

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

- 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.

CODEDESCRIPTIONCOPAYMENT(S)CODEDESCRIPTIONCOPAYMENT(S)Diagnostic/Preventive0ffice visit	ADA		MEMB	ER	ADA		MEMB	ER
Office visit	CODE	DESCRIPTION	COPAYMENT	(S)	CODE	DESCRIPTION	COPAYMENT	(S)
Office visit	Diagnostic/Pr	eventive			D0708	Intraoral – bitewing radiograp	hic image – image	
D0120 Periodic oral eval - established patient	2.08.000.07			10	20.00	capture only		0
D0140 Limited oral eval - problem focused	D0120			-	D0709			
D0150 Comprehensive oral eval - new or established patient	D0140							0
D0160 Detailed and extensive oral eval - problem focused	D0150				D1110	Prophylaxis (cleaning) - adult .		13
focused				0	D1110*	Additional cleaning (expecting	mothers or	
	D0160	Detailed and extensive oral ev	al - problem					
D0170 Re-evaluation - limited, problem focused 0   D1208 Topical application of fluoride - excluding varnish 0								
,,				0				0
D0180 Comp. periodontal eval - new or established D1310 Nutritional counseling for control of dental	D0180			0.6	D1310			•
patient	D0340			36	D1220			U
D0210 Intraoral – comprehensive series of radiographic D1320 Tobacco counseling for the control and	D0210			26	D1320			0
images	D0220				D1221			U
D0220 Intraoral - periapical first radiographic image 0 D1321 Perio scaling and root planing - <= 3 teeth, per quad				U	D1321			Ο
image	D0230			0	D1330			
D0240 Intraoral - occlusal radiographic image 0	D0240	0				· -		U
D0250 Extra-oral - 2D projection radiographic image 0 Restorative (Fillings)		• .	•			• .		
D0270-74 Ritawing y-rays - 1 to 4 radiographic images 0 D2140 Amalgam - one surface, prim. or perm 41					_			
DO277 Vertical hitewings 7 to 9 radiographic images 0 D2150 Allidigalli - two surfaces, print. or permissions of								
DO220 Paporamic radiographic image 20 DZ100 Affidigati - tiffee surfaces, prim. or perm								
DO340 2D cenhalometric radiographic image 0 DZ101 Allidigalli - 2-4 suridces, prilli. 01 perilli	D0340							
D0350 2D oral/facial photographic image obtained intra-	D0350							
orally or extra-orally		orally or extra-orally		0				
D03/2 Intraoral tomosynthesis – comprehensive series D2225 Posin based composite >=4 surfaces, anterior 11	D0372							
of radiographic images				26		•	·	
D03/3 Intraoral tomosynthesis – bitewing radiographic D2201 Posin based composite one surface posterior 73	D0373			0				
D0374 Intraoral tomosynthesis – periapical radiographic D2391 Resin-based composite - two surfaces, posterior. 87	D0274							
image	D0374							
D0387 Intraoral tomosynthesis – comprehensive series posterior	D0387							102
of radiographic images – image capture only 0 D2394 Resin-based composite - >=4 surfaces, posterior. 12				0	D2394	Resin-based composite - >=4 s	surfaces, posterior.	123
D0388 Intraoral tomosynthesis – bitewing radiographic Crown & Bridge	D0388	Intraoral tomosynthesis – bite	wing radiographic		Crown & Brid			
image – image capture only								407
DU389 Intraoral tomosynthesis – periapical radiographic D2520 Inlay - metallic - two surfaces 40	D0389							
Image - image capture only								
DU460 Pulp Vitality tests								
Diagnostic casts				0				
D0/01 Pariorallic radiographic inlage — inlage capture   D2544 Onlay motallic four or more surfaces 53	D0/01			0				
()  V	D0702	Only	ia imaga imaga	U	D2610			
capture only	D0702			0	D2620			
D0703 2-D oral/facial photographic image obtained D2630 Inlay - porcelain/ceramic - >=3 surfaces	D0702			U				
intra-orally or extra-orally – image capture only 0 D2642 Onlay - porcelain/ceramic - two surfaces	D0703			0	D2642			
D0705 Extra-oral posterior dental radiographic image – D2643 Onlay - porcelain/ceramic - three surfaces	D0705			O	D2643	Onlay - porcelain/ceramic - the	ree surfaces	499
image capture only 0   D2644 Onlay - porcelain/ceramic - >=4 surfaces	50,05			0				
D0706 Intraoral – occlusal radiographic image – image D2650 Inlay - resin-based composite - one surface 44	D0706			•				
capture only 0   D2651   Inlay - resin-based composite - two surfaces 44				0				
D0707 Intraoral – periapical radiographic image – image   D2652 Inlay - resin-based composite - >=3 surfaces 44	D0707							
capture only 0 D2662 Onlay - resin-based composite - two surfaces 44					D2662	Onlay - resin-based composite	e - two surfaces	444

ADA         MEMBER         ADA           CODE         DESCRIPTION         COPAYMENT(S)         CODE         DESCRIPTION         CODE           D2663         Onlay - resin-based composite - three surfaces	cont. teeth, teeth, per cot planing - oot planing - oot planing - ooth bounded cot planing - ooth bounded cer quad per quad atural tooth - dosseous procedure, graft material) first position in	136 279 100 345 106 499 392 613 480 336 358 530 660
D2664 Onlay - resin-based composite (indirect) 272 D2710 Crown - resin based composite (indirect) 485 D2720/21/22 Crown - 3/4 resin-based composite (indirect) 485 D2720/21/22 Crown - porcelain fused metal 523 D2753 Crown - porcelain fused metal 523 D2753 Crown - porcelain fused metal 523 D2780/81/82 Crown - 3/4 cast with metal 478 D2780 Crown - 3/4 cast with metal 478 D2780 Crown - 3/4 cast with metal 523 D2780/91/92 Crown - 3/4 cast with metal 523 D2794 Crown - 3/4 cast with metal 523 D2795 Crown - 3/4 porcelain/ceramic 511 D27990/91/92 Crown - 1/40 crown - 1/4	cont. teeth, teeth, per cot planing - oot planing - oot planing - ooth bounded cot planing - ooth bounded cer quad per quad atural tooth - dosseous procedure, graft material) first position in	279 100 345 106 499 392 613 480 336 358 530 660
D2710 Crown - resin based composite (indirect). 272 D2710 Crown - 3/4 resin-based composite (indirect). 485 D2720/21/22 Crown - porcelain with metal	teeth, per	100 345 106 499 392 613 480 336 358 530 660
D2710 Crown - resin based composite (indirect)	teeth, per	100 345 106 499 392 613 480 336 358 530 660
D27720/21/22 Crown - porcelain/ceramic 500 D2750/51/52 Crown - porcelain fused metal 523 D2750/51/52 Crown - porcelain fused to titanium and titanium alloys 523 D2780/81/82 Crown - 3/4 cast with metal 523 D4240 Crown - full cast metal 523 D4241 D42	teeth, per	100 345 106 499 392 613 480 336 358 530 660
D2740 Crown - porcelain fused metal	pot planing - both bounded bot planing - both bounded both bounded ber quad	345 106 499 392 613 480 336 358 530 660
D2750/51/52 Crown - porcelain fused metal	pot planing - both bounded bot planing - both bounded both bounded ber quad ber quad ber quad both bounded both bounded both double contact tooth - both bounded - b	345 106 499 392 613 480 336 358 530 660
D2753   Crown - porcelain fused to titanium and titanium alloys	oot planing - oot planing - ooth bounded er quad per quad datural tooth d osseous procedure, graft material) first	106 499 392 613 480 336 358 530 660
D2780/81/82   Crown - 3/4 cast with metal   478   D2788   Crown - 3/4 porcelain/ceramic.   511   D2790/91/92   Crown - full cast metal   495   D2794   Crown - full cast metal   495   D2794   Crown - titanium and titanium alloys.   523   D4260   Osseous surgery - >3 cont. teeth, proposed prest.   D2910/20   Recement inlay, onlay/crown or partial coverage rest.   43   D4261   D3263   Bone replacement graft - retained refirst site in quad   D4264   Bone replacement graft - retained refirst site in quad   D4265   D4266   Bone replacement graft - retained refirst site in quad   D4266   Bone replacement graft - retained refirst site in quad   D4266   Bone replacement graft - retained refirst site in quad   D4266   Bone replacement graft - retained reach additional site in quad   D4266   Bone replacement graft - retained reach additional site in quad   D4266   Bone replacement graft - retained refirst site in quad   D4266   Bone replacement graft - retained reach additional site in quad   D4266   Bone replacement graft - retained refirst site regeneration, per site.   D4268   D4268   D4268   D4270   D4273   D4273   D4273   D4274   D4273   D4274   D4275   D4276   D4276   D4276   D4277   D4276   D4277   D4277   D4278   Free soft tissue graft procedure, sin first tooth.   D4276   D4277   D4278   Free soft tissue graft procedure, early single site and donor tooth, implant, or edentulous tooth graft   D4276   D4277   D4278   D4278   D4278   D4278   D4278   D4279	pot planing - oth bounded er quad per quad detral tooth dosseous procedure, graft material) first	106 499 392 613 480 336 358 530 660
D2780/81/82 Crown - 3/4 pcreelain/ceramic	pot planing - oth bounded er quad per quad datural tooth d osseous procedure, graft material) first	106 499 392 613 480 336 358 530 660
D2790/91/92 Crown - full cast metal	procedure, graft material) first	499 392 613 480 336 358 530 660
D2910/20 Recement inlay, onlay/crown or partial coverage rest	er quad per quad per quad natural tooth d osseous procedure, gle tooth graft material) first	499 392 613 480 336 358 530 660
D2910/20 Recement inlay, onlay/crown or partial coverage rest	per quad patural tooth - matural tooth	392 613 480 336 358 530 660
rest. 43 D2931 Prefab. stainless steel crown 121 D2932 Prefabricated resin crown 140 D2940 Protective restoration 39 D2950 Core buildup, including any pins 125 D2951 Pin retention - per tooth, in addition to restoration 186 D2952 Post and core in addition to crown 186 D2954 Prefab. post and core in addition to crown 154 D2955 Post removal (not in conj. with endo. therapy). 105 D2980 Crown repair necessitated by restorative material failure 102 D2981 Inlay repair necessitated by restorative material failure 102 D2982 Onlay repair necessitated by restorative material failure 102 D3290 Therapeutic pulpotomy (excl. final restor.) 81 D3210 Pulpal therapy - resorbable filling, anterior, primary tooth primary tooth 193310 Endodontic therapy, anterior tooth (excl. final restor.) 418 D3320 Endodontic therapy, anterior tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final	procedure, graft material) first	613 480 336 358 530 660
D2931 Prefab. stainless steel crown 121 D2932 Prefabricated resin crown 140 D2940 Protective restoration 39 D2950 Core buildup, including any pins 125 D2951 Pin retention - per tooth, in addition to restoration 22 D2952 Post and core in addition to crown 154 D2954 Prefab. post and core in addition to crown 154 D2955 Post removal (not in conj. with endo. therapy) 105 D2980 Crown repair necessitated by restorative material failure 102 D2981 Inlay repair necessitated by restorative material failure 102 D2982 Onlay repair necessitated by restorative material failure 102 D3200 Therapeutic pulpotomy (excl. final restor.) 21 D3210 Pulpal therapy - resorbable filling, posterior, primary tooth 102 D3310 Endodontic therapy, anterior tooth (excl. final restor.) 21 D3320 Endodontic therapy, anterior tooth (excl. final restor.) 32 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3340 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3340 Endodontic	d osseous  procedure, gle tooth graft material) first	480 336 358 530 660
D2932 Prefabricated resin crown	procedure, graft material) first	480 336 358 530 660
D2950 Core buildup, including any pins	d osseous  procedure,  gle tooth graft material) first	336 358 530 660
D2951 Pin retention - per tooth, in addition to restoration	procedure, gle tooth graft material) first	358 530 660
restoration	procedure, gle tooth graft material) first	358 530 660
D2952 Post and core in addition to crown	procedure, gle tooth graft material) first position in	<ul><li>530</li><li>660</li></ul>
D2954 Prefab. post and core in addition to crown	procedure, gle tooth graft material) first position in	660
D2980 Crown repair necessitated by restorative material failure 102 D2981 Inlay repair necessitated by restorative material failure 102 D2982 Onlay repair necessitated by restorative material failure 102 D4275 Non-autogenous connective tissue (including recipient site and donor tooth, implant, or edentulous tooth implant, or edentulous tooth, implant, or edentulous tooth graft 102 D4278 Free soft tissue graft procedure, ear Pulpa debridement 103220 Pulpa debridement 103220 Pulpal therapy - resorbable filling, anterior, primary tooth 103220 Pulpal therapy - resorbable filling, anterior, primary tooth 103310 Endodontic therapy, anterior tooth (excl. final restor.) 140 Endodontic therapy, anterior tooth (excl. final restor.) 140 Endodontic therapy, premolar tooth (excl. final restor.) 1418 Paris tooth 104275 Non-autogenous connective tissue (including recipient site and donor tooth, implant, or edentulous tooth footh, implant footh, impl	gle tooth graft material) first position in	
failure	graft material) first position in	308
D2981 Inlay repair necessitated by restorative material failure	material) first position in	
Day repair necessitated by restorative material failure   Day repair necessit issue graft procedure, ear Day ree soft tissue graft proce	position in	
D2982 Onlay repair necessitated by restorative material failure		
Free soft tissue graft procedure, first procedure, each procedure, eac		705
Endodontics¹  D3110/20 Pulp cap - direct/indirect (excl. final restoration).  D3220 Therapeutic pulpotomy (excl. final restor.)	r rooth	540
D3110/20 Pulp cap - direct/indirect (excl. final restoration). 32 D4286 Removal of non-resorbable barrier plants of particles and root planting - >3 control par		83
D3220 Therapeutic pulpotomy (excl. final restor.) 81 D3221 Pulpal debridement 94 D3230 Pulpal therapy - resorbable filling, anterior, primary tooth 82 D3240 Pulpal therapy - resorbable filling, posterior, primary tooth 140 D3310 Endodontic therapy, anterior tooth (excl. final restor.) 341 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3320 Endodontic therapy, premolar tooth (excl. final restor.) 418		100
D321 Pulpal debridement 94 D3230 Pulpal therapy - resorbable filling, anterior, primary tooth 82 D3240 Pulpal therapy - resorbable filling, posterior, primary tooth 140 D3310 Endodontic therapy, anterior tooth (excl. final restor.) 2320 Endodontic therapy, premolar tooth (excl. final restor.) 418 D3210 Endodontic therapy, premolar tooth (excl. final restor.) 418		
D3240 Pulpal therapy - resorbable filling, posterior, primary tooth		109
D3240 Pulpal therapy - resorbable filling, posterior, primary tooth		63
D3310 Endodontic therapy, anterior tooth (excl. final restor.)		03
D3310 Endodontic therapy, anterior tooth (excl. final restor.)		
restor.) 341 D4355 Full mouth debridement to enable comprehensive periodontal evaluat restor.) 418 diagnosis on a subsequent visit		51
restor.)		
		90
restor.)		
D3333 Internal root renair of perforation defects 105		
D3346 Retreat of prev. root canal therapy, anterior	lihular	697
D334/ Retreat of prev. root canal therapy, premolar 465   D5130/40 Immediate denture - mayillary/mar		
D3348 Retreat of prev. root canal therapy, molar 558   D5211/12 Maxillary/mandibular partial dentu		,
D3410 Apicoectomy - anterior		649
D2425 Anicocctomy, molar (first root) 419 D5213/14 Maxillary/mandibular partial dentu		
D242C Arisonatows (analysis add most) 152		750
D3426 Apicoectomy - (each add. root)		/50
D3450 Root amputation - per root		649
D34/1 Surgical repair of root resorption - anterior 323   D5222 Immediate mandibular partial dent		0.5
D3472 Surgical repair of root resorption – premolar 364   base (incl. retentive/clasing material		
D3473 Surgical repair of root resorption – molar 418 teeth)		649
D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption –  D5223 Immediate maxillary partial denture framework framework with resin decrease.		
anterior		750
D3502 Surgical exposure of root surface without D5224 Immediate mandibular partial dent		, 50
apicoectomy or repair of root resorption –	VIC - COSL	
premolar		
D3503 Surgical exposure of root surface without teeth)	esin denture	750
apicoectomy or repair of root resorption – molar 418 D5225/26 Maxillary/mandibular partial dentu D3920 Hemisection, not inc. root canal therapy	esin denture als, rests and	
D3920 Hemisection, not inc. root canal therapy	esin denture als, rests and re - flexible	750
tooth	esin denture als, rests and re - flexible	750

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ADA	MEMB	ER	ADA	MEME	BER
CODE	DESCRIPTION COPAYMENT		CODE	DESCRIPTION COPAYMENT	
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and		D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5282/83	teeth)	750	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
03202,03	metal, maxillary/mandibular	419	D6606	Retainer inlay - cast noble metal, two surfaces	_
D5284	Rem. unilateral partial denture – one piece		D6607	Retainer inlay - cast noble metal, >=3 surfaces	
	flexible base (including clasps and teeth) – per quadrant	419	D6608 D6609	Retainer onlay - porc./ceramic, two surfaces Retainer onlay - porc./ceramic, three or more	479
D5286	Rem. unilateral partial denture – one piece resin		D0009	surfaces	499
DE 410/11	(including clasps and teeth) – per quadrant	419	D6610	Retainer onlay - cast high noble metal, two	
D5410/11 D5421/22	Adjust complete denture - maxillary/mandibular Adjust partial denture - maxillary/mandibular		D6611	surfaces Retainer onlay - cast high noble metal, >=3	458
D5511	Repair broken complete denture base,		D0011	surfaces	524
D5512	mandibular Repair broken complete denture base, maxillary.		D6612	Retainer onlay - cast predominantly base metal,	450
D5512 D5520	Replace missing or broken teeth - complete	0/	D6613	two surfaces Retainer onlay - cast predominantly base metal,	458
	denture		20013	>=3 surfaces	524
D5611	Repair resin partial denture base, mandibular		D6614	Retainer onlay - cast noble metal, two surfaces	
D5612 D5621	Repair resin partial denture base, maxillary Repair cast partial framework, mandibular		D6615 D6720/21/22	Retainer onlay - cast noble metal, >=3 surfaces Retainer crown - resin with metal	524 495
D5622	Repair cast partial framework, maxillary		D6740	Retainer crown - porcelain/ceramic	560
D5630/60	Clasp repaired, replaced or added		D6750/51/52	Retainer crown - porcelain fused metal	
D5640 D5650	Replace broken teeth - per tooth		D6753	Retainer crown – porcelain fused to titanium and	
D5670/71	Replace all teeth and acrylic on cast metal	07	D6780	titanium alloys Retainer crown - 3/4 cast high noble metal	
,	framework		D6781	Retainer crown - 3/4 cast predominantly base	
D5710/11 D5720/21	Rebase complete maxillary/mandibular denture. Rebase maxillary/mandibular partial denture		DC702	metal	
D5725/21	Rebase hybrid prosthesis		D6782 D6783	Retainer crown - 3/4 cast noble metal Retainer crown - 3/4 porc./ceramic	470 511
D5730/31	Reline complete maxillary/mandibular denture		D6784	Retainer crown – 3/4 titanium and titanium	311
D5740/41	(direct)Reline maxillary/mandibular partial denture	159	56700/04/02	alloys	523
03740/41	(direct)	155	D6790/91/92 D6794	Retainer crown - full cast metal Retainer crown - titanium	
D5750/51	Reline complete maxillary/mandibular denture	224	D6930	Recement or rebond fixed partial denture	
D5760/61	(indirect)Reline maxillary/mandibular partial denture	224	D6980	Fixed partial denture repair, by report	172
	(indirect)	224	Oral Surgery <sup>1</sup>		<b>5.</b>
D5765	Soft liner for complete or partial removable denture – indirect	53	D7111 D7140	Extraction, coronal remnants - primary tooth Extraction, erupted tooth or exposed root	
D5810/11	Interim complete denture - maxillary/	55	D7210	Extraction, erupted tooth or exposed root	
	mandibular	362	D7220	Removal of impacted tooth - soft tissue	
D5820/21	Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary/		D7230 D7240	Removal of impacted tooth - partially bony Removal of impacted tooth - completely bony	
	mandibular	362	D7240	Removal of imp. tooth - completely bony, with	241
D5850/51	Tissue conditioning - maxillary/mandibular			unusual surg. complications	
<b>Bridge &amp; Pont</b>			D7250 D7251	Removal of residual tooth roots Coronectomy – intentional partial tooth removal,	
	ALL IMPLANT SERVICES - 15% DISCOUNT		D7231	impacted teeth only	
D6081	-D0363 cone beam imaging w/ implants) Scaling and debridement in the presence of		D7270	Tooth reimplant./stabiliz. of acc. evulsed/	
20002	inflammation or mucositis of a single implant,		D7280	displaced tooth Exposure of an unerupted tooth	
	including cleaning of the implant surfaces, without flap entry and closure	63	D7291	Transseptal fiberotomy/supra crestal fiberotomy,	133
D6210/11/12	Pontic - metal	495		by report	
D6240/41/42	Pontic - porcelain fused metal		D7310/20 D7509	Alveoloplasty, per quad	
D6243	Pontic – porcelain fused to titanium and titanium alloys	523	D7509 D7510	Marsupialization of odontogenic cyst Incision and drainage of abscess - intraoral soft	400
D6245	Pontic - porcelain/ceramic	560		tissue	96
D6250/51/52	Pontic - resin with metal	495	D7922	Placement of intra-socket biological dressing to	25
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7961	aid in hemostasis or clot stabilization, per site  Buccal/labial frenectomy (frenulectomy)	
D6548	Ret porc./ceramic for resin bonded fixed		D7962	Lingual frenectomy (frenulectomy)	263
D6549	prosthesis Resin retainer - for resin bonded fixed prosthesis		D7979	Non-surgical sialolithotomy	43
D6549 D6600	Retainer inlay - porc./ceramic, two surfaces		Orthodontics <sup>2</sup>		
D6601	Retainer inlay - porc./ceramic, >=3 surfaces		D8090 D8660	Comp. ortho. treatment - adult dentition  Pre-orthodontic treatment visit	
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D8670	Periodic ortho. treatment visit (as part of	413
D6603	Retainer inlay - cast high noble metal, >=3	407		contract)	118
	surfaces	425			

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CODE	DESCRIPTION	COPAYMENT	(S)
D8680	Orthodontic retention (rem. of applacement of retainer(s))		413
<b>Adjunctive Ge</b>			
D9110	Palliative treatment of dental pair	n – per visit	43
D9210/15	Local anesthesia		0
D9211	Regional block anesthesia		0
D9212	Trigeminal division block anesthe		0
D9219	Evaluation for deep sedation or g anesthesia		0
D9222	Deep sedation/general anesthesis		U
DJZZZ	minutes		103
D9223	Deep sedation/general anesthesis		100
	subsequent 15 min incr		103
D9230	Inhalation of nitrous oxide/analge	esia, anxiolysis	37
D9239	Intravenous moderate sedation/a	ınalgesia – first	
	15 minutes		103
D9243	Intravenous moderate sedation/a		400
D0340	subsequent 15 min		103
D9310	Consultation (diagnostic service be dentist)		43
D9613	Infiltration of sustained release th		43
	per quadrant		190
D9910	Application of desensitizing medi	cament	31
D9930	Treatment of complications (post		43
D9944	Occlusal guard – hard appliance,		272
D9945	Occlusal guard – soft appliance, f		272
D9946	Occlusal guard – hard appliance,		272
D9950	Occlusion analysis - mounted case		104
D9951 D9952	Occlusal adjustment - limited Occlusal adjustment - complete		66 266
D9953	Reline custom sleep apnea applia		175
D9986	Missed appointment		50
D9995	Teledentistry – synchronous; real-		50
20000	encounter		0
D9996	Teledentistry – asynchronous; info	ormation stored	
	and forwarded to dentist for subs		0
D9997	Dental case management – patier		
	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**

ADA

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 2. as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined
- 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.

10. Procedures not listed as covered benefits under this Plan.

**DESCRIPTION** 

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).

**MEMBER** 

**COPAYMENT(S)** 

- 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.
- 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**

**MEMBER** 

**ADA** 

CODE

- 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 2. 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. 6.
- 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 7. 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%
- 10. 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 13. inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
- 14. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
- Full mouth debridement is covered once per lifetime per patient.
- 16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- 18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- 19. Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
- 21. Orthodontia treatment is limited to once per lifetime.



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

- 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		МЕМВ	ER	ADA		MEMB	ER
CODE	DESCRIPTION	COPAYMENT		CODE	DESCRIPTION	COPAYMENT	
Diagnostic/P	reventive			D0708	Intraoral – bitewing radiogra	phic image – image	
	Office visit		10		capture only		0
D0120	Periodic oral eval - establishe	ed patient	0	D0709	Intraoral – comprehensive se		
D0140	Limited oral eval - problem for	ocused	0		images – image capture only		
D0150	Comprehensive oral eval - ne	ew or established		D1110	Prophylaxis (cleaning) - adult		13
	patient		0	D1110*	Additional cleaning (expecting		
D0160	Detailed and extensive oral e				Diabetics)		
	focused			D1206	Topical application of fluorid		
D0170	Re-evaluation - limited, prob		0	D1208	Topical application of fluorid		0
D0180	Comp. periodontal eval - nev	v or established	0.0	D1310	Nutritional counseling for co		•
D0240	patient		36	D1220	disease		U
D0210	Intraoral – comprehensive se		20	D1320	Tobacco counseling for the c		0
D0330	images			D1321	prevention of oral disease		U
D0220 D0230	Intraoral - periapical first rad		U	D1321	Perio scaling and root planin quad		Ω
D0230	Intraoral - periapical each ad image		Ο	D1330	Oral hygiene instructions		
D0240	Intraoral - occlusal radiograp						U
D0250	Extra-oral - 2D projection rac			Restorative (			
D0230 D0270-74	Bitewing x-rays - 1 to 4 radio			D2140	Amalgam - one surface, prim		
D0277	Vertical bitewings - 7 to 8 rad			D2150	Amalgam - two surfaces, prin		
D0330	Panoramic radiographic imag			D2160	Amalgam - three surfaces, pr		
D0340	2D cephalometric radiograph			D2161	Amalgam - >=4 surfaces, prir		
D0350	2D oral/facial photographic i			D2330	Resin-based composite - one		
2000	orally or extra-orally			D2331	Resin-based composite - two		
D0372	Intraoral tomosynthesis – co			D2332	Resin-based composite - thre	-	
	of radiographic images		26	D2335	Resin-based composite - >=4	-	
D0373	Intraoral tomosynthesis – bit			D2390	Resin-based composite crow		
	image		0	D2391 D2392	Resin-based composite - one		
D0374	Intraoral tomosynthesis – pe	riapical radiographic	Λ	D2392 D2393	Resin-based composite - two Resin-based composite - thre		87
D0387	image Intraoral tomosynthesis – co		U	D2393	posterior		102
D0367	of radiographic images – ima		Λ	D2394	Resin-based composite - >=4		
D0388	Intraoral tomosynthesis – bit		O		·	surfaces, posterior.	123
20300	image – image capture only .		0	Crown & Brid			
D0389	Intraoral tomosynthesis – pe			D2510	Inlay - metallic - one surface.		
	image – image capture only .		0	D2520	Inlay - metallic - two surfaces		
D0460	Pulp vitality tests			D2530	Inlay - metallic - three or mo		
D0470	Diagnostic casts		0	D2542	Onlay - metallic-two surfaces		
D0701	Panoramic radiographic imag	ge – image capture		D2543 D2544	Onlay - metallic-three surfac		
	only		0	_	Onlay - metallic-four or more		
D0702	2-D cephalometric radiograp			D2610 D2620	Inlay - porcelain/ceramic - or		
	capture only		0	D2630	Inlay - porcelain/ceramic - tw Inlay - porcelain/ceramic - >=		
D0703	2-D oral/facial photographic		_	D2642	Onlay - porcelain/ceramic - t		
	intra-orally or extra-orally – i		0	D2643	Onlay - porcelain/ceramic - t		
D0705	Extra-oral posterior dental ra		_	D2644	Onlay - porcelain/ceramic - >		
D0706	image capture only		0	D2650	Inlay - resin-based composite		
D0706	Intraoral – occlusal radiograp		0	D2651	Inlay - resin-based composite		
D0707	capture only		U	D2652	Inlay - resin-based composite		
D0707	Intraoral – periapical radiogra		0	D2662	Onlay - resin-based composit		
	capture only		U	32002	J.ma, Tesmi basea composi		

ADA	MEME	BER	ADA	МЕМВ	ER
CODE	DESCRIPTION COPAYMENT		CODE	DESCRIPTION COPAYMENT	
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		Periodontics <sup>1</sup>		
D2710 D2712	Crown - resin based composite (indirect) Crown - 3/4 resin-based composite (indirect)		D4210	Gingivectomy or gingivoplasty - >3 cont. teeth,	
D2720/21/22	Crown - resin with metal		D4211		279
D2740	Crown - porcelain/ceramic		D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad	100
D2750/51/52 D2753	Crown - porcelain fused metal Crown - porcelain fused to titanium and titanium		D4240	Gingival flap procedure, including root planing -	
D2733	alloys			four or more contiguous teeth or tooth bounded	245
D2780/81/82	Crown - 3/4 cast with metal	478	D4241	spaces per quadrantGingival flap procedure, including root planing -	343
D2783	Crown - 3/4 porcelain/ceramic			one to three contiguous teeth or tooth bounded	
D2790/91/92 D2794	Crown - full cast metal  Crown - titanium and titanium alloys		D4260		106
D2910/20	Recement inlay, onlay/crown or partial coverage	323	D4260 D4261	9 /	499 392
	rest		D4263	Bone replacement graft - retained natural tooth -	332
D2931 D2932	Prefab. stainless steel crown Prefabricated resin crown			first site in quad	613
D2932 D2940	Protective restoration		D4264	Bone replacement graft - retained natural tooth -	400
D2950	Core buildup, including any pins		D4265	each additional site in quad Biological materials to aid in soft and osseous	480
D2951	Pin retention - per tooth, in addition to			tissue regeneration, per site	336
D2952	restoration  Post and core in addition to crown		D4268	Surgical revision proc., per tooth	
D2952 D2954	Prefab. post and core in addition to crown		D4270		530
D2955	Post removal (not in conj. with endo. therapy)		D4273	Autogenous connective tissue graft procedure, first tooth	660
D2980	Crown repair necessitated by restorative materia		D4274	Mesial/distal wedge procedure, single tooth	
D2001	failure	102	D4275	Non-autogenous connective tissue graft	
D2981	Inlay repair necessitated by restorative material failure	102		(including recipient site and donor material) first	
D2982	Onlay repair necessitated by restorative material	102		tooth, implant, or edentulous tooth position in graft	705
	failure	102	D4277		540
Endodontics <sup>1</sup>			D4278	Free soft tissue graft procedure, each add. tooth	83
D3110/20	Pulp cap - direct/indirect (excl. final restoration).		D4286		100
D3220	Therapeutic pulpotomy (excl. final restor.)		D4341	Perio scaling and root planing - >3 cont teeth, per quad	109
D3221 D3230	Pulpal debridement Pulpal therapy - resorbable filling, anterior,	94	D4342	Perio scaling and root planing - <= 3 teeth, per	103
D3230	primary tooth	82		quad	63
D3240	Pulpal therapy - resorbable filling, posterior,		D4346	Scaling in presence of generalized moderate or	
D2240	primary tooth	140		severe gingival inflammation - full mouth, after oral evaluation	51
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	341	D4355	Full mouth debridement to enable a	-
D3320	Endodontic therapy, premolar tooth (excl. final			comprehensive periodontal evaluation and	
D2220	restor.)	418	D4381	diagnosis on a subsequent visit Localized delivery of antimicrobial agents	
D3330	Endodontic therapy, molar tooth (excl. final restor.)	512	D4910	Periodontal maintenance	
D3333	Internal root repair of perforation defects				
D3346	Retreat of prev. root canal therapy, anterior		Prosthetics (D D5110/20	Complete denture - maxillary/mandibular	697
D3347	Retreat of prev. root canal therapy, premolar		D5130/40	Immediate denture - maxillary/mandibular	
D3348 D3410	Retreat of prev. root canal therapy, molar Apicoectomy - anterior		D5211/12	Maxillary/mandibular partial denture - resin	
D3421	Apicoectomy - premolar (first root)		DE212/14	baseMaxillary/mandibular partial denture - cast	649
D3425	Apicoectomy - molar (first root)	418	D5213/14	metal framework with resin denture bases (incl.	
D3426	Apicoectomy - (each add. root)			retentive/clasing materials, rests and teeth)	750
D3430 D3450	Retrograde filling - per root		D5221	Immediate maxillary partial denture - resin base	
D3471	Surgical repair of root resorption - anterior		DE333	(incl. retentive/clasing materials, rests and teeth)	649
D3472	Surgical repair of root resorption – premolar		D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and	
D3473	Surgical repair of root resorption – molar	418		teeth)	649
D3501	Surgical exposure of root surface without		D5223	Immediate maxillary partial denture - cast metal	
	apicoectomy or repair of root resorption – anterior	323		framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750
D3502	Surgical exposure of root surface without	0_0	D5224	Immediate mandibular partial denture - cast	/50
	apicoectomy or repair of root resorption –	266		metal framework framework with resin denture	
D3503	premolarSurgical exposure of root surface without	364		bases (incl. retentive/clasing materials, rests and	750
D3303	apicoectomy or repair of root resorption – molar	418	D5225/26	teeth) Maxillary/mandibular partial denture - flexible	/50
D3920	Hemisection, not inc. root canal therapy		03223/20	base	750
D3921	Decoronation or submergence of an erupted	40-			- •
	tooth	107			

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ADA	MEMB	ER	ADA	MEME	BER
CODE	DESCRIPTION COPAYMENT		CODE	DESCRIPTION COPAYMENT	
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and		D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5282/83	teeth)	750	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
03202,03	metal, maxillary/mandibular	419	D6606	Retainer inlay - cast noble metal, two surfaces	_
D5284	Rem. unilateral partial denture – one piece		D6607	Retainer inlay - cast noble metal, >=3 surfaces	
	flexible base (including clasps and teeth) – per quadrant	419	D6608 D6609	Retainer onlay - porc./ceramic, two surfaces Retainer onlay - porc./ceramic, three or more	479
D5286	Rem. unilateral partial denture – one piece resin		D0009	surfaces	499
DE 410/11	(including clasps and teeth) – per quadrant	419	D6610	Retainer onlay - cast high noble metal, two	
D5410/11 D5421/22	Adjust complete denture - maxillary/mandibular Adjust partial denture - maxillary/mandibular		D6611	surfaces Retainer onlay - cast high noble metal, >=3	458
D5511	Repair broken complete denture base,		D0011	surfaces	524
D5512	mandibular Repair broken complete denture base, maxillary.		D6612	Retainer onlay - cast predominantly base metal,	450
D5512 D5520	Replace missing or broken teeth - complete	0/	D6613	two surfaces Retainer onlay - cast predominantly base metal,	458
	denture		20013	>=3 surfaces	524
D5611	Repair resin partial denture base, mandibular		D6614	Retainer onlay - cast noble metal, two surfaces	
D5612 D5621	Repair resin partial denture base, maxillary Repair cast partial framework, mandibular		D6615 D6720/21/22	Retainer onlay - cast noble metal, >=3 surfaces Retainer crown - resin with metal	524 495
D5622	Repair cast partial framework, maxillary		D6740	Retainer crown - porcelain/ceramic	560
D5630/60	Clasp repaired, replaced or added		D6750/51/52	Retainer crown - porcelain fused metal	
D5640 D5650	Replace broken teeth - per tooth		D6753	Retainer crown – porcelain fused to titanium and	
D5670/71	Replace all teeth and acrylic on cast metal	07	D6780	titanium alloys Retainer crown - 3/4 cast high noble metal	
,	framework		D6781	Retainer crown - 3/4 cast predominantly base	
D5710/11 D5720/21	Rebase complete maxillary/mandibular denture. Rebase maxillary/mandibular partial denture		DC702	metal	
D5725/21	Rebase hybrid prosthesis		D6782 D6783	Retainer crown - 3/4 cast noble metal Retainer crown - 3/4 porc./ceramic	470 511
D5730/31	Reline complete maxillary/mandibular denture		D6784	Retainer crown – 3/4 titanium and titanium	311
D5740/41	(direct)Reline maxillary/mandibular partial denture	159	56700/04/02	alloys	523
03740/41	(direct)	155	D6790/91/92 D6794	Retainer crown - full cast metal Retainer crown - titanium	
D5750/51	Reline complete maxillary/mandibular denture	224	D6930	Recement or rebond fixed partial denture	
D5760/61	(indirect)Reline maxillary/mandibular partial denture	224	D6980	Fixed partial denture repair, by report	172
	(indirect)	224	Oral Surgery <sup>1</sup>		<b>5.</b>
D5765	Soft liner for complete or partial removable denture – indirect	53	D7111 D7140	Extraction, coronal remnants - primary tooth Extraction, erupted tooth or exposed root	
D5810/11	Interim complete denture - maxillary/	55	D7210	Extraction, erupted tooth or exposed root	
	mandibular	362	D7220	Removal of impacted tooth - soft tissue	
D5820/21	Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary/		D7230 D7240	Removal of impacted tooth - partially bony Removal of impacted tooth - completely bony	
	mandibular	362	D7240	Removal of imp. tooth - completely bony, with	241
D5850/51	Tissue conditioning - maxillary/mandibular			unusual surg. complications	
<b>Bridge &amp; Pont</b>			D7250 D7251	Removal of residual tooth roots Coronectomy – intentional partial tooth removal,	
	ALL IMPLANT SERVICES - 15% DISCOUNT		D7231	impacted teeth only	
D6081	-D0363 cone beam imaging w/ implants) Scaling and debridement in the presence of		D7270	Tooth reimplant./stabiliz. of acc. evulsed/	
20002	inflammation or mucositis of a single implant,		D7280	displaced tooth Exposure of an unerupted tooth	
	including cleaning of the implant surfaces, without flap entry and closure	63	D7291	Transseptal fiberotomy/supra crestal fiberotomy,	133
D6210/11/12	Pontic - metal	495		by report	
D6240/41/42	Pontic - porcelain fused metal		D7310/20 D7509	Alveoloplasty, per quad	
D6243	Pontic – porcelain fused to titanium and titanium alloys	523	D7509 D7510	Marsupialization of odontogenic cyst Incision and drainage of abscess - intraoral soft	400
D6245	Pontic - porcelain/ceramic	560		tissue	96
D6250/51/52	Pontic - resin with metal	495	D7922	Placement of intra-socket biological dressing to	25
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7961	aid in hemostasis or clot stabilization, per site  Buccal/labial frenectomy (frenulectomy)	
D6548	Ret porc./ceramic for resin bonded fixed		D7962	Lingual frenectomy (frenulectomy)	263
D6549	prosthesis Resin retainer - for resin bonded fixed prosthesis		D7979	Non-surgical sialolithotomy	43
D6549 D6600	Retainer inlay - porc./ceramic, two surfaces		Orthodontics <sup>2</sup>		
D6601	Retainer inlay - porc./ceramic, >=3 surfaces		D8090 D8660	Comp. ortho. treatment - adult dentition  Pre-orthodontic treatment visit	
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D8670	Periodic ortho. treatment visit (as part of	413
D6603	Retainer inlay - cast high noble metal, >=3	407		contract)	118
	surfaces	425			

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CODE	DESCRIPTION COPAYMENT	(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
<b>Adjunctive Ge</b>	neral 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	_
D0000	anesthesia	0
D9222	Deep sedation/general anesthesia - first 15	100
D0222	minutes	103
D9223	Deep sedation/general anesthesia - each	103
D9230	subsequent 15 min incrInhalation of nitrous oxide/analgesia, anxiolysis	37
D9239	Intravenous moderate sedation/analgesia – first	37
D9239	15 minutes	103
D9243	Intravenous moderate sedation/analgesia- each	103
552 15	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 D9995	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored	U
D3330	and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special	J
	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**

ADA

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.

2. 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.
- 4. 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.
- 6. Dispensing of drugs.

7. 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.
- 9. Replacement due to loss or theft of prosthetic appliance.

10. Procedures not listed as covered benefits under this Plan.

**DESCRIPTION** 

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).

**MEMBER** 

**COPAYMENT(S)** 

12. Services related to the treatment of TMD (Temporomandibular

Disorder).

**ADA** 

CODE

**MEMBER** 

13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.

14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third

molars, as determined by the Plan.

15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

## **Plan Limitations**

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

4. One (1) topical fluoride or fluoride varnish is covered per calendar

year per patient.

5. Two (2) bitewing x-rays are covered per calendar year per patient.

6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.

Replacement of a filling is covered if it is more than two (2) years from the date of original placement.

8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.

- 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.
- 11. 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.
- 13. Scaling in presence of generalized moderate or severe gingival inflammation full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
- 15. Full mouth debridement is covered once per lifetime per patient.
- 16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.

17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per

patient.

- 18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- Coronectomy intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
- 21. Orthodontia treatment is limited to once per lifetime.



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

- 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.

Diagnostic/Preventive Office visit	ADA		МЕМВ	ER	ADA		MEME	BER
Office visit	CODE	DESCRIPTION	COPAYMENT	(S)	CODE	DESCRIPTION	COPAYMENT	(S)
Office visit	Diagnostic/F	Preventive			D0708	Intraoral – bitewing radiogra	phic image – image	
D0150 Comprehensive oral eval - problem focused of patient.  D0160 Detailed and extensive oral eval - problem focused. D0170 Re-evaluation - limited, problem focused. D0170 Re-evaluation - limited. D0170 Re-evalu				10		capture only		0
Dotabled and extensive oral eval - new or established patient	D0120	Periodic oral eval - establishe	ed patient	0	D0709			_
Data	D0140			0	54440			
Dolate   Detailed and extensive oral eval - problem   Coursed   Dolate   Coursed   Dolate   Coursed   Dolate   Coursed   Dolate	D0150							13
Document   Focused   Document				0	DIIIO			40
Dot	D0160			_	D1206			
Dot	D0470							
Doz20				0				U
Do   Do   Do   Do   Do   Do   Do   Do	D0180			26	D1310			0
Doz20	D0210			30	D1320			O
D0220	D0210			26	51525			0
Intraoral - periapical each add. radiographic image	D0220				D1321			
Image				O		adverse oral, behavioral, and	systemic health	
D0240   Intraoral - occlusal radiographic image   D0250   Extra-oral - 2D projection radiographic image   D0270-74   Bitewing x-rays - 1 to 4 radiographic images   D0270   Vertical bitewings - 7 to 8 radiographic images   D02140   Amalgam - two surfaces, prim. or perm.   51   D0340   2D cephalometric radiographic image   D0350   2D oral/facial photographic image   D0350   D0372   Intraoral tomosynthesis - comprehensive series of radiographic images   D0373   Intraoral tomosynthesis - bitewing radiographic image   D0374   Intraoral tomosynthesis - periapical radiographic image   D0374   Intraoral tomosynthesis - periapical radiographic image   D0388   Intraoral tomosynthesis - periapical radiographic image   D0389   Intraoral tomosynthesis - periapical radiographic image   D0389   Intraoral tomosynthesis - periapical radiographic image   Intraoral tomosynthesis - periapical radiographic image   D0389   Intraoral tomosynthesis - periapical radiographic image   Intraoral tomosynthesis - periapical radiographic image   D0389	D0230			0		effects associated with high-	risk substance use	
D0270-74 Bitewing x-rays - 1 to 4 radiographic images 0 D0277 Vertical bitewings - 7 to 8 radiographic images 0 D0277 Vertical bitewings - 7 to 8 radiographic images 0 D0340 Panoramic radiographic image 30 D0340 2D cephalometric radiographic image 0 D0350 2D corpla/facial photographic images (intraoral/extraoral) 0 D0372 Intraoral tomosynthesis - comprehensive series of radiographic images 26 D0373 Intraoral tomosynthesis - periapical radiographic image 0 D0374 Intraoral tomosynthesis - periapical radiographic image 0 D0387 Intraoral tomosynthesis - periapical radiographic image 0 D0388 Intraoral tomosynthesis - bitewing radiographic image 0 D0389 Intraoral tomosynthesis - bitewing radiographic image - image capture only 0 D0400 Pulp vitality tests 0 D0400 Pulp vitality tests 0 D0400 Pulp vitality tests 0 D0701 Panoramic radiographic image - image capture only 0 D0702 2-D cephalometric radiographic image - image capture only 0 D0703 Extra-orally - image capture only 0 D0704 Intraoral tomosynthesis - periapical radiographic image - image capture only 0 D0705 Extra-orally - image capture only 0 D0706 Intraoral tomosynthesis - periapical radiographic image - image capture only 0 D0706 Intraoral tomosynthesis - periapical radiographic image - image capture only 0 D0707 Intraoral tomosynthesis - periapical radiographic image - image capture only 0 D0708 Intraoral tomosynthesis - periapical radiographic image - image capture only 0 D0709 Intraoral tomosynthesis - periapical radiographic image - image capture only 0 D0700 Panoramic radiographic image obtained intra-orally or extra-orally - image capture only 0 D0701 Panoramic radiographic image - image capture only 0 D0702 Poral/facial photographic image - image capture only 0 D0703 Poral Panoramic radiographic image - image capture only 0 D0704 Poral Panoramic radiographic image - image capture only 0 D0705 Poral Panoramic radiographic image - image	D0240				D1330	Oral hygiene instructions		0
D0277 Vertical bitewing x-rays - 1 to 4 radiographic images								
D0277 Vertical bitewings - 7 to 8 radiographic images					Restorative	(Fillings)		
D0340   Panoramic radiographic image   30   D2150   Amalgam - two surfaces, prim. or perm   51	D0277				D2140	Amalgam - one surface, prim	. or perm	41
D0340 2D cephalometric radiographic images (intraoral/ 2D 2D oral/facial photographic image oapture only 2D 2D 0ral/facial photographic image oap	-				D2150	Amalgam - two surfaces, prir	n. or perm	51
D350 2D oral/facial photographic images (intraoral/ extraoral)					D2160	Amalgam - three surfaces, pi	im. or perm	64
extraoral)					D2161	Amalgam - >=4 surfaces, prir	n. or perm	78
of radiographic images				0	D2330	Resin-based composite - one	surface, anterior	69
Do gradiographic images   26   D2332   Resin-based composite - three surfaces, anterior   99	D0372	Intraoral tomosynthesis – co	mprehensive series		D2331	Resin-based composite - two	surfaces, anterior	83
Intraoral tomosynthesis – bitewing radiographic image				26	D2332	Resin-based composite - thre	ee surfaces, anterior	99
D0374	D0373				D2335	Resin-based composite - >=4	surfaces, anterior	119
D0387   Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only		image		0	D2390	Resin-based composite crow	n, anterior	192
D0387	D0374	Intraoral tomosynthesis – pe	riapical radiographic		D2391	Resin-based composite - one	surface, posterior	73
Dotain				0	D2392	Resin-based composite - two	surfaces, posterior.	87
D0388 Intraoral tomosynthesis – bitewing radiographic image – image capture only	D0387				D2393	Resin-based composite - three	ee surfaces,	
Dose   Intraoral tomosynthesis - periapical radiographic image - image capture only   Dose				0				
Intraoral tomosynthesis – periapical radiographic image – image capture only	D0388				D2394	Resin-based composite - >=4	surfaces, posterior.	123
image – image capture only		image – image capture only		0				
D0460 Pulp vitality tests 0 D2520 Inlay - metallic - two surfaces 407 D0470 Diagnostic casts 0 D2530 Inlay - metallic - three or more surfaces 425 D0701 Panoramic radiographic image – image capture only 0 D2543 Onlay - metallic-three surfaces 524 D0702 2-D cephalometric radiographic image – image capture only 0 D2543 Onlay - metallic-three surfaces 524 D0703 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only 0 D0705 Extra-oral posterior dental radiographic image – image capture only 10 Intraoral – occlusal radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only 10 Intraoral – periapical radiographic image – image capture only	D0389			_	Crown & Bri	idge		
D0701 Diagnostic casts								
D0701 Panoramic radiographic image – image capture only								
D0702 2-D cephalometric radiographic image – image capture only				0				
D0702 2-D cephalometric radiographic image – image capture only	D0701			_				
capture only	D0703			0				
D0703 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only D0705 Extra-oral posterior dental radiographic image – image capture only D0706 Intraoral – occlusal radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image capture only D0707 Intraoral – periapical radiographic image – image D0707 Intraoral – periapical radiographi	D0702			0				
intra-orally or extra-orally – image capture only 0  Extra-oral posterior dental radiographic image – image capture only	D0702			U				
D0705 Extra-oral posterior dental radiographic image – image capture only	טטעט			Ω				
image capture only	D0705			U				
D0706 Intraoral – occlusal radiographic image – image capture only	20703			0				
capture only	D0706			•				
D0707 Intraoral – periapical radiographic image – image capture only ————————————————————————————————————	20,00			0				
capture only 0 D2651 Inlay - resin-based composite - two surfaces 440	D0707			-				
D2652 Inlay - resin-based composite - >=3 surfaces 440				0				
		4 <b>/</b>		-	D2652	Inlay - resin-based composite	e - >=3 surfaces	440

ADA	MEME	ER	ADA	MEM	BER
CODE	DESCRIPTION COPAYMENT		CODE	DESCRIPTION COPAYMEN	
D2662	Onlay - resin-based composite - two surfaces		D3950	Canal prep/fitting of preformed dowel or post	136
D2663 D2664	Onlay - resin-based composite - three surfaces Onlay - resin-based composite - >=4 surfaces		Periodontics <sup>1</sup>		
D2710	Crown - resin based composite (indirect)	272	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth,	
D2712	Crown - 3/4 resin-based composite (indirect)		D4211	per quadGingivectomy or gingivoplasty - <=3 teeth, per	279
D2720/21/22 D2740	Crown - resin with metal Crown - porcelain/ceramic		04211	quad quad	100
	Crown - porcelain fused metal		D4240	Gingival flap procedure, including root planing -	
D2753	Crown - porcelain fused to titanium and titanium			four or more contiguous teeth or tooth bounded spaces per quadrant	
D2780/81/82	alloys Crown - 3/4 cast with metal	523 478	D4241	Gingival flap procedure, including root planing -	343
D2783	Crown - 3/4 porcelain/ceramic	511		one to three contiguous teeth or tooth bounded	
	Crown - full cast metal	495	D4260	spaces per quadrant Osseous surgery - >3 cont. teeth, per quad	
D2794	Crown - titanium and titanium alloys	523	D4261	Osseous surgery - <=3 cont. teeth, per quad	
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43	D4263	Bone replacement graft - retained natural tooth	-
D2931	Prefab. stainless steel crown - perm. tooth	_	D4364	first site in quad	
D2932	Prefabricated resin crown		D4264	Bone replacement graft - retained natural tooth each additional site in quad	
D2940 D2950	Protective restoration		D4265	Biological materials to aid in soft and osseous	.00
D2950 D2951	Core buildup, including any pins Pin retention - per tooth, in addition to	125	D 40.00	tissue regeneration, per site	336
02331	restoration	22	D4268 D4270	Surgical revision proc., per tooth Pedicle soft tissue graft procedure	358
D2952	Post and core in addition to crown		D4270	Autogenous connective tissue graft procedure,	530
D2954	Prefab. post and core in addition to crown		54273	first tooth	660
D2955 D2980	Post removal (not in conj. with endo. therapy) Crown repair necessitated by restorative materia		D4274	Mesial/distal wedge procedure, single tooth	308
D2300	failure		D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first	
D2981	Inlay repair necessitated by restorative material	400		tooth, implant, or edentulous tooth position in	
D2982	failure Onlay repair necessitated by restorative material			graft	
D2902	failure		D4277	Free soft tissue graft procedure, first tooth	
		-	D4278 D4286	Free soft tissue graft procedure, each add. tooth Removal of non-resorbable barrier	
Endodontics <sup>1</sup>			D4341	Perio scaling and root planing - >3 cont teeth, pe	
D3110/20	Pulp cap - direct/indirect (excl. final restoration).			quad	
D3220 D3221	Therapeutic pulpotomy (excl. final restor.) Pulpal debridement		D4342	Perio scaling and root planing - <= 3 teeth, per quad	62
D3230	Pulpal therapy - resorbable filling, anterior,	J4	D4346	Scaling in presence of generalized moderate or	03
	primary tooth	82		severe gingival inflammation - full mouth, after	
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140	DASEE	oral evaluation Full mouth debridement to enable a	51
D3310	Endodontic therapy, anterior tooth (excl. final	140	D4355	comprehensive periodontal evaluation and	
20020	restor.)	341		diagnosis on a subsequent visit	
D3320	Endodontic therapy, premolar tooth (excl. final	440	D4381	Localized delivery of antimicrobial agents	
D3330	restor.) Endodontic therapy, molar tooth (excl. final	418	D4910	Periodontal maintenance	74
D3330	restor.)	512	Prosthetics (D	Dentures)	
D3333	Internal root repair of perforation defects	105	D5110/20	Complete denture - maxillary/mandibular	697
D3346	Retreat of prev. root canal therapy, anterior		D5130/40	Immediate denture - maxillary/mandibular	722
D3347 D3348	Retreat of prev. root canal therapy, premolar Retreat of prev. root canal therapy, molar		D5211/12	Maxillary/mandibular partial denture - resin base	640
D3410	Apicoectomy - anterior		D5213/14	Maxillary/mandibular partial denture - cast	043
D3421	Apicoectomy - premolar (first root)	364		metal framework with resin denture bases (incl.	
D3425	Apicoectomy - molar (first root)	418	DE224	retentive/clasing materials, rests and teeth)	750
D3426 D3430	Apicoectomy - (each add. root)		D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	1 649
D3450	Root amputation (resection) - per root		D5222	Immediate mandibular partial denture - resin	, 043
D3471	Surgical repair of root resorption - anterior			base (incl. retentive/clasing materials, rests and	640
D3472	Surgical repair of root resorption – premolar		D5223	teeth) Immediate maxillary partial denture - cast metal	649
D3473 D3501	Surgical repair of root resorption – molar Surgical exposure of root surface without	418	55225	framework framework with resin denture bases	
D2201	apicoectomy or repair of root resorption –			(incl. retentive/clasing materials, rests and teeth)	750
	anterior	323	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture	
D3502	Surgical exposure of root surface without			bases (incl. retentive/clasing materials, rests and	
	apicoectomy or repair of root resorption – premolar	364		teeth)	
D3503	Surgical exposure of root surface without		D5225/26	Maxillary/mandibular partial denture - flexible	750
D2022	apicoectomy or repair of root resorption - molar		D5227/28	base Immediate maxillary/mandibular partial denture	
D3920 D3921	Hemisection, not inc. root canal therapy Decoronation or submergence of an erupted	234	55227,20	- flexible base (including any clasps, rests and	
DJJZI	tooth	107		teeth)	750

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ADA		MEMB	ER	ADA	MEM	BER
CODE	DESCRIPTION CO	DPAYMENT(	(S)	CODE	DESCRIPTION COPAYMEN	T(S)
D5282/83	Rem. unilateral partial denture - one metal, maxillary/mandibular		419	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	. 425
D5284	Rem. unilateral partial denture - on	e piece	.13	D6606	Retainer inlay - cast noble metal, two surfaces	. 407
	flexible base (including clasps and to		440	D6607	Retainer inlay - cast noble metal, >=3 surfaces	
DESOC	quadrant		419	D6608	Retainer onlay - porc./ceramic, two surfaces	. 479
D5286	Rem. unilateral partial denture – on (including clasps and teeth) – per qu		419	D6609	Retainer onlay - porc./ceramic, three or more	400
D5410/11	Adjust complete denture - maxillary			D6610	Surfaces	. 499
D5421/22	Adjust partial denture - maxillary/m			D0010	Retainer onlay - cast high noble metal, two surfaces	458
D5511	Repair broken complete denture ba			D6611	Retainer onlay - cast high noble metal, >=3	430
	mandibular		87		surfaces	524
D5512	Repair broken complete denture ba		87	D6612	Retainer onlay - cast predominantly base metal,	
D5520	Replace missing or broken teeth - co		07		two surfaces	458
DEC11	denture			D6613	Retainer onlay - cast predominantly base metal,	F24
D5611 D5612	Repair resin partial denture base, m			D6614	>=3 surfaces	
D5621	Repair resin partial denture base, m Repair cast partial framework, mand			D6615	Retainer onlay - cast noble metal, two surfaces Retainer onlay - cast noble metal, >=3 surfaces	
D5622	Repair cast partial framework, maxi			D6720/21/22	Retainer crown - resin with metal	
D5630/60	Clasp repaired, replaced or added			D6740	Retainer crown - porcelain/ceramic	
D5640	Replace broken teeth - per tooth			D6750/51/52	Retainer crown - porcelain fused metal	
D5650	Add tooth to existing partial denture			D6753	Retainer crown – porcelain fused to titanium and	
D5670/71	Replace all teeth and acrylic on cast				titanium alloys	
DET40/44	framework		287	D6780	Retainer crown - 3/4 cast high noble metal	470
D5710/11	Rebase complete maxillary/mandib			D6781	Retainer crown - 3/4 cast predominantly base	470
D5720/21 D5725	Rebase maxillary/mandibular partia			D6782	metal Retainer crown - 3/4 cast noble metal	
D5725 D5730/31	Rebase hybrid prosthesis Reline complete maxillary/mandibu		260	D6783	Retainer crown - 3/4 porc./ceramic	
D3730/31	(direct)		159	D6784	Retainer crown – 3/4 titanium and titanium	311
D5740/41	Reline maxillary/mandibular partial				alloys	
-	(direct)		155	D6790/91/92	Retainer crown - full cast metal	. 495
D5750/51	Reline complete maxillary/mandibu			D6794	Retainer crown - titanium	
DE7C0/C1	(indirect)		224	D6930	Recement or rebond fixed partial denture	
D5760/61	Reline maxillary/mandibular partial (indirect)		224	D6980	Fixed partial denture repair, by report	1/2
D5765	Soft liner for complete or partial rer		224	Ougl Company		
20.00	denture – indirect		53	Oral Surgery <sup>1</sup> D7111	Extraction, coronal remnants - primary tooth	56
D5810/11	Interim complete denture - maxillar	·y/		D7111	Extraction, erupted tooth or exposed root	
	mandibular		362	D7210	Extraction, erupted tooth or exposed root	
D5820/21	Interim partial denture (including re			D7220	Removal of impacted tooth - soft tissue	
	clasping materials, rests, and teeth) mandibular		362	D7230	Removal of impacted tooth - partially bony	. 196
D5850/51	Tissue conditioning - maxillary/man			D7240	Removal of impacted tooth - completely bony	. 241
, -	, , , , , , , , , , , , , , , , , , ,			D7241	Removal of imp. tooth - completely bony, with	247
Bridge & Pont	tics			D7250	unusual surg. complicationsRemoval of residual tooth roots	
	ALL IMPLANT SERVICES - 15% DISCO	DUNT		D7250 D7251	Coronectomy – intentional partial tooth removal	
	0-D0363 cone beam imaging w/ impla			D7231	impacted teeth only	
D6081	Scaling and debridement in the pres			D7270	Tooth reimplant./stabiliz. of acc. evulsed/	
	inflammation or mucositis of a singl including cleaning of the implant su				displaced tooth	226
	without flap entry and closure		63	D7280	Exposure of an unerupted tooth	
D6210/11/12	Pontic - metal			D7291	Transseptal fiberotomy/supra crestal fiberotomy	
D6240/41/42			523	D7310/20	by reportAlveoloplasty, per quad	
D6243	Pontic – porcelain fused to titanium			D7510,20	Marsupialization of odontogenic cyst	
DC24F	alloys			D7510	Incision and drainage of abscess - intraoral soft	
D6245	Pontic - porcelain/ceramic Pontic - resin with metal		560		tissue	96
D6545	Retainer - cast metal for resin bonde		495	D7922	Placement of intra-socket biological dressing to	25
D0343	prosthesis		251	D70C1	aid in hemostasis or clot stabilization, per site	
D6548	Ret porc./ceramic for resin bonde			D7961 D7962	Buccal/labial frenectomy (frenulectomy)Lingual frenectomy (frenulectomy)	
	prosthesis		393	D7902 D7979	Non-surgical sialolithotomy	
D6549	Resin retainer - for resin bonded fixe			2.0.0	34. 0.44. 5.4. 5.4. 5.4. 5.4. 5.4. 5.4. 5	.0
D6600	Retainer inlay - porc./ceramic, two s			Orthodontics <sup>2</sup>	:	
D6601	Retainer inlay - porc./ceramic, >=3 s		445	D8090	Comp. ortho. treatment - adult dentition	3658
D6602	Retainer inlay - cast high noble meta surfaces	aı, two	407	D8660	Pre-orthodontic treatment visit	. 413
D6603	Retainer inlay - cast high noble meta		107	D8670	Periodic ortho. treatment visit (as part of	440
<del></del>	surfaces		425	D8680	Orthodontic retention (rem. of annl. and	118
D6604	Retainer inlay - cast predominantly		46-	טסטסט	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
	two surfaces		40/			-

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ADA		MEMBER
CODE	DESCRIPTION	COPAYMENT(S)

Adjunctive Ge	eneral 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	0
D9222	anesthesia  Deep sedation/general anesthesia - first 15	U
DJZZZ	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/	103
D9243	analgesia – first 15 minutesIntravenous moderate conscious sedation/	103
D9243	analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating	
	dentist)	43
D9613	Infiltration of sustained release therapeutic drug,	100
D9910	per quadrant Application of desensitizing medicament	190 31
D9910 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	U
23330	and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special	
	health care needs	50

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

### **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.
- 2. 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.
- 4. 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.
- 6. 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.
- 9. Replacement due to loss or theft of prosthetic appliance.
- 10. 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).
- 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 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 nonpathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
- 15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

#### **Plan Limitations**

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

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

- 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 an 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		MEMBER	ADA		MEMBER
CODE	DESCRIPTION COPA	YMENT(S)	CODE	DESCRIPTION COP	AYMENT(S)
Diagnostic/P		• • •	D0706		
Diagnostic	Office visit	10	D0706	Intraoral – occlusal radiographic image image capture only	
D0120	Periodic oral eval - established patient .		D0707	Intraoral – periapical radiographic imag	
D0140	Limited oral eval - problem focused		D0707	image capture only	
D0150	Comprehensive oral eval - new or	0	D0708	Intraoral – bitewing radiographic image	
20200	established patient	0	20700	image capture only	
D0160	Detailed and extensive oral eval - proble		D0709	Intraoral – comprehensive series of	0
	focused		50,03	radiographic images – image capture o	nlv 0
D0170	Re-evaluation - limited, problem focuse		D1110	Prophylaxis (cleaning) - adult	
D0210	Intraoral – comprehensive series of		D1110*	Additional cleaning (expecting mothers	
	radiographic images	26		Diabetics)	
D0220	Intraoral - periapical first radiographic		D1206	Topical application of fluoride varnish	
	image	0	D1208	Topical application of fluoride - excludi	
D0230	Intraoral - periapical each add.			varnish	
	radiographic image		D1310/20/30	Oral hygiene instructions	0
D0240	Intraoral - occlusal radiographic image .	0	D1321	Counseling for the control and prevent	ion
D0250	Extra-oral - 2D projection radiographic			of adverse oral, behavioral, and system	
	image	0		health effects associated with high-risk	
D0270-74	Bitewing x-rays - 1 to 4 radiographic	_		substance use	0
	images	0	Restorative (F	illings)	
D0277	Vertical bitewings - 7 to 8 radiographic	0	D2140	Amalgam - one surface	41
D0330	images		D2150	Amalgam - two surfaces	
D0330	Panoramic radiographic image		D2160	Amalgam - three surfaces	64
D0340	2D cephalometric radiographic image	0	D2161	Amalgam - >=4 surfaces	
D0350	2D oral/facial photographic image	0	D2330	Resin-based composite - one surface,	
D0372	obtained intra-orally or extra-orally			anterior	69
D0372	Intraoral tomosynthesis – comprehensiv series of radiographic images		D2331	Resin-based composite - two surfaces,	
D0373	Intraoral tomosynthesis – bitewing	20		anterior	83
D0373	radiographic image	0	D2332	Resin-based composite - three surfaces	5,
D0374	Intraoral tomosynthesis – periapical	0		anterior	99
D0374	radiographic image	0	D2335	Resin-based composite - >=4 surfaces,	
D0387	Intraoral tomosynthesis – comprehensis			anterior	
	series of radiographic images – image	_	D2390	Resin-based composite crown, anterior	r 192
	capture only	0	D2391	Resin-based composite - one surface,	
D0388	Intraoral tomosynthesis – bitewing			posterior	73
	radiographic image – image capture onl	y. O	D2392	Resin-based composite - two surfaces,	07
D0389	Intraoral tomosynthesis – periapical		D2202	posterior	
	radiographic image – image capture onl	y. O	D2393	Resin-based composite - three surfaces	
D0460	Pulp vitality tests	0	D2394	posterior	
D0470	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces,	
D0701	Panoramic radiographic image – image			posterior	125
	capture only		Crown & Brid		
D0702	2-D cephalometric radiographic image -		D2510/20	Inlay - metallic - one or two surfaces	
D.0705	image capture only	0	D2530	Inlay - metallic - three or more surfaces	
D0703	2-D oral/facial photographic image		D2542	Onlay - metallic-two surfaces	
	obtained intra-orally or extra-orally –	0	D2543/44	Onlay - metallic-three or four surfaces.	524
D0705	image capture only	U	D2610/20	Inlay - porcelain/ceramic - one or two	
D0705	Extra-oral posterior dental radiographic image – image capture only	0		surfaces	
	mage – mage capture omy	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	5 445

ADA	N	MEMBER	ADA		MEMBER
CODE		MENT(S)	CODE		MENT(S)
D2642	Onlay - porcelain/ceramic - two surfaces	479	D3502	Surgical exposure of root surface without	
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces			apicoectomy or repair of root resorption –	
D2650/51/52		4.40	D2502	premolar	364 / 401
D2662/62/64	more surfaces Onlay - resin-based composite - two or	440	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption –	
D2002/03/04	more surfaces	444		molar	
D2710	Crown - resin based composite (indirect)		D3920	Hemisection, not inc. root canal therapy	
D2712	Crown - 3/4 resin-based composite		D3921	Decoronation or submergence of an	107 / 110
D2720/21/22	(indirect)  Crown - resin with metal		D3950	erupted tooth	107 / 118
D2720/21/22 D2740	Crown - porcelain/ceramic		03330	post	136 / 150
-	Crown - porcelain fused metal		Periodontics <sup>1</sup>		,
D2753	Crown - porcelain fused to titanium and		D0180	Comp. periodontal eval - new or	
D2700/04/02	titanium alloys			established patient	36 / 40
D2780/81/82 D2783	Crown - 3/4 cast with metal Crown - 3/4 porcelain/ceramic		D4210	Gingivectomy or gingivoplasty - >3 cont.	270 / 207
	Crown - full cast metal		D4211	teeth, per quadGingivectomy or gingivoplasty - <=3 teeth,	2/9 / 30/
D2794	Crown - titanium and titanium alloys		04211	per quad	100 / 110
D2910/20	Recement inlay, onlay/crown or partial		D4240	Gingival flap procedure, including root	-
D2024	coverage rest.			planing - four or more contiguous teeth or	
D2931 D2932	Prefab. stainless steel crown Prefabricated resin crown		D4241	tooth bounded spaces per quadrant	345 / 380
D2932 D2940	Protective restoration		04241	Gingival flap procedure, including root planing - one to three contiguous teeth or	
D2950	Core buildup, including any pins			tooth bounded spaces per quadrant	106 / 117
D2951	Pin retention - per tooth, in addition to		D4260	Osseous surgery - >3 cont. teeth, per	
D2052	restoration		D4261	quad	499 / 549
D2952 D2954	Post and core in addition to crown Prefab. post and core in addition to crown		D4261	Osseous surgery - <=3 cont. teeth, per quad	392 / 431
D2955	Post removal (not in conj. with endo.	154	D4263	Bone replacement graft - retained natural	332 / 131
22333	therapy)	105		tooth - first site in quad	613 / 675
D2980/81/82	Crown, inlay or onlay repair necessitated		D4264	Bone replacement graft - retained natural	400 / 500
	by restorative material failure	102	D4265	tooth - each additional site in quad Biological materials to aid in soft and	480 / 528
Endodontics <sup>1</sup>			D4203	osseous tissue regeneration, per site	336 / 370
D3110/20	Pulp cap - direct/indirect (excl. final	22 / 25	D4268	Surgical revision proc., per tooth	
D3220	restoration) Therapeutic pulpotomy (excl. final restor.)		D4270	Pedicle soft tissue graft procedure	530 / 584
D3221	Pulpal debridement		D4273	Autogenous connective tissue graft	660 / 727
D3230	Pulpal therapy - resorbable filling,		D4274	procedure, first tooth Mesial/distal wedge procedure, single	000 / 727
D2240	anterior, primary tooth	82 / 90	5 .27 .	tooth	308 / 339
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140 / 154	D4275	Non-autogenous connective tissue	
D3310	Endodontic therapy, anterior tooth (excl.	140 / 154		graft (including recipient site and donor material) first tooth, implant, or	
	final restor.)	341 / 375		edentulous tooth position in graft	705 / 776
D3320	Endodontic therapy, premolar tooth (excl.	440 / 460	D4277	Free soft tissue graft procedure, first	, , , , , ,
D3330	final restor.) Endodontic therapy, molar tooth (excl.	418 / 460		tooth	540 / 595
D3330	final restor.)	512 / 563	D4278	Free soft tissue graft procedure, each add.	02 / 02
D3333	Internal root repair of perforation defects		D4286	tooth Removal of non-resorbable barrier	83 / 92 100 / 110
D3346	Retreat of prev. root canal therapy,		D4341	Perio scaling and root planing - >3 cont	100 / 110
D2247	anterior	387 / 427		teeth, per quad	
D3347	Retreat of prev. root canal therapy, premolar	465 / 513	D4342	Perio scaling and root planing - <= 3 teeth,	
D3348	Retreat of prev. root canal therapy, molar		D4346	per quadScaling in presence of generalized	63 / 69
D3410	Apicoectomy - anterior		D4340	moderate or severe gingival inflammation	
D3421	Apicoectomy - premolar (first root)			- full mouth, after oral evaluation	51 / 57
D3425	Apicoectomy - molar (first root)		D4355	Full mouth debridement to enable a	
D3426 D3430	Apicoectomy - (each add. root)			comprehensive periodontal evaluation	90 / 00
D3450 D3450	Root amputation - per root	* .	D4381	and diagnosis on a subsequent visit Localized delivery of antimicrobial agents	
D3471	Surgical repair of root resorption -		D4910	Periodontal maintenance	
	anterior	323 / 356	Prosthetics (D		. =
D3472	Surgical repair of root resorption –	264 / 404	D5110/20	Complete denture - maxillary/mandibular	697
D3473	premolarSurgical repair of root resorption – molar.		D5130/40	Immediate denture - maxillary/	
D3501	Surgical exposure of root surface without	120 / 400	DE244/45	mandibular	722
	apicoectomy or repair of root resorption -		D5211/12	Maxillary/mandibular partial denture - resin base	640
	anterior	323 / 356		16311 Dase	043

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ADA CODE		MEMBER MENT(S)	ADA CODE		MEMBER MENT(S)
D5213/14	Maxillary/mandibular partial denture -		D6245	Pontic - porcelain/ceramic	
	cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	750	D6250/51/52 D6545	Retainer - cast metal for resin bonded	
D5221/22	Immediate maxillary/mandibular partial denture - resin base (incl. retentive/	730	D6548	fixed prosthesis	
D5223/24	clasing materials, rests and teeth)	649	D6549	Resin retainer - for resin bonded fixed prosthesis	
•	partial denture - cast metal framework framework with resin denture bases (incl.		D6600	Retainer inlay - porc./ceramic, two surfaces	
	retentive/clasing materials, rests and teeth)	750	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445
D5225/26	Maxillary/mandibular partial denture - flexible base	750	D6602	Retainer inlay - cast high noble metal, two surfaces	
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any	750	D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425
D5282/83	clasps, rests and teeth)		D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5284/86	cast metal, maxillary/mandibular	419	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D5410/11	piece flexible/resin base (including clasps and teeth) – per quadrant	419	D6606	Retainer inlay - cast noble metal, two surfaces	407
D5421/22	mandibular	38	D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D5511/12	mandibular	38	D6608	Retainer onlay - porc./ceramic, two surfaces	479
D5511/12	mandibular/maxillary Replace missing or broken teeth -	87	D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D5611/12	complete denture	87	D6610	Retainer onlay - cast high noble metal, two surfaces	458
D5621/22	mandibular/maxillary Repair cast partial framework,	87	D6612	>=3 surfaces	524
D5630/60	mandibular/maxillary Clasp repaired, replaced or added		D6613	metal, two surfaces	458
D5640/50	Replace broken teeth or add tooth to existing partial denture - per tooth		D6614	metal, >=3 surfaces	524
D5670/71	Replace all teeth and acrylic on cast metal framework		D6615	surfaces	458
D5710/11	Rebase complete maxillary/mandibular denture	260		surfaces	524 495
D5720/21	Rebase maxillary/mandibular partial denture	260	D6740	Retainer crown - porcelain/ceramic Retainer crown - porcelain fused metal	560
D5725 D5730/31	Rebase hybrid prosthesis Reline complete maxillary/mandibular	260	D6753	Retainer crown – porcelain fused to titanium and titanium alloys	
D5740/41	denture (direct)	159	D6780/81/82		
D5750/51	denture (direct) Reline complete maxillary/mandibular	155	D6783 D6784	Retainer crown - 3/4 porc./ceramic Retainer crown – 3/4 titanium and	
D5760/61	denture (indirect) Reline maxillary/mandibular partial	224	D6790/91/92	titanium alloys	
D5765	denture (indirect)	224	D6794 D6930	Retainer crown - titanium	523
D5810/11	removable denture – indirect Interim complete denture - maxillary/	53	D6980	Fixed partial denture repair, by report	
D5820/21	mandibular	362	Oral Surgery¹ D7111	Extraction, coronal remnants - primary	
	retentive/clasping materials, rests, and teeth), maxillary/mandibular	362	D7140	tooth Extraction, erupted tooth or exposed root	
D5850/51	Tissue conditioning - maxillary/ mandibular	79	D7210 D7220	Extraction, erupted tooth req elev, etc Removal of impacted tooth - soft tissue	
Bridge & Pont	ics		D7230	Removal of impacted tooth - partially	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single		D7240	Removal of impacted tooth - completely	
	implant, including cleaning of the implant surfaces, without flap entry and closure		D7241	Removal of imp. tooth - completely bony,	,
	Pontic - metal		D7250	with unusual surg. complications Surgical removal of residual tooth roots	
D6240/41/42 D6243	Pontic - porcelain fused metal Pontic - porcelain fused to titanium and	525	D7251	Coronectomy – intentional partial tooth	
	titanium alloys	523		removal, impacted teeth only	217 / 239

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ADA		MEMBER
CODE	DESCRIPTION COP	AYMENT(S)
D7270	Tooth reimplant./stabiliz. of acc. evulse displaced tooth	ed/ 226 / 248
D7280	Exposure of an unerupted tooth	
D7291	Transseptal fiberotomy/supra crestal	60 / 66
D7310/20	fiberotomy, by report	
D7510/20 D7509	Marsupialization of odontogenic cyst .	
D7510	Incision and drainage of abscess - intra	
	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 (frenulectom	
D7962	Lingual frenectomy (frenulectomy)	
D7979	Non-surgical sialolithotomy	
Orthodontics		
D8090	Comp. ortho. treatment - adult dentiti	on 3658
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part	
D0600	contract)Orthodontic retention (rem. of appl. a	
D8680	placement of retainer(s))	
		413
D9110	eneral Services Palliative treatment of dental pain – po	or
D9110	visit	
D9210/15	Local anesthesia	
D9211	Regional block anesthesia	
D9212	Trigeminal division block anesthesia	
D9219	Evaluation for deep sedation or genera	
D9222/23	anesthesia Deep sedation/general anesthesia - ea	
09222/23	15 minute increment	
D9230	Inhalation of nitrous oxide/analgesia,	
	anxiolysis	37
D9239/43	Intravenous moderate sedation/analge – each 15 minute increment	
D9310	Consultation (diagnostic service by	103
DJ310	nontreating dentist)	43
D9613	Infiltration of sustained release	
D0010	therapeutic drug, per quadrant	
D9910	Application of desensitizing medicame	
D9930 D9944/45/46	Treatment of complications (post-surg Occlusal guard – hard/soft appliance, f	
09944/43/40	partial arch	
D9950	Occlusion analysis - mounted case	
D9951	Occlusal adjustment - limited	66 / 66
D9952	Occlusal adjustment - complete	266 / 266
D9953	Reline custom sleep apnea appliance	175
D9986	(indirect) Missed appointment	
D9995/96	Teledentistry – synchronous/	50
	asynchronous	
D9997	Dental case management – patients w	ith
	special health care needs	50

 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.
- 9. Replacement due to loss or theft of prosthetic appliance.

0. Procedures not listed as Covered Services under this Plan.

- 11. 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).
- 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).

 Elective surgery including, but not limited to, extraction of nonpathologic, asymptomatic impacted teeth, including third molars,

as determined by the Plan.

15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

#### Plan Limitations

1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.

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).

 Öne (1) tópical 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.

7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.

8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.

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.

11. 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.

14. 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.

15. Full mouth debridement is covered once per lifetime per patient.

16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.

 Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.

- 18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- Coronectomy intentional partial tooth removal, once per lifetime.
- Teledentistry, sychronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

DMNNJ24DOBINFAM PID 3572 4



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

- 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.

CODEDESCRIPTIONCOPAYMENT(S)CODEDESCRIPTIONCOPAYMENT(S)Diagnostic/Preventive0ffice visit	ADA		MEMB	ER	ADA		MEMB	ER
Office visit	CODE	DESCRIPTION	COPAYMENT	(S)	CODE	DESCRIPTION	COPAYMENT	(S)
Office visit	Diagnostic/Pr	eventive			D0708	Intraoral – bitewing radiograp	hic image – image	
D0120 Periodic oral eval - established patient	2.08.000.07			10	20.00	capture only		0
D0140 Limited oral eval - problem focused	D0120			-	D0709			
D0150 Comprehensive oral eval - new or established patient	D0140							0
D0160 Detailed and extensive oral eval - problem focused	D0150				D1110	Prophylaxis (cleaning) - adult .		13
focused				0	D1110*	Additional cleaning (expecting	mothers or	
	D0160	Detailed and extensive oral ev	al - problem					
D0170 Re-evaluation - limited, problem focused 0   D1208 Topical application of fluoride - excluding varnish 0								
,,				0				0
D0180 Comp. periodontal eval - new or established D1310 Nutritional counseling for control of dental	D0180			0.6	D1310			•
patient	D0340			36	D1220			U
D0210 Intraoral – comprehensive series of radiographic D1320 Tobacco counseling for the control and	D0210			26	D1320			0
images	D0220				D1221			U
D0220 Intraoral - periapical first radiographic image 0 D1321 Perio scaling and root planing - <= 3 teeth, per quad				U	D1321			Ο
image	D0230			0	D1330			
D0240 Intraoral - occlusal radiographic image 0	D0240	0				· -		U
D0250 Extra-oral - 2D projection radiographic image 0 Restorative (Fillings)		• .	•			• .		
D0270-74 Ritawing y-rays - 1 to 4 radiographic images 0 D2140 Amalgam - one surface, prim. or perm 41					_			
DO277 Vertical hitewings 7 to 9 radiographic images 0 D2150 Allidigalli - two surfaces, print. or permissions of								
DO220 Paporamic radiographic image 20 DZ100 Affidigati - tiffee surfaces, prim. or perm								
DO340 2D cenhalometric radiographic image 0 DZ101 Allidigalli - 2-4 suridces, prilli. 01 perilli	D0340							
D0350 2D oral/facial photographic image obtained intra-	D0350							
orally or extra-orally		orally or extra-orally		0				
D03/2 Intraoral tomosynthesis – comprehensive series D2225 Posin based composite >=4 surfaces, anterior 11	D0372							
of radiographic images				26		•	·	
D03/3 Intraoral tomosynthesis – bitewing radiographic Posin based composite, and surface posterior 73	D0373			0				
D0374 Intraoral tomosynthesis – periapical radiographic D2391 Resin-based composite - two surfaces, posterior. 87	D0274							
image	D0374							
D0387 Intraoral tomosynthesis – comprehensive series posterior	D0387							102
of radiographic images – image capture only 0 D2394 Resin-based composite - >=4 surfaces, posterior. 12				0	D2394	Resin-based composite - >=4 s	surfaces, posterior.	123
D0388 Intraoral tomosynthesis – bitewing radiographic Crown & Bridge	D0388	Intraoral tomosynthesis – bite	wing radiographic		Crown & Brid			
image – image capture only								407
DU389 Intraoral tomosynthesis – periapical radiographic D2520 Inlay - metallic - two surfaces 40	D0389							
Image - image capture only								
DU460 Pulp Vitality tests								
Diagnostic casts				0				
D0/01 Pariorallic radiographic inlage — inlage capture   D2544 Onlay motallic four or more surfaces 53	D0/01			0				
()  V	D0702	Only	ia imaga imaga	U	D2610			
capture only	D0702			0	D2620			
D0703 2-D oral/facial photographic image obtained D2630 Inlay - porcelain/ceramic - >=3 surfaces	D0702			U				
intra-orally or extra-orally – image capture only 0 D2642 Onlay - porcelain/ceramic - two surfaces	D0703			0	D2642			
D0705 Extra-oral posterior dental radiographic image – D2643 Onlay - porcelain/ceramic - three surfaces	D0705			O	D2643	Onlay - porcelain/ceramic - the	ree surfaces	499
image capture only 0   D2644 Onlay - porcelain/ceramic - >=4 surfaces	50,05			0				
D0706 Intraoral – occlusal radiographic image – image D2650 Inlay - resin-based composite - one surface 44	D0706			•				
capture only 0   D2651   Inlay - resin-based composite - two surfaces 44				0				
D0707 Intraoral – periapical radiographic image – image   D2652 Inlay - resin-based composite - >=3 surfaces 44	D0707							
capture only					D2662	Onlay - resin-based composite	e - two surfaces	444

ADA	MEME	BER	ADA	MEM	BER
CODE	DESCRIPTION COPAYMENT		CODE	DESCRIPTION COPAYMEN	
D2663	Onlay - resin-based composite - three surfaces		D3950	Canal prep/fitting of preformed dowel or post	136
D2664	Onlay - resin-based composite - >=4 surfaces		Periodontics <sup>1</sup>		
D2710	Crown - resin based composite (indirect)		D4210	Gingivectomy or gingivoplasty - >3 cont. teeth,	
D2712 D2720/21/22	Crown - 3/4 resin-based composite (indirect) Crown - resin with metal			per quad	279
D2740	Crown - porcelain/ceramic		D4211	Gingivectomy or gingivoplasty - <=3 teeth, per	100
D2750/51/52	Crown - porcelain fused metal	523	D4240	quadGingival flap procedure, including root planing -	100
D2753	Crown - porcelain fused to titanium and titanium		54240	four or more contiguous teeth or tooth bounded	
D2780/81/82	alloys Crown - 3/4 cast with metal			spaces per quadrant	
D2780/81/82 D2783	Crown - 3/4 porcelain/ceramic		D4241	Gingival flap procedure, including root planing -	
D2790/91/92	Crown - full cast metal			one to three contiguous teeth or tooth bounded spaces per quadrant	106
D2794	Crown - titanium and titanium alloys	523	D4260	Osseous surgery - >3 cont. teeth, per quad	
D2910/20	Recement inlay, onlay/crown or partial coverage	42	D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D2931	rest Prefab. stainless steel crown		D4263	Bone replacement graft - retained natural tooth	
D2932	Prefabricated resin crown		D4264	first site in quad Bone replacement graft - retained natural tooth	
D2940	Protective restoration		D4204	each additional site in quad	
D2950	Core buildup, including any pins	125	D4265	Biological materials to aid in soft and osseous	.00
D2951	Pin retention - per tooth, in addition to	22		tissue regeneration, per site	
D2952	restoration  Post and core in addition to crown		D4268	Surgical revision proc., per tooth	
D2952 D2954	Prefab. post and core in addition to crown		D4270 D4273	Pedicle soft tissue graft procedure	530
D2955	Post removal (not in conj. with endo. therapy)		D42/3	first tooth	660
D2980	Crown repair necessitated by restorative material		D4274	Mesial/distal wedge procedure, single tooth	
	failure	102	D4275	Non-autogenous connective tissue graft	
D2981	Inlay repair necessitated by restorative material	102		(including recipient site and donor material) first	
D2982	failure Onlay repair necessitated by restorative material	102		tooth, implant, or edentulous tooth position in	705
D2302	failure	102	D4277	graft  Free soft tissue graft procedure, first tooth	
Funda da unticat			D4277	Free soft tissue graft procedure, first tooth	
Endodontics <sup>1</sup> D3110/20	Pulp cap - direct/indirect (excl. final restoration).	32	D4286	Removal of non-resorbable barrier	
D3110/20	Therapeutic pulpotomy (excl. final restor.)		D4341	Perio scaling and root planing - >3 cont teeth, pe	r
D3221	Pulpal debridement			quad	109
D3230	Pulpal therapy - resorbable filling, anterior,		D4342	Perio scaling and root planing - <= 3 teeth, per	62
D2240	primary tooth	82	D4346	quad Scaling in presence of generalized moderate or	63
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140		severe gingival inflammation - full mouth, after	
D3310	Endodontic therapy, anterior tooth (excl. final	1.0		oral evaluation	51
	restor.)	341	D4355	Full mouth debridement to enable a	
D3320	Endodontic therapy, premolar tooth (excl. final	410		comprehensive periodontal evaluation and diagnosis on a subsequent visit	20
D3330	restor.) Endodontic therapy, molar tooth (excl. final	418	D4381	Localized delivery of antimicrobial agents	
D3330	restor.)	512	D4910	Periodontal maintenance	
D3333	Internal root repair of perforation defects		Prosthetics (D	entures)	
D3346	Retreat of prev. root canal therapy, anterior		D5110/20	Complete denture - maxillary/mandibular	697
D3347	Retreat of prev. root canal therapy, premolar		D5130/40	Immediate denture - maxillary/mandibular	
D3348 D3410	Retreat of prev. root canal therapy, molar Apicoectomy - anterior		D5211/12	Maxillary/mandibular partial denture - resin	
D3421	Apicoectomy - premolar (first root)		DE242/44	base	649
D3425	Apicoectomy - molar (first root)		D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl.	
D3426	Apicoectomy - (each add. root)			retentive/clasing materials, rests and teeth)	750
D3430	Retrograde filling - per root		D5221	Immediate maxillary partial denture - resin base	,50
D3450	Root amputation - per root			(incl. retentive/clasing materials, rests and teeth	649
D3471 D3472	Surgical repair of root resorption - anterior Surgical repair of root resorption – premolar		D5222	Immediate mandibular partial denture - resin	
D3472	Surgical repair of root resorption – premotar			base (incl. retentive/clasing materials, rests and	C40
D3501	Surgical exposure of root surface without	.10	D5223	teeth) Immediate maxillary partial denture - cast metal	649
	apicoectomy or repair of root resorption –		55225	framework framework with resin denture bases	
20565	anterior	323		(incl. retentive/clasing materials, rests and teeth	750
D3502	Surgical exposure of root surface without		D5224	Immediate mandibular partial denture - cast	
	apicoectomy or repair of root resorption – premolar	364		metal framework framework with resin denture	
D3503	Surgical exposure of root surface without	JU-1		bases (incl. retentive/clasing materials, rests and teeth)	
	apicoectomy or repair of root resorption – molar	418	D5225/26	Maxillary/mandibular partial denture - flexible	750
D3920	Hemisection, not inc. root canal therapy			base	750
D3921	Decoronation or submergence of an erupted	40-			
	tooth	107			

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ADA	MEMB	ER	ADA	MEME	BER
CODE	DESCRIPTION COPAYMENT		CODE	DESCRIPTION COPAYMENT	
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and		D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5282/83	teeth)	750	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
03202,03	metal, maxillary/mandibular	419	D6606	Retainer inlay - cast noble metal, two surfaces	_
D5284	Rem. unilateral partial denture – one piece		D6607	Retainer inlay - cast noble metal, >=3 surfaces	
	flexible base (including clasps and teeth) – per quadrant	419	D6608 D6609	Retainer onlay - porc./ceramic, two surfaces Retainer onlay - porc./ceramic, three or more	479
D5286	Rem. unilateral partial denture – one piece resin		D0009	surfaces	499
DE 410/11	(including clasps and teeth) – per quadrant	419	D6610	Retainer onlay - cast high noble metal, two	
D5410/11 D5421/22	Adjust complete denture - maxillary/mandibular Adjust partial denture - maxillary/mandibular		D6611	surfaces Retainer onlay - cast high noble metal, >=3	458
D5511	Repair broken complete denture base,		D0011	surfaces	524
D5512	mandibular Repair broken complete denture base, maxillary.		D6612	Retainer onlay - cast predominantly base metal,	450
D5512 D5520	Replace missing or broken teeth - complete	0/	D6613	two surfaces Retainer onlay - cast predominantly base metal,	458
	denture		20013	>=3 surfaces	524
D5611	Repair resin partial denture base, mandibular		D6614	Retainer onlay - cast noble metal, two surfaces	
D5612 D5621	Repair resin partial denture base, maxillary Repair cast partial framework, mandibular		D6615 D6720/21/22	Retainer onlay - cast noble metal, >=3 surfaces Retainer crown - resin with metal	524 495
D5622	Repair cast partial framework, maxillary		D6740	Retainer crown - porcelain/ceramic	560
D5630/60	Clasp repaired, replaced or added		D6750/51/52	Retainer crown - porcelain fused metal	
D5640 D5650	Replace broken teeth - per tooth		D6753	Retainer crown – porcelain fused to titanium and	
D5670/71	Replace all teeth and acrylic on cast metal	07	D6780	titanium alloys Retainer crown - 3/4 cast high noble metal	
,	framework		D6781	Retainer crown - 3/4 cast predominantly base	
D5710/11 D5720/21	Rebase complete maxillary/mandibular denture. Rebase maxillary/mandibular partial denture		DC702	metal	
D5725/21	Rebase hybrid prosthesis		D6782 D6783	Retainer crown - 3/4 cast noble metal Retainer crown - 3/4 porc./ceramic	470 511
D5730/31	Reline complete maxillary/mandibular denture		D6784	Retainer crown – 3/4 titanium and titanium	311
D5740/41	(direct)Reline maxillary/mandibular partial denture	159	56700/04/02	alloys	523
03740/41	(direct)	155	D6790/91/92 D6794	Retainer crown - full cast metal Retainer crown - titanium	
D5750/51	Reline complete maxillary/mandibular denture	224	D6930	Recement or rebond fixed partial denture	
D5760/61	(indirect)Reline maxillary/mandibular partial denture	224	D6980	Fixed partial denture repair, by report	172
	(indirect)	224	Oral Surgery <sup>1</sup>		<b>5.</b>
D5765	Soft liner for complete or partial removable denture – indirect	53	D7111 D7140	Extraction, coronal remnants - primary tooth Extraction, erupted tooth or exposed root	
D5810/11	Interim complete denture - maxillary/	55	D7210	Extraction, erupted tooth or exposed root	
	mandibular	362	D7220	Removal of impacted tooth - soft tissue	
D5820/21	Interim partial denture (including retentive/ clasping materials, rests, and teeth), maxillary/		D7230 D7240	Removal of impacted tooth - partially bony Removal of impacted tooth - completely bony	
	mandibular	362	D7240	Removal of imp. tooth - completely bony, with	241
D5850/51	Tissue conditioning - maxillary/mandibular			unusual surg. complications	
<b>Bridge &amp; Pont</b>			D7250 D7251	Removal of residual tooth roots Coronectomy – intentional partial tooth removal,	
	ALL IMPLANT SERVICES - 15% DISCOUNT		D7231	impacted teeth only	
D6081	-D0363 cone beam imaging w/ implants) Scaling and debridement in the presence of		D7270	Tooth reimplant./stabiliz. of acc. evulsed/	
20002	inflammation or mucositis of a single implant,		D7280	displaced tooth Exposure of an unerupted tooth	
	including cleaning of the implant surfaces, without flap entry and closure	63	D7291	Transseptal fiberotomy/supra crestal fiberotomy,	133
D6210/11/12	Pontic - metal	495		by report	
D6240/41/42	Pontic - porcelain fused metal		D7310/20 D7509	Alveoloplasty, per quad	
D6243	Pontic – porcelain fused to titanium and titanium alloys	523	D7509 D7510	Marsupialization of odontogenic cyst Incision and drainage of abscess - intraoral soft	400
D6245	Pontic - porcelain/ceramic	560		tissue	96
D6250/51/52	Pontic - resin with metal	495	D7922	Placement of intra-socket biological dressing to	25
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7961	aid in hemostasis or clot stabilization, per site  Buccal/labial frenectomy (frenulectomy)	
D6548	Ret porc./ceramic for resin bonded fixed		D7962	Lingual frenectomy (frenulectomy)	263
D6549	prosthesis Resin retainer - for resin bonded fixed prosthesis		D7979	Non-surgical sialolithotomy	43
D6549 D6600	Retainer inlay - porc./ceramic, two surfaces		Orthodontics <sup>2</sup>		
D6601	Retainer inlay - porc./ceramic, >=3 surfaces		D8090 D8660	Comp. ortho. treatment - adult dentition  Pre-orthodontic treatment visit	
D6602	Retainer inlay - cast high noble metal, two surfaces	407	D8670	Periodic ortho. treatment visit (as part of	413
D6603	Retainer inlay - cast high noble metal, >=3	407		contract)	118
	surfaces	425			

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CODE	DESCRIPTION COPAYMENT	(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
<b>Adjunctive Ge</b>	neral 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	_
D0000	anesthesia	0
D9222	Deep sedation/general anesthesia - first 15	100
D0222	minutes	103
D9223	Deep sedation/general anesthesia - each	103
D9230	subsequent 15 min incrInhalation of nitrous oxide/analgesia, anxiolysis	37
D9239	Intravenous moderate sedation/analgesia – first	37
D9239	15 minutes	103
D9243	Intravenous moderate sedation/analgesia- each	103
552 15	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 D9995	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored	U
D3330	and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special	J
	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**

ADA

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.
- 2. Servicés which aré 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.
- 4. 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.
- 6. Dispensing of drugs.
- 7. 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.

10. Procedures not listed as covered benefits under this Plan.

**DESCRIPTION** 

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).

**MEMBER** 

**COPAYMENT(S)** 

- 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**

**MEMBER** 

**ADA** 

CODE

- 1. 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.
- 3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- 4. One (1) tópical fluoride or fluoride varnish is covered per calendar year per patient.
- 5. 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.
- 8. 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.
- 11. 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.
- 13. Scaling in presence of generalized moderate or severe gingival inflammation full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
- 15. Full mouth debridement is covered once per lifetime per patient.
- 16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
- 17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- 18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- 19. Coronectomy intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
- 21. Orthodontia treatment is limited to once per lifetime.



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

- 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		МЕМВ	ER	ADA		MEMB	ER
CODE	DESCRIPTION	COPAYMENT		CODE	DESCRIPTION	COPAYMENT	
Diagnostic/P	reventive			D0708	Intraoral – bitewing radiogra	phic image – image	
	Office visit		10		capture only		0
D0120	Periodic oral eval - establishe	ed patient	0	D0709	Intraoral – comprehensive se		
D0140	Limited oral eval - problem for	ocused	0		images – image capture only		
D0150	Comprehensive oral eval - ne	ew or established		D1110	Prophylaxis (cleaning) - adult		13
	patient		0	D1110*	Additional cleaning (expecting		
D0160	Detailed and extensive oral e				Diabetics)		
	focused			D1206	Topical application of fluorid		
D0170	Re-evaluation - limited, prob		0	D1208	Topical application of fluorid		0
D0180	Comp. periodontal eval - nev	v or established	0.0	D1310	Nutritional counseling for co		•
D0240	patient		36	D1220	disease		U
D0210	Intraoral – comprehensive se		20	D1320	Tobacco counseling for the c		0
D0330	images			D1321	prevention of oral disease		U
D0220 D0230	Intraoral - periapical first rad		U	D1321	Perio scaling and root planin quad		Ω
D0230	Intraoral - periapical each ad image		Ο	D1330	Oral hygiene instructions		
D0240	Intraoral - occlusal radiograp						U
D0250	Extra-oral - 2D projection rac			Restorative (			
D0230 D0270-74	Bitewing x-rays - 1 to 4 radio			D2140	Amalgam - one surface, prim		
D0277	Vertical bitewings - 7 to 8 rad			D2150	Amalgam - two surfaces, prin		
D0330	Panoramic radiographic imag			D2160	Amalgam - three surfaces, pr		
D0340	2D cephalometric radiograph			D2161	Amalgam - >=4 surfaces, prir		
D0350	2D oral/facial photographic i			D2330	Resin-based composite - one		
2000	orally or extra-orally			D2331	Resin-based composite - two		
D0372	Intraoral tomosynthesis – co			D2332	Resin-based composite - thre	-	
	of radiographic images		26	D2335	Resin-based composite - >=4	-	
D0373	Intraoral tomosynthesis – bit			D2390	Resin-based composite crow		
	image		0	D2391 D2392	Resin-based composite - one		
D0374	Intraoral tomosynthesis – pe	riapical radiographic	Λ	D2392 D2393	Resin-based composite - two Resin-based composite - thre		87
D0387	image Intraoral tomosynthesis – co		U	D2393	posterior		102
D0367	of radiographic images – ima		Λ	D2394	Resin-based composite - >=4		
D0388	Intraoral tomosynthesis – bit		O		·	surfaces, posterior.	123
20300	image – image capture only .		0	Crown & Brid			
D0389	Intraoral tomosynthesis – pe			D2510	Inlay - metallic - one surface.		
	image – image capture only .		0	D2520	Inlay - metallic - two surfaces		
D0460	Pulp vitality tests			D2530	Inlay - metallic - three or mo		
D0470	Diagnostic casts		0	D2542	Onlay - metallic-two surfaces		
D0701	Panoramic radiographic imag	ge – image capture		D2543 D2544	Onlay - metallic-three surfac		
	only		0	_	Onlay - metallic-four or more		
D0702	2-D cephalometric radiograp			D2610 D2620	Inlay - porcelain/ceramic - or		
	capture only		0	D2630	Inlay - porcelain/ceramic - tw Inlay - porcelain/ceramic - >=		
D0703	2-D oral/facial photographic		_	D2642	Onlay - porcelain/ceramic - t		
	intra-orally or extra-orally – i		0	D2643	Onlay - porcelain/ceramic - t		
D0705	Extra-oral posterior dental ra		_	D2644	Onlay - porcelain/ceramic - >		
D0706	image capture only		0	D2650	Inlay - resin-based composite		
D0706	Intraoral – occlusal radiograp		0	D2651	Inlay - resin-based composite		
D0707	capture only		U	D2652	Inlay - resin-based composite		
D0707	Intraoral – periapical radiogra		0	D2662	Onlay - resin-based composit		
	capture only		U	32002	J.ma, Tesmi basea composi		

ADA	MEME	BER	ADA	MEM	BER
CODE	DESCRIPTION COPAYMENT		CODE	DESCRIPTION COPAYMEN	
D2663	Onlay - resin-based composite - three surfaces		D3950	Canal prep/fitting of preformed dowel or post	136
D2664	Onlay - resin-based composite - >=4 surfaces		Periodontics <sup>1</sup>		
D2710	Crown - resin based composite (indirect)		D4210	Gingivectomy or gingivoplasty - >3 cont. teeth,	
D2712 D2720/21/22	Crown - 3/4 resin-based composite (indirect) Crown - resin with metal			per quad	279
D2740	Crown - porcelain/ceramic		D4211	Gingivectomy or gingivoplasty - <=3 teeth, per	100
D2750/51/52	Crown - porcelain fused metal	523	D4240	quadGingival flap procedure, including root planing -	100
D2753	Crown - porcelain fused to titanium and titanium		54240	four or more contiguous teeth or tooth bounded	
D2780/81/82	alloys Crown - 3/4 cast with metal			spaces per quadrant	
D2780/81/82 D2783	Crown - 3/4 porcelain/ceramic		D4241	Gingival flap procedure, including root planing -	
D2790/91/92	Crown - full cast metal			one to three contiguous teeth or tooth bounded spaces per quadrant	106
D2794	Crown - titanium and titanium alloys	523	D4260	Osseous surgery - >3 cont. teeth, per quad	
D2910/20	Recement inlay, onlay/crown or partial coverage	42	D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D2931	rest Prefab. stainless steel crown		D4263	Bone replacement graft - retained natural tooth	
D2932	Prefabricated resin crown		D4264	first site in quad Bone replacement graft - retained natural tooth	
D2940	Protective restoration		D4204	each additional site in quad	
D2950	Core buildup, including any pins	125	D4265	Biological materials to aid in soft and osseous	.00
D2951	Pin retention - per tooth, in addition to	22		tissue regeneration, per site	
D2952	restoration  Post and core in addition to crown		D4268	Surgical revision proc., per tooth	
D2952 D2954	Prefab. post and core in addition to crown		D4270 D4273	Pedicle soft tissue graft procedure	530
D2955	Post removal (not in conj. with endo. therapy)		D42/3	first tooth	660
D2980	Crown repair necessitated by restorative material		D4274	Mesial/distal wedge procedure, single tooth	
	failure	102	D4275	Non-autogenous connective tissue graft	
D2981	Inlay repair necessitated by restorative material	102		(including recipient site and donor material) first	
D2982	failure Onlay repair necessitated by restorative material	102		tooth, implant, or edentulous tooth position in	705
D2302	failure	102	D4277	graft  Free soft tissue graft procedure, first tooth	
Funda da unticat			D4277	Free soft tissue graft procedure, first tooth	
Endodontics <sup>1</sup> D3110/20	Pulp cap - direct/indirect (excl. final restoration).	32	D4286	Removal of non-resorbable barrier	
D3110/20 D3220	Therapeutic pulpotomy (excl. final restor.)		D4341	Perio scaling and root planing - >3 cont teeth, pe	r
D3221	Pulpal debridement			quad	109
D3230	Pulpal therapy - resorbable filling, anterior,		D4342	Perio scaling and root planing - <= 3 teeth, per	62
D2240	primary tooth	82	D4346	quad Scaling in presence of generalized moderate or	63
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	140		severe gingival inflammation - full mouth, after	
D3310	Endodontic therapy, anterior tooth (excl. final	1.0		oral evaluation	51
	restor.)	341	D4355	Full mouth debridement to enable a	
D3320	Endodontic therapy, premolar tooth (excl. final	410		comprehensive periodontal evaluation and diagnosis on a subsequent visit	20
D3330	restor.) Endodontic therapy, molar tooth (excl. final	418	D4381	Localized delivery of antimicrobial agents	
D3330	restor.)	512	D4910	Periodontal maintenance	
D3333	Internal root repair of perforation defects		Prosthetics (D	entures)	
D3346	Retreat of prev. root canal therapy, anterior		D5110/20	Complete denture - maxillary/mandibular	697
D3347	Retreat of prev. root canal therapy, premolar		D5130/40	Immediate denture - maxillary/mandibular	
D3348 D3410	Retreat of prev. root canal therapy, molar Apicoectomy - anterior		D5211/12	Maxillary/mandibular partial denture - resin	
D3421	Apicoectomy - premolar (first root)		DE242/44	base	649
D3425	Apicoectomy - molar (first root)		D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl.	
D3426	Apicoectomy - (each add. root)			retentive/clasing materials, rests and teeth)	750
D3430	Retrograde filling - per root		D5221	Immediate maxillary partial denture - resin base	,50
D3450	Root amputation - per root			(incl. retentive/clasing materials, rests and teeth	649
D3471 D3472	Surgical repair of root resorption - anterior Surgical repair of root resorption – premolar		D5222	Immediate mandibular partial denture - resin	
D3472	Surgical repair of root resorption – premotal			base (incl. retentive/clasing materials, rests and	C40
D3501	Surgical exposure of root surface without	.10	D5223	teeth) Immediate maxillary partial denture - cast metal	649
	apicoectomy or repair of root resorption –		55225	framework framework with resin denture bases	
20565	anterior	323		(incl. retentive/clasing materials, rests and teeth	750
D3502	Surgical exposure of root surface without		D5224	Immediate mandibular partial denture - cast	
	apicoectomy or repair of root resorption – premolar	364		metal framework framework with resin denture	
D3503	Surgical exposure of root surface without	JU-1		bases (incl. retentive/clasing materials, rests and teeth)	
	apicoectomy or repair of root resorption – molar	418	D5225/26	Maxillary/mandibular partial denture - flexible	750
D3920	Hemisection, not inc. root canal therapy			base	750
D3921	Decoronation or submergence of an erupted	40-			
	tooth	107			

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ADA	MEM	BER	ADA	MEME	BER
CODE	DESCRIPTION COPAYMENT	T(S)	CODE	DESCRIPTION COPAYMENT	(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and	2	D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D5282/83	teeth) Rem. unilateral partial denture - one piece cast	. 750	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
, , , ,	metal, maxillary/mandibular	. 419	D6606	Retainer inlay - cast noble metal, two surfaces	
D5284	Rem. unilateral partial denture – one piece		D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
	flexible base (including clasps and teeth) – per	410	D6608	Retainer onlay - porc./ceramic, two surfaces	479
D5286	quadrant Rem. unilateral partial denture – one piece resin		D6609	Retainer onlay - porc./ceramic, three or more	400
D3200	(including clasps and teeth) – per quadrant		D6610	surfaces Retainer onlay - cast high noble metal, two	499
D5410/11	Adjust complete denture - maxillary/mandibular		D0010	surfaces	458
D5421/22	Adjust partial denture - maxillary/mandibular	. 38	D6611	Retainer onlay - cast high noble metal, >=3	
D5511	Repair broken complete denture base,	07		surfaces	524
D5512	mandibular Repair broken complete denture base, maxillary		D6612	Retainer onlay - cast predominantly base metal,	<b>1</b> E0
D5520	Replace missing or broken teeth - complete	. 07	D6613	two surfaces	458
	denture	. 87	D0013	>=3 surfaces	524
D5611	Repair resin partial denture base, mandibular		D6614	Retainer onlay - cast noble metal, two surfaces	
D5612	Repair resin partial denture base, maxillary		D6615	Retainer onlay - cast noble metal, >=3 surfaces	
D5621 D5622	Repair cast partial framework, mandibular Repair cast partial framework, maxillary		D6720/21/22	Retainer crown - resin with metal	
D5630/60	Clasp repaired, replaced or added		D6740 D6750/51/52	Retainer crown - porcelain/ceramic Retainer crown - porcelain fused metal	
D5640	Replace broken teeth - per tooth		D6753	Retainer crown – porcelain fused to titanium and	
D5650	Add tooth to existing partial denture		20733	titanium alloys	
D5670/71	Replace all teeth and acrylic on cast metal	207	D6780	Retainer crown - 3/4 cast high noble metal	470
D5710/11	framework		D6781	Retainer crown - 3/4 cast predominantly base	470
D5710/11 D5720/21	Rebase complete maxillary/mandibular denture Rebase maxillary/mandibular partial denture		D6782	metal	
D5725/21	Rebase hybrid prosthesis		D6782	Retainer crown - 3/4 cast noble metal Retainer crown - 3/4 porc./ceramic	
D5730/31	Reline complete maxillary/mandibular denture		D6784	Retainer crown – 3/4 titanium and titanium	311
	(direct)	. 159		alloys	523
D5740/41	Reline maxillary/mandibular partial denture (direct)	155	D6790/91/92	Retainer crown - full cast metal	
D5750/51	Reline complete maxillary/mandibular denture	. 133	D6794	Retainer crown - titanium	
20,00,02	(indirect)	. 224	D6930 D6980	Recement or rebond fixed partial denture Fixed partial denture repair, by report	
D5760/61	Reline maxillary/mandibular partial denture			Tixed partial deficate repair, by report	1,2
DEZCE	(indirect)	. 224	Oral Surgery¹ D7111	Extraction, coronal remnants - primary tooth	56
D5765	Soft liner for complete or partial removable denture – indirect	. 53	D7111	Extraction, erupted tooth or exposed root	
D5810/11	Interim complete denture - maxillary/	. 55	D7210	Extraction, erupted tooth req elev, etc	
•	mandibular	. 362	D7220	Removal of impacted tooth - soft tissue	151
D5820/21	Interim partial denture (including retentive/		D7230	Removal of impacted tooth - partially bony	
	clasping materials, rests, and teeth), maxillary/mandibular	. 362	D7240 D7241	Removal of impacted tooth - completely bony Removal of imp. tooth - completely bony, with	241
D5850/51	Tissue conditioning - maxillary/mandibular		07241	unusual surg. complications	217
Bridge & Ponti			D7250	Removal of residual tooth roots	
•	ALL IMPLANT SERVICES - 15% DISCOUNT		D7251	Coronectomy – intentional partial tooth removal,	
	-D0363 cone beam imaging w/ implants)		D7270	impacted teeth only	217
D6081	Scaling and debridement in the presence of		D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	226
	inflammation or mucositis of a single implant, including cleaning of the implant surfaces,		D7280	Exposure of an unerupted tooth	
	without flap entry and closure	. 63	D7291	Transseptal fiberotomy/supra crestal fiberotomy,	
D6210/11/12	Pontic - metal	. 495		by report	
D6240/41/42	Pontic - porcelain fused metal		D7310/20	Alveoloplasty, per quad	
D6243	Pontic – porcelain fused to titanium and titaniur alloys	n 522	D7509 D7510	Marsupialization of odontogenic cyst Incision and drainage of abscess - intraoral soft	400
D6245	Pontic - porcelain/ceramic		D7310	tissue	96
D6250/51/52	Pontic - resin with metal		D7922	Placement of intra-socket biological dressing to	
D6545	Retainer - cast metal for resin bonded fixed	:	D705:	aid in hemostasis or clot stabilization, per site	
DCE 40	prosthesis	. 251	D7961 D7962	Buccal/labial frenectomy (frenulectomy)	
D6548	Ret porc./ceramic for resin bonded fixed prosthesis	. 393	D7962 D7979	Lingual frenectomy (frenulectomy) Non-surgical sialolithotomy	
D6549	Resin retainer - for resin bonded fixed prosthesis			14011 Surgicul Sidiolitilotolliy	73
D6600	Retainer inlay - porc./ceramic, two surfaces	. 427	Orthodontics <sup>2</sup> D8090	Comp ortho treatment adult dentition	2650
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	. 445	D8660	Comp. ortho. treatment - adult dentition  Pre-orthodontic treatment visit	
D6602	Retainer inlay - cast high noble metal, two surfaces	. 407	D8670	Periodic ortho. treatment visit (as part of	.13
		. +0/		contract)	118
D6603	Retainer inlay - cast high noble metal, >=3			· · · · · · · · · · · · · · · · · · ·	

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CODE	DESCRIPTION COPAYMENT(S		(S)
D8680	Orthodontic retention (rem. of ap placement of retainer(s))		413
Adjunctive General Services			
D9110	Palliative treatment of dental pain	n – per visit	43
D9210/15	Local anesthesia		0
D9211	Regional block anesthesia		0
D9212	Trigeminal division block anesthes		0
D9219	Evaluation for deep sedation or ge		^
D9222	anesthesia		0
D9222	Deep sedation/general anesthesia minutes		103
D9223	Deep sedation/general anesthesia		103
D3223	subsequent 15 min incr	i - eacii	103
D9230	Inhalation of nitrous oxide/analge	sia. anxiolysis	37
D9239	Intravenous moderate sedation/a	nalgesia – first	
	15 minutes		103
D9243	Intravenous moderate sedation/a	nalgesia- each	
	subsequent 15 min		103
D9310	Consultation (diagnostic service b		
D0640	dentist)		43
D9613	Infiltration of sustained release th		100
D9910	per quadrant Application of desensitizing medic		190 31
D9930	Treatment of complications (post-		43
D9944	Occlusal guard – hard appliance, f		272
D9945	Occlusal guard – soft appliance, fu		272
D9946	Occlusal guard – hard appliance, p		272
D9950	Occlusion analysis - mounted case		104
D9951	Occlusal adjustment - limited		66
D9952	Occlusal adjustment - complete		266
D9953	Reline custom sleep apnea appliar		175
D9986	Missed appointment		50
D9995	Teledentistry – synchronous; real-		•
DOOOC	encounter		0
D9996	Teledentistry – asynchronous; info and forwarded to dentist for subse		Ω
D9997	Dental case management – patien		0
DJ331	health care needs		50
	Treater date freeds		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**

ADA

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.

- 3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- 4. Oral surgery requiring the setting of fractures or dislocations.
- 5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
- 6. Dispensing of drugs.
- 7. 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.

10. Procedures not listed as covered benefits under this Plan.

**DESCRIPTION** 

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).

**MEMBER** 

**COPAYMENT(S)** 

- 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**

**MEMBER** 

**ADA** 

CODE

- 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.
- 3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- 4. One (1) tópical fluoride or fluoride varnish is covered per calendar year per patient.
- 5. 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.
- 8. 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.
- 11. 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.
- 13. Scaling in presence of generalized moderate or severe gingival inflammation full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
- 15. Full mouth debridement is covered once per lifetime per patient.
- 16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
- 17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- 18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
- 19. Coronectomy intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.
- 21. Orthodontia treatment is limited to once per lifetime.