

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



Select Plan Basic 703xa (DC)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services Services (age 19 and over)

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
	Office visit.....	10	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0120	Periodic oral eval - established patient	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0140	Limited oral eval - problem focused.....	0	D1110	Prophylaxis (cleaning) - adult	13
D0150	Comprehensive oral eval - new or established patient	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0160	Detailed and extensive oral eval - problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient.....	36	D1310	Nutritional counseling for control of dental disease.....	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0220	Intraoral - periapical first radiographic image	0	D1321	Perio scaling and root planing - <= 3 teeth, per quad	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1330	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	Restorative (Fillings)		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.....	41
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2150	Amalgam - two surfaces, prim. or perm.....	51
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2160	Amalgam - three surfaces, prim. or perm.	64
D0330	Panoramic radiographic image	30	D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D0340	2D cephalometric radiographic image	0	D2330	Resin-based composite - one surface, anterior....	69
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2331	Resin-based composite - two surfaces, anterior ..	83
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2332	Resin-based composite - three surfaces, anterior	99
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	119
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2390	Resin-based composite crown, anterior.....	192
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2391	Resin-based composite - one surface, posterior ..	73
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2392	Resin-based composite - two surfaces, posterior.	87
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2393	Resin-based composite - three surfaces, posterior	102
D0460	Pulp vitality tests	0	D2394	Resin-based composite - >=4 surfaces, posterior.	123
D0470	Diagnostic casts	0	Crown & Bridge		
D0701	Panoramic radiographic image – image capture only.....	0	D2510	Inlay - metallic - one surface.....	407
D0702	2-D cephalometric radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	407
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2530	Inlay - metallic - three or more surfaces.....	425
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	458
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	524
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	524
			D2610	Inlay - porcelain/ceramic - one surface	427
			D2620	Inlay - porcelain/ceramic - two surfaces.....	427
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445
			D2642	Onlay - porcelain/ceramic - two surfaces	479
			D2643	Onlay - porcelain/ceramic - three surfaces.....	499
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
			D2650	Inlay - resin-based composite - one surface	440
			D2651	Inlay - resin-based composite - two surfaces	440
			D2652	Inlay - resin-based composite - >=3 surfaces.....	440
			D2662	Onlay - resin-based composite - two surfaces.....	444

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D2663	Onlay - resin-based composite - three surfaces ...	444	D3950	Canal prep/fitting of preformed dowel or post	136
D2664	Onlay - resin-based composite - >=4 surfaces.....	444			
D2710	Crown - resin based composite (indirect).....	272	Periodontics¹		
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D2720/21/22	Crown - resin with metal	495	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D2740	Crown - porcelain/ceramic	560	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345
D2750/51/52	Crown - porcelain fused metal	523	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106
D2753	Crown - porcelain fused to titanium and titanium alloys	523	D4260	Osseous surgery - >3 cont. teeth, per quad	499
D2780/81/82	Crown - 3/4 cast with metal	478	D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D2783	Crown - 3/4 porcelain/ceramic.....	511	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	613
D2790/91/92	Crown - full cast metal.....	495	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	480
D2794	Crown - titanium and titanium alloys.....	523	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	336
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43	D4268	Surgical revision proc., per tooth	358
D2931	Prefab. stainless steel crown	121	D4270	Pedicle soft tissue graft procedure.....	530
D2932	Prefabricated resin crown	140	D4273	Autogenous connective tissue graft procedure, first tooth.....	660
D2940	Protective restoration	39	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2950	Core buildup, including any pins	125	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	705
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4277	Free soft tissue graft procedure, first tooth	540
D2952	Post and core in addition to crown	186	D4278	Free soft tissue graft procedure, each add. tooth	83
D2954	Prefab. post and core in addition to crown	154	D4286	Removal of non-resorbable barrier	100
D2955	Post removal (not in conj. with endo. therapy)....	105	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109
D2980	Crown repair necessitated by restorative material failure	102	D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D2981	Inlay repair necessitated by restorative material failure	102	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	51
D2982	Onlay repair necessitated by restorative material failure	102	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	89
Endodontics¹			D4381	Localized delivery of antimicrobial agents.....	98
D3110/20	Pulp cap - direct/indirect (excl. final restoration) .	32	D4910	Periodontal maintenance	74
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	Prosthetics (Dentures)		
D3221	Pulpal debridement.....	94	D5110/20	Complete denture - maxillary/mandibular.....	697
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	82	D5130/40	Immediate denture - maxillary/mandibular	722
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140	D5211/12	Maxillary/mandibular partial denture - resin base.....	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	649
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649
D3333	Internal root repair of perforation defects	105	D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750
D3346	Retreat of prev. root canal therapy, anterior	387	D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3347	Retreat of prev. root canal therapy, premolar	465	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3348	Retreat of prev. root canal therapy, molar	558			
D3410	Apicoectomy - anterior	323			
D3421	Apicoectomy - premolar (first root)	364			
D3425	Apicoectomy - molar (first root)	418			
D3426	Apicoectomy - (each add. root).....	152			
D3430	Retrograde filling - per root.....	119			
D3450	Root amputation - per root	234			
D3471	Surgical repair of root resorption - anterior	323			
D3472	Surgical repair of root resorption - premolar	364			
D3473	Surgical repair of root resorption - molar.....	418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	323			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	364			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	418			
D3920	Hemisection, not inc. root canal therapy	234			
D3921	Decoronation or submergence of an erupted tooth	107			

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D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	750	D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	419	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant.....	419	D6606	Retainer inlay - cast noble metal, two surfaces....	407
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	419	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5410/11	Adjust complete denture - maxillary/mandibular	38	D6608	Retainer onlay - porc./ceramic, two surfaces.....	479
D5421/22	Adjust partial denture - maxillary/mandibular.....	38	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D5511	Repair broken complete denture base, mandibular	87	D6610	Retainer onlay - cast high noble metal, two surfaces	458
D5512	Repair broken complete denture base, maxillary.	87	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524
D5520	Replace missing or broken teeth - complete denture.....	87	D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D5611	Repair resin partial denture base, mandibular.....	87	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D5612	Repair resin partial denture base, maxillary.....	87	D6614	Retainer onlay - cast noble metal, two surfaces...	458
D5621	Repair cast partial framework, mandibular.....	87	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	524
D5622	Repair cast partial framework, maxillary.....	87	D6720/21/22	Retainer crown - resin with metal	495
D5630/60	Clasp repaired, replaced or added	115	D6740	Retainer crown - porcelain/ceramic	560
D5640	Replace broken teeth - per tooth	87	D6750/51/52	Retainer crown - porcelain fused metal	523
D5650	Add tooth to existing partial denture	87	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	523
D5670/71	Replace all teeth and acrylic on cast metal framework.....	287	D6780	Retainer crown - 3/4 cast high noble metal	470
D5710/11	Rebase complete maxillary/mandibular denture.	260	D6781	Retainer crown - 3/4 cast predominantly base metal	470
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6782	Retainer crown - 3/4 cast noble metal	470
D5725	Rebase hybrid prosthesis.....	260	D6783	Retainer crown - 3/4 porc./ceramic	511
D5730/31	Reline complete maxillary/mandibular denture (direct).....	159	D6784	Retainer crown - 3/4 titanium and titanium alloys	523
D5740/41	Reline maxillary/mandibular partial denture (direct).....	155	D6790/91/92	Retainer crown - full cast metal.....	495
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	224	D6794	Retainer crown - titanium	523
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	224	D6930	Recement or rebond fixed partial denture.....	69
D5765	Soft liner for complete or partial removable denture - indirect.....	53	D6980	Fixed partial denture repair, by report	172
D5810/11	Interim complete denture - maxillary/mandibular	362	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	362	D7111	Extraction, coronal remnants - primary tooth.....	56
D5850/51	Tissue conditioning - maxillary/mandibular	79	D7140	Extraction, erupted tooth or exposed root	69
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	133
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	151
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63	D7230	Removal of impacted tooth - partially bony.....	196
D6210/11/12	Pontic - metal	495	D7240	Removal of impacted tooth - completely bony	241
D6240/41/42	Pontic - porcelain fused metal.....	523	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D6243	Pontic - porcelain fused to titanium and titanium alloys	523	D7250	Removal of residual tooth roots.....	141
D6245	Pontic - porcelain/ceramic.....	560	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	217
D6250/51/52	Pontic - resin with metal.....	495	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7280	Exposure of an unerupted tooth	153
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D6549	Resin retainer - for resin bonded fixed prosthesis	251	D7310/20	Alveoloplasty, per quad	141
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7509	Marsupialization of odontogenic cyst	400
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	D7961	Buccal/labial frenectomy (frenulectomy).....	263
			D7962	Lingual frenectomy (frenulectomy).....	263
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
Adjunctive General Services		
D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch	272
D9946	Occlusal guard – hard appliance, partial arch	272
D9950	Occlusion analysis - mounted case	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9953	Reline custom sleep apnea appliance (indirect)...	175
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs.....	50

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

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

Plan Exclusions

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

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

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

Plan Limitations

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

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Select Plan Basic 703xa (DE)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services Services (age 19 and over)

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D0150	Comprehensive oral eval - new or established patient	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0160	Detailed and extensive oral eval - problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient.....	36	D1310	Nutritional counseling for control of dental disease.....	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1320	Tobacco counseling for the control and prevention of oral disease	0
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D0230	Intraoral - periapical each add. radiographic image.....	0	D1330	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	Restorative (Fillings)		
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D0702	2-D cephalometric radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	407
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2530	Inlay - metallic - three or more surfaces.....	425
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	458
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	524
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	524
			D2610	Inlay - porcelain/ceramic - one surface	427
			D2620	Inlay - porcelain/ceramic - two surfaces.....	427
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445
			D2642	Onlay - porcelain/ceramic - two surfaces	479
			D2643	Onlay - porcelain/ceramic - three surfaces.....	499
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
			D2650	Inlay - resin-based composite - one surface	440
			D2651	Inlay - resin-based composite - two surfaces	440
			D2652	Inlay - resin-based composite - >=3 surfaces.....	440
			D2662	Onlay - resin-based composite - two surfaces.....	444

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DMNMA24DOBINFAM - DCDEPAVA

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2663	Onlay - resin-based composite - three surfaces ...	444	D3950	Canal prep/fitting of preformed dowel or post	136
D2664	Onlay - resin-based composite - >=4 surfaces.....	444			
D2710	Crown - resin based composite (indirect).....	272	Periodontics¹		
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D2720/21/22	Crown - resin with metal	495	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D2740	Crown - porcelain/ceramic	560	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345
D2750/51/52	Crown - porcelain fused metal	523	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106
D2753	Crown - porcelain fused to titanium and titanium alloys	523	D4260	Osseous surgery - >3 cont. teeth, per quad	499
D2780/81/82	Crown - 3/4 cast with metal	478	D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D2783	Crown - 3/4 porcelain/ceramic.....	511	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	613
D2790/91/92	Crown - full cast metal.....	495	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	480
D2794	Crown - titanium and titanium alloys.....	523	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	336
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43	D4268	Surgical revision proc., per tooth	358
D2931	Prefab. stainless steel crown	121	D4270	Pedicle soft tissue graft procedure.....	530
D2932	Prefabricated resin crown	140	D4273	Autogenous connective tissue graft procedure, first tooth.....	660
D2940	Protective restoration	39	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2950	Core buildup, including any pins	125	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	705
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4277	Free soft tissue graft procedure, first tooth	540
D2952	Post and core in addition to crown	186	D4278	Free soft tissue graft procedure, each add. tooth	83
D2954	Prefab. post and core in addition to crown	154	D4286	Removal of non-resorbable barrier	100
D2955	Post removal (not in conj. with endo. therapy)....	105	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109
D2980	Crown repair necessitated by restorative material failure	102	D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D2981	Inlay repair necessitated by restorative material failure	102	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	51
D2982	Onlay repair necessitated by restorative material failure	102	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	89
Endodontics¹			D4381	Localized delivery of antimicrobial agents.....	98
D3110/20	Pulp cap - direct/indirect (excl. final restoration) .	32	D4910	Periodontal maintenance	74
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	Prosthetics (Dentures)		
D3221	Pulpal debridement.....	94	D5110/20	Complete denture - maxillary/mandibular.....	697
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	82	D5130/40	Immediate denture - maxillary/mandibular	722
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	649
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649
D3333	Internal root repair of perforation defects	105	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750
D3346	Retreat of prev. root canal therapy, anterior	387	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3347	Retreat of prev. root canal therapy, premolar	465	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3348	Retreat of prev. root canal therapy, molar	558			
D3410	Apicoectomy - anterior	323			
D3421	Apicoectomy - premolar (first root)	364			
D3425	Apicoectomy - molar (first root)	418			
D3426	Apicoectomy - (each add. root).....	152			
D3430	Retrograde filling - per root.....	119			
D3450	Root amputation - per root	234			
D3471	Surgical repair of root resorption - anterior	323			
D3472	Surgical repair of root resorption - premolar	364			
D3473	Surgical repair of root resorption - molar.....	418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	323			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	364			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	418			
D3920	Hemisection, not inc. root canal therapy	234			
D3921	Decoronation or submergence of an erupted tooth	107			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	750	D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	419	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant.....	419	D6606	Retainer inlay - cast noble metal, two surfaces....	407
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	419	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5410/11	Adjust complete denture - maxillary/mandibular	38	D6608	Retainer onlay - porc./ceramic, two surfaces.....	479
D5421/22	Adjust partial denture - maxillary/mandibular.....	38	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D5511	Repair broken complete denture base, mandibular	87	D6610	Retainer onlay - cast high noble metal, two surfaces	458
D5512	Repair broken complete denture base, maxillary.	87	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524
D5520	Replace missing or broken teeth - complete denture.....	87	D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D5611	Repair resin partial denture base, mandibular.....	87	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D5612	Repair resin partial denture base, maxillary.....	87	D6614	Retainer onlay - cast noble metal, two surfaces...	458
D5621	Repair cast partial framework, mandibular.....	87	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	524
D5622	Repair cast partial framework, maxillary.....	87	D6720/21/22	Retainer crown - resin with metal	495
D5630/60	Clasp repaired, replaced or added	115	D6740	Retainer crown - porcelain/ceramic	560
D5640	Replace broken teeth - per tooth	87	D6750/51/52	Retainer crown - porcelain fused metal	523
D5650	Add tooth to existing partial denture	87	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	523
D5670/71	Replace all teeth and acrylic on cast metal framework.....	287	D6780	Retainer crown - 3/4 cast high noble metal	470
D5710/11	Rebase complete maxillary/mandibular denture.	260	D6781	Retainer crown - 3/4 cast predominantly base metal	470
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6782	Retainer crown - 3/4 cast noble metal	470
D5725	Rebase hybrid prosthesis.....	260	D6783	Retainer crown - 3/4 porc./ceramic	511
D5730/31	Reline complete maxillary/mandibular denture (direct).....	159	D6784	Retainer crown - 3/4 titanium and titanium alloys	523
D5740/41	Reline maxillary/mandibular partial denture (direct).....	155	D6790/91/92	Retainer crown - full cast metal.....	495
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	224	D6794	Retainer crown - titanium	523
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	224	D6930	Recement or rebond fixed partial denture.....	69
D5765	Soft liner for complete or partial removable denture - indirect.....	53	D6980	Fixed partial denture repair, by report	172
D5810/11	Interim complete denture - maxillary/mandibular	362	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	362	D7111	Extraction, coronal remnants - primary tooth.....	56
D5850/51	Tissue conditioning - maxillary/mandibular	79	D7140	Extraction, erupted tooth or exposed root	69
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	133
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	151
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63	D7230	Removal of impacted tooth - partially bony.....	196
D6210/11/12	Pontic - metal	495	D7240	Removal of impacted tooth - completely bony	241
D6240/41/42	Pontic - porcelain fused metal.....	523	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D6243	Pontic - porcelain fused to titanium and titanium alloys	523	D7250	Removal of residual tooth roots.....	141
D6245	Pontic - porcelain/ceramic.....	560	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	217
D6250/51/52	Pontic - resin with metal.....	495	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7280	Exposure of an unerupted tooth	153
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D6549	Resin retainer - for resin bonded fixed prosthesis	251	D7310/20	Alveoloplasty, per quad	141
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7509	Marsupialization of odontogenic cyst	400
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	D7961	Buccal/labial frenectomy (frenulectomy).....	263
			D7962	Lingual frenectomy (frenulectomy).....	263
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
Adjunctive General Services		
D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch	272
D9946	Occlusal guard – hard appliance, partial arch	272
D9950	Occlusion analysis - mounted case	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9953	Reline custom sleep apnea appliance (indirect)...	175
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs.....	50

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

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

Plan Exclusions

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

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

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

Plan Limitations

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



Select Plan Basic 703xa (MD)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D0708	Intraoral – bitewing radiographic image – image capture only	0
	Office visit	10	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0120	Periodic oral eval - established patient	0	D1110	Prophylaxis (cleaning) - adult	13
D0140	Limited oral eval - problem focused	0	D1110	Additional cleaning (expecting mothers or Diabetics).....	40
D0150	Comprehensive oral eval - new or established patient	0	D1206	Topical application of fluoride varnish.....	0
D0160	Detailed and extensive oral eval - problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0170	Re-evaluation - limited, problem focused	0	D1310	Nutritional counseling for control of dental disease.....	0
D0180	Comp. periodontal eval - new or established patient	36	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use...	0
D0220	Intraoral - periapical first radiographic image	0	D1330	Oral hygiene instructions.....	0
D0230	Intraoral - periapical each add. radiographic image.....	0	Restorative (Fillings)		
D0240	Intraoral - occlusal radiographic image	0	D2140	Amalgam - one surface, prim. or perm.	41
D0250	Extra-oral - 2D projection radiographic image	0	D2150	Amalgam - two surfaces, prim. or perm.....	51
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2160	Amalgam - three surfaces, prim. or perm.	64
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D0330	Panoramic radiographic image	30	D2330	Resin-based composite - one surface, anterior....	69
D0340	2D cephalometric radiographic image	0	D2331	Resin-based composite - two surfaces, anterior ..	83
D0350	2D oral/facial photographic images (intraoral/extraoral).....	0	D2332	Resin-based composite - three surfaces, anterior	99
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2335	Resin-based composite - >=4 surfaces, anterior...	119
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2390	Resin-based composite crown, anterior.....	192
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2391	Resin-based composite - one surface, posterior ..	73
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2392	Resin-based composite - two surfaces, posterior.	87
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2393	Resin-based composite - three surfaces, posterior	102
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2394	Resin-based composite - >=4 surfaces, posterior.	123
D0460	Pulp vitality tests	0	Crown & Bridge		
D0470	Diagnostic casts	0	D2510	Inlay - metallic - one surface.....	407
D0701	Panoramic radiographic image – image capture only.....	0	D2520	Inlay - metallic - two surfaces	407
D0702	2-D cephalometric radiographic image – image capture only	0	D2530	Inlay - metallic - three or more surfaces.....	425
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2542	Onlay - metallic-two surfaces	458
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2543	Onlay - metallic-three surfaces.....	524
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	524
D0707	Intraoral – periapical radiographic image – image capture only	0	D2610	Inlay - porcelain/ceramic - one surface	427
			D2620	Inlay - porcelain/ceramic - two surfaces.....	427
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445
			D2642	Onlay - porcelain/ceramic - two surfaces	479
			D2643	Onlay - porcelain/ceramic - three surfaces.....	499
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
			D2650	Inlay - resin-based composite - one surface	440
			D2651	Inlay - resin-based composite - two surfaces	440
			D2652	Inlay - resin-based composite - >=3 surfaces.....	440

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2662	Onlay - resin-based composite - two surfaces.....	444	D3950	Canal prep/fitting of preformed dowel or post	136
D2663	Onlay - resin-based composite - three surfaces ...	444			
D2664	Onlay - resin-based composite - >=4 surfaces.....	444	Periodontics¹		
D2710	Crown - resin based composite (indirect).....	272	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D2720/21/22	Crown - resin with metal	495	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345
D2740	Crown - porcelain/ceramic	560	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106
D2750/51/52	Crown - porcelain fused metal	523	D4260	Osseous surgery - >3 cont. teeth, per quad	499
D2753	Crown - porcelain fused to titanium and titanium alloys	523	D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D2780/81/82	Crown - 3/4 cast with metal	478	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	613
D2783	Crown - 3/4 porcelain/ceramic.....	511	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	480
D2790/91/92	Crown - full cast metal.....	495	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	336
D2794	Crown - titanium and titanium alloys	523	D4268	Surgical revision proc., per tooth	358
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43	D4270	Pedicle soft tissue graft procedure	530
D2931	Prefab. stainless steel crown - perm. tooth.....	121	D4273	Autogenous connective tissue graft procedure, first tooth.....	660
D2932	Prefabricated resin crown	140	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2940	Protective restoration.....	39	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	705
D2950	Core buildup, including any pins	125	D4277	Free soft tissue graft procedure, first tooth	540
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4278	Free soft tissue graft procedure, each add. tooth	83
D2952	Post and core in addition to crown	186	D4286	Removal of non-resorbable barrier	100
D2954	Prefab. post and core in addition to crown	154	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109
D2955	Post removal (not in conj. with endo. therapy)....	105	D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D2980	Crown repair necessitated by restorative material failure	102	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	51
D2981	Inlay repair necessitated by restorative material failure	102	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	89
D2982	Onlay repair necessitated by restorative material failure	102	D4381	Localized delivery of antimicrobial agents.....	98
			D4910	Periodontal maintenance	74
Endodontics¹			Prosthetics (Dentures)		
D3110/20	Pulp cap - direct/indirect (excl. final restoration). ..	32	D5110/20	Complete denture - maxillary/mandibular.....	697
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5130/40	Immediate denture - maxillary/mandibular.....	722
D3221	Pulpal debridement.....	94	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	82	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3333	Internal root repair of perforation defects.....	105	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3346	Retreat of prev. root canal therapy, anterior.....	387	D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	750
D3347	Retreat of prev. root canal therapy, premolar	465			
D3348	Retreat of prev. root canal therapy, molar	558			
D3410	Apicoectomy - anterior	323			
D3421	Apicoectomy - premolar (first root)	364			
D3425	Apicoectomy - molar (first root)	418			
D3426	Apicoectomy - (each add. root)	152			
D3430	Retrograde filling - per root.....	119			
D3450	Root amputation (resection) - per root.....	234			
D3471	Surgical repair of root resorption - anterior	323			
D3472	Surgical repair of root resorption - premolar	364			
D3473	Surgical repair of root resorption - molar	418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	323			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	364			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	418			
D3920	Hemisection, not inc. root canal therapy	234			
D3921	Decoronation or submergence of an erupted tooth	107			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	419	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	419	D6606	Retainer inlay - cast noble metal, two surfaces....	407
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	419	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5410/11	Adjust complete denture - maxillary/mandibular	38	D6608	Retainer onlay - porc./ceramic, two surfaces.....	479
D5421/22	Adjust partial denture - maxillary/mandibular.....	38	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D5511	Repair broken complete denture base, mandibular	87	D6610	Retainer onlay - cast high noble metal, two surfaces	458
D5512	Repair broken complete denture base, maxillary.	87	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524
D5520	Replace missing or broken teeth - complete denture.....	87	D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D5611	Repair resin partial denture base, mandibular.....	87	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D5612	Repair resin partial denture base, maxillary.....	87	D6614	Retainer onlay - cast noble metal, two surfaces...	458
D5621	Repair cast partial framework, mandibular.....	87	D6615	Retainer onlay - cast noble metal, >=3 surfaces...	524
D5622	Repair cast partial framework, maxillary.....	87	D6720/21/22	Retainer crown - resin with metal	495
D5630/60	Clasp repaired, replaced or added	115	D6740	Retainer crown - porcelain/ceramic	560
D5640	Replace broken teeth - per tooth	87	D6750/51/52	Retainer crown - porcelain fused metal	523
D5650	Add tooth to existing partial denture	87	D6753	Retainer crown – porcelain fused to titanium and titanium alloys	523
D5670/71	Replace all teeth and acrylic on cast metal framework.....	287	D6780	Retainer crown - 3/4 cast high noble metal	470
D5710/11	Rebase complete maxillary/mandibular denture.	260	D6781	Retainer crown - 3/4 cast predominantly base metal	470
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6782	Retainer crown - 3/4 cast noble metal	470
D5725	Rebase hybrid prosthesis.....	260	D6783	Retainer crown - 3/4 porc./ceramic	511
D5730/31	Reline complete maxillary/mandibular denture (direct).....	159	D6784	Retainer crown – 3/4 titanium and titanium alloys	523
D5740/41	Reline maxillary/mandibular partial denture (direct).....	155	D6790/91/92	Retainer crown - full cast metal.....	495
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	224	D6794	Retainer crown - titanium	523
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	224	D6930	Recement or rebond fixed partial denture.....	69
D5765	Soft liner for complete or partial removable denture – indirect.....	53	D6980	Fixed partial denture repair, by report	172
D5810/11	Interim complete denture - maxillary/mandibular	362	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	362	D7111	Extraction, coronal remnants - primary tooth	56
D5850/51	Tissue conditioning - maxillary/mandibular	79	D7140	Extraction, erupted tooth or exposed root	69
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	133
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	151
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	63	D7230	Removal of impacted tooth - partially bony.....	196
D6210/11/12	Pontic - metal	495	D7240	Removal of impacted tooth - completely bony	241
D6240/41/42	Pontic - porcelain fused metal.....	523	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D6243	Pontic – porcelain fused to titanium and titanium alloys	523	D7250	Removal of residual tooth roots.....	141
D6245	Pontic - porcelain/ceramic.....	560	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	217
D6250/51/52	Pontic - resin with metal.....	495	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7280	Exposure of an unerupted tooth.....	153
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D6549	Resin retainer - for resin bonded fixed prosthesis	251	D7310/20	Alveoloplasty, per quad.....	141
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7509	Marsupialization of odontogenic cyst	400
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	D7961	Buccal/labial frenectomy (frenulectomy).....	263
D6604	Retainer inlay - cast predominantly base metal, two surfaces	407	D7962	Lingual frenectomy (frenulectomy)	263
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118
			D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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Adjunctive General Services

D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37
D9239	Intravenous moderate conscious sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate conscious sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch.....	272
D9946	Occlusal guard – hard appliance, partial arch	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9953	Reline custom sleep apnea appliance (indirect)...	175
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs	50

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

Plan Exclusions

Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.

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

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

Plan Limitations

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

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



Select Plan Basic 703xa (NJ)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services

Plan Highlights

- This plan has fixed Member Copayments.
- This plan requires Members to use Participating Dentists except for out-of-area emergency dental services and/or for services provided when a Member is referred to a Non-Participating Dentist. See exclusion 11.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
	Office visit	10	D0706	Intraoral – occlusal radiographic image – image capture only.....	0
D0120	Periodic oral eval - established patient	0	D0707	Intraoral – periapical radiographic image – image capture only.....	0
D0140	Limited oral eval - problem focused	0	D0708	Intraoral – bitewing radiographic image – image capture only.....	0
D0150	Comprehensive oral eval - new or established patient.....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only	0
D0160	Detailed and extensive oral eval - problem focused	0	D1110	Prophylaxis (cleaning) - adult	13
D0170	Re-evaluation - limited, problem focused .	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0210	Intraoral – comprehensive series of radiographic images	26	D1206	Topical application of fluoride varnish	0
D0220	Intraoral - periapical first radiographic image.....	0	D1208	Topical application of fluoride - excluding varnish.....	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1310/20/30	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0250	Extra-oral - 2D projection radiographic image	0	Restorative (Fillings)		
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2140	Amalgam - one surface.....	41
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D2150	Amalgam - two surfaces	51
D0330	Panoramic radiographic image	30	D2160	Amalgam - three surfaces.....	64
D0340	2D cephalometric radiographic image	0	D2161	Amalgam - >=4 surfaces	78
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2330	Resin-based composite - one surface, anterior.....	69
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2331	Resin-based composite - two surfaces, anterior.....	83
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2332	Resin-based composite - three surfaces, anterior.....	99
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior.....	119
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D2390	Resin-based composite crown, anterior....	192
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .	0	D2391	Resin-based composite - one surface, posterior	73
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .	0	D2392	Resin-based composite - two surfaces, posterior.....	87
D0460	Pulp vitality tests	0	D2393	Resin-based composite - three surfaces, posterior.....	102
D0470	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D0701	Panoramic radiographic image – image capture only	0	Crown & Bridge		
D0702	2-D cephalometric radiographic image – image capture only.....	0	D2510/20	Inlay - metallic - one or two surfaces	407
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0	D2530	Inlay - metallic - three or more surfaces....	425
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2542	Onlay - metallic-two surfaces.....	458
			D2543/44	Onlay - metallic-three or four surfaces.....	524
			D2610/20	Inlay - porcelain/ceramic - one or two surfaces	427
			D2630	Inlay - porcelain/ceramic - >=3 surfaces....	445

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2642	Onlay - porcelain/ceramic - two surfaces..	479	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar.....	364 / 401
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces..	499	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	418 / 460
D2650/51/52	Inlay - resin-based composite - one or more surfaces.....	440	D3920	Hemisection, not inc. root canal therapy..	234 / 258
D2662/63/64	Onlay - resin-based composite - two or more surfaces.....	444	D3921	Decoronation or submergence of an erupted tooth	107 / 118
D2710	Crown - resin based composite (indirect)..	272	D3950	Canal prep/fitting of preformed dowel or post.....	136 / 150
D2712	Crown - 3/4 resin-based composite (indirect).....	485	Periodontics¹		
D2720/21/22	Crown - resin with metal	495	D0180	Comp. periodontal eval - new or established patient.....	36 / 40
D2740	Crown - porcelain/ceramic	560	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279 / 307
D2750/51/52	Crown - porcelain fused metal	523	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100 / 110
D2753	Crown - porcelain fused to titanium and titanium alloys.....	523	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345 / 380
D2780/81/82	Crown - 3/4 cast with metal	478	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106 / 117
D2783	Crown - 3/4 porcelain/ceramic.....	511	D4260	Osseous surgery - >3 cont. teeth, per quad	499 / 549
D2790/91/92	Crown - full cast metal.....	495	D4261	Osseous surgery - <=3 cont. teeth, per quad	392 / 431
D2794	Crown - titanium and titanium alloys	523	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	613 / 675
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	480 / 528
D2931	Prefab. stainless steel crown	121	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	336 / 370
D2932	Prefabricated resin crown	140	D4268	Surgical revision proc., per tooth	358 / 394
D2940	Protective restoration	39	D4270	Pedicle soft tissue graft procedure.....	530 / 584
D2950	Core buildup, including any pins	125	D4273	Autogenous connective tissue graft procedure, first tooth.....	660 / 727
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4274	Mesial/distal wedge procedure, single tooth.....	308 / 339
D2952	Post and core in addition to crown	186	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	705 / 776
D2954	Prefab. post and core in addition to crown	154	D4277	Free soft tissue graft procedure, first tooth.....	540 / 595
D2955	Post removal (not in conj. with endo. therapy).....	105	D4278	Free soft tissue graft procedure, each add. tooth.....	83 / 92
D2980/81/82	Crown, inlay or onlay repair necessitated by restorative material failure	102	D4286	Removal of non-resorbable barrier	100 / 110
Endodontics¹			D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	109 / 120
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	32 / 35	D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	63 / 69
D3220	Therapeutic pulpotomy (excl. final restor.)	81 / 90	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	51 / 57
D3221	Pulpal debridement.....	94 / 104	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	89 / 99
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	82 / 90	D4381	Localized delivery of antimicrobial agents	98 / 109
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	140 / 154	D4910	Periodontal maintenance	74 / 81
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341 / 375	Prosthetics (Dentures)		
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418 / 460	D5110/20	Complete denture - maxillary/mandibular	697
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512 / 563	D5130/40	Immediate denture - maxillary/mandibular	722
D3333	Internal root repair of perforation defects	105 / 116	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3346	Retreat of prev. root canal therapy, anterior.....	387 / 427			
D3347	Retreat of prev. root canal therapy, premolar.....	465 / 513			
D3348	Retreat of prev. root canal therapy, molar	558 / 615			
D3410	Apicoectomy - anterior	323 / 356			
D3421	Apicoectomy - premolar (first root)	364 / 401			
D3425	Apicoectomy - molar (first root)	418 / 460			
D3426	Apicoectomy - (each add. root).....	152 / 168			
D3430	Retrograde filling - per root.....	119 / 131			
D3450	Root amputation - per root	234 / 258			
D3471	Surgical repair of root resorption - anterior.....	323 / 356			
D3472	Surgical repair of root resorption – premolar.....	364 / 401			
D3473	Surgical repair of root resorption – molar.	418 / 460			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior.....	323 / 356			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750	D6245	Pontic - porcelain/ceramic.....	560
D5221/22	Immediate maxillary/mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649	D6250/51/52	Pontic - resin with metal.....	495
D5223/24	Immediate maxillary/mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D5225/26	Maxillary/mandibular partial denture - flexible base.....	750	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	750	D6549	Resin retainer - for resin bonded fixed prosthesis	251
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	419	D6600	Retainer inlay - porc./ceramic, two surfaces	427
D5284/86	Rem. unilateral partial denture - one piece flexible/resin base (including clasps and teeth) - per quadrant.....	419	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445
D5410/11	Adjust complete denture - maxillary/mandibular	38	D6602	Retainer inlay - cast high noble metal, two surfaces	407
D5421/22	Adjust partial denture - maxillary/mandibular	38	D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425
D5511/12	Repair broken complete denture base, mandibular/maxillary.....	87	D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5520	Replace missing or broken teeth - complete denture.....	87	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D5611/12	Repair resin partial denture base, mandibular/maxillary.....	87	D6606	Retainer inlay - cast noble metal, two surfaces	407
D5621/22	Repair cast partial framework, mandibular/maxillary.....	87	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5630/60	Clasp repaired, replaced or added	115	D6608	Retainer onlay - porc./ceramic, two surfaces	479
D5640/50	Replace broken teeth or add tooth to existing partial denture - per tooth	87	D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	499
D5670/71	Replace all teeth and acrylic on cast metal framework.....	287	D6610	Retainer onlay - cast high noble metal, two surfaces	458
D5710/11	Rebase complete maxillary/mandibular denture.....	260	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D5725	Rebase hybrid prosthesis.....	260	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D5730/31	Reline complete maxillary/mandibular denture (direct)	159	D6614	Retainer onlay - cast noble metal, two surfaces	458
D5740/41	Reline maxillary/mandibular partial denture (direct)	155	D6615	Retainer onlay - cast noble metal, >=3 surfaces	524
D5750/51	Reline complete maxillary/mandibular denture (indirect)	224	D6720/21/22	Retainer crown - resin with metal	495
D5760/61	Reline maxillary/mandibular partial denture (indirect)	224	D6740	Retainer crown - porcelain/ceramic	560
D5765	Soft liner for complete or partial removable denture - indirect.....	53	D6750/51/52	Retainer crown - porcelain fused metal	523
D5810/11	Interim complete denture - maxillary/mandibular	362	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	523
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	362	D6780/81/82	Retainer crown - 3/4 cast high noble metal	470
D5850/51	Tissue conditioning - maxillary/mandibular	79	D6783	Retainer crown - 3/4 porc./ceramic	511
			D6784	Retainer crown - 3/4 titanium and titanium alloys	523
			D6790/91/92	Retainer crown - full cast metal.....	495
			D6794	Retainer crown - titanium	523
			D6930	Recement or rebond fixed partial denture	69
			D6980	Fixed partial denture repair, by report	172
			Oral Surgery¹		
			D7111	Extraction, coronal remnants - primary tooth.....	56 / 62
			D7140	Extraction, erupted tooth or exposed root	69 / 76
			D7210	Extraction, erupted tooth req elev, etc	133 / 146
			D7220	Removal of impacted tooth - soft tissue ...	151 / 166
			D7230	Removal of impacted tooth - partially bony.....	196 / 216
			D7240	Removal of impacted tooth - completely bony.....	241 / 265
			D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217 / 239
			D7250	Surgical removal of residual tooth roots ...	141 / 156
			D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	217 / 239
Bridge & Pontics					
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure...	63			
D6210/11/12	Pontic - metal	495			
D6240/41/42	Pontic - porcelain fused metal.....	523			
D6243	Pontic - porcelain fused to titanium and titanium alloys.....	523			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	226 / 248
D7280	Exposure of an unerupted tooth.....	153 / 168
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60 / 66
D7310/20	Alveoloplasty, per quad	141 / 156
D7509	Marsupialization of odontogenic cyst	400 / 440
D7510	Incision and drainage of abscess - intraoral soft tissue	96 / 105
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25 / 28
D7961	Buccal/labial frenectomy (frenulectomy) ..	263 / 290
D7962	Lingual frenectomy (frenulectomy)	263 / 290
D7979	Non-surgical sialolithotomy.....	43 / 48

Orthodontics

D8090	Comp. ortho. treatment - adult dentition..	3658
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract)	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413

Adjunctive General Services

D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222/23	Deep sedation/general anesthesia - each 15 minute increment.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	37
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment	103
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament .	31
D9930	Treatment of complications (post-surgical)	43
D9944/45/46	Occlusal guard – hard/soft appliance, full/ partial arch	272 / 272
D9950	Occlusion analysis - mounted case.....	104 / 115
D9951	Occlusal adjustment - limited.....	66 / 66
D9952	Occlusal adjustment - complete	266 / 266
D9953	Reline custom sleep apnea appliance (indirect).....	175
D9986	Missed appointment	50
D9995/96	Teledentistry – synchronous/ asynchronous	0
D9997	Dental case management – patients with special health care needs	50

1. Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist. If the listed procedure contains a (/), the second listed fee represents the copayment due to the Participating Plan Specialist after referral. See Plan Exclusion #13

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

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not Necessary and Appropriate Dental Services for the patient's dental health as determined by the

- Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office, with the exception of the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as Covered Services under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or the Plan (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Plan Specialist (with the exception of orthodontics).
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
- The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

- Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year per patient.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
- Two (2) bitewing x-rays are covered per calendar year per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan.
- Relining and rebasing of dentures is covered once every 24 months per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant per patient.
- Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu or a covered D1110, limited to once per two years.
- 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 (2) years.
- Full mouth debridement is covered once per lifetime per patient.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

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



Select Plan Basic 703xa (PA)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services Services (age 19 and over)

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
	Office visit.....	10	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0120	Periodic oral eval - established patient	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0140	Limited oral eval - problem focused.....	0	D1110	Prophylaxis (cleaning) - adult	13
D0150	Comprehensive oral eval - new or established patient	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0160	Detailed and extensive oral eval - problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient.....	36	D1310	Nutritional counseling for control of dental disease.....	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0220	Intraoral - periapical first radiographic image	0	D1321	Perio scaling and root planing - <= 3 teeth, per quad	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1330	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	Restorative (Fillings)		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.....	41
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2150	Amalgam - two surfaces, prim. or perm.....	51
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2160	Amalgam - three surfaces, prim. or perm.	64
D0330	Panoramic radiographic image	30	D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D0340	2D cephalometric radiographic image	0	D2330	Resin-based composite - one surface, anterior....	69
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2331	Resin-based composite - two surfaces, anterior ..	83
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2332	Resin-based composite - three surfaces, anterior	99
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	119
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2390	Resin-based composite crown, anterior.....	192
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2391	Resin-based composite - one surface, posterior ..	73
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2392	Resin-based composite - two surfaces, posterior.	87
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2393	Resin-based composite - three surfaces, posterior	102
D0460	Pulp vitality tests	0	D2394	Resin-based composite - >=4 surfaces, posterior.	123
D0470	Diagnostic casts	0	Crown & Bridge		
D0701	Panoramic radiographic image – image capture only.....	0	D2510	Inlay - metallic - one surface.....	407
D0702	2-D cephalometric radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	407
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2530	Inlay - metallic - three or more surfaces.....	425
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	458
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	524
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	524
			D2610	Inlay - porcelain/ceramic - one surface	427
			D2620	Inlay - porcelain/ceramic - two surfaces.....	427
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445
			D2642	Onlay - porcelain/ceramic - two surfaces	479
			D2643	Onlay - porcelain/ceramic - three surfaces.....	499
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
			D2650	Inlay - resin-based composite - one surface	440
			D2651	Inlay - resin-based composite - two surfaces	440
			D2652	Inlay - resin-based composite - >=3 surfaces.....	440
			D2662	Onlay - resin-based composite - two surfaces.....	444

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2663	Onlay - resin-based composite - three surfaces ...	444	D3950	Canal prep/fitting of preformed dowel or post	136
D2664	Onlay - resin-based composite - >=4 surfaces.....	444			
D2710	Crown - resin based composite (indirect).....	272	Periodontics¹		
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D2720/21/22	Crown - resin with metal	495	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D2740	Crown - porcelain/ceramic	560	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345
D2750/51/52	Crown - porcelain fused metal	523	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106
D2753	Crown - porcelain fused to titanium and titanium alloys	523	D4260	Osseous surgery - >3 cont. teeth, per quad	499
D2780/81/82	Crown - 3/4 cast with metal	478	D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D2783	Crown - 3/4 porcelain/ceramic.....	511	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	613
D2790/91/92	Crown - full cast metal.....	495	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	480
D2794	Crown - titanium and titanium alloys.....	523	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	336
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43	D4268	Surgical revision proc., per tooth	358
D2931	Prefab. stainless steel crown	121	D4270	Pedicle soft tissue graft procedure.....	530
D2932	Prefabricated resin crown	140	D4273	Autogenous connective tissue graft procedure, first tooth.....	660
D2940	Protective restoration	39	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2950	Core buildup, including any pins	125	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	705
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4277	Free soft tissue graft procedure, first tooth	540
D2952	Post and core in addition to crown	186	D4278	Free soft tissue graft procedure, each add. tooth	83
D2954	Prefab. post and core in addition to crown	154	D4286	Removal of non-resorbable barrier	100
D2955	Post removal (not in conj. with endo. therapy)....	105	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109
D2980	Crown repair necessitated by restorative material failure	102	D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D2981	Inlay repair necessitated by restorative material failure	102	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	51
D2982	Onlay repair necessitated by restorative material failure	102	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	89
Endodontics¹			D4381	Localized delivery of antimicrobial agents.....	98
D3110/20	Pulp cap - direct/indirect (excl. final restoration) .	32	D4910	Periodontal maintenance	74
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	Prosthetics (Dentures)		
D3221	Pulpal debridement.....	94	D5110/20	Complete denture - maxillary/mandibular.....	697
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	82	D5130/40	Immediate denture - maxillary/mandibular	722
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	649
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649
D3333	Internal root repair of perforation defects	105	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750
D3346	Retreat of prev. root canal therapy, anterior	387	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3347	Retreat of prev. root canal therapy, premolar	465	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3348	Retreat of prev. root canal therapy, molar	558			
D3410	Apicoectomy - anterior	323			
D3421	Apicoectomy - premolar (first root)	364			
D3425	Apicoectomy - molar (first root)	418			
D3426	Apicoectomy - (each add. root).....	152			
D3430	Retrograde filling - per root.....	119			
D3450	Root amputation - per root	234			
D3471	Surgical repair of root resorption - anterior	323			
D3472	Surgical repair of root resorption - premolar	364			
D3473	Surgical repair of root resorption - molar.....	418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	323			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	364			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	418			
D3920	Hemisection, not inc. root canal therapy	234			
D3921	Decoronation or submergence of an erupted tooth	107			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	750	D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	419	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant.....	419	D6606	Retainer inlay - cast noble metal, two surfaces....	407
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	419	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5410/11	Adjust complete denture - maxillary/mandibular	38	D6608	Retainer onlay - porc./ceramic, two surfaces.....	479
D5421/22	Adjust partial denture - maxillary/mandibular.....	38	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D5511	Repair broken complete denture base, mandibular	87	D6610	Retainer onlay - cast high noble metal, two surfaces	458
D5512	Repair broken complete denture base, maxillary.	87	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524
D5520	Replace missing or broken teeth - complete denture.....	87	D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D5611	Repair resin partial denture base, mandibular.....	87	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D5612	Repair resin partial denture base, maxillary.....	87	D6614	Retainer onlay - cast noble metal, two surfaces...	458
D5621	Repair cast partial framework, mandibular.....	87	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	524
D5622	Repair cast partial framework, maxillary.....	87	D6720/21/22	Retainer crown - resin with metal	495
D5630/60	Clasp repaired, replaced or added	115	D6740	Retainer crown - porcelain/ceramic	560
D5640	Replace broken teeth - per tooth	87	D6750/51/52	Retainer crown - porcelain fused metal	523
D5650	Add tooth to existing partial denture	87	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	523
D5670/71	Replace all teeth and acrylic on cast metal framework.....	287	D6780	Retainer crown - 3/4 cast high noble metal	470
D5710/11	Rebase complete maxillary/mandibular denture.	260	D6781	Retainer crown - 3/4 cast predominantly base metal	470
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6782	Retainer crown - 3/4 cast noble metal	470
D5725	Rebase hybrid prosthesis.....	260	D6783	Retainer crown - 3/4 porc./ceramic	511
D5730/31	Reline complete maxillary/mandibular denture (direct).....	159	D6784	Retainer crown - 3/4 titanium and titanium alloys	523
D5740/41	Reline maxillary/mandibular partial denture (direct).....	155	D6790/91/92	Retainer crown - full cast metal.....	495
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	224	D6794	Retainer crown - titanium	523
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	224	D6930	Recement or rebond fixed partial denture.....	69
D5765	Soft liner for complete or partial removable denture - indirect.....	53	D6980	Fixed partial denture repair, by report	172
D5810/11	Interim complete denture - maxillary/mandibular	362	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	362	D7111	Extraction, coronal remnants - primary tooth.....	56
D5850/51	Tissue conditioning - maxillary/mandibular	79	D7140	Extraction, erupted tooth or exposed root	69
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	133
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	151
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63	D7230	Removal of impacted tooth - partially bony.....	196
D6210/11/12	Pontic - metal	495	D7240	Removal of impacted tooth - completely bony	241
D6240/41/42	Pontic - porcelain fused metal.....	523	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D6243	Pontic - porcelain fused to titanium and titanium alloys	523	D7250	Removal of residual tooth roots.....	141
D6245	Pontic - porcelain/ceramic.....	560	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	217
D6250/51/52	Pontic - resin with metal.....	495	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7280	Exposure of an unerupted tooth	153
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D6549	Resin retainer - for resin bonded fixed prosthesis	251	D7310/20	Alveoloplasty, per quad	141
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7509	Marsupialization of odontogenic cyst	400
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	D7961	Buccal/labial frenectomy (frenulectomy).....	263
			D7962	Lingual frenectomy (frenulectomy).....	263
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
Adjunctive General Services		
D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9944	Occlusal guard – hard appliance, full arch.....	272
D9945	Occlusal guard – soft appliance, full arch	272
D9946	Occlusal guard – hard appliance, partial arch	272
D9950	Occlusion analysis - mounted case	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9953	Reline custom sleep apnea appliance (indirect)...	175
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs.....	50

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

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

Plan Exclusions

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

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

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

Plan Limitations

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

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



Select Plan Basic 703xa (VA)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services Services (age 19 and over)

Plan Highlights

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

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Diagnostic/Preventive					
	Office visit.....	10	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0120	Periodic oral eval - established patient	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0140	Limited oral eval - problem focused.....	0	D1110	Prophylaxis (cleaning) - adult	13
D0150	Comprehensive oral eval - new or established patient	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0160	Detailed and extensive oral eval - problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient.....	36	D1310	Nutritional counseling for control of dental disease.....	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0220	Intraoral - periapical first radiographic image	0	D1321	Perio scaling and root planing - <= 3 teeth, per quad	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1330	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	Restorative (Fillings)		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.....	41
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2150	Amalgam - two surfaces, prim. or perm.....	51
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2160	Amalgam - three surfaces, prim. or perm.	64
D0330	Panoramic radiographic image	30	D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D0340	2D cephalometric radiographic image	0	D2330	Resin-based composite - one surface, anterior....	69
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2331	Resin-based composite - two surfaces, anterior ..	83
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2332	Resin-based composite - three surfaces, anterior	99
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	119
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2390	Resin-based composite crown, anterior.....	192
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2391	Resin-based composite - one surface, posterior ..	73
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2392	Resin-based composite - two surfaces, posterior.	87
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2393	Resin-based composite - three surfaces, posterior	102
D0460	Pulp vitality tests	0	D2394	Resin-based composite - >=4 surfaces, posterior.	123
D0470	Diagnostic casts	0	Crown & Bridge		
D0701	Panoramic radiographic image – image capture only.....	0	D2510	Inlay - metallic - one surface.....	407
D0702	2-D cephalometric radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	407
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2530	Inlay - metallic - three or more surfaces.....	425
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	458
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	524
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	524
			D2610	Inlay - porcelain/ceramic - one surface	427
			D2620	Inlay - porcelain/ceramic - two surfaces.....	427
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445
			D2642	Onlay - porcelain/ceramic - two surfaces	479
			D2643	Onlay - porcelain/ceramic - three surfaces.....	499
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
			D2650	Inlay - resin-based composite - one surface	440
			D2651	Inlay - resin-based composite - two surfaces	440
			D2652	Inlay - resin-based composite - >=3 surfaces.....	440
			D2662	Onlay - resin-based composite - two surfaces.....	444

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D2663	Onlay - resin-based composite - three surfaces ...	444	D3950	Canal prep/fitting of preformed dowel or post	136
D2664	Onlay - resin-based composite - >=4 surfaces.....	444			
D2710	Crown - resin based composite (indirect).....	272	Periodontics¹		
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D2720/21/22	Crown - resin with metal	495	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D2740	Crown - porcelain/ceramic	560	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345
D2750/51/52	Crown - porcelain fused metal	523	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106
D2753	Crown - porcelain fused to titanium and titanium alloys	523	D4260	Osseous surgery - >3 cont. teeth, per quad	499
D2780/81/82	Crown - 3/4 cast with metal	478	D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D2783	Crown - 3/4 porcelain/ceramic.....	511	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	613
D2790/91/92	Crown - full cast metal.....	495	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	480
D2794	Crown - titanium and titanium alloys.....	523	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	336
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43	D4268	Surgical revision proc., per tooth	358
D2931	Prefab. stainless steel crown	121	D4270	Pedicle soft tissue graft procedure.....	530
D2932	Prefabricated resin crown	140	D4273	Autogenous connective tissue graft procedure, first tooth.....	660
D2940	Protective restoration	39	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2950	Core buildup, including any pins	125	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	705
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4277	Free soft tissue graft procedure, first tooth	540
D2952	Post and core in addition to crown	186	D4278	Free soft tissue graft procedure, each add. tooth	83
D2954	Prefab. post and core in addition to crown	154	D4286	Removal of non-resorbable barrier	100
D2955	Post removal (not in conj. with endo. therapy)....	105	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109
D2980	Crown repair necessitated by restorative material failure	102	D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D2981	Inlay repair necessitated by restorative material failure	102	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	51
D2982	Onlay repair necessitated by restorative material failure	102	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	89
Endodontics¹			D4381	Localized delivery of antimicrobial agents.....	98
D3110/20	Pulp cap - direct/indirect (excl. final restoration) .	32	D4910	Periodontal maintenance	74
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	Prosthetics (Dentures)		
D3221	Pulpal debridement.....	94	D5110/20	Complete denture - maxillary/mandibular.....	697
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	82	D5130/40	Immediate denture - maxillary/mandibular	722
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140	D5211/12	Maxillary/mandibular partial denture - resin base	649
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	418	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	649
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	649
D3333	Internal root repair of perforation defects	105	D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750
D3346	Retreat of prev. root canal therapy, anterior	387	D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	750
D3347	Retreat of prev. root canal therapy, premolar	465	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D3348	Retreat of prev. root canal therapy, molar	558			
D3410	Apicoectomy - anterior	323			
D3421	Apicoectomy - premolar (first root)	364			
D3425	Apicoectomy - molar (first root)	418			
D3426	Apicoectomy - (each add. root).....	152			
D3430	Retrograde filling - per root.....	119			
D3450	Root amputation - per root	234			
D3471	Surgical repair of root resorption - anterior	323			
D3472	Surgical repair of root resorption - premolar	364			
D3473	Surgical repair of root resorption - molar.....	418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	323			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	364			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	418			
D3920	Hemisection, not inc. root canal therapy	234			
D3921	Decoronation or submergence of an erupted tooth	107			

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D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	750	D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	419	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant.....	419	D6606	Retainer inlay - cast noble metal, two surfaces....	407
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	419	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5410/11	Adjust complete denture - maxillary/mandibular	38	D6608	Retainer onlay - porc./ceramic, two surfaces.....	479
D5421/22	Adjust partial denture - maxillary/mandibular.....	38	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D5511	Repair broken complete denture base, mandibular	87	D6610	Retainer onlay - cast high noble metal, two surfaces	458
D5512	Repair broken complete denture base, maxillary.	87	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524
D5520	Replace missing or broken teeth - complete denture.....	87	D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D5611	Repair resin partial denture base, mandibular.....	87	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D5612	Repair resin partial denture base, maxillary.....	87	D6614	Retainer onlay - cast noble metal, two surfaces...	458
D5621	Repair cast partial framework, mandibular.....	87	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	524
D5622	Repair cast partial framework, maxillary.....	87	D6720/21/22	Retainer crown - resin with metal	495
D5630/60	Clasp repaired, replaced or added	115	D6740	Retainer crown - porcelain/ceramic	560
D5640	Replace broken teeth - per tooth	87	D6750/51/52	Retainer crown - porcelain fused metal	523
D5650	Add tooth to existing partial denture	87	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	523
D5670/71	Replace all teeth and acrylic on cast metal framework.....	287	D6780	Retainer crown - 3/4 cast high noble metal	470
D5710/11	Rebase complete maxillary/mandibular denture.	260	D6781	Retainer crown - 3/4 cast predominantly base metal	470
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6782	Retainer crown - 3/4 cast noble metal	470
D5725	Rebase hybrid prosthesis.....	260	D6783	Retainer crown - 3/4 porc./ceramic	511
D5730/31	Reline complete maxillary/mandibular denture (direct).....	159	D6784	Retainer crown - 3/4 titanium and titanium alloys	523
D5740/41	Reline maxillary/mandibular partial denture (direct).....	155	D6790/91/92	Retainer crown - full cast metal.....	495
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	224	D6794	Retainer crown - titanium	523
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	224	D6930	Recement or rebond fixed partial denture.....	69
D5765	Soft liner for complete or partial removable denture - indirect.....	53	D6980	Fixed partial denture repair, by report	172
D5810/11	Interim complete denture - maxillary/mandibular	362	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	362	D7111	Extraction, coronal remnants - primary tooth.....	56
D5850/51	Tissue conditioning - maxillary/mandibular	79	D7140	Extraction, erupted tooth or exposed root	69
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	133
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	151
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63	D7230	Removal of impacted tooth - partially bony.....	196
D6210/11/12	Pontic - metal	495	D7240	Removal of impacted tooth - completely bony	241
D6240/41/42	Pontic - porcelain fused metal.....	523	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D6243	Pontic - porcelain fused to titanium and titanium alloys	523	D7250	Removal of residual tooth roots.....	141
D6245	Pontic - porcelain/ceramic.....	560	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	217
D6250/51/52	Pontic - resin with metal.....	495	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7280	Exposure of an unerupted tooth	153
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D6549	Resin retainer - for resin bonded fixed prosthesis	251	D7310/20	Alveoloplasty, per quad	141
D6600	Retainer inlay - porc./ceramic, two surfaces	427	D7509	Marsupialization of odontogenic cyst	400
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445	D7510	Incision and drainage of abscess - intraoral soft tissue	96
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425	D7961	Buccal/labial frenectomy (frenulectomy).....	263
			D7962	Lingual frenectomy (frenulectomy).....	263
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
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D9952	Occlusal adjustment - complete.....	266
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12.	Services related to the treatment of TMD (Temporomandibular Disorder).	
13.	Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.	
14.	Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.	
15.	The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.	

Plan Limitations

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