amalgam - two surfaces, prim. or perm.	30	D2920	Recement inlay, onlay/crown or partial coverage rest.	27
D2160	Amalgam - three surfaces, prim. or perm.	40	D2930	Prefab. stainless steel crown - prim. tooth	90
D2161	Amalgam - >=4 surfaces, prim. or perm.	55	D2931	Prefab. stainless steel crown - perm. tooth	90
D2330	Resin-based composite - one surface, anterior	32	D2932	Prefabricated resin crown	66
D2331	Resin-based composite - two surfaces, anterior	42	D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth)	84
D2332	Resin-based composite - three surfaces, anterior	52	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth)	84
D2335	Resin-based composite - >=4 surfaces, anterior	100	D2940	Protective restoration	30
D2390	Resin-based composite crown, anterior	70	D2950	Core buildup, including any pins	100
D2391	Resin-based composite - one surface, posterior	45	D2951	Pin retention - per tooth, in addition to restoration	28
D2392	Resin-based composite - two surfaces, posterior	55	D2952	Post and core in addition to crown	141
D2393	Resin-based composite - three surfaces, posterior	65	D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated	77
D2394	Resin-based composite - >=4 surfaces, posterior	115	D2954	Prefab. post and core in addition to crown	105
<b>Class 3 Crown &amp; Bridge*</b>			D2961	Labial veneer (resin laminated) - indirect (not covered if considered cosmetic; once per 60 months)	285
<b>* All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.</b>			D2962	Labial veneer (porcelain laminated) - indirect (not covered if considered cosmetic; once per 60 months)	436
D2510	Inlay - metallic - one surface	261	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months)	54
D2520	Inlay - metallic - two surfaces	336	D2980	Crown repair necessitated by restorative material failure	85
D2530	Inlay - metallic - three or more surfaces	375	D2981	Inlay repair necessitated by restorative material failure	85
D2542	Onlay - metallic - two surfaces	355	D2982	Onlay repair necessitated by restorative material failure	85
D2543	Onlay - metallic - three surfaces	375	<b>Class 3 Endodontics</b>		
D2544	Onlay - metallic - four or more surfaces	391	D3110	Pulp cap - direct (excl. final restoration)	13
D2610	Inlay - porcelain/ceramic - one surface	317	D3120	Pulp cap - indirect (excl. final restoration)	13
D2620	Inlay - porcelain/ceramic - two surfaces	331	D3220	Therapeutic pulpotomy (excl. final restor.)	100
D2630	Inlay - porcelain/ceramic - >=3 surfaces	374	D3221	Pulpal debridement, prim. and perm. teeth	100
D2642	Onlay - porcelain/ceramic - two surfaces	375	D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years)	100
D2643	Onlay - porcelain/ceramic - three surfaces	391	D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	90
D2644	Onlay - porcelain/ceramic - >=4 surfaces	393	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	102
D2650	Inlay - resin-based composite - one surface	317	D3310	Endodontic therapy, anterior tooth (excl. final restor.)	550
D2651	Inlay - resin-based composite - two surfaces	331			
D2652	Inlay - resin-based composite - >=3 surfaces	374			
D2662	Onlay - resin-based composite - two surfaces	375			
D2663	Onlay - resin-based composite - three surfaces	391			
D2664	Onlay - resin-based composite - >=4 surfaces	393			
D2710	Crown - resin based composite (indirect)	433			
D2712	Crown - 3/4 resin-based composite (indirect)	433			
D2720	Crown - resin with high noble metal	465			
D2721	Crown - resin with predominately base metal	450			

ADA CODE	DESCRIPTION	IN
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	640
D3330	Endodontic therapy, molar tooth (excl. final restor.) ..	780
D3331	Treatment of root canal obstruction; non-surgical access .....	127
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	234
D3333	Internal root repair of perforation defects .....	119
D3346	Retreat of prev. root canal therapy - anterior .....	569
D3347	Retreat of prev. root canal therapy - premolar .....	658
D3348	Retreat of prev. root canal therapy - molar .....	776
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal..	170
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal) .....	83
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.).	179
D3410	Apicoectomy - anterior .....	414
D3421	Apicoectomy - premolar (first root) .....	446
D3425	Apicoectomy - molar (first root) .....	543
D3426	Apicoectomy - (each add. root) .....	145
D3430	Retrograde filling - per root .....	138
D3450	Root amputation - per root .....	258
D3471	Surgical repair of root resorption - anterior.....	414
D3472	Surgical repair of root resorption – premolar.....	446
D3473	Surgical repair of root resorption – molar.....	543
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior..	414
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar.	446
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	543
D3920	Hemisection, not inc. root canal therapy .....	194
D3921	Decoronation or submergence of an erupted tooth..	100
<b>Class 3 Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	198
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	368
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months. ....	379
D4260	Osseous surgery - >3 cont. teeth, per quad .....	600
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months) ..	230
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months) .....	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months) .....	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months) .....	341

ADA CODE	DESCRIPTION	IN
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months) .....	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	401
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	626
D4274	Mesial/distal wedge procedure, single tooth.....	194
D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft .....	381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site .....	30
D4286	Removal of non-resorbable barrier .....	100
D4341	Perio scaling and root planing - >3 cont teeth, per quad .....	97
D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	30
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	60
D4381	Localized delivery of antimicrobial agents .....	42
D4910	Periodontal maintenance .....	75
D4920	Unscheduled dressing change (by someone other than treating dentist) .....	49
<b>Class 3 Prosthetics (Dentures)</b>		
D5110	Complete denture - maxillary/mandibular .....	560
D5120	Complete denture - maxillary/mandibular .....	560
D5130	Immediate denture - maxillary/mandibular .....	565
D5140	Immediate denture - maxillary/mandibular .....	565
D5211	Maxillary/mandibular partial denture - resin base ...	375
D5212	Maxillary/mandibular partial denture - resin base ...	375
D5213	Maxillary/mandibular partial denture - cast metal ...	625
D5214	Maxillary/mandibular partial denture - cast metal ...	625
D5221	Immediate maxillary partial denture - resin base .....	375
D5222	Immediate mandibular partial denture - resin base...	375
D5223	Immediate maxillary partial denture - cast metal .....	625
D5224	Immediate mandibular partial denture - cast metal ..	625
D5225	Maxillary/mandibular partial denture - flexible base	625
D5226	Maxillary/mandibular partial denture - flexible base	625
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	625
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	625
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	318
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	318
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	318
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	318
D5410	Adjust complete denture - maxillary/mandibular .....	20
D5411	Adjust complete denture - maxillary/mandibular .....	20
D5421	Adjust partial denture - maxillary/mandibular .....	20
D5422	Adjust partial denture - maxillary/mandibular .....	20



ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	401	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	690
D6612	Retainer onlay - cast predominantly base metal, two surfaces	415	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	1322
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	401	D7509	Marsupialization of odontogenic cyst	400
D6614	Retainer onlay - cast noble metal, two surfaces	415	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D6615	Retainer onlay - cast noble metal, >=3 surfaces	401	D7961	Buccal/labial frenectomy (frenulectomy)	322
D6624	Retainer inlay - titanium	401	D7962	Lingual frenectomy (frenulectomy)	322
D6634	Retainer onlay - titanium	401	D7963	Frenuoplasty (once per site)	322
D6710	Retainer crown - indirect resin based composite	502	D7970	Excision of hyperplastic tissue - per arch	322
D6720	Retainer crown - resin with metal	446	D7971	Excision of pericoronary gingiva	106
D6721	Retainer crown - resin with metal	425	D7979	Non-surgical sialolithotomy	35
D6722	Retainer crown - resin with metal	425	D7980	Surgical sialolithotomy	644
D6740	Retainer crown - porcelain/ceramic	506	D7981	Excision of salivary gland, by report	2300
D6750	Retainer crown - porcelain fused to high noble metal	520	D7982	Sialodochoplasty	1380
D6751	Retainer crown - porcelain fused to predominately base metal	475	D7983	Closure of salivary fistula	1196
D6752	Retainer crown - porcelain fused to noble metal	475			
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	502	<b>Class 3 Adjunctive General Services</b>		
D6780	Retainer crown - 3/4 cast high noble metal	410	D9110	Palliative treatment of dental pain - per visit	35
D6781	Retainer crown - 3/4 cast predominantly base metal	375	D9120	Fixed partial denture sectioning (once per tooth)	35
D6782	Retainer crown - 3/4 cast noble metal	404	D9210	Local anesthesia	14
D6784	Retainer crown 3/4 - titanium and titanium alloys	502	D9222	Deep sedation/general anesthesia - first 15 minutes	58
D6790	Retainer crown - full cast high noble metal	512	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	58
D6791	Retainer crown - full cast predominately base metal	446	D9239	Intravenous moderate sedation/analgesia - first 15 minutes	58
D6792	Retainer crown - full cast noble metal	473	D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	58
D6793	Provisional retainer crown (if used at least 6 months during multistage care)	156	D9248	Non-intravenous conscious sedation	89
D6794	Retainer crown - titanium and titanium alloys	502	D9310	Consultation (diagnostic service by nontreating dentist)	40
D6930	Recement or rebond fixed partial denture	50	D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D6980	Fixed partial denture repair necessitated by restorative material failure	100	D9942	Repair or relining of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement)	82
			D9944	Occlusal guard - hard appliance, full arch	220
			D9945	Occlusal guard - soft appliance, full arch	220
			D9946	Occlusal guard - hard appliance, partial arch	220
			D9953	Reline custom sleep apnea appliance (indirect)	175
			D9995	Teledentistry - synchronous; real-time encounter (when available)	0
			D9996	Teledentistry - asynchronous; information store and forwarded to dentist for subsequent review (when available)	0
			D9997	Dental case management - patients with special health care needs	50
			<b>Class 4 Orthodontics - Not covered</b>		<b>0%</b>
<b>Class 3 Oral Surgery</b>					
D7111	Extraction, coronal remnants - primary tooth	40			
D7140	Extraction, erupted tooth or exposed root	50			
D7210	Extraction, erupted tooth req elev, etc	104			
D7220	Removal of impacted tooth - soft tissue	130			
D7230	Removal of impacted tooth - partially bony	190			
D7240	Removal of impacted tooth - completely bony	225			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	235			
D7250	Removal of residual tooth roots	120			
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	235			
D7260	Oroantral fistula closure	689			
D7261	Primary closure of a sinus perforation	200			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	414			
D7285	Biopsy of oral tissue - hard (bone, tooth)	253			
D7286	Biopsy of oral tissue - soft	259			
D7287	Exfoliative cytological sample collection	50			
D7288	Brush biopsy - transepithelial sample collection	40			
D7310	Alveoloplasty in conjunction with extractions - per quad	201			
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	132			
D7320	Alveoloplasty not in conjunction with extractions - per quad	276			
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	228			

### 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.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

### Plan Limitations

#### Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months.
2. One emergency or problem focused exam (D0140) per Calendar Year.
3. One full mouth or panoramic x-ray per 60 months.
4. Periapical x-rays.
5. Bitewing x-rays, 2 per Calendar Year.
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year.

#### Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months.

#### Class III. Major Services:

1. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter.
2. Restoration services, limited to:

- a. Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling.
  - b. Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially place or last replaced.
  - c. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
3. Crown build-up for non-vital teeth
  4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
    - a. Pulpotomy
    - b. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage).
    - c. Apicoectomy
    - d. Retrograde fillings, per root per lifetime
  5. Periodontic services, limited to:
    - a. Gingivectomy
    - b. Osseous surgery including flap entry and closure
    - c. One pedicle or free soft tissue graft per site per lifetime
    - d. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
    - e. One full mouth debridement per lifetime
    - f. Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
    - g. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years.
  6. Prosthetic services, limited to:
    - a. Initial placement of removable dentures or fixed bridges
    - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
    - c. Addition of teeth to existing partial denture
    - d. One relining or rebasing of existing removable dentures per 24 months
    - e. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years.
  7. One repair of dentures or fixed bridgework per 24 months
  8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures
  9. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

#### Class IV. Orthodontia Services: Not Covered

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy.

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### Plan Highlights

- This plan has fixed copayments. In-network (INN) providers have contracted with Dominion and accept the INN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of-area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).
- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network
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Three or more adults		\$75
Applies to:		Class 2 and Class 3
<ul style="list-style-type: none"> <li>• Each member must pay the in-network deductible amount for dental services before the plan will begin to cover the member’s dental procedures. There is a \$25 deductible per adult Member per calendar year and the single adult deductible amount must be met prior to satisfying the three or more adults deductible. For three or more adults, the total combined maximum deductible amount for all adult Members is \$75 per calendar year at which point the deductible is waived for remaining adult Members.</li> </ul>		
Maximums		In-Network
Annual		\$1,500
Lifetime Ortho		N/A
The annual maximum applies to: Class 1, Class 2 and Class 3		
Rollover Services	Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts	\$750	\$1,875
<ul style="list-style-type: none"> <li>• A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> <li>• At least one claim must be submitted for Class 1 covered services during the calendar year.</li> <li>• The member must have received services in excess of any deductible.</li> <li>• The member must not have received services that exceed the service maximum, which is the amount paid by the plan.</li> <li>• If eligible, the amount of rollover services may not be greater than the rollover maximum.</li> <li>• A member’s rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given calendar year.</li> </ul> </li> </ul>		

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
<b>Class 1</b>	<b>Diagnostic/Preventive</b>				
D0120	Periodic oral eval - established patient .....	0	D0272	Bitewing x-rays - two radiographic images .....	0
D0140	Limited oral eval - problem focused .....	0	D0273	Bitewing x-rays - three radiographic images .....	0
D0150	Comprehensive oral eval - new or established patient .....	0	D0274	Bitewing x-rays - four radiographic images .....	0
D0160	Detailed and extensive oral eval - problem focused .	0	D0277	Vertical bitewings - 7 to 8 radiographic images .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0330	Panoramic radiographic image .....	0
D0180	Comp. periodontal eval - new or established patient	0	D0340	2D cephalometric radiographic image .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D0350	2D oral/facial photographic images .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0
D0230	Intraoral - periapical each add. radiographic image	0	D0373	Intraoral tomosynthesis – bitewing radiographic image .....	0
D0240	Intraoral - occlusal radiographic image .....	0	D0374	Intraoral tomosynthesis – periapical radiographic image .....	0
D0250	Extraoral - 2D projection radiographic image .....	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only .....	0
D0270	Bitewing x-rays - single radiographic images .....	0			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D2751	Crown - porcelain fused to predominately base metal .....	520
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D2752	Crown - porcelain fused to noble metal .....	520
D0460	Pulp vitality tests .....	0	D2780	Crown - 3/4 cast high noble metal .....	393
D0701	Panoramic radiographic image – image capture only .....	0	D2781	Crown - 3/4 cast predominately base metal .....	368
D0702	2-D cephalometric radiographic image – image capture only .....	0	D2782	Crown - 3/4 cast noble metal .....	391
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only .....	0	D2783	Crown - 3/4 porcelain/ceramic .....	400
D0705	Extra-oral posterior dental radiographic image – image capture only .....	0	D2790	Crown - full cast high noble metal .....	507
D0706	Intraoral – occlusal radiographic image – image capture only .....	0	D2791	Crown - full cast predominately base metal .....	455
D0707	Intraoral – periapical radiographic image – image capture only .....	0	D2792	Crown - full cast noble metal .....	473
D0708	Intraoral – bitewing radiographic image – image capture only .....	0	D2794	Crown - titanium and titanium alloys .....	530
D0709	Intraoral – comprehensive series of radiographic images – image capture only .....	0	D2910	Recent inlay, onlay/crown or partial coverage rest. ....	34
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office) .....	0	D2915	Recent cast of prefabricated post and core (once in a lifetime) .....	34
D1110	Prophylaxis (cleaning) - adult .....	0	D2920	Recent inlay, onlay/crown or partial coverage rest. ....	27
<b>Class 2 Restorative (Fillings)</b>			D2930	Prefab. stainless steel crown - prim. tooth .....	90
D2140	Amalgam - one surface, prim. or perm. ....	20	D2931	Prefab. stainless steel crown - perm. tooth .....	90
D2150	Amalgam - two surfaces, prim. or perm. ....	30	D2932	Prefabricated resin crown .....	66
D2160	Amalgam - three surfaces, prim. or perm. ....	40	D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth) .....	84
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	55	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth) .....	84
D2330	Resin-based composite - one surface, anterior .....	32	D2940	Protective restoration .....	30
D2331	Resin-based composite - two surfaces, anterior .....	42	D2950	Core buildup, including any pins .....	100
D2332	Resin-based composite - three surfaces, anterior .....	52	D2951	Pin retention - per tooth, in addition to restoration .....	28
D2335	Resin-based composite - >=4 surfaces, anterior .....	100	D2952	Post and core in addition to crown .....	141
D2390	Resin-based composite crown, anterior .....	70	D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated .....	77
D2391	Resin-based composite - one surface, posterior .....	45	D2954	Prefab. post and core in addition to crown .....	105
D2392	Resin-based composite - two surfaces, posterior .....	55	D2961	Labial veneer (resin laminated) - indirect (not covered if considered cosmetic; once per 60 months) .....	285
D2393	Resin-based composite - three surfaces, posterior .....	65	D2962	Labial veneer (porcelain laminated) - indirect (not covered if considered cosmetic; once per 60 months) .....	436
D2394	Resin-based composite - >=4 surfaces, posterior .....	115	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months) .....	54
<b>Class 3 Crown &amp; Bridge</b>			D2980	Crown repair necessitated by restorative material failure .....	85
D2510	Inlay - metallic - one surface .....	261	D2981	Inlay repair necessitated by restorative material failure .....	85
D2520	Inlay - metallic - two surfaces .....	336	D2982	Onlay repair necessitated by restorative material failure .....	85
D2530	Inlay - metallic - three or more surfaces .....	375	<b>Class 3 Endodontics</b>		
D2542	Onlay - metallic - two surfaces .....	355	D3110	Pulp cap - direct (excl. final restoration) .....	13
D2543	Onlay - metallic - three surfaces .....	375	D3120	Pulp cap - indirect (excl. final restoration) .....	13
D2544	Onlay - metallic - four or more surfaces .....	391	D3220	Therapeutic pulpotomy (excl. final restor.) .....	100
D2610	Inlay - porcelain/ceramic - one surface .....	317	D3221	Pulpal debridement, prim. and perm. teeth .....	100
D2620	Inlay - porcelain/ceramic - two surfaces .....	331	D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years) .....	100
D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	374	D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	90
D2642	Onlay - porcelain/ceramic - two surfaces .....	375	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	102
D2643	Onlay - porcelain/ceramic - three surfaces .....	391	D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	550
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	393	D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	640
D2650	Inlay - resin-based composite - one surface .....	317	D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	780
D2651	Inlay - resin-based composite - two surfaces .....	331			
D2652	Inlay - resin-based composite - >=3 surfaces .....	374			
D2662	Onlay - resin-based composite - two surfaces .....	375			
D2663	Onlay - resin-based composite - three surfaces .....	391			
D2664	Onlay - resin-based composite - >=4 surfaces .....	393			
D2710	Crown - resin based composite (indirect) .....	433			
D2712	Crown - 3/4 resin-based composite (indirect) .....	433			
D2720	Crown - resin with high noble metal .....	465			
D2721	Crown - resin with predominately base metal .....	450			
D2722	Crown - resin with noble metal .....	450			
D2740	Crown - porcelain/ceramic .....	545			
D2750	Crown - porcelain fused to high noble metal .....	570			



ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D3331	Treatment of root canal obstruction; non-surgical access .....	127	D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	401
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	234	D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	626
D3333	Internal root repair of perforation defects .....	119	D4274	Mesial/distal wedge procedure, single tooth .....	194
D3346	Retreat of prev. root canal therapy - anterior .....	569	D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	405
D3347	Retreat of prev root canal therapy - premolar .....	658	D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	544
D3348	Retreat of prev. root canal therapy - molar .....	776	D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft .....	381
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal .	170	D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site .....	30
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal) .....	83	D4286	Removal of non-resorbable barrier .....	100
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) .....	179	D4341	Perio scaling and root planing - >3 cont teeth, per quad .....	97
D3410	Apicoectomy - anterior .....	414	D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D3421	Apicoectomy - premolar (first root) .....	446	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	30
D3425	Apicoectomy - molar (first root) .....	543	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	60
D3426	Apicoectomy - (each add. root) .....	145	D4381	Localized delivery of antimicrobial agents .....	42
D3430	Retrograde filling - per root .....	138	D4910	Periodontal maintenance .....	75
D3450	Root amputation - per root .....	258	D4920	Unscheduled dressing change (by someone other than treating dentist) .....	49
D3471	Surgical repair of root resorption - anterior .....	414	<b>Class 3 Prosthetics (Dentures)</b>		
D3472	Surgical repair of root resorption – premolar .....	446	D5110	Complete denture - maxillary/mandibular .....	560
D3473	Surgical repair of root resorption – molar .....	543	D5120	Complete denture - maxillary/mandibular .....	560
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	414	D5130	Immediate denture - maxillary/mandibular .....	565
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	446	D5140	Immediate denture - maxillary/mandibular .....	565
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar ....	543	D5211	Maxillary/mandibular partial denture - resin base ..	375
D3920	Hemisection, not inc. root canal therapy.....	194	D5212	Maxillary/mandibular partial denture - resin base ..	375
D3921	Decoronation or submergence of an erupted tooth	100	D5213	Maxillary/mandibular partial denture - cast metal ..	625
<b>Class 3 Periodontics</b>			D5214	Maxillary/mandibular partial denture - cast metal ..	625
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	198	D5221	Immediate maxillary partial denture - resin base .....	375
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	100	D5222	Immediate mandibular partial denture - resin base ..	375
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	368	D5223	Immediate maxillary partial denture - cast metal .....	625
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	221	D5224	Immediate mandibular partial denture - cast metal .	625
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months) .....	379	D5225	Maxillary/mandibular partial denture - flexible base	625
D4260	Osseous surgery - >3 cont. teeth, per quad .....	600	D5226	Maxillary/mandibular partial denture - flexible base.	625
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	625
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months)	230	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	625
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months) ...	134	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	318
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months) .....	194	D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	318
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months) .....	341	D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant ....	318
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months).....	358	D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	318
			D5410	Adjust complete denture - maxillary/mandibular ...	20
			D5411	Adjust complete denture - maxillary/mandibular ...	20
			D5421	Adjust partial denture - maxillary/mandibular .....	20
			D5422	Adjust partial denture - maxillary/mandibular .....	20
			D5511	Repair broken complete denture base, mandibular .	59
			D5512	Repair broken complete denture base, maxillary .....	59



ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	415	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) .....	1322
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	401	D7509	Marsupialization of odontogenic cyst .....	400
D6614	Retainer onlay - cast noble metal, two surfaces .....	415	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	401	D7961	Buccal/labial frenectomy (frenulectomy).....	322
D6624	Retainer inlay - titanium .....	401	D7962	Lingual frenectomy (frenulectomy).....	322
D6634	Retainer onlay - titanium .....	401	D7963	Frenuoplasty (once per site) .....	322
D6710	Retainer crown - indirect resin based composite .....	502	D7970	Excision of hyperplastic tissue - per arch .....	322
D6720	Retainer crown - resin with metal .....	446	D7971	Excision of pericoronal gingiva .....	106
D6721	Retainer crown - resin with metal .....	425	D7979	Non-surgical sialolithotomy .....	35
D6722	Retainer crown - resin with metal .....	425	D7980	Surgical sialolithotomy .....	644
D6740	Retainer crown - porcelain/ceramic .....	506	D7981	Excision of salivary gland, by report .....	2300
D6750	Retainer crown - porcelain fused to high noble metal .....	520	D7982	Sialodochoplasty .....	1380
D6751	Retainer crown - porcelain fused to predominately base metal .....	475	D7983	Closure of salivary fistula .....	1196
D6752	Retainer crown - porcelain fused to noble metal .....	475	<b>Class 3 Adjunctive General Services</b>		
D6753	Retainer crown - porcelain fused to titanium and titanium alloys .....	502	D9110	Palliative treatment of dental pain – per visit .....	35
D6780	Retainer crown - 3/4 cast high noble metal .....	410	D9120	Fixed partial denture sectioning (once per tooth) ....	35
D6781	Retainer crown - 3/4 cast predominantly base metal .....	375	D9210	Local anesthesia .....	14
D6782	Retainer crown - 3/4 cast noble metal .....	404	D9222	Deep sedation/general anesthesia - first 15 minutes .....	58
D6784	Retainer crown ¾ – titanium and titanium alloys .....	502	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr .....	58
D6790	Retainer crown - full cast high noble metal .....	512	D9239	Intravenous moderate sedation/analgesia – first 15 minutes .....	58
D6791	Retainer crown - full cast predominately base metal .....	446	D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min .....	58
D6792	Retainer crown - full cast noble metal .....	473	D9248	Non-intravenous conscious sedation .....	89
D6793	Provisional retainer crown (if used at least 6 months during multistage care) .....	156	D9310	Consultation (diagnostic service by nontreating dentist) .....	40
D6794	Retainer crown - titanium and titanium alloys .....	502	D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190
D6930	Recement or rebond fixed partial denture .....	50	D9942	Repair or relines of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement) .....	82
D6980	Fixed partial denture repair necessitated by restorative material failure .....	100	D9944	Occlusal guard – hard appliance, full arch .....	220
<b>Class 3 Oral Surgery</b>			D9945	Occlusal guard – soft appliance, full arch .....	220
D7111	Extraction, coronal remnants - primary tooth .....	40	D9946	Occlusal guard – hard appliance, partial arch.....	220
D7140	Extraction, erupted tooth or exposed root .....	50	D9953	Relines custom sleep apnea appliance (indirect) .....	175
D7210	Extraction, erupted tooth req elev, etc .....	104	D9995	Teledentistry – synchronous; real-time encounter .....	0
D7220	Removal of impacted tooth - soft tissue .....	130	D9996	Teledentistry – asynchronous; information store and forwarded to dentist for subsequent review.....	0
D7230	Removal of impacted tooth - partially bony .....	190	D9997	Dental case management – patients with special health care needs .....	50
D7240	Removal of impacted tooth - completely bony .....	225	<b>Class 4 Orthodontics - Not covered</b>		
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	235	<b>0%</b>		
D7250	Removal of residual tooth roots.....	120			
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	235			
D7260	Oroantral fistula closure .....	689			
D7261	Primary closure of a sinus perforation .....	200			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	414			
D7285	Biopsy of oral tissue - hard (bone, tooth) .....	253			
D7286	Biopsy of oral tissue - soft .....	259			
D7287	Exfoliative cytological sample collection .....	50			
D7288	Brush biopsy - transepithelial sample collection .....	40			
D7310	Alveoloplasty in conjunction with extractions - per quad .....	201			
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant) .....	132			
D7320	Alveoloplasty not in conjunction with extractions - per quad .....	276			
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant) .....	228			
D7340	Vestibuloplasty - ridge extension (secondary epithelialization) .....	690			

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.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that in the opinion of the Plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

### Plan Limitations

#### Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months.
2. One emergency or problem focused exam (D0140) per Calendar Year.
3. One full mouth or panoramic x-ray per 60 months.
4. Periapical x-rays.
5. Bitewing x-rays, 2 per Calendar Year.
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year.

#### Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months.

#### Class III. Major Services:

1. Recementing bridges, inlays, onlays and crowns after 12 months of

insertion and per 12 months per tooth thereafter.

2. Restoration services, limited to:
  - a Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
  - b Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially place or last replaced.
  - c Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
3. Crown build-up for non-vital teeth
4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
  - a Pulpotomy
  - b Root canal therapy (not covered if pulp chamber was opened before effective date of coverage).
  - c Apicoectomy
  - d Retrograde fillings, per root per lifetime
5. Periodontic services, limited to:
  - a Gingivectomy
  - b Osseous surgery including flap entry and closure
  - c One pedicle or free soft tissue graft per site per lifetime
  - d One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
  - e One full mouth debridement per lifetime
  - f Two periodontal maintenance visits, following surgery per Calendar Year
  - g Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years.
6. Prosthetic services, limited to:
  - a Initial placement of removable dentures or fixed bridges
  - b Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
  - c Addition of teeth to existing partial denture
  - d One relining or rebasing of existing removable dentures per 24 months
  - e One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years.
7. One repair of dentures or fixed bridgework per 24 months
8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures
9. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

#### Class IV. Orthodontia Services: Not Covered

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy.

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



## Elite ePPO Basic (PA) Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)

### Plan Highlights

- This plan has fixed copayments. In-network (IN) providers have contracted with Dominion and accept the IN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of-area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).
- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network
Single adult		\$25
Three or more adults		\$75
Applies to:		Class 2 and Class 3
<ul style="list-style-type: none"> <li>• Each member must pay the in-network deductible amount for dental services before the plan will begin to cover the member’s dental procedures. There is a \$25 deductible per adult Member per Calendar Year and the single adult deductible amount must be met prior to satisfying the three or more adults deductible. For three or more adults, the total combined maximum deductible amount for all adult Members is \$75 per Calendar Year at which point the deductible is waived for remaining adult Members.</li> </ul>		
Maximums		In-Network
Annual		\$1,500
Lifetime Ortho		N/A
The annual maximum applies to: Class 1, Class 2 and Class 3		
Rollover Services	Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts	\$750	\$1,875
<ul style="list-style-type: none"> <li>• A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to: <ul style="list-style-type: none"> <li>• At least one claim must be submitted for Class 1 covered services during the Calendar Year.</li> <li>• The member must have received services in excess of any deductible.</li> <li>• The member must not have received services that exceed the service maximum, which is the amount paid by the plan.</li> <li>• If eligible, the amount of rollover services may not be greater than the rollover maximum.</li> <li>• A member’s rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given Calendar Year.</li> </ul> </li> </ul>		

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
<b>Class 1 Diagnostic/Preventive</b>			D0272	Bitewing x-rays - two radiographic images .....	0
D0120	Periodic oral eval - established patient .....	0	D0273	Bitewing x-rays - three radiographic images .....	0
D0140	Limited oral eval - problem focused .....	0	D0274	Bitewing x-rays - four radiographic images .....	0
D0150	Comprehensive oral eval - new or established patient .....	0	D0277	Vertical bitewings - 7 to 8 radiographic images .....	0
D0160	Detailed and extensive oral eval - problem focused ..	0	D0330	Panoramic radiographic image .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0340	2D cephalometric radiographic image .....	0
D0180	Comp. periodontal eval - new or established patient	0	D0350	2D oral/facial photographic images .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D0373	Intraoral tomosynthesis – bitewing radiographic image .....	0
D0230	Intraoral - periapical each add. radiographic image ..	0	D0374	Intraoral tomosynthesis – periapical radiographic image .....	0
D0240	Intraoral - occlusal radiographic image .....	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only .....	0
D0250	Extraoral - 2D projection radiographic image .....	0			
D0270	Bitewing x-rays - single radiographic image .....	0			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2722	Crown - resin with noble metal	450
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2740	Crown - porcelain/ceramic	545
D0460	Pulp vitality tests	0	D2750	Crown - porcelain fused to high noble metal	570
D0701	Panoramic radiographic image – image capture only	0	D2751	Crown - porcelain fused to predominately base metal	520
D0702	2-D cephalometric radiographic image – image capture only	0	D2752	Crown - porcelain fused to noble metal	520
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0	D2780	Crown - 3/4 cast high noble metal	393
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2781	Crown - 3/4 cast predominately base metal	368
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2782	Crown - 3/4 cast noble metal	391
D0707	Intraoral – periapical radiographic image – image capture only	0	D2783	Crown - 3/4 porcelain/ceramic	400
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2790	Crown - full cast high noble metal	507
D0709	Intraoral – comprehensive series of radiographic images – image capture only	0	D2791	Crown - full cast predominately base metal	455
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office)	0	D2792	Crown - full cast noble metal	473
D1110	Prophylaxis (cleaning) - adult	0	D2794	Crown - titanium and titanium alloys	530
<b>Class 2 Restorative (Fillings)</b>			D2910	Recement inlay, onlay/crown or partial coverage rest.	34
D2140	Amalgam - one surface, prim. or perm.	20	D2915	Recement cast of prefabricated post and core (once in a lifetime)	34
D2150	Amalgam - two surfaces, prim. or perm.	30	D2920	Recement inlay, onlay/crown or partial coverage rest.	27
D2160	Amalgam - three surfaces, prim. or perm.	40	D2930	Prefab. stainless steel crown - prim. tooth	90
D2161	Amalgam - >=4 surfaces, prim. or perm.	55	D2931	Prefab. stainless steel crown - perm. tooth	90
D2330	Resin-based composite - one surface, anterior	32	D2932	Prefabricated resin crown	66
D2331	Resin-based composite - two surfaces, anterior	42	D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth)	84
D2332	Resin-based composite - three surfaces, anterior	52	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth)	84
D2335	Resin-based composite - >=4 surfaces, anterior	100	D2940	Protective restoration	30
D2390	Resin-based composite crown, anterior	70	D2950	Core buildup, including any pins	100
D2391	Resin-based composite - one surface, posterior	45	D2951	Pin retention - per tooth, in addition to restoration	28
D2392	Resin-based composite - two surfaces, posterior	55	D2952	Post and core in addition to crown	141
D2393	Resin-based composite - three surfaces, posterior	65	D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated	77
D2394	Resin-based composite - >=4 surfaces, posterior	115	D2954	Prefab. post and core in addition to crown	105
<b>Class 3 Crown &amp; Bridge*</b>			D2961	Labial veneer (resin laminated) - indirect (not covered if considered cosmetic; once per 60 months)	285
<b>* All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.</b>			D2962	Labial veneer (porcelain laminated) - indirect (not covered if considered cosmetic; once per 60 months)	436
D2510	Inlay - metallic - one surface	261	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months)	54
D2520	Inlay - metallic - two surfaces	336	D2980	Crown repair necessitated by restorative material failure	85
D2530	Inlay - metallic - three or more surfaces	375	D2981	Inlay repair necessitated by restorative material failure	85
D2542	Onlay - metallic - two surfaces	355	D2982	Onlay repair necessitated by restorative material failure	85
D2543	Onlay - metallic - three surfaces	375	<b>Class 3 Endodontics</b>		
D2544	Onlay - metallic - four or more surfaces	391	D3110	Pulp cap - direct (excl. final restoration)	13
D2610	Inlay - porcelain/ceramic - one surface	317	D3120	Pulp cap - indirect (excl. final restoration)	13
D2620	Inlay - porcelain/ceramic - two surfaces	331	D3220	Therapeutic pulpotomy (excl. final restor.)	100
D2630	Inlay - porcelain/ceramic - >=3 surfaces	374	D3221	Pulpal debridement, prim. and perm. teeth	100
D2642	Onlay - porcelain/ceramic - two surfaces	375	D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years)	100
D2643	Onlay - porcelain/ceramic - three surfaces	391	D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	90
D2644	Onlay - porcelain/ceramic - >=4 surfaces	393	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	102
D2650	Inlay - resin-based composite - one surface	317	D3310	Endodontic therapy, anterior tooth (excl. final restor.)	550
D2651	Inlay - resin-based composite - two surfaces	331			
D2652	Inlay - resin-based composite - >=3 surfaces	374			
D2662	Onlay - resin-based composite - two surfaces	375			
D2663	Onlay - resin-based composite - three surfaces	391			
D2664	Onlay - resin-based composite - >=4 surfaces	393			
D2710	Crown - resin based composite (indirect)	433			
D2712	Crown - 3/4 resin-based composite (indirect)	433			
D2720	Crown - resin with high noble metal	465			
D2721	Crown - resin with predominately base metal	450			

ADA CODE	DESCRIPTION	IN
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	640
D3330	Endodontic therapy, molar tooth (excl. final restor.) ..	780
D3331	Treatment of root canal obstruction; non-surgical access .....	127
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	234
D3333	Internal root repair of perforation defects .....	119
D3346	Retreat of prev. root canal therapy - anterior .....	569
D3347	Retreat of prev. root canal therapy - premolar .....	658
D3348	Retreat of prev. root canal therapy - molar .....	776
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal..	170
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal) .....	83
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.).	179
D3410	Apicoectomy - anterior .....	414
D3421	Apicoectomy - premolar (first root) .....	446
D3425	Apicoectomy - molar (first root) .....	543
D3426	Apicoectomy - (each add. root) .....	145
D3430	Retrograde filling - per root .....	138
D3450	Root amputation - per root .....	258
D3471	Surgical repair of root resorption - anterior.....	414
D3472	Surgical repair of root resorption – premolar.....	446
D3473	Surgical repair of root resorption – molar.....	543
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior..	414
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar.	446
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	543
D3920	Hemisection, not inc. root canal therapy .....	194
D3921	Decoronation or submergence of an erupted tooth..	100
<b>Class 3 Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	198
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	368
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months. ....	379
D4260	Osseous surgery - >3 cont. teeth, per quad .....	600
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months) ..	230
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months) .....	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months) .....	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months) .....	341

ADA CODE	DESCRIPTION	IN
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months) .....	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	401
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	626
D4274	Mesial/distal wedge procedure, single tooth.....	194
D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft .....	381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site .....	30
D4286	Removal of non-resorbable barrier .....	100
D4341	Perio scaling and root planing - >3 cont teeth, per quad .....	97
D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	30
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	60
D4381	Localized delivery of antimicrobial agents .....	42
D4910	Periodontal maintenance .....	75
D4920	Unscheduled dressing change (by someone other than treating dentist) .....	49
<b>Class 3 Prosthetics (Dentures)</b>		
D5110	Complete denture - maxillary/mandibular .....	560
D5120	Complete denture - maxillary/mandibular .....	560
D5130	Immediate denture - maxillary/mandibular .....	565
D5140	Immediate denture - maxillary/mandibular .....	565
D5211	Maxillary/mandibular partial denture - resin base ...	375
D5212	Maxillary/mandibular partial denture - resin base ...	375
D5213	Maxillary/mandibular partial denture - cast metal ...	625
D5214	Maxillary/mandibular partial denture - cast metal ...	625
D5221	Immediate maxillary partial denture - resin base .....	375
D5222	Immediate mandibular partial denture - resin base...	375
D5223	Immediate maxillary partial denture - cast metal .....	625
D5224	Immediate mandibular partial denture - cast metal ..	625
D5225	Maxillary/mandibular partial denture - flexible base	625
D5226	Maxillary/mandibular partial denture - flexible base	625
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	625
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	625
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	318
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	318
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	318
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	318
D5410	Adjust complete denture - maxillary/mandibular .....	20
D5411	Adjust complete denture - maxillary/mandibular .....	20
D5421	Adjust partial denture - maxillary/mandibular .....	20
D5422	Adjust partial denture - maxillary/mandibular .....	20

ADA CODE	DESCRIPTION	IN
D5511	Repair broken complete denture base, mandibular ..	59
D5512	Repair broken complete denture base, maxillary .....	59
D5520	Replace missing or broken teeth - complete denture	65
D5611	Repair resin partial denture base, mandibular .....	59
D5612	Repair resin partial denture base, maxillary .....	59
D5621	Repair cast partial framework, mandibular .....	59
D5622	Repair cast partial framework, maxillary .....	59
D5630	Clasp repaired, replaced or added .....	59
D5640	Replace broken teeth - per tooth .....	65
D5650	Add tooth to existing partial denture .....	65
D5660	Clasp repaired, replaced or added .....	70
D5670	Replace all teeth and acrylic on cast metal framework .....	245
D5671	Replace all teeth and acrylic on cast metal framework .....	245
D5710	Rebase complete maxillary/mandibular denture .....	185
D5711	Rebase complete maxillary/mandibular denture .....	185
D5720	Rebase maxillary/mandibular partial denture .....	110
D5721	Rebase maxillary/mandibular partial denture .....	110
D5725	Rebase hybrid prosthesis.....	185
D5730	Reline complete maxillary/mandibular denture (direct) .....	93
D5731	Reline complete maxillary/mandibular denture (direct) .....	93
D5740	Reline maxillary/mandibular partial denture (direct)	93
D5741	Reline maxillary/mandibular partial denture (direct)	93
D5750	Reline complete maxillary/mandibular denture (indirect) .....	134
D5751	Reline complete maxillary/mandibular denture (indirect) .....	134
D5760	Reline maxillary/mandibular partial denture (indirect) .....	134
D5761	Reline maxillary/mandibular partial denture (indirect) .....	134
D5765	Soft liner for complete or partial removable denture – indirect .....	50
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular....	228
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular ...	228
D5850	Tissue conditioning - maxillary/mandibular .....	41
D5851	Tissue conditioning - maxillary/mandibular .....	41
D5863	Overdenture – complete maxillary .....	600
D5864	Overdenture – partial maxillary .....	565
D5865	Overdenture – complete mandibular .....	600
D5866	Overdenture – partial mandibular .....	565
<b>Class 3 Implant Services</b>		
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months) .....	1360
D6056	Prefabricated abutment (includes placement) .....	468
D6057	Custom abutment (includes placement) .....	560
D6058	Abutment supported porcelain/ceramic crown .....	705
D6059	Abutment supported porcelain fused to metal crown (high noble) .....	665
D6060	Abutment supported porcelain fused to metal crown (base metal) .....	600
D6061	Abutment supported porcelain fused to metal crown (noble metal) .....	640
D6062	Abutment supported cast metal crown (high noble)	632
D6063	Abutment supported cast metal crown (base metal)	600
D6064	Abutment supported cast metal crown (noble metal) .....	620
D6065	Implant supported porcelain/ceramic crown .....	705
D6066	Implant supported crown - porcelain fused to high noble alloys .....	665

ADA CODE	DESCRIPTION	IN
D6067	Implant supported crown - high noble alloys .....	665
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 .....	52
D6082	Implant supported crown – porcelain fused to predominantly base alloys .....	600
D6083	Implant supported crown – porcelain fused to noble alloys .....	665
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys .....	640
D6086	Implant supported crown – predominantly base alloys .....	600
D6087	Implant supported crown – noble alloys .....	620
D6088	Implant supported crown – titanium and titanium alloys .....	640
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth) .....	76
D6092	Recent implant/abutment supported crown (once per tooth after 6 months from initial placement) .....	24
D6093	Recent implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement) .....	35
D6094	Abutment supported crown - titanium and titanium alloys .....	640
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement) .....	140
D6100	Surgical removal of implant body .....	116
D6105	Removal of implant body not requiring bone removal or flap elevation .....	58
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys .....	640
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant.....	32
<b>Class 3 Bridge &amp; Pontics*</b>		
<b>* All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.</b>		
D6205	Pontic - indirect resin based composite .....	520
D6210	Pontic - cast high noble metal .....	510
D6211	Pontic - cast predominately base metal .....	463
D6212	Pontic - cast noble metal .....	473
D6214	Pontic - titanium and titanium alloys .....	520
D6240	Pontic - porcelain fused to high noble metal .....	570
D6241	Pontic - porcelain fused to predominately base metal .....	520
D6242	Pontic - porcelain fused to noble metal .....	520
D6243	Pontic – porcelain fused to titanium and titanium alloys .....	520
D6245	Pontic - porcelain/ceramic .....	500
D6250	Pontic - resin with high noble metal .....	552
D6251	Pontic - resin with predominately base metal .....	442
D6252	Pontic - resin with noble metal .....	508
D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	251
D6602	Retainer inlay - cast high noble metal, two surfaces .	344
D6603	Retainer inlay - cast high noble metal, >=3 surfaces .	379
D6604	Retainer inlay - cast predominately base metal, two surfaces .....	394
D6605	Retainer inlay - cast predominately base metal, >=3 surfaces .....	379
D6606	Retainer inlay - cast noble metal, two surfaces .....	394
D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	379
D6610	Retainer onlay - cast high noble metal, two surfaces	415



ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	401	D7340	Vestibuloplasty - ridge extension (secondary epithelialization) .....	690
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	415	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) .....	1322
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	401	D7509	Marsupialization of odontogenic cyst .....	400
D6614	Retainer onlay - cast noble metal, two surfaces .....	415	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
D6615	Retainer onlay - cast noble metal, >=3 surfaces .....	401	D7961	Buccal/labial frenectomy (frenulectomy) .....	322
D6624	Retainer inlay - titanium .....	401	D7962	Lingual frenectomy (frenulectomy) .....	322
D6634	Retainer onlay - titanium .....	401	D7963	Frenuoplasty (once per site) .....	322
D6710	Retainer crown - indirect resin based composite .....	502	D7970	Excision of hyperplastic tissue - per arch .....	322
D6720	Retainer crown - resin with metal .....	446	D7971	Excision of pericoronary gingiva .....	106
D6721	Retainer crown - resin with metal .....	425	D7979	Non-surgical sialolithotomy .....	35
D6722	Retainer crown - resin with metal .....	425	D7980	Surgical sialolithotomy .....	644
D6740	Retainer crown - porcelain/ceramic .....	506	D7981	Excision of salivary gland, by report .....	2300
D6750	Retainer crown - porcelain fused to high noble metal .....	520	D7982	Sialodochoplasty .....	1380
D6751	Retainer crown - porcelain fused to predominately base metal .....	475	D7983	Closure of salivary fistula .....	1196
D6752	Retainer crown - porcelain fused to noble metal .....	475			
D6753	Retainer crown - porcelain fused to titanium and titanium alloys .....	502	<b>Class 3 Adjunctive General Services</b>		
D6780	Retainer crown - 3/4 cast high noble metal .....	410	D9110	Palliative treatment of dental pain - per visit .....	35
D6781	Retainer crown - 3/4 cast predominantly base metal .....	375	D9120	Fixed partial denture sectioning (once per tooth) ....	35
D6782	Retainer crown - 3/4 cast noble metal .....	404	D9210	Local anesthesia .....	14
D6784	Retainer crown 3/4 - titanium and titanium alloys .....	502	D9222	Deep sedation/general anesthesia - first 15 minutes	58
D6790	Retainer crown - full cast high noble metal .....	512	D9223	Deep sedation/general anesthesia - each subsequent 15 min incr .....	58
D6791	Retainer crown - full cast predominately base metal	446	D9239	Intravenous moderate sedation/analgesia - first 15 minutes .....	58
D6792	Retainer crown - full cast noble metal .....	473	D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min .....	58
D6793	Provisional retainer crown (if used at least 6 months during multistage care) .....	156	D9248	Non-intravenous conscious sedation .....	89
D6794	Retainer crown - titanium and titanium alloys .....	502	D9310	Consultation (diagnostic service by nontreating dentist) .....	40
D6930	Recement or rebond fixed partial denture .....	50	D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190
D6980	Fixed partial denture repair necessitated by restorative material failure .....	100	D9942	Repair or relining of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement) .....	82
			D9944	Occlusal guard - hard appliance, full arch .....	220
			D9945	Occlusal guard - soft appliance, full arch .....	220
			D9946	Occlusal guard - hard appliance, partial arch .....	220
			D9953	Reline custom sleep apnea appliance (indirect) .....	175
			D9995	Teledentistry - synchronous; real-time encounter (when available) .....	0
			D9996	Teledentistry - asynchronous; information store and forwarded to dentist for subsequent review (when available) .....	0
			D9997	Dental case management - patients with special health care needs .....	50
			<b>Class 4 Orthodontics - Not covered</b>		<b>0%</b>
<b>Class 3 Oral Surgery</b>					
D7111	Extraction, coronal remnants - primary tooth .....	40			
D7140	Extraction, erupted tooth or exposed root .....	50			
D7210	Extraction, erupted tooth req elev, etc .....	104			
D7220	Removal of impacted tooth - soft tissue .....	130			
D7230	Removal of impacted tooth - partially bony .....	190			
D7240	Removal of impacted tooth - completely bony .....	225			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	235			
D7250	Removal of residual tooth roots .....	120			
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only .....	235			
D7260	Oroantral fistula closure .....	689			
D7261	Primary closure of a sinus perforation .....	200			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	414			
D7285	Biopsy of oral tissue - hard (bone, tooth) .....	253			
D7286	Biopsy of oral tissue - soft .....	259			
D7287	Exfoliative cytological sample collection .....	50			
D7288	Brush biopsy - transepithelial sample collection .....	40			
D7310	Alveoloplasty in conjunction with extractions - per quad .....	201			
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant) .....	132			
D7320	Alveoloplasty not in conjunction with extractions - per quad .....	276			
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant) .....	228			

### 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.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

### Plan Limitations

#### Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months.
2. One emergency or problem focused exam (D0140) per Calendar Year.
3. One full mouth or panoramic x-ray per 60 months.
4. Periapical x-rays.
5. Bitewing x-rays, 2 per Calendar Year.
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year.

#### Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months.

#### Class III. Major Services:

1. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter.
2. Restoration services, limited to:

- a. Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling.
  - b. Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially place or last replaced.
  - c. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
3. Crown build-up for non-vital teeth
  4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
    - a. Pulpotomy
    - b. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage).
    - c. Apicoectomy
    - d. Retrograde fillings, per root per lifetime
  5. Periodontic services, limited to:
    - a. Gingivectomy
    - b. Osseous surgery including flap entry and closure
    - c. One pedicle or free soft tissue graft per site per lifetime
    - d. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
    - e. One full mouth debridement per lifetime
    - f. Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
    - g. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years.
  6. Prosthetic services, limited to:
    - a. Initial placement of removable dentures or fixed bridges
    - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
    - c. Addition of teeth to existing partial denture
    - d. One relining or rebasing of existing removable dentures per 24 months
    - e. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years.
  7. One repair of dentures or fixed bridgework per 24 months
  8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures
  9. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

#### Class IV. Orthodontia Services: Not Covered

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy.

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



## Elite ePPO Basic (VA) Description of Services, Member Copayments, Exclusions and Limitations for Adult Services (age 19 and over)

### Plan Highlights

- This plan has fixed copayments. In-network (IN) providers have contracted with Dominion and accept the IN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of- area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).
- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network
Single adult		\$25
Three or more adults		\$75
Applies to:		Class 2 and Class 3
Maximums		In-Network
Annual		\$1,500
Lifetime Ortho		N/A
The annual maximum applies to: Class 1, Class 2 and Class 3		
Rollover Services	Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts	\$750	\$1,875

- Each member must pay the in-network deductible amount for dental services before the plan will begin to cover the member’s dental procedures. There is a \$25 deductible per adult Member per Calendar Year and the single adult deductible amount must be met prior to satisfying the three or more adults deductible. For three or more adults, the total combined maximum deductible amount for all adult Members is \$75 per Calendar Year at which point the deductible is waived for remaining adult Members.
- The maximum listed is the dollar amount that the plan will pay towards the cost of dental care within the specified period.
- A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to:
  - At least one claim must be submitted for Class 1 covered services during the Calendar Year.
  - The member must have received services in excess of any deductible.
  - The member must not have received services that exceed the service maximum, which is the amount paid by the plan.
  - If eligible, the amount of rollover services may not be greater than the rollover maximum.
  - A member’s rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given Calendar Year.

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
<b>Class 1</b>	<b>Diagnostic/Preventive</b>				
D0120	Periodic oral eval - established patient .....	0	D0272	Bitewing x-rays - two radiographic images .....	0
D0140	Limited oral eval - problem focused .....	0	D0273	Bitewing x-rays - three radiographic images .....	0
D0150	Comprehensive oral eval - new or established patient .....	0	D0274	Bitewing x-rays - four radiographic images .....	0
D0160	Detailed and extensive oral eval - problem focused ..	0	D0277	Vertical bitewings - 7 to 8 radiographic images .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0330	Panoramic radiographic image .....	0
D0180	Comp. periodontal eval - new or established patient	0	D0340	2D cephalometric radiographic image .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D0350	2D oral/facial photographic images .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0
D0230	Intraoral - periapical each add. radiographic image ..	0	D0373	Intraoral tomosynthesis – bitewing radiographic image .....	0
D0240	Intraoral - occlusal radiographic image .....	0	D0374	Intraoral tomosynthesis – periapical radiographic image .....	0
D0250	Extraoral - 2D projection radiographic image .....	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only .....	0
D0270	Bitewing x-rays - single radiographic image .....	0			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D2722	Crown - resin with noble metal .....	450
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D2740	Crown - porcelain/ceramic .....	545
D0460	Pulp vitality tests .....	0	D2750	Crown - porcelain fused to high noble metal .....	570
D0701	Panoramic radiographic image – image capture only .....	0	D2751	Crown - porcelain fused to predominately base metal .....	520
D0702	2-D cephalometric radiographic image – image capture only .....	0	D2752	Crown - porcelain fused to noble metal .....	520
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only .....	0	D2780	Crown - 3/4 cast high noble metal .....	393
D0705	Extra-oral posterior dental radiographic image – image capture only .....	0	D2781	Crown - 3/4 cast predominately base metal .....	368
D0706	Intraoral – occlusal radiographic image – image capture only .....	0	D2782	Crown - 3/4 cast noble metal .....	391
D0707	Intraoral – periapical radiographic image – image capture only .....	0	D2783	Crown - 3/4 porcelain/ceramic .....	400
D0708	Intraoral – bitewing radiographic image – image capture only .....	0	D2790	Crown - full cast high noble metal .....	507
D0709	Intraoral – comprehensive series of radiographic images – image capture only .....	0	D2791	Crown - full cast predominately base metal .....	455
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office) .....	0	D2792	Crown - full cast noble metal .....	473
D1110	Prophylaxis (cleaning) - adult .....	0	D2794	Crown - titanium and titanium alloys .....	530
			D2910	Recement inlay, onlay/crown or partial coverage rest. ....	34
<b>Class 2 Restorative (Fillings)</b>			D2915	Recement cast of prefabricated post and core (once in a lifetime) .....	34
D2140	Amalgam - one surface, prim. or perm. ....	20	D2920	Recement inlay, onlay/crown or partial coverage rest. ....	27
D2150	Amalgam - two surfaces, prim. or perm. ....	30	D2930	Prefab. stainless steel crown - prim. tooth .....	90
D2160	Amalgam - three surfaces, prim. or perm. ....	40	D2931	Prefab. stainless steel crown - perm. tooth .....	90
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	55	D2932	Prefabricated resin crown .....	66
D2330	Resin-based composite - one surface, anterior .....	32	D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth) .....	84
D2331	Resin-based composite - two surfaces, anterior .....	42	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth) .....	84
D2332	Resin-based composite - three surfaces, anterior .....	52	D2940	Protective restoration .....	30
D2335	Resin-based composite - >=4 surfaces, anterior .....	100	D2950	Core buildup, including any pins .....	100
D2390	Resin-based composite crown, anterior .....	70	D2951	Pin retention - per tooth, in addition to restoration ..	28
D2391	Resin-based composite - one surface, posterior .....	45	D2952	Post and core in addition to crown .....	141
D2392	Resin-based composite - two surfaces, posterior .....	55	D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated .....	77
D2393	Resin-based composite - three surfaces, posterior ..	65	D2954	Prefab. post and core in addition to crown .....	105
D2394	Resin-based composite - >=4 surfaces, posterior .....	115	D2961	Labial veneer (resin laminated) - indirect (not covered if considered cosmetic; once per 60 months) .....	285
			D2962	Labial veneer (porcelain laminated) - indirect (not covered if considered cosmetic; once per 60 months) .....	436
<b>Class 3 Crown &amp; Bridge*</b>			D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months) .....	54
	<b>* All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.</b>		D2980	Crown repair necessitated by restorative material failure .....	85
D2510	Inlay - metallic - one surface .....	261	D2981	Inlay repair necessitated by restorative material failure .....	85
D2520	Inlay - metallic - two surfaces .....	336	D2982	Onlay repair necessitated by restorative material failure .....	85
D2530	Inlay - metallic - three or more surfaces .....	375			
D2542	Onlay - metallic - two surfaces .....	355	<b>Class 3 Endodontics</b>		
D2543	Onlay - metallic - three surfaces .....	375	D3110	Pulp cap - direct (excl. final restoration) .....	13
D2544	Onlay - metallic - four or more surfaces .....	391	D3120	Pulp cap - indirect (excl. final restoration) .....	13
D2610	Inlay - porcelain/ceramic - one surface .....	317	D3220	Therapeutic pulpotomy (excl. final restor.) .....	100
D2620	Inlay - porcelain/ceramic - two surfaces .....	331	D3221	Pulpal debridement, prim. and perm. teeth .....	100
D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	374	D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years) .....	100
D2642	Onlay - porcelain/ceramic - two surfaces .....	375	D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	90
D2643	Onlay - porcelain/ceramic - three surfaces .....	391	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	102
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	393	D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	550
D2650	Inlay - resin-based composite - one surface .....	317			
D2651	Inlay - resin-based composite - two surfaces .....	331			
D2652	Inlay - resin-based composite - >=3 surfaces .....	374			
D2662	Onlay - resin-based composite - two surfaces .....	375			
D2663	Onlay - resin-based composite - three surfaces .....	391			
D2664	Onlay - resin-based composite - >=4 surfaces .....	393			
D2710	Crown - resin based composite (indirect) .....	433			
D2712	Crown - 3/4 resin-based composite (indirect) .....	433			
D2720	Crown - resin with high noble metal .....	465			
D2721	Crown - resin with predominately base metal .....	450			

ADA CODE	DESCRIPTION	IN
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	640
D3330	Endodontic therapy, molar tooth (excl. final restor.) ..	780
D3331	Treatment of root canal obstruction; non-surgical access .....	127
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	234
D3333	Internal root repair of perforation defects .....	119
D3346	Retreat of prev. root canal therapy - anterior .....	569
D3347	Retreat of prev. root canal therapy - premolar .....	658
D3348	Retreat of prev. root canal therapy - molar .....	776
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal..	170
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal) .....	83
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.).	179
D3410	Apicoectomy - anterior .....	414
D3421	Apicoectomy - premolar (first root) .....	446
D3425	Apicoectomy - molar (first root) .....	543
D3426	Apicoectomy - (each add. root) .....	145
D3430	Retrograde filling - per root .....	138
D3450	Root amputation - per root .....	258
D3471	Surgical repair of root resorption - anterior.....	414
D3472	Surgical repair of root resorption – premolar.....	446
D3473	Surgical repair of root resorption – molar.....	543
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior..	414
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar.	446
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	543
D3920	Hemisection, not inc. root canal therapy .....	194
D3921	Decoronation or submergence of an erupted tooth..	100
<b>Class 3 Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	198
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	368
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months. ....	379
D4260	Osseous surgery - >3 cont. teeth, per quad .....	600
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months) ..	230
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months) .....	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months) .....	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months) .....	341

ADA CODE	DESCRIPTION	IN
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months) .....	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	401
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	626
D4274	Mesial/distal wedge procedure, single tooth.....	194
D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft .....	381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site .....	30
D4286	Removal of non-resorbable barrier .....	100
D4341	Perio scaling and root planing - >3 cont teeth, per quad .....	97
D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	30
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	60
D4381	Localized delivery of antimicrobial agents .....	42
D4910	Periodontal maintenance .....	75
D4920	Unscheduled dressing change (by someone other than treating dentist) .....	49
<b>Class 3 Prosthetics (Dentures)</b>		
D5110	Complete denture - maxillary/mandibular .....	560
D5120	Complete denture - maxillary/mandibular .....	560
D5130	Immediate denture - maxillary/mandibular .....	565
D5140	Immediate denture - maxillary/mandibular .....	565
D5211	Maxillary/mandibular partial denture - resin base ...	375
D5212	Maxillary/mandibular partial denture - resin base ...	375
D5213	Maxillary/mandibular partial denture - cast metal ...	625
D5214	Maxillary/mandibular partial denture - cast metal ...	625
D5221	Immediate maxillary partial denture - resin base .....	375
D5222	Immediate mandibular partial denture - resin base...	375
D5223	Immediate maxillary partial denture - cast metal .....	625
D5224	Immediate mandibular partial denture - cast metal ..	625
D5225	Maxillary/mandibular partial denture - flexible base	625
D5226	Maxillary/mandibular partial denture - flexible base	625
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	625
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	625
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	318
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	318
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	318
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant .....	318
D5410	Adjust complete denture - maxillary/mandibular .....	20
D5411	Adjust complete denture - maxillary/mandibular .....	20
D5421	Adjust partial denture - maxillary/mandibular .....	20
D5422	Adjust partial denture - maxillary/mandibular .....	20



ADA CODE	DESCRIPTION	IN
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	401
D6612	Retainer onlay - cast predominantly base metal, two surfaces	415
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	401
D6614	Retainer onlay - cast noble metal, two surfaces	415
D6615	Retainer onlay - cast noble metal, >=3 surfaces	401
D6624	Retainer inlay - titanium	401
D6634	Retainer onlay - titanium	401
D6710	Retainer crown - indirect resin based composite	502
D6720	Retainer crown - resin with metal	446
D6721	Retainer crown - resin with metal	425
D6722	Retainer crown - resin with metal	425
D6740	Retainer crown - porcelain/ceramic	506
D6750	Retainer crown - porcelain fused to high noble metal	520
D6751	Retainer crown - porcelain fused to predominately base metal	475
D6752	Retainer crown - porcelain fused to noble metal	475
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	502
D6780	Retainer crown - 3/4 cast high noble metal	410
D6781	Retainer crown - 3/4 cast predominantly base metal	375
D6782	Retainer crown - 3/4 cast noble metal	404
D6784	Retainer crown ¾ - titanium and titanium alloys	502
D6790	Retainer crown - full cast high noble metal	512
D6791	Retainer crown - full cast predominately base metal	446
D6792	Retainer crown - full cast noble metal	473
D6793	Provisional retainer crown (if used at least 6 months during multistage care)	156
D6794	Retainer crown - titanium and titanium alloys	502
D6930	Recement or rebond fixed partial denture	50
D6980	Fixed partial denture repair necessitated by restorative material failure	100
<b>Class 3 Oral Surgery</b>		
D7111	Extraction, coronal remnants - primary tooth	40
D7140	Extraction, erupted tooth or exposed root	50
D7210	Extraction, erupted tooth req elev, etc	104
D7220	Removal of impacted tooth - soft tissue	130
D7230	Removal of impacted tooth - partially bony	190
D7240	Removal of impacted tooth - completely bony	225
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	235
D7250	Removal of residual tooth roots	120
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	235
D7260	Oroantral fistula closure	689
D7261	Primary closure of a sinus perforation	200
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	414
D7285	Biopsy of oral tissue - hard (bone, tooth)	253
D7286	Biopsy of oral tissue - soft	259
D7287	Exfoliative cytological sample collection	50
D7288	Brush biopsy - transepithelial sample collection	40
D7310	Alveoloplasty in conjunction with extractions - per quad	201
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	132
D7320	Alveoloplasty not in conjunction with extractions - per quad	276
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant)	228

ADA CODE	DESCRIPTION	IN
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	690
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	1322
D7509	Marsupialization of odontogenic cyst	400
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25
D7961	Buccal/labial frenectomy (frenulectomy)	322
D7962	Lingual frenectomy (frenulectomy)	322
D7963	Frenuoplasty (once per site)	322
D7970	Excision of hyperplastic tissue - per arch	322
D7971	Excision of pericoronary gingiva	106
D7979	Non-surgical sialolithotomy	35
D7980	Surgical sialolithotomy	644
D7981	Excision of salivary gland, by report	2300
D7982	Sialodochoplasty	1380
D7983	Closure of salivary fistula	1196
<b>Class 3 Adjunctive General Services</b>		
D9110	Palliative treatment of dental pain - per visit	35
D9120	Fixed partial denture sectioning (once per tooth)	35
D9210	Local anesthesia	14
D9222	Deep sedation/general anesthesia - first 15 minutes	58
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	58
D9239	Intravenous moderate sedation/analgesia - first 15 minutes	58
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	58
D9248	Non-intravenous conscious sedation	89
D9310	Consultation (diagnostic service by nontreating dentist)	40
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9942	Repair or reline of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement)	82
D9944	Occlusal guard - hard appliance, full arch	220
D9945	Occlusal guard - soft appliance, full arch	220
D9946	Occlusal guard - hard appliance, partial arch	220
D9953	Reline custom sleep apnea appliance (indirect)	175
D9995	Teledentistry - synchronous; real-time encounter (when available)	0
D9996	Teledentistry - asynchronous; information store and forwarded to dentist for subsequent review (when available)	0
D9997	Dental case management - patients with special health care needs	50
<b>Class 4 Orthodontics - Not covered</b>		<b>0%</b>

### 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.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

### Plan Limitations

#### Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months.
2. One emergency or problem focused exam (D0140) per Calendar Year.
3. One full mouth or panoramic x-ray per 60 months.
4. Periapical x-rays.
5. Bitewing x-rays, 2 per Calendar Year.
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year.

#### Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months.

#### Class III. Major Services:

1. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter.
2. Restoration services, limited to:

- a. Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling.
  - b. Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially place or last replaced.
  - c. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
3. Crown build-up for non-vital teeth
  4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
    - a. Pulpotomy
    - b. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage).
    - c. Apicoectomy
    - d. Retrograde fillings, per root per lifetime
  5. Periodontic services, limited to:
    - a. Gingivectomy
    - b. Osseous surgery including flap entry and closure
    - c. One pedicle or free soft tissue graft per site per lifetime
    - d. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
    - e. One full mouth debridement per lifetime
    - f. Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
    - g. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years.
  6. Prosthetic services, limited to:
    - a. Initial placement of removable dentures or fixed bridges
    - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
    - c. Addition of teeth to existing partial denture
    - d. One relining or rebasing of existing removable dentures per 24 months
    - e. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years.
  7. One repair of dentures or fixed bridgework per 24 months
  8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, or periodontal surgery, or implant placement procedures
  9. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

#### Class IV. Orthodontia Services: Not Covered

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy.