

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



**Select Plan Premium 705xa (DC)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services Services (age 19 and over)**

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
	Office visit.....	10	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0120	Periodic oral eval - established patient	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0140	Limited oral eval - problem focused.....	0	D1110	Prophylaxis (cleaning) - adult	0
D0150	Comprehensive oral eval - new or established patient	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0160	Detailed and extensive oral eval - problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient.....	36	D1310	Nutritional counseling for control of dental disease.....	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0220	Intraoral - periapical first radiographic image	0	D1321	Perio scaling and root planing - <= 3 teeth, per quad	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1330	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	Restorative (Fillings)		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.....	37
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2150	Amalgam - two surfaces, prim. or perm.....	46
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2160	Amalgam - three surfaces, prim. or perm.	58
D0330	Panoramic radiographic image	30	D2161	Amalgam - >=4 surfaces, prim. or perm.	69
D0340	2D cephalometric radiographic image	0	D2330	Resin-based composite - one surface, anterior....	64
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2331	Resin-based composite - two surfaces, anterior ..	76
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2332	Resin-based composite - three surfaces, anterior	90
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	109
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2390	Resin-based composite crown, anterior.....	175
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2391	Resin-based composite - one surface, posterior ..	68
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2392	Resin-based composite - two surfaces, posterior.	80
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2393	Resin-based composite - three surfaces, posterior	93
D0460	Pulp vitality tests	0	D2394	Resin-based composite - >=4 surfaces, posterior.	112
D0470	Diagnostic casts	0	Crown & Bridge		
D0701	Panoramic radiographic image – image capture only.....	0	D2510	Inlay - metallic - one surface.....	390
D0702	2-D cephalometric radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	390
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2530	Inlay - metallic - three or more surfaces.....	407
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	423
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	511
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	511
			D2610	Inlay - porcelain/ceramic - one surface	410
			D2620	Inlay - porcelain/ceramic - two surfaces.....	410
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427
			D2642	Onlay - porcelain/ceramic - two surfaces	439
			D2643	Onlay - porcelain/ceramic - three surfaces.....	459
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
			D2650	Inlay - resin-based composite - one surface	425
			D2651	Inlay - resin-based composite - two surfaces	425
			D2652	Inlay - resin-based composite - >=3 surfaces.....	425
			D2662	Onlay - resin-based composite - two surfaces.....	429

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D2663	Onlay - resin-based composite - three surfaces ...	429	D3950	Canal prep/fitting of preformed dowel or post	125
D2664	Onlay - resin-based composite - >=4 surfaces.....	429			
D2710	Crown - resin based composite (indirect).....	259	Periodontics¹		
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D2720/21/22	Crown - resin with metal	470	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D2740	Crown - porcelain/ceramic	531	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	324
D2750/51/52	Crown - porcelain fused metal	495	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90
D2753	Crown - porcelain fused to titanium and titanium alloys	495	D4260	Osseous surgery - >3 cont. teeth, per quad	485
D2780/81/82	Crown - 3/4 cast with metal	457	D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502
D2790/91/92	Crown - full cast metal.....	481	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393
D2794	Crown - titanium and titanium alloys.....	495	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4268	Surgical revision proc., per tooth	329
D2931	Prefab. stainless steel crown	119	D4270	Pedicle soft tissue graft procedure.....	434
D2932	Prefabricated resin crown	135	D4273	Autogenous connective tissue graft procedure, first tooth.....	540
D2940	Protective restoration	37	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2950	Core buildup, including any pins	120	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4277	Free soft tissue graft procedure, first tooth	441
D2952	Post and core in addition to crown	181	D4278	Free soft tissue graft procedure, each add. tooth	68
D2954	Prefab. post and core in addition to crown	148	D4286	Removal of non-resorbable barrier	90
D2955	Post removal (not in conj. with endo. therapy)....	101	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105
D2980	Crown repair necessitated by restorative material failure	93	D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D2981	Inlay repair necessitated by restorative material failure	93	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
D2982	Onlay repair necessitated by restorative material failure	93	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77
Endodontics¹			D4381	Localized delivery of antimicrobial agents.....	90
D3110/20	Pulp cap - direct/indirect (excl. final restoration). ..	28	D4910	Periodontal maintenance	66
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	Prosthetics (Dentures)		
D3221	Pulpal debridement.....	87	D5110/20	Complete denture - maxillary/mandibular.....	664
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70	D5130/40	Immediate denture - maxillary/mandibular	708
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120	D5211/12	Maxillary/mandibular partial denture - resin base.....	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	613
D3333	Internal root repair of perforation defects.....	96	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3346	Retreat of prev. root canal therapy, anterior.....	356	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3347	Retreat of prev. root canal therapy, premolar	418	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D3348	Retreat of prev. root canal therapy, molar	527			
D3410	Apicoectomy - anterior	310			
D3421	Apicoectomy - premolar (first root)	333			
D3425	Apicoectomy - molar (first root)	379			
D3426	Apicoectomy - (each add. root).....	148			
D3430	Retrograde filling - per root.....	113			
D3450	Root amputation - per root	202			
D3471	Surgical repair of root resorption - anterior	310			
D3472	Surgical repair of root resorption - premolar	333			
D3473	Surgical repair of root resorption - molar.....	379			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	310			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	333			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	379			
D3920	Hemisection, not inc. root canal therapy	202			
D3921	Decoronation or submergence of an erupted tooth	100			

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D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant.....	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	397	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6608	Retainer onlay - porc./ceramic, two surfaces.....	439
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5511	Repair broken complete denture base, mandibular	84	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5512	Repair broken complete denture base, maxillary.	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5520	Replace missing or broken teeth - complete denture.....	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5611	Repair resin partial denture base, mandibular.....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5612	Repair resin partial denture base, maxillary.....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5621	Repair cast partial framework, mandibular.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	511
D5622	Repair cast partial framework, maxillary.....	84	D6720/21/22	Retainer crown - resin with metal	470
D5630/60	Clasp repaired, replaced or added	112	D6740	Retainer crown - porcelain/ceramic	531
D5640	Replace broken teeth - per tooth	84	D6750/51/52	Retainer crown - porcelain fused metal	495
D5650	Add tooth to existing partial denture	84	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	495
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6780	Retainer crown - 3/4 cast high noble metal	457
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6781	Retainer crown - 3/4 cast predominantly base metal	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6782	Retainer crown - 3/4 cast noble metal	457
D5725	Rebase hybrid prosthesis.....	253	D6783	Retainer crown - 3/4 porc./ceramic	469
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6784	Retainer crown - 3/4 titanium and titanium alloys	495
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6790/91/92	Retainer crown - full cast metal.....	481
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6794	Retainer crown - titanium	495
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6930	Recement or rebond fixed partial denture.....	66
D5765	Soft liner for complete or partial removable denture - indirect.....	50	D6980	Fixed partial denture repair, by report	157
D5810/11	Interim complete denture - maxillary/mandibular	333	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	333	D7111	Extraction, coronal remnants - primary tooth.....	45
D5850/51	Tissue conditioning - maxillary/mandibular	75	D7140	Extraction, erupted tooth or exposed root	63
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	127
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	144
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	57	D7230	Removal of impacted tooth - partially bony.....	189
D6210/11/12	Pontic - metal	481	D7240	Removal of impacted tooth - completely bony	227
D6240/41/42	Pontic - porcelain fused metal.....	495	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D6243	Pontic - porcelain fused to titanium and titanium alloys	495	D7250	Removal of residual tooth roots.....	136
D6245	Pontic - porcelain/ceramic.....	531	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	181
D6250/51/52	Pontic - resin with metal.....	470	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D7280	Exposure of an unerupted tooth	111
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7310/20	Alveoloplasty, per quad	135
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7509	Marsupialization of odontogenic cyst	360
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427	D7510	Incision and drainage of abscess - intraoral soft tissue	91
D6602	Retainer inlay - cast high noble metal, two surfaces	390	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	D7961	Buccal/labial frenectomy (frenulectomy).....	256
			D7962	Lingual frenectomy (frenulectomy).....	256
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118

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D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413	9.	Replacement due to loss or theft of prosthetic appliance.	
Adjunctive General Services			10.	Procedures not listed as covered benefits under this Plan.	
D9110	Palliative treatment of dental pain – per visit	43	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).	
D9210/15	Local anesthesia	0	12.	Services related to the treatment of TMD (Temporomandibular Disorder).	
D9211	Regional block anesthesia	0	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.	
D9212	Trigeminal division block anesthesia	0	14.	Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.	
D9219	Evaluation for deep sedation or general anesthesia	0	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.	
D9222	Deep sedation/general anesthesia - first 15 minutes	103	Plan Limitations		
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103	1.	Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37	2.	One (1) problem focused exam is covered per calendar year per patient.	
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103	3.	Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).	
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103	4.	One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.	
D9310	Consultation (diagnostic service by nontreating dentist)	42	5.	Two (2) bitewing x-rays are covered per calendar year per patient.	
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190	6.	One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.	
D9910	Application of desensitizing medicament	31	7.	Replacement of a filling is covered if it is more than two (2) years from the date of original placement.	
D9930	Treatment of complications (post-surgical)	43	8.	Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.	
D9944	Occlusal guard – hard appliance, full arch.....	298	9.	Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.	
D9945	Occlusal guard – soft appliance, full arch	298	10.	Relining and rebasing of dentures is covered once every 24 months per patient.	
D9946	Occlusal guard – hard appliance, partial arch	298	11.	Retreatment of root canal is covered if it is more than two (2) years from the original treatment.	
D9950	Occlusion analysis - mounted case.....	81	12.	Root planing or scaling is covered once every 24 months per quadrant per patient.	
D9951	Occlusal adjustment - limited.....	62	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.	
D9952	Occlusal adjustment - complete.....	255	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	
D9953	Reline custom sleep apnea appliance (indirect)...	158	15.	Full mouth debridement is covered once per lifetime per patient.	
D9986	Missed appointment	50	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.	
D9995	Teledentistry – synchronous; real-time encounter	0	17.	Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.	
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0	18.	Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.	
D9997	Dental case management – patients with special health care needs.....	50	19.	Coronectomy - intentional partial tooth removal, once per lifetime.	
1.	As performed by a Participating General Dentist. See Plan Exclusion #13.		20.	Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.	
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.		21.	Orthodontia treatment is limited to once per lifetime.	

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

Plan Exclusions

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

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

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D0150	Comprehensive oral eval - new or established patient	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0160	Detailed and extensive oral eval - problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient.....	36	D1310	Nutritional counseling for control of dental disease.....	0
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D0701	Panoramic radiographic image – image capture only.....	0	D2510	Inlay - metallic - one surface.....	390
D0702	2-D cephalometric radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	390
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2530	Inlay - metallic - three or more surfaces.....	407
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	423
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	511
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	511
			D2610	Inlay - porcelain/ceramic - one surface	410
			D2620	Inlay - porcelain/ceramic - two surfaces.....	410
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427
			D2642	Onlay - porcelain/ceramic - two surfaces	439
			D2643	Onlay - porcelain/ceramic - three surfaces.....	459
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
			D2650	Inlay - resin-based composite - one surface	425
			D2651	Inlay - resin-based composite - two surfaces	425
			D2652	Inlay - resin-based composite - >=3 surfaces.....	425
			D2662	Onlay - resin-based composite - two surfaces.....	429

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2663	Onlay - resin-based composite - three surfaces ...	429	D3950	Canal prep/fitting of preformed dowel or post	125
D2664	Onlay - resin-based composite - >=4 surfaces.....	429			
D2710	Crown - resin based composite (indirect).....	259	Periodontics¹		
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D2720/21/22	Crown - resin with metal	470	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94
D2740	Crown - porcelain/ceramic	531	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	324
D2750/51/52	Crown - porcelain fused metal	495	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	90
D2753	Crown - porcelain fused to titanium and titanium alloys	495	D4260	Osseous surgery - >3 cont. teeth, per quad	485
D2780/81/82	Crown - 3/4 cast with metal	457	D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502
D2790/91/92	Crown - full cast metal.....	481	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393
D2794	Crown - titanium and titanium alloys.....	495	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4268	Surgical revision proc., per tooth	329
			D4270	Pedicle soft tissue graft procedure.....	434
D2931	Prefab. stainless steel crown	119	D4273	Autogenous connective tissue graft procedure, first tooth.....	540
D2932	Prefabricated resin crown	135	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2940	Protective restoration	37	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576
D2950	Core buildup, including any pins	120			
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4277	Free soft tissue graft procedure, first tooth	441
D2952	Post and core in addition to crown	181	D4278	Free soft tissue graft procedure, each add. tooth	68
D2954	Prefab. post and core in addition to crown	148	D4286	Removal of non-resorbable barrier	90
D2955	Post removal (not in conj. with endo. therapy)....	101	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105
D2980	Crown repair necessitated by restorative material failure	93	D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D2981	Inlay repair necessitated by restorative material failure	93	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
D2982	Onlay repair necessitated by restorative material failure	93	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77
			D4381	Localized delivery of antimicrobial agents.....	90
Endodontics¹			D4910	Periodontal maintenance	66
D3110/20	Pulp cap - direct/indirect (excl. final restoration). ..	28	Prosthetics (Dentures)		
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5110/20	Complete denture - maxillary/mandibular.....	664
D3221	Pulpal debridement.....	87	D5130/40	Immediate denture - maxillary/mandibular	708
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70	D5211/12	Maxillary/mandibular partial denture - resin base	613
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	613
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3333	Internal root repair of perforation defects.....	96	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3346	Retreat of prev. root canal therapy, anterior.....	356	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D3347	Retreat of prev. root canal therapy, premolar	418			
D3348	Retreat of prev. root canal therapy, molar	527			
D3410	Apicoectomy - anterior	310			
D3421	Apicoectomy - premolar (first root)	333			
D3425	Apicoectomy - molar (first root)	379			
D3426	Apicoectomy - (each add. root).....	148			
D3430	Retrograde filling - per root.....	113			
D3450	Root amputation - per root	202			
D3471	Surgical repair of root resorption - anterior	310			
D3472	Surgical repair of root resorption - premolar	333			
D3473	Surgical repair of root resorption - molar.....	379			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	310			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	333			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	379			
D3920	Hemisection, not inc. root canal therapy	202			
D3921	Decoronation or submergence of an erupted tooth	100			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant.....	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	397	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6608	Retainer onlay - porc./ceramic, two surfaces.....	439
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5511	Repair broken complete denture base, mandibular	84	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5512	Repair broken complete denture base, maxillary.	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5520	Replace missing or broken teeth - complete denture.....	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5611	Repair resin partial denture base, mandibular.....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5612	Repair resin partial denture base, maxillary.....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5621	Repair cast partial framework, mandibular.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	511
D5622	Repair cast partial framework, maxillary.....	84	D6720/21/22	Retainer crown - resin with metal	470
D5630/60	Clasp repaired, replaced or added	112	D6740	Retainer crown - porcelain/ceramic	531
D5640	Replace broken teeth - per tooth	84	D6750/51/52	Retainer crown - porcelain fused metal	495
D5650	Add tooth to existing partial denture	84	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	495
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6780	Retainer crown - 3/4 cast high noble metal	457
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6781	Retainer crown - 3/4 cast predominantly base metal	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6782	Retainer crown - 3/4 cast noble metal	457
D5725	Rebase hybrid prosthesis.....	253	D6783	Retainer crown - 3/4 porc./ceramic	469
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6784	Retainer crown - 3/4 titanium and titanium alloys	495
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6790/91/92	Retainer crown - full cast metal.....	481
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6794	Retainer crown - titanium	495
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6930	Recement or rebond fixed partial denture.....	66
D5765	Soft liner for complete or partial removable denture - indirect.....	50	D6980	Fixed partial denture repair, by report	157
D5810/11	Interim complete denture - maxillary/mandibular	333	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	333	D7111	Extraction, coronal remnants - primary tooth.....	45
D5850/51	Tissue conditioning - maxillary/mandibular	75	D7140	Extraction, erupted tooth or exposed root	63
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	127
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	144
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	57	D7230	Removal of impacted tooth - partially bony.....	189
D6210/11/12	Pontic - metal	481	D7240	Removal of impacted tooth - completely bony	227
D6240/41/42	Pontic - porcelain fused metal.....	495	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D6243	Pontic - porcelain fused to titanium and titanium alloys	495	D7250	Removal of residual tooth roots.....	136
D6245	Pontic - porcelain/ceramic.....	531	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	181
D6250/51/52	Pontic - resin with metal.....	470	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D7280	Exposure of an unerupted tooth	111
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7310/20	Alveoloplasty, per quad	135
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7509	Marsupialization of odontogenic cyst	360
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427	D7510	Incision and drainage of abscess - intraoral soft tissue	91
D6602	Retainer inlay - cast high noble metal, two surfaces	390	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	D7961	Buccal/labial frenectomy (frenulectomy).....	256
			D7962	Lingual frenectomy (frenulectomy).....	256
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
Adjunctive General Services		
D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	42
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.....	298
D9945	Occlusal guard – soft appliance, full arch	298
D9946	Occlusal guard – hard appliance, partial arch	298
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255
D9953	Reline custom sleep apnea appliance (indirect)...	158
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs.....	50

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

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

Plan Exclusions

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

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

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

Plan Limitations

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



**Select Plan Premium 705xa (MD)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services**

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D0708	Intraoral – bitewing radiographic image – image capture only	0
	Office visit.....	10	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0120	Periodic oral eval - established patient	0	D1110	Prophylaxis (cleaning) - adult	0
D0140	Limited oral eval - problem focused	0	D1110	Additional cleaning (expecting mothers or Diabetics).....	40
D0150	Comprehensive oral eval - new or established patient	0	D1206	Topical application of fluoride varnish.....	0
D0160	Detailed and extensive oral eval - problem focused.....	0	D1208	Topical application of fluoride - excluding varnish	0
D0170	Re-evaluation - limited, problem focused	0	D1310	Nutritional counseling for control of dental disease.....	0
D0180	Comp. periodontal eval - new or established patient	36	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use...	0
D0220	Intraoral - periapical first radiographic image	0	D1330	Oral hygiene instructions.....	0
D0230	Intraoral - periapical each add. radiographic image.....	0	Restorative (Fillings)		
D0240	Intraoral - occlusal radiographic image	0	D2140	Amalgam - one surface, prim. or perm.	37
D0250	Extra-oral - 2D projection radiographic image	0	D2150	Amalgam - two surfaces, prim. or perm.....	46
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2160	Amalgam - three surfaces, prim. or perm.	58
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2161	Amalgam - >=4 surfaces, prim. or perm.....	69
D0330	Panoramic radiographic image	30	D2330	Resin-based composite - one surface, anterior ...	64
D0340	2D cephalometric radiographic image	0	D2331	Resin-based composite - two surfaces, anterior ..	76
D0350	2D oral/facial photographic images (intraoral/extraoral).....	0	D2332	Resin-based composite - three surfaces, anterior	90
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2335	Resin-based composite - >=4 surfaces, anterior...	109
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2390	Resin-based composite crown, anterior.....	175
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2391	Resin-based composite - one surface, posterior ..	68
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2392	Resin-based composite - two surfaces, posterior.	80
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2393	Resin-based composite - three surfaces, posterior	93
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2394	Resin-based composite - >=4 surfaces, posterior.	112
D0460	Pulp vitality tests	0	Crown & Bridge		
D0470	Diagnostic casts	0	D2510	Inlay - metallic - one surface.....	390
D0701	Panoramic radiographic image – image capture only.....	0	D2520	Inlay - metallic - two surfaces.....	390
D0702	2-D cephalometric radiographic image – image capture only	0	D2530	Inlay - metallic - three or more surfaces.....	407
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only ..	0	D2542	Onlay - metallic-two surfaces	423
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2543	Onlay - metallic-three surfaces.....	511
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	511
D0707	Intraoral – periapical radiographic image – image capture only	0	D2610	Inlay - porcelain/ceramic - one surface	410
			D2620	Inlay - porcelain/ceramic - two surfaces.....	410
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427
			D2642	Onlay - porcelain/ceramic - two surfaces.....	439
			D2643	Onlay - porcelain/ceramic - three surfaces.....	459
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
			D2650	Inlay - resin-based composite - one surface.....	425
			D2651	Inlay - resin-based composite - two surfaces	425
			D2652	Inlay - resin-based composite - >=3 surfaces.....	425

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2662	Onlay - resin-based composite - two surfaces.....	429	D3950	Canal prep/fitting of preformed dowel or post	125
D2663	Onlay - resin-based composite - three surfaces ...	429			
D2664	Onlay - resin-based composite - >=4 surfaces.....	429	Periodontics¹		
D2710	Crown - resin based composite (indirect).....	259	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad	265
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94
D2720/21/22	Crown - resin with metal	470	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	324
D2740	Crown - porcelain/ceramic	531	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90
D2750/51/52	Crown - porcelain fused metal	495	D4260	Osseous surgery - >3 cont. teeth, per quad	485
D2753	Crown - porcelain fused to titanium and titanium alloys	495	D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D2780/81/82	Crown - 3/4 cast with metal	457	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393
D2790/91/92	Crown - full cast metal.....	481	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275
D2794	Crown - titanium and titanium alloys	495	D4268	Surgical revision proc., per tooth	329
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4270	Pedicle soft tissue graft procedure	434
D2931	Prefab. stainless steel crown - perm. tooth.....	119	D4273	Autogenous connective tissue graft procedure, first tooth.....	540
D2932	Prefabricated resin crown	135	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2940	Protective restoration.....	37	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576
D2950	Core buildup, including any pins	120	D4277	Free soft tissue graft procedure, first tooth	441
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4278	Free soft tissue graft procedure, each add. tooth	68
D2952	Post and core in addition to crown	181	D4286	Removal of non-resorbable barrier	90
D2954	Prefab. post and core in addition to crown	148	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105
D2955	Post removal (not in conj. with endo. therapy)....	101	D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D2980	Crown repair necessitated by restorative material failure	93	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
D2981	Inlay repair necessitated by restorative material failure	93	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77
D2982	Onlay repair necessitated by restorative material failure	93	D4381	Localized delivery of antimicrobial agents.....	90
			D4910	Periodontal maintenance	66
Endodontics¹			Prosthetics (Dentures)		
D3110/20	Pulp cap - direct/indirect (excl. final restoration). ..	28	D5110/20	Complete denture - maxillary/mandibular.....	664
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D5130/40	Immediate denture - maxillary/mandibular	708
D3221	Pulpal debridement.....	87	D5211/12	Maxillary/mandibular partial denture - resin base	613
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	613
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395	D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488	D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3333	Internal root repair of perforation defects	96	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D3346	Retreat of prev. root canal therapy, anterior	356	D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722
D3347	Retreat of prev. root canal therapy, premolar	418			
D3348	Retreat of prev. root canal therapy, molar	527			
D3410	Apicoectomy - anterior	310			
D3421	Apicoectomy - premolar (first root)	333			
D3425	Apicoectomy - molar (first root)	379			
D3426	Apicoectomy - (each add. root).....	148			
D3430	Retrograde filling - per root.....	113			
D3450	Root amputation (resection) - per root	202			
D3471	Surgical repair of root resorption - anterior	310			
D3472	Surgical repair of root resorption - premolar	333			
D3473	Surgical repair of root resorption - molar	379			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	310			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	333			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	379			
D3920	Hemisection, not inc. root canal therapy	202			
D3921	Decoronation or submergence of an erupted tooth	100			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant.....	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	397	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6608	Retainer onlay - porc./ceramic, two surfaces.....	439
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5511	Repair broken complete denture base, mandibular	84	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5512	Repair broken complete denture base, maxillary.	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5520	Replace missing or broken teeth - complete denture.....	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5611	Repair resin partial denture base, mandibular.....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5612	Repair resin partial denture base, maxillary.....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5621	Repair cast partial framework, mandibular.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces...	511
D5622	Repair cast partial framework, maxillary.....	84	D6720/21/22	Retainer crown - resin with metal	470
D5630/60	Clasp repaired, replaced or added	112	D6740	Retainer crown - porcelain/ceramic	531
D5640	Replace broken teeth - per tooth	84	D6750/51/52	Retainer crown - porcelain fused metal	495
D5650	Add tooth to existing partial denture	84	D6753	Retainer crown – porcelain fused to titanium and titanium alloys	495
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6780	Retainer crown - 3/4 cast high noble metal	457
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6781	Retainer crown - 3/4 cast predominantly base metal	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6782	Retainer crown - 3/4 cast noble metal	457
D5725	Rebase hybrid prosthesis.....	253	D6783	Retainer crown - 3/4 porc./ceramic	469
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6784	Retainer crown – 3/4 titanium and titanium alloys	495
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6790/91/92	Retainer crown - full cast metal.....	481
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6794	Retainer crown - titanium	495
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6930	Recement or rebond fixed partial denture.....	66
D5765	Soft liner for complete or partial removable denture – indirect.....	50	D6980	Fixed partial denture repair, by report	157
D5810/11	Interim complete denture - maxillary/mandibular	333	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	333	D7111	Extraction, coronal remnants - primary tooth.....	45
D5850/51	Tissue conditioning - maxillary/mandibular	75	D7140	Extraction, erupted tooth or exposed root	63
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	127
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	144
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	57	D7230	Removal of impacted tooth - partially bony	189
D6210/11/12	Pontic - metal	481	D7240	Removal of impacted tooth - completely bony	227
D6240/41/42	Pontic - porcelain fused metal.....	495	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D6243	Pontic – porcelain fused to titanium and titanium alloys	495	D7250	Removal of residual tooth roots.....	136
D6245	Pontic - porcelain/ceramic.....	531	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	181
D6250/51/52	Pontic - resin with metal.....	470	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D7280	Exposure of an unerupted tooth.....	111
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7310/20	Alveoloplasty, per quad	135
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7509	Marsupialization of odontogenic cyst	360
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427	D7510	Incision and drainage of abscess - intraoral soft tissue	91
D6602	Retainer inlay - cast high noble metal, two surfaces	390	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	D7961	Buccal/labial frenectomy (frenulectomy).....	256
D6604	Retainer inlay - cast predominantly base metal, two surfaces	390	D7962	Lingual frenectomy (frenulectomy)	256
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118
			D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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Adjunctive General Services

D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37
D9239	Intravenous moderate conscious sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate conscious sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	42
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.....	298
D9945	Occlusal guard – soft appliance, full arch.....	298
D9946	Occlusal guard – hard appliance, partial arch	298
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255
D9953	Reline custom sleep apnea appliance (indirect)...	158
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs	50

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

Plan Exclusions

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

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

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

Plan Limitations

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

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



Select Plan Premium 705xa (NJ)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
	Office visit	10	D0706	Intraoral – occlusal radiographic image – image capture only.....	0
D0120	Periodic oral eval - established patient	0	D0707	Intraoral – periapical radiographic image – image capture only.....	0
D0140	Limited oral eval - problem focused	0	D0708	Intraoral – bitewing radiographic image – image capture only.....	0
D0150	Comprehensive oral eval - new or established patient.....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only	0
D0160	Detailed and extensive oral eval - problem focused	0	D1110	Prophylaxis (cleaning) - adult	0
D0170	Re-evaluation - limited, problem focused .	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0210	Intraoral – comprehensive series of radiographic images	26	D1206	Topical application of fluoride varnish	0
D0220	Intraoral - periapical first radiographic image.....	0	D1208	Topical application of fluoride - excluding varnish.....	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1310/20/30	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D0250	Extra-oral - 2D projection radiographic image	0	Restorative (Fillings)		
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2140	Amalgam - one surface.....	37
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D2150	Amalgam - two surfaces	46
D0330	Panoramic radiographic image	30	D2160	Amalgam - three surfaces.....	58
D0340	2D cephalometric radiographic image	0	D2161	Amalgam - >=4 surfaces	69
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2330	Resin-based composite - one surface, anterior.....	64
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2331	Resin-based composite - two surfaces, anterior.....	76
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2332	Resin-based composite - three surfaces, anterior.....	90
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior.....	109
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D2390	Resin-based composite crown, anterior....	175
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .	0	D2391	Resin-based composite - one surface, posterior	68
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .	0	D2392	Resin-based composite - two surfaces, posterior.....	80
D0460	Pulp vitality tests	0	D2393	Resin-based composite - three surfaces, posterior.....	93
D0470	Diagnostic casts	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	112
D0701	Panoramic radiographic image – image capture only	0	Crown & Bridge		
D0702	2-D cephalometric radiographic image – image capture only.....	0	D2510/20	Inlay - metallic - one or two surfaces	390
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0	D2530	Inlay - metallic - three or more surfaces....	407
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2542	Onlay - metallic-two surfaces.....	423
			D2543/44	Onlay - metallic-three or four surfaces.....	511
			D2610/20	Inlay - porcelain/ceramic - one or two surfaces	410
			D2630	Inlay - porcelain/ceramic - >=3 surfaces....	427

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2642	Onlay - porcelain/ceramic - two surfaces..	439	D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar.....	333 / 367
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces..	459	D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	379 / 418
D2650/51/52	Inlay - resin-based composite - one or more surfaces.....	425	D3920	Hemisection, not inc. root canal therapy..	202 / 222
D2662/63/64	Onlay - resin-based composite - two or more surfaces.....	429	D3921	Decoronation or submergence of an erupted tooth	100 / 110
D2710	Crown - resin based composite (indirect)..	259	D3950	Canal prep/fitting of preformed dowel or post.....	125 / 138
D2712	Crown - 3/4 resin-based composite (indirect).....	450	Periodontics¹		
D2720/21/22	Crown - resin with metal	470	D0180	Comp. periodontal eval - new or established patient.....	36 / 40
D2740	Crown - porcelain/ceramic	531	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265 / 292
D2750/51/52	Crown - porcelain fused metal	495	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94 / 103
D2753	Crown - porcelain fused to titanium and titanium alloys.....	495	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	324 / 357
D2780/81/82	Crown - 3/4 cast with metal	457	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90 / 99
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4260	Osseous surgery - >3 cont. teeth, per quad	485 / 534
D2790/91/92	Crown - full cast metal.....	481	D4261	Osseous surgery - <=3 cont. teeth, per quad	360 / 396
D2794	Crown - titanium and titanium alloys	495	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502 / 553
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393 / 433
D2931	Prefab. stainless steel crown	119	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275 / 303
D2932	Prefabricated resin crown	135	D4268	Surgical revision proc., per tooth	329 / 362
D2940	Protective restoration	37	D4270	Pedicle soft tissue graft procedure.....	434 / 478
D2950	Core buildup, including any pins	120	D4273	Autogenous connective tissue graft procedure, first tooth.....	540 / 595
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4274	Mesial/distal wedge procedure, single tooth.....	308 / 339
D2952	Post and core in addition to crown	181	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	576 / 634
D2954	Prefab. post and core in addition to crown	148	D4277	Free soft tissue graft procedure, first tooth.....	441 / 486
D2955	Post removal (not in conj. with endo. therapy).....	101	D4278	Free soft tissue graft procedure, each add. tooth.....	68 / 75
D2980/81/82	Crown, inlay or onlay repair necessitated by restorative material failure	93	D4286	Removal of non-resorbable barrier	90 / 99
Endodontics¹			D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105 / 116
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	28 / 31	D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57 / 63
D3220	Therapeutic pulpotomy (excl. final restor.)	81 / 90	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	39 / 43
D3221	Pulpal debridement.....	87 / 96	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77 / 86
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	70 / 77	D4381	Localized delivery of antimicrobial agents	90 / 100
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	120 / 132	D4910	Periodontal maintenance	66 / 73
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325 / 357	Prosthetics (Dentures)		
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395 / 435	D5110/20	Complete denture - maxillary/mandibular	664
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488 / 537	D5130/40	Immediate denture - maxillary/mandibular	708
D3333	Internal root repair of perforation defects	96 / 106	D5211/12	Maxillary/mandibular partial denture - resin base	613
D3346	Retreat of prev. root canal therapy, anterior.....	356 / 393			
D3347	Retreat of prev. root canal therapy, premolar.....	418 / 461			
D3348	Retreat of prev. root canal therapy, molar	527 / 581			
D3410	Apicoectomy - anterior	310 / 342			
D3421	Apicoectomy - premolar (first root)	333 / 367			
D3425	Apicoectomy - molar (first root)	379 / 418			
D3426	Apicoectomy - (each add. root).....	148 / 164			
D3430	Retrograde filling - per root.....	113 / 125			
D3450	Root amputation - per root	202 / 223			
D3471	Surgical repair of root resorption - anterior.....	310 / 342			
D3472	Surgical repair of root resorption – premolar.....	333 / 367			
D3473	Surgical repair of root resorption – molar.	379 / 418			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior.....	310 / 342			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722	D6245	Pontic - porcelain/ceramic.....	531
D5221/22	Immediate maxillary/mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	613	D6250/51/52	Pontic - resin with metal.....	470
D5223/24	Immediate maxillary/mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	233
D5225/26	Maxillary/mandibular partial denture - flexible base.....	722	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6549	Resin retainer - for resin bonded fixed prosthesis	233
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6600	Retainer inlay - porc./ceramic, two surfaces	410
D5284/86	Rem. unilateral partial denture - one piece flexible/resin base (including clasps and teeth) - per quadrant.....	397	D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6602	Retainer inlay - cast high noble metal, two surfaces	390
D5421/22	Adjust partial denture - maxillary/mandibular	35	D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407
D5511/12	Repair broken complete denture base, mandibular/maxillary.....	84	D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D5520	Replace missing or broken teeth - complete denture.....	84	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5611/12	Repair resin partial denture base, mandibular/maxillary.....	84	D6606	Retainer inlay - cast noble metal, two surfaces	390
D5621/22	Repair cast partial framework, mandibular/maxillary.....	84	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5630/60	Clasp repaired, replaced or added	112	D6608	Retainer onlay - porc./ceramic, two surfaces	439
D5640/50	Replace broken teeth or add tooth to existing partial denture - per tooth	84	D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	459
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5710/11	Rebase complete maxillary/mandibular denture.....	253	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5725	Rebase hybrid prosthesis.....	253	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5730/31	Reline complete maxillary/mandibular denture (direct)	152	D6614	Retainer onlay - cast noble metal, two surfaces	423
D5740/41	Reline maxillary/mandibular partial denture (direct)	152	D6615	Retainer onlay - cast noble metal, >=3 surfaces	511
D5750/51	Reline complete maxillary/mandibular denture (indirect)	214	D6720/21/22	Retainer crown - resin with metal	470
D5760/61	Reline maxillary/mandibular partial denture (indirect)	214	D6740	Retainer crown - porcelain/ceramic	531
D5765	Soft liner for complete or partial removable denture - indirect.....	50	D6750/51/52	Retainer crown - porcelain fused metal	495
D5810/11	Interim complete denture - maxillary/mandibular	333	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	495
D5820/21	Interim partial denture (including retentive/clasing materials, rests, and teeth), maxillary/mandibular	333	D6780/81/82	Retainer crown - 3/4 cast high noble metal	457
D5850/51	Tissue conditioning - maxillary/mandibular	75	D6783	Retainer crown - 3/4 porc./ceramic	469
			D6784	Retainer crown - 3/4 titanium and titanium alloys	495
			D6790/91/92	Retainer crown - full cast metal.....	481
			D6794	Retainer crown - titanium	495
			D6930	Recement or rebond fixed partial denture	66
			D6980	Fixed partial denture repair, by report	157
			Oral Surgery¹		
			D7111	Extraction, coronal remnants - primary tooth.....	45 / 50
			D7140	Extraction, erupted tooth or exposed root	63 / 70
			D7210	Extraction, erupted tooth req elev, etc	127 / 140
			D7220	Removal of impacted tooth - soft tissue ...	144 / 159
			D7230	Removal of impacted tooth - partially bony.....	189 / 208
			D7240	Removal of impacted tooth - completely bony.....	227 / 250
			D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181 / 200
			D7250	Surgical removal of residual tooth roots ...	136 / 150
			D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	181 / 200
Bridge & Pontics					
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure...	57			
D6210/11/12	Pontic - metal	481			
D6240/41/42	Pontic - porcelain fused metal.....	495			
D6243	Pontic - porcelain fused to titanium and titanium alloys.....	495			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7270	Tooth reimplant./stabiliz. of acc. evulsed/ displaced tooth.....	211 / 232
D7280	Exposure of an unerupted tooth.....	111 / 122
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	41 / 45
D7310/20	Alveoloplasty, per quad	135 / 149
D7509	Marsupialization of odontogenic cyst	360 / 396
D7510	Incision and drainage of abscess - intraoral soft tissue	91 / 100
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25 / 28
D7961	Buccal/labial frenectomy (frenulectomy) ..	256 / 282
D7962	Lingual frenectomy (frenulectomy)	256 / 282
D7979	Non-surgical sialolithotomy.....	43 / 48

Orthodontics

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

Adjunctive General Services

D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222/23	Deep sedation/general anesthesia - each 15 minute increment.....	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	37
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment	103
D9310	Consultation (diagnostic service by nontreating dentist)	42
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9910	Application of desensitizing medicament .	31
D9930	Treatment of complications (post-surgical)	43
D9944/45/46	Occlusal guard – hard/soft appliance, full/ partial arch	298 / 298
D9950	Occlusion analysis - mounted case.....	81 / 90
D9951	Occlusal adjustment - limited.....	62 / 62
D9952	Occlusal adjustment - complete	255 / 255
D9953	Reline custom sleep apnea appliance (indirect).....	158
D9986	Missed appointment	50
D9995/96	Teledentistry – synchronous/ asynchronous	0
D9997	Dental case management – patients with special health care needs	50

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

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

Plan Exclusions

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

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

Plan Limitations

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

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



Select Plan Premium 705xa (PA)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services Services (age 19 and over)

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
	Office visit.....	10	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0120	Periodic oral eval - established patient	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0140	Limited oral eval - problem focused.....	0	D1110	Prophylaxis (cleaning) - adult	0
D0150	Comprehensive oral eval - new or established patient	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0160	Detailed and extensive oral eval - problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient.....	36	D1310	Nutritional counseling for control of dental disease.....	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0220	Intraoral - periapical first radiographic image	0	D1321	Perio scaling and root planing - <= 3 teeth, per quad	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1330	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	Restorative (Fillings)		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.....	37
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2150	Amalgam - two surfaces, prim. or perm.....	46
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2160	Amalgam - three surfaces, prim. or perm.	58
D0330	Panoramic radiographic image	30	D2161	Amalgam - >=4 surfaces, prim. or perm.	69
D0340	2D cephalometric radiographic image	0	D2330	Resin-based composite - one surface, anterior....	64
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2331	Resin-based composite - two surfaces, anterior ..	76
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2332	Resin-based composite - three surfaces, anterior	90
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	109
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2390	Resin-based composite crown, anterior.....	175
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2391	Resin-based composite - one surface, posterior ..	68
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2392	Resin-based composite - two surfaces, posterior.	80
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2393	Resin-based composite - three surfaces, posterior	93
D0460	Pulp vitality tests	0	D2394	Resin-based composite - >=4 surfaces, posterior.	112
D0470	Diagnostic casts	0	Crown & Bridge		
D0701	Panoramic radiographic image – image capture only.....	0	D2510	Inlay - metallic - one surface.....	390
D0702	2-D cephalometric radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	390
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2530	Inlay - metallic - three or more surfaces.....	407
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	423
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	511
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	511
			D2610	Inlay - porcelain/ceramic - one surface	410
			D2620	Inlay - porcelain/ceramic - two surfaces.....	410
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427
			D2642	Onlay - porcelain/ceramic - two surfaces	439
			D2643	Onlay - porcelain/ceramic - three surfaces.....	459
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
			D2650	Inlay - resin-based composite - one surface	425
			D2651	Inlay - resin-based composite - two surfaces	425
			D2652	Inlay - resin-based composite - >=3 surfaces.....	425
			D2662	Onlay - resin-based composite - two surfaces.....	429

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2663	Onlay - resin-based composite - three surfaces ...	429	D3950	Canal prep/fitting of preformed dowel or post	125
D2664	Onlay - resin-based composite - >=4 surfaces.....	429			
D2710	Crown - resin based composite (indirect).....	259	Periodontics¹		
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D2720/21/22	Crown - resin with metal	470	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D2740	Crown - porcelain/ceramic	531	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	324
D2750/51/52	Crown - porcelain fused metal	495	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90
D2753	Crown - porcelain fused to titanium and titanium alloys	495	D4260	Osseous surgery - >3 cont. teeth, per quad	485
D2780/81/82	Crown - 3/4 cast with metal	457	D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502
D2790/91/92	Crown - full cast metal.....	481	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393
D2794	Crown - titanium and titanium alloys.....	495	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4268	Surgical revision proc., per tooth	329
D2931	Prefab. stainless steel crown	119	D4270	Pedicle soft tissue graft procedure.....	434
D2932	Prefabricated resin crown	135	D4273	Autogenous connective tissue graft procedure, first tooth.....	540
D2940	Protective restoration	37	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2950	Core buildup, including any pins	120	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4277	Free soft tissue graft procedure, first tooth	441
D2952	Post and core in addition to crown	181	D4278	Free soft tissue graft procedure, each add. tooth	68
D2954	Prefab. post and core in addition to crown	148	D4286	Removal of non-resorbable barrier	90
D2955	Post removal (not in conj. with endo. therapy)....	101	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105
D2980	Crown repair necessitated by restorative material failure	93	D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D2981	Inlay repair necessitated by restorative material failure	93	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
D2982	Onlay repair necessitated by restorative material failure	93	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77
Endodontics¹			D4381	Localized delivery of antimicrobial agents.....	90
D3110/20	Pulp cap - direct/indirect (excl. final restoration). ..	28	D4910	Periodontal maintenance	66
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	Prosthetics (Dentures)		
D3221	Pulpal debridement.....	87	D5110/20	Complete denture - maxillary/mandibular.....	664
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70	D5130/40	Immediate denture - maxillary/mandibular	708
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120	D5211/12	Maxillary/mandibular partial denture - resin base.....	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	613
D3333	Internal root repair of perforation defects.....	96	D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3346	Retreat of prev. root canal therapy, anterior.....	356	D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3347	Retreat of prev. root canal therapy, premolar	418	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D3348	Retreat of prev. root canal therapy, molar	527			
D3410	Apicoectomy - anterior	310			
D3421	Apicoectomy - premolar (first root)	333			
D3425	Apicoectomy - molar (first root)	379			
D3426	Apicoectomy - (each add. root).....	148			
D3430	Retrograde filling - per root.....	113			
D3450	Root amputation - per root	202			
D3471	Surgical repair of root resorption - anterior	310			
D3472	Surgical repair of root resorption - premolar	333			
D3473	Surgical repair of root resorption - molar.....	379			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	310			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	333			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	379			
D3920	Hemisection, not inc. root canal therapy	202			
D3921	Decoronation or submergence of an erupted tooth	100			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant.....	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	397	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6608	Retainer onlay - porc./ceramic, two surfaces.....	439
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5511	Repair broken complete denture base, mandibular	84	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5512	Repair broken complete denture base, maxillary.	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5520	Replace missing or broken teeth - complete denture.....	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5611	Repair resin partial denture base, mandibular.....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5612	Repair resin partial denture base, maxillary.....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5621	Repair cast partial framework, mandibular.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	511
D5622	Repair cast partial framework, maxillary.....	84	D6720/21/22	Retainer crown - resin with metal	470
D5630/60	Clasp repaired, replaced or added	112	D6740	Retainer crown - porcelain/ceramic	531
D5640	Replace broken teeth - per tooth	84	D6750/51/52	Retainer crown - porcelain fused metal	495
D5650	Add tooth to existing partial denture	84	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	495
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6780	Retainer crown - 3/4 cast high noble metal	457
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6781	Retainer crown - 3/4 cast predominantly base metal	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6782	Retainer crown - 3/4 cast noble metal	457
D5725	Rebase hybrid prosthesis.....	253	D6783	Retainer crown - 3/4 porc./ceramic	469
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6784	Retainer crown - 3/4 titanium and titanium alloys	495
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6790/91/92	Retainer crown - full cast metal.....	481
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6794	Retainer crown - titanium	495
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6930	Recement or rebond fixed partial denture.....	66
D5765	Soft liner for complete or partial removable denture - indirect.....	50	D6980	Fixed partial denture repair, by report	157
D5810/11	Interim complete denture - maxillary/mandibular	333	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	333	D7111	Extraction, coronal remnants - primary tooth.....	45
D5850/51	Tissue conditioning - maxillary/mandibular	75	D7140	Extraction, erupted tooth or exposed root	63
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	127
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	144
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	57	D7230	Removal of impacted tooth - partially bony.....	189
D6210/11/12	Pontic - metal	481	D7240	Removal of impacted tooth - completely bony	227
D6240/41/42	Pontic - porcelain fused metal.....	495	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D6243	Pontic - porcelain fused to titanium and titanium alloys	495	D7250	Removal of residual tooth roots.....	136
D6245	Pontic - porcelain/ceramic.....	531	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	181
D6250/51/52	Pontic - resin with metal.....	470	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D7280	Exposure of an unerupted tooth	111
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7310/20	Alveoloplasty, per quad	135
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7509	Marsupialization of odontogenic cyst	360
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427	D7510	Incision and drainage of abscess - intraoral soft tissue	91
D6602	Retainer inlay - cast high noble metal, two surfaces	390	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	D7961	Buccal/labial frenectomy (frenulectomy).....	256
			D7962	Lingual frenectomy (frenulectomy).....	256
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
Adjunctive General Services		
D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	42
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.....	298
D9945	Occlusal guard – soft appliance, full arch	298
D9946	Occlusal guard – hard appliance, partial arch	298
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255
D9953	Reline custom sleep apnea appliance (indirect)...	158
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs.....	50

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

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

Plan Exclusions

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

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

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

Plan Limitations

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

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



**Select Plan Premium 705xa (VA)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services Services (age 19 and over)**

Plan Highlights

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

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive					
	Office visit.....	10	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0120	Periodic oral eval - established patient	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0140	Limited oral eval - problem focused.....	0	D1110	Prophylaxis (cleaning) - adult	0
D0150	Comprehensive oral eval - new or established patient	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0160	Detailed and extensive oral eval - problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient.....	36	D1310	Nutritional counseling for control of dental disease.....	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0220	Intraoral - periapical first radiographic image	0	D1321	Perio scaling and root planing - <= 3 teeth, per quad	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1330	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	Restorative (Fillings)		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.....	37
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2150	Amalgam - two surfaces, prim. or perm.....	46
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2160	Amalgam - three surfaces, prim. or perm.	58
D0330	Panoramic radiographic image	30	D2161	Amalgam - >=4 surfaces, prim. or perm.	69
D0340	2D cephalometric radiographic image	0	D2330	Resin-based composite - one surface, anterior....	64
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2331	Resin-based composite - two surfaces, anterior ..	76
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2332	Resin-based composite - three surfaces, anterior	90
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	109
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2390	Resin-based composite crown, anterior.....	175
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2391	Resin-based composite - one surface, posterior ..	68
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2392	Resin-based composite - two surfaces, posterior.	80
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2393	Resin-based composite - three surfaces, posterior	93
D0460	Pulp vitality tests	0	D2394	Resin-based composite - >=4 surfaces, posterior.	112
D0470	Diagnostic casts	0	Crown & Bridge		
D0701	Panoramic radiographic image – image capture only.....	0	D2510	Inlay - metallic - one surface.....	390
D0702	2-D cephalometric radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	390
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2530	Inlay - metallic - three or more surfaces.....	407
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	423
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	511
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	511
			D2610	Inlay - porcelain/ceramic - one surface	410
			D2620	Inlay - porcelain/ceramic - two surfaces.....	410
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427
			D2642	Onlay - porcelain/ceramic - two surfaces	439
			D2643	Onlay - porcelain/ceramic - three surfaces.....	459
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
			D2650	Inlay - resin-based composite - one surface	425
			D2651	Inlay - resin-based composite - two surfaces	425
			D2652	Inlay - resin-based composite - >=3 surfaces.....	425
			D2662	Onlay - resin-based composite - two surfaces.....	429

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2663	Onlay - resin-based composite - three surfaces ...	429	D3950	Canal prep/fitting of preformed dowel or post	125
D2664	Onlay - resin-based composite - >=4 surfaces	429			
D2710	Crown - resin based composite (indirect).....	259	Periodontics¹		
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D2720/21/22	Crown - resin with metal	470	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94
D2740	Crown - porcelain/ceramic	531	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	324
D2750/51/52	Crown - porcelain fused metal	495	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	90
D2753	Crown - porcelain fused to titanium and titanium alloys	495	D4260	Osseous surgery - >3 cont. teeth, per quad	485
D2780/81/82	Crown - 3/4 cast with metal	457	D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502
D2790/91/92	Crown - full cast metal.....	481	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393
D2794	Crown - titanium and titanium alloys.....	495	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4268	Surgical revision proc., per tooth	329
D2931	Prefab. stainless steel crown	119	D4270	Pedicle soft tissue graft procedure	434
D2932	Prefabricated resin crown	135	D4273	Autogenous connective tissue graft procedure, first tooth.....	540
D2940	Protective restoration	37	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2950	Core buildup, including any pins	120	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4277	Free soft tissue graft procedure, first tooth	441
D2952	Post and core in addition to crown	181	D4278	Free soft tissue graft procedure, each add. tooth	68
D2954	Prefab. post and core in addition to crown	148	D4286	Removal of non-resorbable barrier	90
D2955	Post removal (not in conj. with endo. therapy)....	101	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105
D2980	Crown repair necessitated by restorative material failure	93	D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D2981	Inlay repair necessitated by restorative material failure	93	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
D2982	Onlay repair necessitated by restorative material failure	93	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77
Endodontics¹			D4381	Localized delivery of antimicrobial agents.....	90
D3110/20	Pulp cap - direct/indirect (excl. final restoration) .	28	D4910	Periodontal maintenance	66
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	Prosthetics (Dentures)		
D3221	Pulpal debridement.....	87	D5110/20	Complete denture - maxillary/mandibular.....	664
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70	D5130/40	Immediate denture - maxillary/mandibular	708
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120	D5211/12	Maxillary/mandibular partial denture - resin base	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	613
D3333	Internal root repair of perforation defects.....	96	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3346	Retreat of prev. root canal therapy, anterior.....	356	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3347	Retreat of prev. root canal therapy, premolar	418	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D3348	Retreat of prev. root canal therapy, molar	527			
D3410	Apicoectomy - anterior	310			
D3421	Apicoectomy - premolar (first root)	333			
D3425	Apicoectomy - molar (first root)	379			
D3426	Apicoectomy - (each add. root).....	148			
D3430	Retrograde filling - per root.....	113			
D3450	Root amputation - per root	202			
D3471	Surgical repair of root resorption - anterior	310			
D3472	Surgical repair of root resorption - premolar	333			
D3473	Surgical repair of root resorption - molar.....	379			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	310			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	333			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	379			
D3920	Hemisection, not inc. root canal therapy	202			
D3921	Decoronation or submergence of an erupted tooth	100			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant.....	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	397	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6608	Retainer onlay - porc./ceramic, two surfaces.....	439
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5511	Repair broken complete denture base, mandibular	84	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5512	Repair broken complete denture base, maxillary.	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5520	Replace missing or broken teeth - complete denture.....	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5611	Repair resin partial denture base, mandibular.....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5612	Repair resin partial denture base, maxillary.....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5621	Repair cast partial framework, mandibular.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	511
D5622	Repair cast partial framework, maxillary.....	84	D6720/21/22	Retainer crown - resin with metal	470
D5630/60	Clasp repaired, replaced or added	112	D6740	Retainer crown - porcelain/ceramic	531
D5640	Replace broken teeth - per tooth	84	D6750/51/52	Retainer crown - porcelain fused metal	495
D5650	Add tooth to existing partial denture	84	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	495
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6780	Retainer crown - 3/4 cast high noble metal	457
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6781	Retainer crown - 3/4 cast predominantly base metal	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6782	Retainer crown - 3/4 cast noble metal	457
D5725	Rebase hybrid prosthesis.....	253	D6783	Retainer crown - 3/4 porc./ceramic	469
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6784	Retainer crown - 3/4 titanium and titanium alloys	495
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6790/91/92	Retainer crown - full cast metal.....	481
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6794	Retainer crown - titanium	495
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6930	Recement or rebond fixed partial denture.....	66
D5765	Soft liner for complete or partial removable denture - indirect.....	50	D6980	Fixed partial denture repair, by report	157
D5810/11	Interim complete denture - maxillary/mandibular	333	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	333	D7111	Extraction, coronal remnants - primary tooth.....	45
D5850/51	Tissue conditioning - maxillary/mandibular	75	D7140	Extraction, erupted tooth or exposed root	63
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	127
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	144
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	57	D7230	Removal of impacted tooth - partially bony.....	189
D6210/11/12	Pontic - metal	481	D7240	Removal of impacted tooth - completely bony	227
D6240/41/42	Pontic - porcelain fused metal.....	495	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D6243	Pontic - porcelain fused to titanium and titanium alloys	495	D7250	Removal of residual tooth roots.....	136
D6245	Pontic - porcelain/ceramic.....	531	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	181
D6250/51/52	Pontic - resin with metal.....	470	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D7280	Exposure of an unerupted tooth	111
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7310/20	Alveoloplasty, per quad	135
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7509	Marsupialization of odontogenic cyst	360
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427	D7510	Incision and drainage of abscess - intraoral soft tissue	91
D6602	Retainer inlay - cast high noble metal, two surfaces	390	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	D7961	Buccal/labial frenectomy (frenulectomy).....	256
			D7962	Lingual frenectomy (frenulectomy).....	256
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118

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D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413
Adjunctive General Services		
D9110	Palliative treatment of dental pain – per visit	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	42
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.....	298
D9945	Occlusal guard – soft appliance, full arch	298
D9946	Occlusal guard – hard appliance, partial arch	298
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255
D9953	Reline custom sleep apnea appliance (indirect)...	158
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0
D9997	Dental case management – patients with special health care needs.....	50

- As performed by a Participating General Dentist. See Plan Exclusion #13.
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- Services which are not necessary for the patient's dental health as determined by the Plan.
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- 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.

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

Plan Limitations

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