

Select Plan Basic Kids 702xs (VA)

Description of Benefits & Member Copayments for Pediatric Services (under age 19)
Coverage continues through end of month in which the Member turns 19.

Underwritten by: Dominion Dental Services, Inc. d/b/a Dominion National

Annual Out-of-Pocket Maximum: \$350 per child per calendar year for medically necessary treatment (maximum of \$700 for policy covering two or more children). The member shall only be responsible for the copayment listed in Member Copayment column. Any procedure listed that has a Member Copayment above the annual out-of-pocket maximum may apply as these procedures are not considered medically necessary and are included as additional benefits. The Plan is responsible for the difference between the Actual Copayment and the Member Copayment for all medically necessary treatment.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D9439	Office visit	10	10
DIAGNOSTIC/PREVENTIVE			
D0120	Periodic oral eval - established patient	0	0
D0140	Limited oral eval - problem focused	0	0
D0145	Oral eval for a patient under 3 years of age	0	0
D0150	Comprehensive oral eval - new or established patient	0	0
D0160	Detailed and extensive oral eval - problem focused	0	0
D0170	Re-evaluation - limited, problem focused	0	0
D0210	Intraoral - complete series (including bitewings)	26	26
D0220/30	Intraoral - periapical first film and each additional	0	0
D0240	Intraoral - occlusal film	0	0
D0250	Extraoral	0	0
D0270-74	Bitewing x-rays - 1-4 films	0	0
D0277	Vertical bitewings - 7 to 8 films	0	0
D0330	Panoramic film	30	30
D0340	Cephalometric film	0	0
D0350	Oral/facial photographic images	0	0
D0351	3D photographic image	0	0
D0460	Pulp vitality tests	0	0
D0470	Diagnostic casts	0	0
D1110	Prophylaxis (cleaning) - adult	0	0
D1120	Prophylaxis (cleaning) - child	0	0
D1206	Topical fluoride varnish for mod/high risk caries patients	0	0
D1208	Topical application of fluoride	0	0
D1310	Nutritional counseling for control of dental disease	0	0
D1320/30	Oral hygiene instructions	0	0
D1351	Sealant - per tooth	21	21
D1352	Prev resin rest. mod/high caries risk – perm. tooth	21	21
SPACE MAINTAINERS			
D1510/20	Space maintainer - fixed/removable - unilateral	143	143
D1515/25	Space maintainer - fixed/removable - bilateral	198	198
D1550	Re-cementation of space maintainer	34	34
D1555	Removal of fixed space maintainer, by non-originating dentist	44	44
RESTORATIVE DENTISTRY (FILLINGS)			
AMALGAM RESTORATIONS (SILVER)			
D2140	Amalgam - one surface, prim. or perm.	41	41
D2150	Amalgam - two surfaces, prim. or perm.	51	51
D2160	Amalgam - three surfaces, prim. or perm.	64	64
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	78
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			
D2330	Resin-based composite - one surface, anterior	69	69
D2331	Resin-based composite - two surfaces, anterior	83	83
D2332	Resin-based composite - three surfaces, anterior	99	99
D2335	Resin-based composite - >=4 surfaces, anterior	119	119
D2390	Resin-based composite crown, anterior	192	192
D2391	Resin-based composite - one surface, posterior	73	73
D2392	Resin-based composite - two surfaces, posterior	87	87
D2393	Resin-based composite - three surfaces, posterior	102	102
D2394	Resin-based composite - >=4 surfaces, posterior	123	123
D2940	Protective restoration	39	39
D2950	Core buildup, including any pins	125	125
D2951	Pin retention - per tooth, in addition to restoration	22	22
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32	32
CROWNS & BRIDGES*			
D2510/20	Inlay- metallic - one to two surfaces	407	407
D2530	Inlay - metallic - three or more surfaces	425	425
D2542	Onlay - metallic-two surfaces	458	458
D2543/44	Onlay - metallic - three or more surfaces	524	524
D2610/20	Inlay - porcelain/ceramic - one to two surfaces	427	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces	445	445

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
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D2642	Onlay - porcelain/ceramic - two surfaces	479	479
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	350	499
D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	440	440
D2662/63/64	Onlay - resin-based composite - >=2 surfaces	444	444
D2710	Crown - resin based composite (indirect)	272	272
D2712	Crown - 3/4 resin-based composite (indirect)	485	485
D2720/21/22	Crown - resin with metal	350	495
D2740	Crown - porcelain/ceramic substrate	350	560
D2750/51/52	Crown - porcelain fused to metal	350	523
D2780/81/82	Crown - 3/4 cast with metal	478	478
D2783	Crown - 3/4 porcelain/ceramic	511	511
D2790-94	Crown - full cast metal	350	495
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43	43
D2915	Recement cast or prefab. post and core	82	82
D2929	Porcelain/ceramic crown - prim. tooth	350	560
D2930	Prefab. stainless steel crown - prim. tooth	110	110
D2931	Prefab. stainless steel crown - perm. tooth	121	121
D2932	Prefabricated resin crown	140	140
D2933	Prefab. stainless steel crown w/ resin window	271	271
D2934	Prefab. esthetic coated primary tooth	296	296
D2941	Interim therapeutic restoration, primary dentition	31	31
D2952	Cast post and core in addition to crown	186	186
D2954	Prefab. post and core in addition to crown	154	154
D2955	Post removal (not in conj. with endo. therapy)	105	105
D2962	Labial veneer (porcelain laminate) - laboratoy	350	449
D2970	Temporary crown (fractured tooth)	0	0
D2980	Crown repair, by report	102	102

PROSTHETICS (DENTURES)

D5110/20	Complete denture - maxillary/mandibular	350	697
D5130/40	Immediate denture - maxillary/mandibular	350	722
D5211/12	Maxillary/mandibular partial denture - resin base	350	649
D5213/14	Maxillary/mandibular partial denture - cast metal	350	750
D5221/22	Immediate maxillary/mandibular partial denture	649	649
D5223/24	Immediate maxillary/mandibular partial denture	750	750
D5225/26	Maxillary/mandibular partial denture - flexible base	350	750
D5281	Rem. unilateral partial denture - one piece cast metal	350	419
D5410/11	Adjust complete denture - maxillary/mandibular	38	38
D5421/22	Adjust partial denture - maxillary/mandibular	38	38
D5510/5610	Repair broken complete denture base (complete/resin)	87	87
D5520	Replace missing or broken teeth - complete denture	87	87
D5620	Repair cast framework	87	87
D5630/60	Clasp repaired, replaced or added	115	115
D5640	Replace broken teeth - per tooth	87	87
D5650	Add tooth to existing partial denture	87	87
D5670/71	Replace all teeth/acrylic on cast metal framework (maxillary/mandibular)	287	287
D5710/11	Rebase complete maxillary/mandibular denture	260	260
D5720/21	Rebase maxillary/mandibular partial denture	260	260
D5730/31	Reline complete maxillary/mandibular denture (chairside)	159	159
D5740/41	Reline maxillary/mandibular partial denture (chairside)	155	155
D5750/51	Reline complete maxillary/mandibular denture (lab)	224	224
D5760/61	Reline maxillary/mandibular partial denture (lab)	224	224
D5810/11	Interim complete denture - maxillary/mandibular	362	362
D5820/21	Interim partial denture - maxillary/mandibular	362	362
D5850/51	Tissue conditioning - maxillary/mandibular	79	79
D5951	Feeding aid	350	1395

BRIDGES & PONTICS*

D6205	Pontic - indirect resin based composite	350	445
D6210-14	Pontic - metal	350	495
D6240/41/42	Pontic - porcelain fused to metal	350	523
D6245	Pontic - porcelain/ceramic	350	560
D6250/51/52	Pontic - resin with metal	350	495
D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	350	393
D6549	Resin ret. for resin bonded fixed prosthesis	251	251
D6600	Inlay - porc./ceramic, two surfaces	427	427
D6601	Inlay - porc./ceramic, >=3 surfaces	445	445
D6602	Inlay - cast high noble metal, two surfaces	407	407
D6603	Inlay - cast high noble metal, >=3 surfaces	425	425
D6604	Inlay - cast predominantly base metal, two surfaces	407	407
D6605	Inlay - cast predominantly base metal, >=3 surfaces	425	425
D6606	Inlay - cast noble metal, two surfaces	407	407
D6607	Inlay - cast noble metal, >=3 surfaces	425	425
D6608	Onlay - porc./ceramic, two surfaces	479	479
D6609	Onlay - porc./ceramic, three or more surfaces	499	499
D6610	Onlay - cast high noble metal, two surfaces	458	458
D6611	Onlay - cast high noble metal, >=3 surfaces	524	524
D6612	Onlay - cast predominantly base metal, two surfaces	458	458
D6613	Onlay - cast predominantly base metal, >=3 surfaces	524	524
D6614	Onlay - cast noble metal, two surfaces	458	458
D6615	Onlay - cast noble metal, >=3 surfaces	524	524

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D6710	Crown - indirect resin based composite.....	350	445
D6720/21/22	Crown - resin with metal.....	350	495
D6740	Crown - porcelain/ceramic.....	350	560
D6750/51/52	Crown - porcelain fused to metal.....	350	523
D6780/81/82	Crown - 3/4 cast metal.....	470	470
D6783	Crown - 3/4 porc./ceramic.....	511	511
D6790-94	Crown - full cast metal.....	350	495
D6930	Recement fixed partial denture.....	69	69
D6980	Fixed partial denture repair, by report.....	172	172

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43	43
D9210/15	Local anesthesia.....	0	0
D9211/12	Regional block anesthesia.....	0	0
D9223	Deep sedation/general anesthesia - each 15 min. increment.....	103	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37	37
D9243	Intravenous conscious sedation/analgesia - each 15 min. increment.....	103	103
D9248	Non-intravenous conscious sedation.....	145	145
D9310	Consultation (diagnostic service by nontreating dentist).....	43	43
D9420	Hospital call.....	350	350
D9440	Office visit after regularly scheduled hours.....	90	90
D9610	Therapeutic parenteral drug, single admin.....	26	26
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.....	70	70
D9630	Other drugs and/or medicaments, by report.....	42	42
D9910	Application of desensitizing medicament.....	31	31
D9920	Behavior management, by report.....	68	68
D9930	Treatment of complications (post-surgical).....	43	43
D9940	Occlusal guard, by report (for grinding and clenching of teeth).....	272	272
D9950	Occlusion analysis - mounted case.....	104	104
D9951	Occlusal adjustment - limited.....	66	66
D9952	Occlusal adjustment - complete.....	266	266
D9986	Missed appointment.....	50	50

ENDODONTICS

D3220	Therapeutic pulpotomy (excl. final restor.).....	81	81
D3221	Pulpal debridement, prim. and perm. teeth.....	94	94
D3230	Pulpal therapy - resorbable filling, anterior.....	160	160
D3240	Pulpal therapy - resorbable filling, posterior.....	164	164
D3310	Endodontic therapy, anterior tooth.....	341	341
D3320	Endodontic therapy, bicuspid tooth.....	350	418
D3330	Endodontic therapy, molar.....	350	512
D3333	Internal root repair of perforation defects.....	105	105
D3346	Retreat of prev. root canal therapy, anterior.....	350	387
D3347	Retreat of prev. root canal therapy, bicuspid.....	350	465
D3348	Retreat of prev. root canal therapy, molar.....	350	558
D3351	Apexification/recalcification - initial visit.....	202	202
D3352	Apexification/recalcification - interim med. repl.....	350	589
D3353	Apexification/recalcification - final visit.....	350	449
D3355	Pulpal regeneration - initial visit.....	202	202
D3356	Pulpal regeneration - interim medication.....	589	589
D3357	Pulpal regeneration - completion of treatment.....	449	449
D3410	Apicoectomy/periradicular surgery, anterior.....	323	323
D3421	Apicoectomy/periradicular surgery, bicuspid (first root).....	350	364
D3425	Apicoectomy/periradicular surgery, molar (first root).....	350	418
D3426	Apicoectomy/periradicular surgery (each add. root).....	152	152
D3427	Periradicular surgery w/o apicoectomy.....	266	266
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	743	743
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site.....	582	582
D3430	Retrograde filling - per root.....	119	119
D3450	Root amputation - per root.....	234	234
D3920	Hemisection, not inc. root canal therapy.....	234	234
D3950	Canal prep/fitting of preformed dowel or post.....	136	136

PERIODONTICS

D0180	Comp. periodontal eval - new or established patient.....	0	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345	345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	106	106
D4249	Clinical crown lengthening - hard tissue.....	350	576
D4260	Osseous surgery - >3 cont. teeth, per quad.....	350	499
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	350	392
D4263	Bone replacement graft, first site in quad.....	350	743
D4264	Bone replacement graft, each add. site in quad.....	350	582
D4268	Surgical revision proc., per tooth.....	358	358
D4270	Pedicle soft tissue graft procedure.....	350	643
D4273	Subepithelial connective tissue graft proc.....	350	800
D4274	Distal or proximal wedge procedure.....	308	308
D4277	Free soft tissue graft, per tooth.....	350	654
D4278	Free soft tissue graft, each add. tooth.....	100	100
D4320	Provisional splinting - intracoronal.....	350	427
D4321	Provisional splinting - extracoronal.....	350	377
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	109	109

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	63	63
D4355	Full mouth debridement.....	89	89
D4381	Localized delivery of chemotherapeutic agents.....	98	98
D4910	Periodontal maintenance.....	74	74
ORAL SURGERY			
D7111	Extraction, coronal remnants - deciduous tooth.....	56	56
D7140	Extraction, erupted tooth or exposed root.....	69	69
D7210	Surgical rem. of erupted tooth req. bone cut.....	133	133
D7220	Removal of impacted tooth - soft tissue.....	151	151
D7230	Removal of impacted tooth - partially bony.....	196	196
D7240	Removal of impacted tooth - completely bony.....	241	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217	217
D7250	Surgical removal of residual tooth roots.....	141	141
D7260	Oroantral fistula closure.....	350	578
D7261	Primary closure of a sinus perforation.....	350	465
D7270	Tooth reimplant/stabiliz. of acc. evulsed/displaced tooth.....	226	226
D7280	Surgical access of an unerupted tooth.....	153	153
D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	231	231
D7283	Place. of device to facilitate erupt. of impacted tooth.....	144	144
D7285	Biopsy of oral tissue - hard (bone, tooth).....	350	387
D7286	Biopsy of oral tissue - soft (all others).....	295	295
D7288	Brush biopsy - transepithelial sample collect.....	93	93
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60	60
D7310/20	Alveoloplasty, per quadrant.....	141	141
D7311/21	Alveoloplasty in conj. With/out extractions.....	141	141
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm.....	350	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.....	350	543
D7471	Removal of lateral exostosis.....	350	351
D7472/73	Removal of torus palatinus/mandibularis.....	350	480
D7485	Surgical reduction of osseous tuberosity.....	568	568
D7510	Incision and drainage of abscess - intraoral soft tissue.....	96	96
D7511	Incision/drainage of abscess - intra. soft tissue, comp.....	112	112
D7880	Occlusal orthotic device for TMJ, "by report".....	272	272
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263	263
D7963	Frenuloplasty.....	293	293
D7970	Excision of hyperplastic tissue - per arch.....	233	233
D7971	Excision of pericoronal gingiva.....	131	131
D7972	Surgical reduction of fibrous tuberosity.....	521	521
ORTHODONTICS¹ - PRE-AUTHORIZATION REQUIRED			
D8020	Limited ortho. treatment of the transitional dentition.....	350	3304
D8030	Lim. ortho treatment - adolescent dentition.....	350	3422
D8040	Lim. ortho treatment - adult dentition.....	3658	3658
D8070	Comp. ortho. treatment - transitional dentition.....	3304	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	350	3422
D8090	Comp. ortho. treatment - adult dentition.....	3658	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting).....	350	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting).....	350	783
D8660	Pre-orthodontic treatment visit.....	350	413
D8670	Periodic ortho. treatment visit (as part of contract).....	118	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413	413
D8692	Replacement of lost or broken retainer.....	179	179
D8694	Repair of fixed retainers, includes reattachment.....	174	174
D8999	Unspecified orthodontic procedure, by report.....	0	0

¹ Phase I Treatment codes D8010 and D8050 are provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 and limitation #21 for additional coverage information.

Only current ADA CDT codes are considered valid by Dominion National.
Current Dental Terminology © American Dental Association.

Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. Referrals to a specialist must be made by a member's Participating General Dentist. See Plan Exclusion #13.

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia and Phase I Treatment codes D8010 and D8050 for medically necessary orthodontia are not covered benefits under this policy. Discounts are provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #24 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145 or D0150) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride treatment is covered per six (6) months, per patient.
4. One (1) sealant per tooth, per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
5. One (1) space maintainer (D1510, D1520, D1515 or D1525) is covered per 12 months, per quadrant (unilateral) or per arch (bilateral), per patient.
6. Replacement of a filling is covered if it is more than 12 months from the date of original placement.
7. Replacement of a crown, denture or labial veneer is covered if it is more than five (5) years from the date of original placement.
8. Replacement of a primary stainless steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
9. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
10. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
11. Root canal treatment is covered once per tooth, per lifetime, per patient. Retreatment of previous root canal therapy is covered once per tooth, per lifetime, per patient, not within 24 months when done by same provider/location.
12. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per quadrant, per patient.
13. Full mouth debridement is covered once per 12 months, per patient.
14. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months, per patient. Must have pocket depths of five (5) millimeters or greater.
15. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site, per patient.
16. Periodontal maintenance after active therapy is covered four (4) times per 12 months, per patient.
17. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
18. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230 or D9243. Intravenous conscious sedation is not covered with procedure codes D9223 or D9230. Non-intravenous conscious sedation is not covered with procedure codes D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9223 or D9243.
19. Occlusal guard, by report (for grinding and clenching of teeth).
20. Apexification, apicoectomy and clinical crown lengthening are each covered once per patient, per lifetime.
21. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.



**DOMINION
NATIONAL**

DENTAL

Select Plan Basic Kids 702xs (MD)

Description of Benefits & Member Copayments for Pediatric Services (under age 19)

Coverage continues through end of month in which the Member turns 19.

The dental plan is underwritten by Dominion Dental Services, Inc. d/b/a Dominion National.

Annual Out-of-Pocket Maximum: \$350 per child per calendar year for medically necessary treatment (maximum of \$700 for policy covering two or more children)

For any medically necessary treatments in which the member copayment listed below is over the annual out-of-pocket maximum, the member shall only be responsible up to the maximum and the Plan would be responsible for the remainder.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D9439	Office visit.....	10	D2335	Resin-based composite - >=4 surfaces, anterior	119
DIAGNOSTIC/PREVENTIVE			D2390	Resin-based composite crown, anterior	192
D0120	Periodic oral eval - established patient	0	D2391	Resin-based composite - one surface, posterior	73
D0140	Limited oral eval - problem focused	0	D2392	Resin-based composite - two surfaces, posterior	87
D0145	Oral eval for a patient under 3 years of age	0	D2393	Resin-based composite - three surfaces, posterior	102
D0150	Comprehensive oral eval - new or established patient	0	D2394	Resin-based composite - >=4 surfaces, posterior	123
D0160	Detailed and extensive oral eval - problem focused	0	D2940	Protective restoration	39
D0170	Re-evaluation - limited, problem focused	0	D2950	Core buildup, including any pins	125
D0210	Intraoral - complete series (including bitewings)	26	D2951	Pin retention - per tooth, in addition to restoration	22
D0220/30	Intraoral - periapical first radiographic image/each add. ...	0	D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32
D0240	Intraoral - occlusal radiographic image	0	CROWNS & BRIDGES*		
D0250	Extraoral - 2D projection radiographic image	0	D2510	Inlay- metallic - one surface	407
D0270	Bitewing - 1 radiographic image	0	D2520	Inlay- metallic - two surfaces	407
D0272	Bitewing - 2 radiographic images	0	D2530	Inlay - metallic - three or more surfaces	425
D0273	Bitewing - 3 radiographic images	0	D2542	Onlay - metallic-two surfaces	458
D0274	Bitewing - 4 radiographic images	0	D2543	Onlay - metallic - three surfaces	524
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D2544	Onlay - metallic - four or more surfaces	524
D0290	Posterior/anterior or lateral skull bone radiographic image	83	D2610	Inlay - porcelain/ceramic - one surface	427
D0310	Sialography	370	D2620	Inlay - porcelain/ceramic - two surfaces	427
D0320	Temporomandibular joint arthrogram, incl. injection	562	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0321	Other temporomandibular joint radiographic images, by report	120	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0330	Panoramic radiographic image	30	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	499
D0340	2D cephalometric radiographic image	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	440
D0350	2D oral/facial photographic images (intraoral/extraoral) ...	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces	444
D0351	3D photographic image	0	D2710	Crown - resin based composite (indirect)	272
D0460	Pulp vitality tests	0	D2712	Crown - 3/4 resin-based composite (indirect)	485
D0470	Diagnostic casts	0	D2720/21/22	Crown - resin with metal	495
D0486	Accession of Brush Biopsy Sample	0	D2740	Crown - porcelain/ceramic substrate	560
D1110	Prophylaxis (cleaning) - adult	0	D2750/51/52	Crown - porcelain fused to metal	523
D1120	Prophylaxis (cleaning) - child	0	D2780/81/82	Crown - 3/4 cast with metal	478
D1206	Topical fluoride varnish for mod/high risk caries patients	0	D2783	Crown - 3/4 porcelain/ceramic	511
D1208	Topical application of fluoride	0	D2790-94	Crown - full cast metal	495
D1310	Nutritional counseling for control of dental disease	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest	43
D1320/30	Oral hygiene instructions	0	D2930	Prefab. stainless steel crown - prim. tooth	110
D1351	Sealant - per tooth	21	D2931	Prefab. stainless steel crown - perm. tooth	121
D1352	Prev resin rest. mod/high caries risk - perm. tooth	21	D2932	Prefabricated resin crown	140
SPACE MAINTAINERS			D2933	Prefab. stainless steel crown w/ resin window	271
D1510/20	Space maintainer - fixed/removable - unilateral	143	D2934	Prefab. esthetic coated primary tooth	296
D1515/25	Space maintainer - fixed/removable - bilateral	198	D2941	Interim therapeutic restoration, primary dentition	31
D1550	Re-cementation of space maintainer	34	D2952	Cast post and core in addition to crown	186
D1555	Removal of fixed space maintainer, by non-originating dentist	44	D2954	Prefab. post and core in addition to crown	154
RESTORATIVE DENTISTRY (FILLINGS)			D2955	Post removal (not in conj. with endo. therapy)	105
AMALGAM RESTORATIONS (SILVER)			D2960	Labial veneer (resin laminate) - chairside	434
D2140	Amalgam - one surface, prim. or perm.	41	D2961	Labial veneer (resin laminate) - laboratory	601
D2150	Amalgam - two surfaces, prim. or perm.	51	D2962	Labial veneer (porcelain laminate) - laborato	449
D2160	Amalgam - three surfaces, prim. or perm.	64	D2970	Temporary crown (fractured tooth)	0
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D2980	Crown repair, by report	102
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)...			PROSTHETICS (DENTURES)		
D2330	Resin-based composite - one surface, anterior	69	D5110/20	Complete denture - maxillary/mandibular	697
D2331	Resin-based composite - two surfaces, anterior	83	D5130/40	Immediate denture - maxillary/mandibular	722
D2332	Resin-based composite - three surfaces, anterior	99	D5211/12	Maxillary/mandibular partial denture - resin base	649
			D5213/14	Maxillary/mandibular partial denture - cast metal	750
			D5221/22	Immediate maxillary/mandibular partial denture - resin base	649

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5223/24	Immediate maxillary/mandibular partial denture - cast metal.....	750	D9223	Deep sedation/general anesthesia - each 15 min.	103
D5225/26	Maxillary/mandibular partial denture - flexible base	750	D9230	Analgesia, anxietyolysis, inhalation of nitrous oxide	37
D5281	Rem. unilateral partial denture - one piece cast metal.....	419	D9243	Intravenous conscious sedation/analgesia - each 15 min. ...	103
D5410/11	Adjust complete denture - maxillary/mandibular	38	D9248	Non-intravenous conscious sedation	145
D5421/22	Adjust partial denture - maxillary/mandibular	38	D9310	Consultation (diagnostic service by nontreating dentist).....	43
D5510/5610	Repair broken complete denture base (complete/resin).....	87	D9410	House/extended care facility call.....	200
D5520	Replace missing or broken teeth - complete denture.....	87	D9420	Hospital call.....	350
D5620	Repair cast framework	87	D9910	Application of desensitizing medicament	31
D5630/60	Clasp repaired, replaced or added.....	115	D9930	Treatment of complications (post-surgical)	43
D5640	Replace broken teeth - per tooth.....	87	D9940	Occlusal guard, by report	272
D5650	Add tooth to existing partial denture.....	87	D9941	Fabrication of athletic mouthguard	102
D5670/71	Replace all teeth/acrylic on cast metal framework (maxillary/mandibular).....	287	D9950	Occlusion analysis - mounted case.....	104
D5710/11	Rebase complete maxillary/mandibular denture	260	D9951	Occlusal adjustment - limited	66
D5720/21	Rebase maxillary/mandibular partial denture	260	D9952	Occlusal adjustment - complete	266
D5730/31	Reline complete maxillary/mandibular denture (chairside)....	159	D9986	Missed appointment.....	50
D5740/41	Reline maxillary/mandibular partial denture (chairside)	155	ENDODONTICS		
D5750/51	Reline complete maxillary/mandibular denture (lab).....	224	D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D5760/61	Reline maxillary/mandibular partial denture (lab).....	224	D3221	Pulpal debridement, prim. and perm. teeth	94
D5810/11	Interim complete denture - maxillary/mandibular	362	D3230	Pulpal therapy - resorbable filling, anterior.....	160
D5820/21	Interim partial denture - maxillary/mandibular	362	D3240	Pulpal therapy - resorbable filling, posterior.....	164
D5850/51	Tissue conditioning - maxillary/mandibular	79	D3310	Endodontic therapy, anterior tooth	341
D5863/65	Overdenture - complete maxillary/mandibular	1694	D3320	Endodontic therapy, bicuspid tooth	418
D5864/66	Overdenture - partial maxillary/mandibular	1668	D3330	Endodontic therapy, molar.....	512
D5992	Adjustment of prosthetic appliance, by report	24	D3332	Incomp. endo. Therapy-inop. or fractured tooth	183
D5993	Cleaning and maintenance prosthetic appliance	18	D3333	Internal root repair of perforation defects	105
BRIDGES & PONTICS*			D3346	Retreat of prev. root canal therapy, anterior	387
D6058	Abutment supported porcelain/ceramic crown	560	D3347	Retreat of prev. root canal therapy, bicuspid	465
D6059/60/61	Abutment supported porcelain fused to metal crown.....	523	D3348	Retreat of prev. root canal therapy, molar	558
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal.....	523	D3351	Apexification/recalcification - initial visit	202
D6210/11/12	Pontic - cast high noble metal	495	D3352	Apexification/recalcification - interim med. repl.	589
D6240/41/42	Pontic - porcelain fused metal	523	D3353	Apexification/recalcification - final visit	449
D6245	Pontic - porcelain/ceramic.....	560	D3355	Pulpal regeneration - initial visit	202
D6250/51/52	Pontic - resin with metal	495	D3356	Pulpal regeneration - interim medication replacement.....	589
D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	D3357	Pulpal regeneration - completion of treatment	449
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393	D3410	Apicoectomy, anterior.....	323
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D3421	Apicoectomy, bicuspid (first root).....	364
D6600	Inlay - porc./ceramic, two surfaces.....	427	D3425	Apicoectomy, molar (first root).....	418
D6601	Inlay - porc./ceramic, >=3 surfaces	445	D3426	Apicoectomy/periradicular surgery (each add. root)	152
D6602	Inlay - cast high noble metal, two surfaces	407	D3427	Periradicular surgery w/o apicoectomy	266
D6603	Inlay - cast high noble metal, >=3 surfaces.....	425	D3430	Retrograde filling - per root	119
D6604	Inlay - cast predominantly base metal, two surfaces	407	D3450	Root amputation (resection) - per root	234
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	425	D3470	Intentional reimplantation	718
D6606	Inlay - cast noble metal, two surfaces	407	D3920	Hemisection, not inc. root canal therapy	234
D6607	Inlay - cast noble metal, >=3 surfaces	425	D3950	Canal prep/fitting of preformed dowel or post	136
D6608	Onlay -porc./ceramic, two surfaces.....	479	PERIODONTICS		
D6609	Onlay - porc./ceramic, three or more surfaces.....	499	D0180	Comp. periodontal eval - new or established patient	0
D6610	Onlay - cast high noble metal, two surfaces	458	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279
D6611	Onlay - cast high noble metal, >=3 surfaces.....	524	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D6612	Onlay - cast predominantly base metal, two surfaces	458	D4230	Anatomical crown exposure, >=4 teeth per quad.....	454
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	524	D4231	Anatomical crown exposure, 1-3 teeth per quad.....	424
D6614	Onlay - cast noble metal, two surfaces	458	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345
D6615	Onlay - cast noble metal, >=3 surfaces.....	524	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106
D6720/21/22	Crown - resin with metal.....	495	D4249	Clinical crown lengthening - hard tissue.....	576
D6740	Crown - porcelain/ceramic	560	D4260	Osseous surgery - >3 cont. teeth, per quad.....	499
D6750/51/52	Crown - porcelain fused metal	523	D4261	Osseous surgery - <=3 cont. teeth, per quad.....	392
D6780	Crown - 3/4 cast high noble metal.....	470	D4268	Surgical revision proc., per tooth.....	358
D6781	Crown - 3/4 cast predominantly base metal.....	470	D4274	Distal or proximal wedge procedure.....	308
D6782	Crown - 3/4 cast noble metal	470	D4320	Provisional splinting - intracoronal	427
D6783	Crown - 3/4 porc./ceramic	511	D4321	Provisional splinting - extracoronal	377
D6790/91/92	Crown - full cast metal.....	495	D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	109
D6930	Recement fixed partial denture	69	D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D6980	Fixed partial denture repair, by report	172	D4355	Full mouth debridement	89
ADJUNCTIVE GENERAL SERVICES			D4381	Localized delivery of chemotherapeutic agents	98
D9110	Palliative (emergency) treatment of dental pain.....	43	D4910	Periodontal maintenance	74
D9210/15	Local anesthesia	0	D4920	Unscheduled dressing change by non-treating dentist	84
D9211/12	Regional block anesthesia	0			

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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ORAL SURGERY

D7111	Extraction, coronal remnants - deciduous tooth	56
D7140	Extraction, erupted tooth or exposed root	69
D7210	Surgical rem. of erupted tooth req. bone cut.....	133
D7220	Removal of impacted tooth - soft tissue	151
D7230	Removal of impacted tooth - partially bony	196
D7240	Removal of impacted tooth - completely bony	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217
D7250	Surgical removal of residual tooth roots	141
D7251	Coronectomy-intentional partial tooth removal.....	141
D7260	Oroantral fistula closure	578
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D7272	Tooth transplantation.....	615
D7280	Surgical access of an unerupted tooth	153
D7285	Biopsy of oral tissue - hard (bone, tooth)	387
D7286	Biopsy of oral tissue - soft (all others).....	295
D7290	Surgical repositioning of teeth	407
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D7310/20	Alveoloplasty, per quadrant.....	141
D7311/21	Alveoloplasty in conj. with/out extractions	141
D7340	Vestibuloplasty - ridge ext. sec. epithel.	923
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776
D7410	Excision of benign lesion up to 1.25 cm.....	278
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	608
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.....	543
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	516
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm	718
D7471	Removal of lateral exostosis	351
D7472/73	Removal of torus palatinus/mandibularis	480
D7510	Incision and drainage of abscess - intraoral soft tissue	96
D7520	Incision/drainage of abscess - extra. soft tissue	116
D7550	Partial ostect/sequestrect non-vital bone rem.	336
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263
D7970	Excision of hyperplastic tissue - per arch.....	233
D7971	Excision of pericoronal gingiva.....	131

ORTHODONTICS¹ - PRE-AUTHORIZATION REQUIRED

D8070	Comp. ortho. treatment - transitional dentition	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422
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 ret. (rem. of appl./placement of retainer(s)).....	413
D8692	Replacement of lost or broken retainer	179
D8693	Rebonding or recementing fixed dentures	174
D8694	Repair of fixed retainers, includes reattachment.....	174

¹ See exclusion #15 and limitation #21 for additional coverage information.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc. Current Dental Terminology © American Dental Association.

Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. Referrals to a specialist must be made by a member's Participating General Dentist. See Plan Exclusion #12.

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan, (with the exception of out-of-area emergency dental services).
12. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). A referral form is required. Participating dentists should refer to Specialty Care Referral Guidelines.
13. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth may be covered subject to review .
14. Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.
15. Non-medically necessary orthodontia and Phase I Treatment for medically necessary orthodontia are not covered benefits under this policy. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #21 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150, D0160) is covered two (2) times per calendar year, per patient, per provider/location.
2. One (1) teeth cleaning (D1110 or D1120) is covered two (2) times per calendar year, per patient.
3. One (1) topical fluoride application (D1206 or D1208) is covered two (2) times per calendar year, per patient; four (4) fluoride varnish treatments are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnishes are covered per calendar year, per patient up to age two (2).
4. Two (2) bitewing x-rays are covered per plan year, per patient, per provider/location (D0270 does not have a frequency limitation).
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per provider/location.
6. One (1) sealant per tooth is covered per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One space maintainer per 24 months, per quadrant (D1510 or D1520)) or per arch (D1515 or D1525), per patient to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment).
8. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
9. Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.
10. Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
11. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
13. Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
14. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per patient, per quadrant.
15. Full mouth debridement is covered once per 24 months, per patient.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
18. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230 or D9243. Intravenous conscious sedation is not covered with procedure codes D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9223 or D9243.
21. Orthodontics is only covered if medically necessary as determined by the Plan. There is a 24 month waiting period for medically necessary orthodontia. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.



**DOMINION
NATIONAL**

DENTAL

Select Plan Basic Kids 702xs (DC)

Description of Benefits & Member Copayments for Pediatric Services (under age 19)

Coverage continues through end of month in which the Member turns 19.

The dental plan is underwritten by Dominion Dental Services, Inc. d/b/a Dominion National.

Annual Out-of-Pocket Maximum: \$350 per child per calendar year for medically necessary treatment (maximum of \$700 for policy covering two or more children)

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D9439	Office visit	10	D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	32
DIAGNOSTIC/PREVENTIVE			CROWNS & BRIDGES*		
D0120	Periodic oral eval - established patient	0	D2510/20	Inlay- metallic - 1 -2 surfaces	407
D0140	Limited oral eval - problem focused	0	D2530	Inlay - metallic - three or more surfaces	425
D0145	Oral eval for a patient under 3 years of age	0	D2542	Onlay - metallic-two surfaces	458
D0150	Comprehensive oral eval - new or established patient	0	D2543/44	Onlay - metallic - >=4 surfaces	524
D0160	Detailed and extensive oral eval - problem focused	0	D2610/20	Inlay - porcelain/ceramic - 1 - 2 surfaces	427
D0170	Re-evaluation - limited, problem focused	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0210	Intraoral - complete series (including bitewings).....	26	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0220/30	Intraoral - periapical first film and each additional	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	499
D0240	Intraoral - occlusal film	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	440
D0250	Extraoral film	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces	444
D0270-74	Bitewing x-rays - 1-4 films	0	D2710	Crown - resin based composite (indirect)	272
D0277	Vertical bitewings - 7 to 8 films	0	D2712	Crown - 3/4 resin-based composite (indirect)	485
D0330	Panoramic film	30	D2720/21/22	Crown - resin with metal	495
D0340	2D cephalometric radiographic image	0	D2740	Crown - porcelain/ceramic substrate	560
D0350	2D oral/facial photographic images (intraoral/extraoral) ..	0	D2750/51/52	Crown - porcelain fused metal	523
D0351	3D photographic image	0	D2780/81/82	Crown - 3/4 cast with metal	478
D0391	Interpretation of diagnostic image only	0	D2783	Crown - 3/4 porcelain/ceramic	511
D0460	Pulp vitality tests	0	D2790-94	Crown - full cast metal	495
D0470	Diagnostic casts	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest	43
D1110	Prophylaxis (cleaning) - adult	13	D2929	Porcelain/ceramic crown - prim. tooth	560
D1120	Prophylaxis (cleaning) - child	10	D2930	Prefab. stainless steel crown - prim. tooth	110
D1206	Topical fluoride varnish for mod/high risk caries patients ..	0	D2931	Prefab. stainless steel crown - perm. tooth	121
D1208	Topical application of fluoride	0	D2932	Prefabricated resin crown	140
D1310	Nutritional counseling for control of dental disease	0	D2941	Interim therapeutic restoration, primary dentition	31
D1320	Tobacco counseling for control of prev. oral disease	0	D2952	Cast post and core in addition to crown	186
D1330	Oral hygiene instructions	0	D2954	Prefab. post and core in addition to crown	154
D1351	Sealant - per tooth	21	D2955	Post removal (not in conj. with endo. therapy).....	105
D1352	Prev resin rest. mod/high caries risk - perm. tooth	21	D2970	Temporary crown (fractured tooth).....	0
	SPACE MAINTAINERS		D2980	Crown repair, by report	102
D1510/20	Space maintainer - fixed/removable - unilateral	143	D2981/82/83	Inlay, onlay or veneer repair	102
D1515/25	Space maintainer - fixed/removable - bilateral	198	D2990	Resin infiltration lesion.....	41
D1550	Re-cementation of space maintainer	34			
RESTORATIVE DENTISTRY (FILLINGS)			PROSTHETICS (DENTURES)		
	AMALGAM RESTORATIONS (SILVER)		D5110/20	Complete denture - maxillary/mandibular	697
D2140	Amalgam - one surface, prim. or perm.	41	D5130/40	Immediate denture - maxillary/mandibular	722
D2150	Amalgam - two surfaces, prim. or perm.	51	D5211/12	Maxillary/mandibular partial denture - resin base	649
D2160	Amalgam - three surfaces, prim. or perm.	64	D5213/14	Maxillary/mandibular partial denture - cast metal	750
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D5221/22	Immediate maxillary/mandibular partial denture - resin base	649
	RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		D5223/24	Immediate maxillary/mandibular partial denture - cast metal	750
D2330	Resin-based composite - one surface, anterior	69	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D2331	Resin-based composite - two surfaces, anterior	83	D5281	Rem. unilateral partial denture - one piece cast metal	419
D2332	Resin-based composite - three surfaces, anterior	99	D5410/11	Adjust complete denture - maxillary/mandibular	38
D2335	Resin-based composite - >=4 surfaces, anterior	119	D5421/22	Adjust partial denture - maxillary/mandibular	38
D2390	Resin-based composite crown, anterior	192	D5510/5610	Repair broken complete denture base (complete/resin) ...	87
D2391	Resin-based composite - one surface, posterior	73	D5520	Replace missing or broken teeth - complete denture	87
D2392	Resin-based composite - two surfaces, posterior	87	D5620	Repair cast framework	87
D2393	Resin-based composite - three surfaces, posterior	102	D5630/60	Clasp repaired, replaced or added	115
D2394	Resin-based composite - >=4 surfaces, posterior	123	D5640	Replace broken teeth - per tooth	87
D2940	Protective restoration	39	D5650	Add tooth to existing partial denture	87
D2949	Restorative foundation for an indirect restoration	0	D5670/71	Replace all teeth/acrylic on cast metal framework (maxillary/mandibular)	287
D2950	Core buildup, including any pins	125	D5710/11	Rebase complete maxillary/mandibular denture	260
D2951	Pin retention - per tooth, in addition to restoration	22	D5720/21	Rebase maxillary/mandibular partial denture	260
			D5730/31	Reline complete maxillary/mandibular denture (chairside) ..	159

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5740/41	Reline maxillary/mandibular partial denture (chairside)...	155	D6614	Onlay - cast noble metal, two surfaces.....	458
D5750/51	Reline complete maxillary/mandibular denture (lab)....	224	D6615	Onlay - cast noble metal, >=3 surfaces	524
D5760/61	Reline maxillary/mandibular partial denture (lab)	224	D6720/21/22	Crown - resin with metal	495
D5810/11	Interim complete denture - maxillary/mandibular.....	362	D6740	Crown - porcelain/ceramic	560
D5820/21	Interim partial denture - maxillary/mandibular.....	362	D6750/51/52	Crown - porcelain fused metal	523
D5850/51	Tissue conditioning - maxillary/mandibular	79	D6780	Crown - 3/4 cast high noble metal	470
BRIDGES & PONTICS*			D6781	Crown - 3/4 cast predominantly base metal	470
D6010	Surgical placement of implant body, endosteal	1716	D6782	Crown - 3/4 cast noble metal	470
D6011	Second stage implant surgery	200	D6783	Crown - 3/4 porc./ceramic.....	511
D6012	Surgical placement of interim implant body	1782	D6790/91/92	Crown - full cast metal	495
D6013	Surgical placement of mini implant.....	572	D6930	Recement fixed partial denture.....	69
D6040	Surgical placement, eposteal implant.....	3564	D6980	Fixed partial denture repair, by report.....	172
D6050	Surgical placement, transosteal implant.....	4455	ADJUNCTIVE GENERAL SERVICES		
D6053	Implant/abutment supported rem. denture (comp. edentulous arch).....	1667	D9110	Palliative (emergency) treatment of dental pain	43
D6054	Implant/abutment supported rem. denture (part. edentulous arch)	900	D9210/15	Local anesthesia.....	0
D6055	Dental implant supported connecting bar	1611	D9211/12	Regional block anesthesia.....	0
D6056	Prefabricated abutment	456	D9223	Deep sedation/general anesthesia - each 15 min.	103
D6058	Abutment supported porcelain/ceramic crown.....	560	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D6059/60/61	Abutment supported porcelain fused to metal crown - metal...	523	D9243	Intravenous conscious sedation/analgesia - each 15 min.	103
D6062/63/64	Abutment supported cast metal crown - metal	495	D9310	Consultation (diagnostic service by nontreating dentist)...	43
D6065	Implant supported porcelain/ceramic crown	560	D9910	Application of desensitizing medicament.....	31
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal	523	D9930	Treatment of complications (post-surgical).....	43
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal	523	D9940	Occlusal guard, by report.....	272
D6068	Abutment supported retainer for porc/ceramic	788	D9950	Occlusion analysis - mounted case	104
D6069	Abutment supp. retainer for porc/high noble.....	843	D9951	Occlusal adjustment - limited.....	66
D6070	Abutment supp. retainer for porc/pred. base	695	D9952	Occlusal adjustment - complete.....	266
D6071	Abutment supp. retainer for porc/noble	704	D9986	Missed appointment.....	50
D6072	Abutment supp retainer for cast high noble	788	ENDODONTICS		
D6073	Abutment supp. retainer for cast high noble	749	D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D6074	Abutment supp. retainer for cast noble metal	758	D3221	Pulpal debridement, prim. and perm. teeth.....	94
D6075	Implant supported retainer for ceramic FPD	874	D3222	Partial pulpotomy for apexogenesis.....	160
D6076	Implant supported retainer for porc/metal FPD.....	823	D3230	Pulpal therapy - resorbable filling, anterior	160
D6077	Implant supported retainer for cast metal FPD	872	D3240	Pulpal therapy - resorbable filling, posterior	164
D6078	Imp/abut supp fixed dent for compl edent arch.....	2216	D3310	Endodontic therapy, anterior tooth	341
D6079	Imp/abut supp fixed dent for part. edent arch	1803	D3320	Endodontic therapy, bicuspid tooth.....	418
D6080	Implant maintenance procedures	61	D3330	Endodontic therapy, molar	512
D6090	Repair implant supported prosthesis	362	D3333	Internal root repair of perforation defects.....	105
D6091	Replacement of Precision Attachment.....	34	D3346	Retreat of prev. root canal therapy, anterior.....	387
D6095	Repair implant abutment, by report	391	D3347	Retreat of prev. root canal therapy, bicuspid.....	465
D6100	Implant removal, by report	241	D3348	Retreat of prev. root canal therapy, molar.....	558
D6101	Debridement periimplant defect	90	D3351	Apexification/recalcification - initial visit.....	202
D6102	Deridement and osseous contouring periimplant defect ...	180	D3352	Apexification/recalcification - interim med. repl.....	589
D6103	Bone graft repair perrimplant defect	600	D3353	Apexification/recalcification - final visit.....	449
D6104	Bone graft at time of implant placement	600	D3355	Pulpal regeneration - initial visit.....	202
D6190	Radiographic surgical implant index, by report.....	0	D3356	Pulpal regeneration - interim medication replacement ...	589
D6210-14	Pontic - metal.....	495	D3357	Pulpal regeneration - completion of treatment.....	449
D6240/41/42	Pontic - porcelain fused to metal	523	D3410	Apicoectomy/periradicular surgery, anterior	323
D6245	Pontic - porcelain/ceramic	560	D3421	Apicoectomy/periradicular surgery, bicuspid (first root)...	364
D6250/51/52	Pontic - resin with metal.....	495	D3425	Apicoectomy/periradicular surgery, molar (first root) ...	418
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	251	D3426	Apicoectomy/periradicular surgery (each add. root)	152
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis ...	393	D3427	Periradicular surgery w/o apicoectomy.....	266
D6549	Resin retainer - for resin bonded fixed prosthesis	251	D3430	Retrograde filling - per root	119
D6600	Inlay - porc./ceramic, two surfaces	427	D3450	Root amputation - per root.....	234
D6601	Inlay - porc./ceramic, >=3 surfaces.....	445	D3920	Hemisection, not inc. root canal therapy.....	234
D6602	Inlay - cast high noble metal, two surfaces.....	407	D3950	Canal prep/fitting of preformed dowel or post.....	136
D6603	Inlay - cast high noble metal, >=3 surfaces	425	PERIODONTICS		
D6604	Inlay - cast predominantly base metal, two surfaces.....	407	D0180	Comp. periodontal eval - new or established patient.....	0
D6605	Inlay - cast predominantly base metal, >=3 surfaces	425	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad...	279
D6606	Inlay - cast noble metal, two surfaces.....	407	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. .	100
D6607	Inlay - cast noble metal, >=3 surfaces	425	D4212	Gingivectomy or gingivoplasty, rest., per tooth	40
D6608	Onlay -porc./ceramic, two surfaces	479	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345
D6609	Onlay - porc./ceramic, three or more surfaces	499	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106
D6610	Onlay - cast high noble metal, two surfaces	458	D4249	Clinical crown lengthening - hard tissue	576
D6611	Onlay - cast high noble metal, >=3 surfaces	524	D4260	Osseous surgery - >3 cont. teeth, per quad	499
D6612	Onlay - cast predominantly base metal, two surfaces ...	458	D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D6613	Onlay - cast predominantly base metal, >=3 surfaces ..	524	D4268	Surgical revision proc., per tooth	358

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D4270	Pedicle soft tissue graft procedure	643
D4273	Subepithelial connective tissue graft proc.	800
D4274	Distal or proximal wedge procedure	308
D4277	Free soft tissue graft, per tooth.....	654
D4278	Free soft tissue graft, each add. tooth	100
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ...	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad....	63
D4355	Full mouth debridement.....	89
D4381	Localized delivery of chemotherapeutic agents.....	98
D4910	Periodontal maintenance	74
D4921	Gingival irrigation, per quadrant.....	0

ORAL SURGERY

D7111	Extraction, coronal remnants - deciduous tooth	56
D7140	Extraction, erupted tooth or exposed root.....	69
D7210	Surgical rem. of erupted tooth req. bone cut	133
D7220	Removal of impacted tooth - soft tissue.....	151
D7230	Removal of impacted tooth - partially bony.....	196
D7240	Removal of impacted tooth - completely bony.....	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D7250	Surgical removal of residual tooth roots	141
D7251	Coronectomy-intentional partial tooth removal	141
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth ...	226
D7280	Surgical access of an unerupted tooth	153
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report ...	60
D7310/20	Alveoloplasty, >=4 per quad.	141
D7321	Alveoloplasty in conj. with extractions, 1-3 per quad.....	141
D7471	Removal of lateral exostosis.....	351
D7510	Incision and drainage of abscess - intraoral soft tissue ...	96
D7910	Suture of recent small wounds up to 5 cm.....	59
D7921	Collection application of blood concentrate	40
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ...	263
D7971	Excision of pericoronal gingiva	131

ORTHODONTICS¹ - PRE-AUTHORIZATION REQUIRED

D8010	Limited ortho. treatment of the primary dentition	3304
D8020	Limited ortho. treatment of the transitional dentition....	3304
D8030	Limited ortho treatment - adolescent dentition.....	3422
D8050	Interceptive ortho. treatment of the primary dentition	3304
D8060	Interceptive ortho. treatment of the transitional dentition ...	3304
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8210	Removable appliance therapy	770
D8220	Fixed appliance therapy.....	783
D8660	Pre-orthodontic treatment visit.....	413
D8670	Periodic ortho. treatment visit (as part of contract)	118
D8680	Ortho. ret. (rem. of appl./placement of retainer(s))	413

¹ See exclusion #15 and limitation #25 for additional coverage information.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc. Current Dental Terminology © American Dental Association.

Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. Referrals to a specialist must be made by a member's Participating General Dentist. See Plan Exclusion #13.

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia is not a covered benefit under this policy. A discount is provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #25 concerning medically necessary orthodontia.

Plan Limitations

1. One evaluation (D0120, D0140, D0145, D0150, D0160, D0180) is covered once per six months, per patient. D0150 limited to once in 12 months.
2. One (1) teeth cleaning (D1110 or D1120) per 6 months, per patient.
3. One (1) fluoride application every 6 months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months, per patient starting at age two.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages 6-18. No more than one set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient up to age 18 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) space maintainer (D1510, D1520, D1515 or D1525) is covered per 24 months per patient, per arch.
8. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
9. Replacement of a primary stainless steel crown (under age 15), crown, denture, or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.
10. 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%.
11. Relining and rebasing of dentures is covered once per 24 months, per patient.
12. Root canal treatment is covered once per lifetime.
13. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
14. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240), and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
15. Full mouth debridement is covered once per lifetime, per patient.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
18. Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
19. Denture rebase and denture relines is limited to 1 in a 36 month period 6 months after initial placement.
20. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230 or D9243. Intravenous conscious sedation is not covered with procedure codes D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure code D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9223 or D9243.
21. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one per 12 consecutive month period.
22. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
23. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
24. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
25. Orthodontics is only covered if medically necessary as determined by the Plan. There is a 24 month waiting period for medically necessary orthodontia. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.