



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	D2949	Restorative foundation for an indirect restoration.....	0
DIAGNOSTIC/PREVENTIVE			D2950	Core buildup, including any pins	125
D0120	Periodic oral eval - established patient.....	0	D2951	Pin retention - per tooth, in addition to restoration	22
D0140	Limited oral eval - problem focused	0	D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32
D0145	Oral eval for a patient under 3 years of age	0	CROWNS & BRIDGES*		
D0150	Comprehensive oral eval - new or established patient....	0	D2510/20	Inlay- metallic - 1 -2 surfaces	407
D0160	Detailed and extensive oral eval - problem focused.....	0	D2530	Inlay - metallic - three or more surfaces	425
D0170	Re-evaluation - limited, problem focused	0	D2542	Onlay - metallic-two surfaces	458
D0210	Intraoral - complete series (including bitewings)	26	D2543/44	Onlay - metallic - >=4 surfaces.....	524
D0220/30	Intraoral - periapical first film and each additional	0	D2610/20	Inlay - porcelain/ceramic - 1 - 2 surfaces	427
D0240	Intraoral - occlusal film	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0250	Extraoral film	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0270-74	Bitewing x-rays - 1-4 films	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces.....	499
D0277	Vertical bitewings - 7 to 8 films	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s).....	440
D0330	Panoramic film.....	30	D2662/63/64	Onlay - resin-based composite - >=2 surfaces.....	444
D0340	2D cephalometric radiographic image	0	D2710	Crown - resin based composite (indirect).....	272
D0350	2D oral/facial photographic images (intraoral/extraoral)..	0	D2712	Crown - 3/4 resin-based composite (indirect).....	485
D0351	3D photographic image	0	D2720/21/22	Crown - resin with metal.....	495
D0391	Interpretation of diagnostic image only.....	0	D2740	Crown - porcelain/ceramic.....	560
D0460	Pulp vitality tests.....	0	D2750/51/52	Crown - porcelain fused metal.....	523
D0470	Diagnostic casts	0	D2780/81/82	Crown - 3/4 cast with metal	478
D1110	Prophylaxis (cleaning) - adult	13	D2783	Crown - 3/4 porcelain/ceramic.....	511
D1120	Prophylaxis (cleaning) - child	10	D2790-94	Crown - full cast metal.....	495
D1206	Topical fluoride varnish for mod/high risk caries patients...	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	43
D1208	Topical application of fluoride	0	D2929	Porcelain/ceramic crown - prim. tooth	560
D1310	Nutritional counseling for control of dental disease.....	0	D2930	Prefab. stainless steel crown - prim. tooth	110
D1320	Tobacco counseling for control of prev. oral disease.....	0	D2931	Prefab. stainless steel crown - perm. tooth	121
D1330	Oral hygiene instructions.....	0	D2932	Prefabricated resin crown.....	140
D1351	Sealant - per tooth.....	21	D2941	Interim therapeutic restoration, primary dentition	31
D1352	Prev resin rest. mod/high caries risk - perm. tooth.....	21	D2952	Cast post and core in addition to crown	186
SPACE MAINTAINERS			D2954	Prefab. post and core in addition to crown	154
D1510/20	Space maintainer - fixed/removable - unilateral.....	143	D2955	Post removal (not in conj. with endo. therapy)	105
D1515/25	Space maintainer - fixed/removable - bilateral.....	198	D2970	Temporary crown (fractured tooth)	0
D1550	Re-cementation of space maintainer.....	34	D2980	Crown repair, by report.....	102
D1575	Distal shoe space maintainer - fixed - unilateral.....	143	D2981/82/83	Inlay, onlay or veneer repair	102
RESTORATIVE DENTISTRY (FILLINGS)			D2990	Resin infiltration lesion	41
AMALGAM RESTORATIONS (SILVER)			PROSTHETICS (DENTURES)		
D2140	Amalgam - one surface, prim. or perm.....	41	D5110/20	Complete denture - maxillary/mandibular.....	697
D2150	Amalgam - two surfaces, prim. or perm.	51	D5130/40	Immediate denture - maxillary/mandibular	722
D2160	Amalgam - three surfaces, prim. or perm.....	64	D5211/12	Maxillary/mandibular partial denture - resin base.....	649
D2161	Amalgam - >=4 surfaces, prim. or perm.....	78	D5213/14	Maxillary/mandibular partial denture - cast metal.....	750
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5221/22	Immediate maxillary/mandibular partial denture - resin base	649
D2330	Resin-based composite - one surface, anterior.....	69	D5223/24	Immediate maxillary/mandibular partial denture - cast metal	750
D2331	Resin-based composite - two surfaces, anterior	83	D5225/26	Maxillary/mandibular partial denture - flexible base	750
D2332	Resin-based composite - three surfaces, anterior.....	99	D5281	Rem. unilateral partial denture - one piece cast metal....	419
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	D5410/11	Adjust complete denture - maxillary/mandibular	38
D2390	Resin-based composite crown, anterior.....	192	D5421/22	Adjust partial denture - maxillary/mandibular	38
D2391	Resin-based composite - one surface, posterior.....	73	D5511/12	Repair broken complete denture base - maxillary/mandibular.....	87
D2392	Resin-based composite - two surfaces, posterior	87	D5520	Replace missing or broken teeth - complete denture....	87
D2393	Resin-based composite - three surfaces, posterior.....	102	D5611/12	Repair resin partial denture base - maxillary/mandibular..	87
D2394	Resin-based composite - >=4 surfaces, posterior.....	123	D5621/22	Repair cast partial framework - maxillary/mandibular	87
D2940	Protective restoration	39	D5630/60	Clasp repaired, replaced or added	115

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5640	Replace broken teeth - per tooth.....	87	D6605	Inlay - cast predominantly base metal, >=3 surfaces....	425
D5650	Add tooth to existing partial denture.....	87	D6606	Inlay - cast noble metal, two surfaces.....	407
D5670/71	Replace all teeth/acrylic on cast metal framework (maxillary/mandibular).....	287	D6607	Inlay - cast noble metal, >=3 surfaces.....	425
D5710/11	Rebase complete maxillary/mandibular denture.....	260	D6608	Onlay -porc./ceramic, two surfaces.....	479
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6609	Onlay - porc./ceramic, three or more surfaces.....	499
D5730/31	Reline complete maxillary/mandibular denture (chairside)..	159	D6610	Onlay - cast high noble metal, two surfaces.....	458
D5740/41	Reline maxillary/mandibular partial denture (chairside) ..	155	D6611	Onlay - cast high noble metal, >=3 surfaces.....	524
D5750/51	Reline complete maxillary/mandibular denture (lab).....	224	D6612	Onlay - cast predominantly base metal, two surfaces...458	
D5760/61	Reline maxillary/mandibular partial denture (lab).....	224	D6613	Onlay - cast predominantly base metal, >=3 surfaces..524	
D5810/11	Interim complete denture - maxillary/mandibular.....	362	D6614	Onlay - cast noble metal, two surfaces.....	458
D5820/21	Interim partial denture - maxillary/mandibular.....	362	D6615	Onlay - cast noble metal, >=3 surfaces.....	524
D5850/51	Tissue conditioning - maxillary/mandibular.....	79	D6720/21/22	Crown - resin with metal.....	495
BRIDGES & PONTICS*			D6740	Crown - porcelain/ceramic.....	560
D6010	Surgical placement of implant body, endosteal.....	1716	D6750/51/52	Crown - porcelain fused metal.....	523
D6011	Second stage implant surgery.....	200	D6780	Crown - 3/4 cast high noble metal.....	470
D6012	Surgical placement of interim implant body.....	1782	D6781	Crown - 3/4 cast predominantly base metal.....	470
D6013	Surgical placement of mini implant.....	572	D6782	Crown - 3/4 cast noble metal.....	470
D6040	Surgical placement, eposteal implant.....	3564	D6783	Crown - 3/4 porc./ceramic.....	511
D6050	Surgical placement, transosteal implant.....	4455	D6790/91/92	Crown - full cast metal.....	495
D6055	Dental implant supported connecting bar.....	1611	D6930	Recement fixed partial denture.....	69
D6056	Prefabricated abutment.....	456	D6980	Fixed partial denture repair, by report.....	172
D6058	Abutment supported porcelain/ceramic crown.....	560	ADJUNCTIVE GENERAL SERVICES		
D6059/60/61	Abutment supported porcelain fused to metal crown - metal.....	523	D9110	Palliative (emergency) treatment of dental pain.....	43
D6062/63/64	Abutment supported cast metal crown - metal.....	495	D9210/15	Local anesthesia.....	0
D6065	Implant supported porcelain/ceramic crown.....	560	D9211/12	Regional block anesthesia.....	0
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal.....	523	D9222	Deep sedation/general anesthesia - first 15 min.....	103
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal.....	523	D9223	Deep sedation/general anesthesia - each subsequent 15 min. increment.....	103
D6068	Abutment supported retainer for porc/ceramic.....	788	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D6069	Abutment supp. retainer for porc/high noble.....	843	D9239	Intravenous moderate sedation/analgesia – first 15 min....	103
D6070	Abutment supp. retainer for porc/pred. base.....	695	D9243	Intravenous conscious sedation/analgesia - each subsequent 15 min. increment.....	103
D6071	Abutment supp. retainer for porc/noble.....	704	D9310	Consultation (diagnostic service by nontreating dentist)...	43
D6072	Abutment supp. retainer for cast high noble.....	788	D9910	Application of desensitizing medicament.....	31
D6073	Abutment supp. retainer for cast high noble.....	749	D9930	Treatment of complications (post-surgical).....	43
D6074	Abutment supp. retainer for cast noble metal.....	758	D9940	Occlusal guard, by report.....	272
D6075	Implant supported retainer for ceramic FPD.....	874	D9950	Occlusion analysis - mounted case.....	104
D6076	Implant supported retainer for porc/metal FPD.....	823	D9951	Occlusal adjustment - limited.....	66
D6077	Implant supported retainer for cast metal FPD.....	872	D9952	Occlusal adjustment - complete.....	266
D6080	Implant maintenance procedures.....	61	D9986	Missed appointment.....	50
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure....	63	D9995	Teledentistry – synchronous; real-time encounter (when available).....	20
D6090	Repair implant supported prosthesis.....	362	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20
D6091	Replacement of Precision Attachment.....	34	ENDODONTICS¹		
D6095	Repair implant abutment, by report.....	391	D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D6100	Implant removal, by report.....	241	D3221	Pulpal debridement, prim. and perm. teeth.....	94
D6101	Debridement periimplant defect.....	90	D3222	Partial pulpotomy for apexogenesis.....	160
D6102	Deridement and osseous contouring periimplant defect...180		D3230	Pulpal therapy - resorbable filling, anterior.....	160
D6103	Bone graft repair perrimplant defect.....	600	D3240	Pulpal therapy - resorbable filling, posterior.....	164
D6104	Bone graft at time of implant placement.....	600	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341
D6190	Radiographic surgical implant index, by report.....	0	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	418
D6210-14	Pontic - metal.....	495	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	512
D6240/41/42	Pontic - porcelain fused to metal.....	523	D3333	Internal root repair of perforation defects.....	105
D6245	Pontic - porcelain/ceramic.....	560	D3346	Retreat of prev. root canal therapy, anterior.....	387
D6250/51/52	Pontic - resin with metal.....	495	D3347	Retreat of prev. root canal therapy, premolar.....	465
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	251	D3348	Retreat of prev. root canal therapy, molar.....	558
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis....	393	D3351	Apexification/recalcification - initial visit.....	202
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D3352	Apexification/recalcification - interim med. repl.....	589
D6600	Inlay - porc./ceramic, two surfaces.....	427	D3353	Apexification/recalcification - final visit.....	449
D6601	Inlay - porc./ceramic, >=3 surfaces.....	445			
D6602	Inlay - cast high noble metal, two surfaces.....	407			
D6603	Inlay - cast high noble metal, >=3 surfaces.....	425			
D6604	Inlay - cast predominantly base metal, two surfaces....	407			

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D3355	Pulpal regeneration - initial visit.....	202
D3356	Pulpal regeneration - interim medication replacement....	589
D3357	Pulpal regeneration - completion of treatment	449
D3410	Apicoectomy - anterior	323
D3421	Apicoectomy - premolar (first root).....	364
D3425	Apicoectomy - molar (first root)	418
D3426	Apicoectomy (each add. root)	152
D3427	Periradicular surgery w/o apicoectomy	266
D3430	Retrograde filling - per root.....	119
D3450	Root amputation - per root	234
D3920	Hemisection, not inc. root canal therapy	234
D3950	Canal prep/fitting of preformed dowel or post	136

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ...	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. .	100
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	40
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	106
D4249	Clinical crown lengthening - hard tissue.....	576
D4260	Osseous surgery - >3 cont. teeth, per quad.....	499
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	392
D4268	Surgical revision proc., per tooth.....	358
D4270	Pedicle soft tissue graft procedure	643
D4273	Subepithelial connective tissue graft proc.	800
D4274	Mesial/distal wedge procedure, single tooth	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
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45
D4355	Full mouth debridement.....	89
D4381	Localized delivery of chemotherapeutic agents	98
D4910	Periodontal maintenance.....	74
D4921	Gingival irrigation, per quadrant	0

ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth	56
D7140	Extraction, erupted tooth or exposed root	69
D7210	Extraction, erupted tooth req elev, etc	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	Removal of residual tooth roots.....	141
D7251	Coronectomy-intentional partial tooth removal.....	217
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth....	226
D7280	Exposure 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
D7979	Non-surgical sialolithotomy	43

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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ORTHODONTICS² - 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 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.

2 See exclusion #14 and limitation #28 for additional coverage information.

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

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. 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.
14. 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 #28 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. D1575 limited to once per lifetime.
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. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
15. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240), and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
16. Full mouth debridement is covered once per lifetime, per patient.
17. 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.
18. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
19. Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
20. Denture rebase and denture reline is limited to 1 in a 36 month period 6 months after initial placement.
21. One (1) 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.
22. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
23. 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, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
24. 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.
25. 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.
26. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
27. 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.
28. 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.
29. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).



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D0250	Extraoral - 2D projection radiographic image	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
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D0277	Vertical bitewings - 7 to 8 radiographic images	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	440
D0322	Tomographic survey	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces	444
D0330	Panoramic radiographic image	30	D2710	Crown - resin based composite (indirect)	272
D0340	2D cephalometric radiographic image	0	D2712	Crown - 3/4 resin-based composite (indirect)	485
D0350	2D oral/facial photographic images (intraoral/extraoral) ..	0	D2720/21/22	Crown - resin with metal	495
D0460	Pulp vitality tests	0	D2740	Crown - porcelain/ceramic	560
D0470	Diagnostic casts	0	D2750/51/52	Crown - porcelain fused metal	523
D0999	Unspecified diagnostic procedure, by report	0	D2780/81/82	Crown - 3/4 cast with metal	478
D1110	Prophylaxis (cleaning) - adult	13	D2783	Crown - 3/4 porcelain/ceramic	511
D1120	Prophylaxis (cleaning) - child	10	D2790/91/92	Crown - full cast metal	495
D1206	Topical fluoride varnish for mod/high risk caries patients...	0	D2799	Provisional crown	0
D1208	Topical application of fluoride	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43
D1310	Nutritional counseling for control of dental disease	0	D2915	Recement cast or prefab. post and core	82
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
			D2933	Prefab. stainless steel crown w/ resin window	271
	SPACE MAINTAINERS		D2952	Cast post and core in addition to crown	186
D1510/20	Space maintainer - fixed/removable - unilateral	143	D2953	Each add. indirectly fabricated post - same tooth	50
D1515/25	Space maintainer - fixed/removable - bilateral	198	D2954	Prefab. post and core in addition to crown	154
D1550	Re-cementation of space maintainer	34	D2955	Post removal (not in conj. with endo. therapy)	105
D1555	Removal of fixed space maintainer, by non-originating dentist	44	D2957	Each add. prefab post - same tooth	40
D1575	Distal shoe space maintainer - fixed - unilateral	143	D2970	Temporary crown (fractured tooth)	0
			D2980	Crown repair, by report	102
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	D5511/12	Repair broken complete denture base - maxillary/mandibular	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	D5611/12	Repair resin partial denture base - maxillary/mandibular ..	87
D2393	Resin-based composite - three surfaces, posterior	102	D5621/22	Repair cast partial framework - maxillary/mandibular ...	87
D2394	Resin-based composite - >=4 surfaces, posterior	123	D5630/60	Clasp repaired, replaced or added	115
D2940	Protective restoration	39	D5640	Replace broken teeth - per tooth	87
D2941	Interim therapeutic restoration, primary dentition	31	D5650	Add tooth to existing partial denture	87
D2950	Core buildup, including any pins	125			
D2951	Pin retention - per tooth, in addition to restoration	22			

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5670/71	Replace all teeth/acrylic on cast metal framework (maxillary/mandibular).....	287	D9920	Behavior management, by report.....	68
D5710/11	Rebase complete maxillary/mandibular denture.....	260	D9930	Treatment of complications (post-surgical).....	43
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D9940	Occlusal guard, by report.....	272
D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159	D9950	Occlusion analysis - mounted case.....	104
D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155	D9951	Occlusal adjustment - limited.....	66
D5750/51	Reline complete maxillary/mandibular denture (lab).....	224	D9952	Occlusal adjustment - complete.....	266
D5760/61	Reline maxillary/mandibular partial denture (lab).....	224	D9986	Missed appointment.....	50
D5810/11	Interim complete denture - maxillary/mandibular.....	362	D9995	Teledentistry – synchronous; real-time encounter (when available).....	20
D5820/21	Interim partial denture - maxillary/mandibular.....	362	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20
D5850/51	Tissue conditioning - maxillary/mandibular.....	79			
D5932	Obturator prosthesis, definitive.....	4800			
D5933	Obturator prosthesis, modification.....	709			
D5934	Mandibular resection prosthesis w/ guide flange.....	4042			
D5935	Mandibular resection prosthesis w/o guide flange.....	3770			
D5936	Obturator prosthesis, interim.....	2049			
D5937	Trismus appliance, not in conj. with TMD.....	653			
D5986/91	Fluoride gel or topical medicament carrier.....	126			
BRIDGES & PONTICS*			ENDODONTICS¹		
D6210/11	Pontic - metal.....	495	D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D6240/41/42	Pontic - porcelain fused to metal.....	523	D3221	Pulpal debridement, prim. and perm. teeth.....	94
D6245	Pontic - porcelain/ceramic.....	560	D3222	Partial pulpotomy for apexogenesis.....	160
D6250/51/52	Pontic - resin with metal.....	495	D3230	Pulpal therapy - resorbable filling, anterior.....	160
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	251	D3240	Pulpal therapy - resorbable filling, posterior.....	164
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341
D6600	Inlay - porc./ceramic, two surfaces.....	427	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	418
D6601	Inlay - porc./ceramic, >=3 surfaces.....	445	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	512
D6602	Inlay - cast high noble metal, two surfaces.....	407	D3332	Incomp. endo. therapy-inop. or fractured tooth.....	183
D6603	Inlay - cast high noble metal, >=3 surfaces.....	425	D3333	Internal root repair of perforation defects.....	105
D6604	Inlay - cast predominantly base metal, two surfaces.....	407	D3346	Retreat of prev. root canal therapy, anterior.....	387
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	425	D3347	Retreat of prev. root canal therapy, premolar.....	465
D6606	Inlay - cast noble metal, two surfaces.....	407	D3348	Retreat of prev. root canal therapy, molar.....	558
D6607	Inlay - cast noble metal, >=3 surfaces.....	425	D3351	Apexification/recalcification - initial visit.....	202
D6608	Onlay -porc./ceramic, two surfaces.....	479	D3352	Apexification/recalcification - interim med. repl.....	589
D6609	Onlay - porc./ceramic, three or more surfaces.....	499	D3353	Apexification/recalcification - final visit.....	449
D6610	Onlay - cast high noble metal, two surfaces.....	458	D3355	Pulpal regeneration - initial visit.....	202
D6611	Onlay - cast high noble metal, >=3 surfaces.....	524	D3356	Pulpal regeneration - interim medication replacement.....	589
D6612	Onlay - cast predominantly base metal, two surfaces.....	458	D3357	Pulpal regeneration - completion of treatment.....	449
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	524	D3410	Apicoectomy, anterior.....	323
D6614	Onlay - cast noble metal, two surfaces.....	458	D3421	Apicoectomy, premolar (first root).....	364
D6615	Onlay - cast noble metal, >=3 surfaces.....	524	D3425	Apicoectomy, molar (first root).....	418
D6720/21/22	Crown - resin with metal.....	495	D3426	Apicoectomy, (each add. root).....	152
D6740	Crown - porcelain/ceramic.....	560	D3427	Periradicular surgery w/o apicoectomy.....	266
D6750/51/52	Crown - porcelain fused metal.....	523	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	743
D6780/81/82	Crown - 3/4 cast metal.....	470	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site.....	582
D6783	Crown - 3/4 porc./ceramic.....	511	D3430	Retrograde filling - per root.....	119
D6790/91/92	Crown - full cast metal.....	495	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.....	407
D6930	Recement fixed partial denture.....	69	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.....	815
D6980	Fixed partial denture repair, by report.....	172	D3450	Root amputation - per root.....	234
D6985	Pediatric partial denture, fixed.....	560	D3920	Hemisection, not inc. root canal therapy.....	234
			D3950	Canal prep/fitting of preformed dowel or post.....	136
ADJUNCTIVE GENERAL SERVICES			PERIODONTICS¹		
D9110	Palliative (emergency) treatment of dental pain.....	43	D0180	Comp. periodontal eval - new or established patient.....	0
D9210/15	Local anesthesia.....	0	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D9211/12	Regional block anesthesia.....	0	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D9222	Deep sedation/general anesthesia - first 15 min.....	103	D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	40
D9223	Deep sedation/general anesthesia - each subsequent 15 min.....	103	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345
D9230	Analgesia, anxiety, inhalation of nitrous oxide.....	37	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	106
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 min.....	103	D4260	Osseous surgery - >3 cont. teeth, per quad.....	499
D9243	Intravenous (conscious) sedation/analgesia - each subsequent 15 min.....	103	D4261	Osseous surgery - <=3 cont. teeth, per quad.....	392
D9248	Non-intravenous conscious sedation.....	145	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	743
D9310	Consultation (diagnostic service by nontreating dentist).....	43	D4264	Bone replacement graft - retained natural tooth - each add. site in quad.....	582
D9440	Office visit after regularly scheduled hours.....	90			
D9610	Therapeutic parenteral drug, single admin.....	26			
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.....	70			
D9910	Application of desensitizing medicament.....	31			

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D4265	Biologic materials.....	407
D4266	Guided tissue regen. - resorb. barrier, per site	815
D4267	Guided tissue regen. - non-resorb. barrier, per site	797
D4268	Surgical revision proc., per tooth	358
D4270	Pedicle soft tissue graft procedure.....	643
D4273	Subepithelial connective tissue graft proc.....	800
D4274	Mesial/distal wedge procedure, single tooth	308
D4275	Soft tissue allograft	854
D4276	Comb. connec. tissue/double pedicle graft, per tooth ..	1019
D4320	Provisional splinting - intracoronal	427
D4321	Provisional splinting - extracoronal	377
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ..	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad... 63	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation..	45
D4355	Full mouth debridement	89
D4381	Localized delivery of chemotherapeutic agents	98
D4910	Periodontal maintenance	74
D4920	Unscheduled dressing change by non-treating dentist... 84	

ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth	56
D7140	Extraction, erupted tooth or exposed root.....	69
D7210	Extraction, erupted tooth req elev, etc	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	Removal of residual tooth roots	141
D7251	Coronectomy-intentional partial tooth removal	217
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth ..	226
D7272	Tooth transplantation.....	615
D7280	Exposure of an unerupted tooth.....	153
D7282	Mobil. of erupted/malpositioned tooth to aid eruption ...	231
D7283	Place. of device to facilitate erupt. of impacted tooth....	144
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report ...	60
D7310/20	Alveoloplasty in conj. with/out extractions, per quad. .	141
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	923
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776
D7510	Incision and drainage of abscess - intraoral soft tissue	96
D7511	Incision/drainage of abscess - intra. soft tissue, comp. .	112
D7520	Incision/drainage of abscess - extra. soft tissue	116
D7521	Incision/drainage of abscess - extra. soft tissue, comp. .	120
D7910	Suture of recent small wounds up to 5 cm.....	59
D7911	Complicated suture, <= 5 cm.....	69
D7912	Complicated suture, > 5 cm	79
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc... 263	
D7963	Frenuloplasty	293
D7970	Excision of hyperplastic tissue - per arch.....	233
D7971	Excision of pericoronal gingiva	131
D7979	Non-surgical sialolithotomy	43

ORTHODONTICS² - PRE-AUTHORIZATION REQUIRED

D8060	Interceptive ortho. treatment - transitional dentition....	3304
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	Ortho. ret. (rem. of appl./placement of retainer(s))	413
D8692	Replacement of lost or broken retainer.....	179

¹ Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.

² Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #14 and limitation #24 for additional coverage information.

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. 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.
14. Non-medically necessary orthodontia and Phase I Treatment 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, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per six (6) months, per patient.
4. Four bitewing x-ray films per six (6) months, per patient.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. One sealant per tooth, per patient up to age 19 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One fixed space maintainer (D1510, D1515) per 5 years, per arch, per patient up to age 14, to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment). D1575 limited to once per lifetime.
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a crown (for teeth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling), bridge (that cannot be repaired) or denture is covered if it is more than five (5) years from the date of original placement and cannot be restored.
10. Crown and bridge fees apply to treatment involving five (5) 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, only after six (6) months of initial placement.
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 patient, per quadrant.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to once per two years.
14. Full mouth debridement is covered once per 36 months, per patient.
15. 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.
16. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
17. Periodontal maintenance following surgery (D4341 is not considered surgery) is covered once per three (3) months.
18. 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.
19. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
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, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
21. Occlusal guard with covered surgery, by report.
22. Gingivectomy, once per quadrant.
23. One pedicle, free soft tissue, subepithelial connective tissue or double pedicle graft per site.
24. Orthodontics is only covered if medically necessary as determined by the Plan. Patient payments 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	D2331	Resin-based composite - two surfaces, anterior	83
DIAGNOSTIC/PREVENTIVE			D2332	Resin-based composite - three surfaces, anterior	99
D0120	Periodic oral eval - established patient	0	D2335	Resin-based composite - >=4 surfaces, anterior	119
D0140	Limited oral eval - problem focused	0	D2390	Resin-based composite crown, anterior	192
D0145	Oral eval for a patient under 3 years of age	0	D2391	Resin-based composite - one surface, posterior.....	73
D0150	Comprehensive oral eval - new or established patient	0	D2392	Resin-based composite - two surfaces, posterior	87
D0160	Detailed and extensive oral eval - problem focused	0	D2393	Resin-based composite - three surfaces, posterior.....	102
D0170	Re-evaluation - limited, problem focused.....	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D0210	Intraoral - complete series (including bitewings).....	26	D2940	Protective restoration	39
D0220/30	Intraoral - periapical first radiographic image/each add. ...	0	D2950	Core buildup, including any pins	125
D0240	Intraoral - occlusal radiographic image	0	D2951	Pin retention - per tooth, in addition to restoration	22
D0250	Extraoral - 2D projection radiographic image.....	0	D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32
D0270	Bitewing - 1 radiographic image	0	CROWNS & BRIDGES*		
D0272	Bitewing - 2 radiographic images	0	D2510	Inlay- metallic - one surface	407
D0273	Bitewing - 3 radiographic images	0	D2520	Inlay- metallic - two surfaces.....	407
D0274	Bitewing - 4 radiographic images	0	D2530	Inlay - metallic - three or more surfaces.....	425
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2542	Onlay - metallic-two surfaces	458
D0290	Posterior/anterior or lateral skull bone radiographic image	83	D2543	Onlay - metallic - three surfaces	524
D0310	Sialography	370	D2544	Onlay - metallic - four or more surfaces	524
D0320	Temporomandibular joint arthrogram, incl. injection.....	562	D2610	Inlay - porcelain/ceramic - one surface	427
D0321	Other temporomandibular joint radiographic images, by report.....	120	D2620	Inlay - porcelain/ceramic - two surfaces.....	427
D0330	Panoramic radiographic image	30	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0340	2D cephalometric radiographic image.....	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0350	2D oral/facial photographic images (intraoral/extraoral) ...	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	499
D0351	3D photographic image	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s).....	440
D0460	Pulp vitality tests	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces	444
D0470	Diagnostic casts	0	D2710	Crown - resin based composite (indirect).....	272
D0486	Accession of Brush Biopsy Sample	0	D2712	Crown - 3/4 resin-based composite (indirect)	485
D1110	Prophylaxis (cleaning) - adult.....	0	D2720/21/22	Crown - resin with metal.....	495
D1120	Prophylaxis (cleaning) - child	0	D2740	Crown - porcelain/ceramic	560
D1206	Topical fluoride varnish for mod/high risk caries patients.....	0	D2750/51/52	Crown - porcelain fused to metal	523
D1208	Topical application of fluoride	0	D2780/81/82	Crown - 3/4 cast with metal.....	478
D1310	Nutritional counseling for control of dental disease.....	0	D2783	Crown - 3/4 porcelain/ceramic	511
D1320	Tobacco counseling for control of prev. oral disease	0	D2790/91/92	Crown - full cast metal.....	495
D1330	Oral hygiene instructions.....	0	D2794	Crown - titanium	495
D1351	Sealant - per tooth.....	21	D2910/20	Recent inlay, onlay/crown or partial coverage rest.....	43
D1352	Prev resin rest. mod/high caries risk - perm. tooth.....	21	D2930	Prefab. stainless steel crown - prim. tooth	110
SPACE MAINTAINERS			D2931	Prefab. stainless steel crown - perm. tooth	121
D1510/20	Space maintainer - fixed/removable - unilateral.....	143	D2932	Prefabricated resin crown	140
D1515/25	Space maintainer - fixed/removable - bilateral.....	198	D2933	Prefab. stainless steel crown w/ resin window	271
D1550	Re-cementation of space maintainer	34	D2934	Prefab. esthetic coated primary tooth	296
D1555	Removal of fixed space maintainer, by non-originating dentist	44	D2941	Interim therapeutic restoration, primary dentition.....	31
D1575	Distal shoe space maintainer - fixed - unilateral	143	D2952	Cast post and core in addition to crown	186
RESTORATIVE DENTISTRY (FILLINGS)			D2954	Prefab. post and core in addition to crown.....	154
AMALGAM RESTORATIONS (SILVER)			D2955	Post removal (not in conj. with endo. therapy)	105
D2140	Amalgam - one surface, prim. or perm.....	41	D2960	Labial veneer (resin laminate) - chairside	434
D2150	Amalgam - two surfaces, prim. or perm.	51	D2961	Labial veneer (resin laminate) - laboratory.....	601
D2160	Amalgam - three surfaces, prim. or perm.....	64	D2962	Labial veneer (porcelain laminate) - laboratory.....	449
D2161	Amalgam - >=4 surfaces, prim. or perm.....	78	D2970	Temporary crown (fractured tooth).....	0
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)...			D2980	Crown repair, by report.....	102
D2330	Resin-based composite - one surface, anterior	69	PROSTHETICS (DENTURES)		
			D5110/20	Complete denture - maxillary/mandibular	697
			D5130/40	Immediate denture - maxillary/mandibular	722
			D5211/12	Maxillary/mandibular partial denture - resin base	649

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5213/14	Maxillary/mandibular partial denture - cast metal.....	750	D6780/81/82	Crown - 3/4 cast high noble metal.....	470
D5221/22	Immediate maxillary/mandibular partial denture - resin base	649	D6783	Crown - 3/4 porc./ceramic	511
D5223/24	Immediate maxillary/mandibular partial denture - cast metal.....	750	D6790/91/92	Crown - full cast metal.....	495
D5225/26	Maxillary/mandibular partial denture - flexible base.....	750	D6930	Recement fixed partial denture	69
D5281	Rem. unilateral partial denture - one piece cast metal.....	419	D6980	Fixed partial denture repair, by report	172
D5410/11	Adjust complete denture - maxillary/mandibular	38	ADJUNCTIVE GENERAL SERVICES		
D5421/22	Adjust partial denture - maxillary/mandibular	38	D9110	Palliative (emergency) treatment of dental pain	43
D5511/12	Repair broken complete denture base, maxillary/mandibular	87	D9210/15	Local anesthesia	0
D5520	Replace missing or broken teeth - complete denture.....	87	D9211/12	Regional block anesthesia	0
D5611/12	Repair resin partial denture base, maxillary/mandibular ..	87	D9222	Deep sedation/general anesthesia - first 15 min.....	103
D5621/22	Repair cast partial framework, maxillary/mandibular	87	D9223	Deep sedation/general anesthesia - each subsequent 15 min. increment	103
D5630/60	Clasp repaired, replaced or added.....	115	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D5640	Replace broken teeth - per tooth.....	87	D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 min.	103
D5650	Add tooth to existing partial denture.....	87	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 min. increment	103
D5670/71	Replace all teeth/acrylic on cast metal framework (maxillary/mandibular).....	287	D9248	Non-intravenous conscious sedation	145
D5710/11	Rebase complete maxillary/mandibular denture	260	D9310	Consultation (diagnostic service by nontreating dentist).....	43
D5720/21	Rebase maxillary/mandibular partial denture	260	D9410	House/extended care facility call.....	200
D5730/31	Reline complete maxillary/mandibular denture (chairside)....	159	D9420	Hospital call.....	350
D5740/41	Reline maxillary/mandibular partial denture (chairside)....	155	D9910	Application of desensitizing medicament	31
D5750/51	Reline complete maxillary/mandibular denture (lab).....	224	D9930	Treatment of complications (post-surgical)	43
D5760/61	Reline maxillary/mandibular partial denture (lab).....	224	D9940	Occlusal guard, by report	272
D5810/11	Interim complete denture - maxillary/mandibular	362	D9941	Fabrication of athletic mouthguard	102
D5820/21	Interim partial denture - maxillary/mandibular	362	D9950	Occlusion analysis - mounted case.....	104
D5850/51	Tissue conditioning - maxillary/mandibular	79	D9951	Occlusal adjustment - limited	66
D5863/65	Overdenture - complete maxillary/mandibular	1694	D9952	Occlusal adjustment - complete	266
D5864/66	Overdenture - partial maxillary/mandibular	1668	D9986	Missed appointment.....	50
D5992	Adjustment of prosthetic appliance, by report	24	D9995	Teledentistry – synchronous; real-time encounter (when available).....	20
D5993	Cleaning and maintenance prosthetic appliance	18	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20
BRIDGES & PONTICS*			ENDODONTICS¹		
D6058	Abutment supported porcelain/ceramic crown	560	D3220	Therapeutic pulpotomy (excl. final restor.)	81
D6059/60/61	Abutment supported porcelain fused to metal crown	523	D3221	Pulpal debridement, prim. and perm. teeth	94
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal.....	523	D3230	Pulpal therapy - resorbable filling, anterior.....	160
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63	D3240	Pulpal therapy - resorbable filling, posterior.....	164
D6210/11/12	Pontic - cast high noble metal	495	D3310	Endodontic therapy, anterior tooth	341
D6240/41/42	Pontic - porcelain fused metal.....	523	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	418
D6245	Pontic - porcelain/ceramic.....	560	D3330	Endodontic therapy, molar tooth (excluding final restoration)	512
D6250/51/52	Pontic - resin with metal	495	D3332	Incomp. endo. Therapy-inop. or fractured tooth	183
D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	D3333	Internal root repair of perforation defects	105
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393	D3346	Retreat of prev. root canal therapy, anterior	387
D6549	Resin retainer - for resin bonded fixed prosthesis.....	251	D3347	Retreat of prev root canal therapy - premolar	465
D6600	Inlay - porc./ceramic, two surfaces.....	427	D3348	Retreat of prev. root canal therapy, molar	558
D6601	Inlay - porc./ceramic, >=3 surfaces	445	D3351	Apexification/recalcification - initial visit	202
D6602	Inlay - cast high noble metal, two surfaces	407	D3352	Apexification/recalcification - interim med. repl.	589
D6603	Inlay - cast high noble metal, >=3 surfaces.....	425	D3353	Apexification/recalcification - final visit	449
D6604	Inlay - cast predominantly base metal, two surfaces	407	D3355	Pulpal regeneration - initial visit	202
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	425	D3356	Pulpal regeneration - interim medication replacement.....	589
D6606	Inlay - cast noble metal, two surfaces	407	D3357	Pulpal regeneration - completion of treatment	449
D6607	Inlay - cast noble metal, >=3 surfaces	425	D3410	Apicoectomy, anterior.....	323
D6608	Onlay -porc./ceramic, two surfaces	479	D3421	Apicoectomy - premolar (first root)	364
D6609	Onlay - porc./ceramic, three or more surfaces.....	499	D3425	Apicoectomy, molar (first root).....	418
D6610	Onlay - cast high noble metal, two surfaces	458	D3426	Apicoectomy (each additional root).....	152
D6611	Onlay - cast high noble metal, >=3 surfaces.....	524	D3427	Periradicular surgery w/o apicoectomy	266
D6612	Onlay - cast predominantly base metal, two surfaces	458	D3430	Retrograde filling - per root	119
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	524	D3450	Root amputation (resection) - per root	234
D6614	Onlay - cast noble metal, two surfaces	458	D3470	Intentional reimplantation	718
D6615	Onlay - cast noble metal, >=3 surfaces.....	524	D3920	Hemisection, not inc. root canal therapy	234
D6720/21/22	Crown - resin with metal.....	495	D3950	Canal prep/fitting of preformed dowel or post	136
D6740	Crown - porcelain/ceramic	560			
D6750/51/52	Crown - porcelain fused metal	523			

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

ADA CODE **BENEFIT** **MEMBER COPAYMENT(S)**

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D4230	Anatomical crown exposure, >=4 teeth per quad.....	454
D4231	Anatomical crown exposure, 1-3 teeth per quad.....	424
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106
D4249	Clinical crown lengthening - hard tissue.....	576
D4260	Osseous surgery - >3 cont. teeth, per quad.....	499
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	392
D4268	Surgical revision proc., per tooth.....	358
D4274	Mesial/distal wedge procedure, single tooth	308
D4320	Provisional splinting - intracoronal	427
D4321	Provisional splinting - extracoronal	377
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	45
D4355	Full mouth debridement	89
D4381	Localized delivery of chemotherapeutic agents	98
D4910	Periodontal maintenance	74
D4920	Unscheduled dressing change by non-treating dentist	84

ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth	56
D7140	Extraction, erupted tooth or exposed root	69
D7210	Extraction, 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	Removal of residual tooth roots	141
D7251	Coronectomy-intentional partial tooth removal.....	217
D7260	Oroantral fistula closure	578
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D7272	Tooth transplantation.....	615
D7280	Exposure 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, >=4 per quad.....	141
D7311/21	Alveoloplasty in conj. with/out extractions, 1-3 per quad....	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
D7979	Non-surgical sialolithotomy	43

ADA CODE **BENEFIT** **MEMBER COPAYMENT(S)**

ORTHODONTICS² - 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 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.

2 See exclusion #11 and limitation #24 for additional coverage information.

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

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. Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Dispensing of drugs.
6. Hospitalization for the following: the operation or treatment for the fitting or wearing of dentures; orthodontic care or malocclusion, operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for the removal of tumors and cysts or treatment of injury to natural teeth due to an accident if the treatment is received within 6 months of the accident; and dental implants.
7. 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.
8. Procedures not listed as covered benefits under this Plan.
9. 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).
10. 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.
11. Non-medically necessary orthodontia is not a covered benefit under this policy. Orthodontia services are only provided for severe, dysfunctional, handicapping malocclusion. 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, 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 (1) 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); D1575 limited to once per 24 months.
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. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
16. Full mouth debridement is covered once per 24 months, per patient.
17. 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.
18. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
19. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
20. One (1) 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.
21. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
22. 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.
23. 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, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
24. 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.
25. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

Dominion National Insurance Company Select Plan Basic *Pediatric 702xs* (NJ)

Description of Covered Services, Member Copayments, Exclusions and Limitations for Pediatric Services (under age 19)

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	COVERED SERVICES	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
D0171	Re-evaluation - post-operative office visit	41.....	41
D0180	Comp. periodontal eval - new or established patient	0.....	0
D0210	Intraoral - complete series (including bitewings).....	26.....	26
D0220	Intraoral - periapical first radiographic image.....	0.....	0
D0230	Intraoral - periapical each add. radiographic image.....	0.....	0
D0240	Intraoral - occlusal radiographic image	0.....	0
D0250	Extra-oral - 2D projection radiographic image	0.....	0
D0251	Extra-oral posterior dental radiographic image	44.....	44
D0270	Bitewing - single radiographic image	0.....	0
D0272	Bitewings - two radiographic images	0.....	0
D0273	Bitewings - three radiographic images.....	0.....	0
D0274	Bitewings - four radiographic images.....	0.....	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0.....	0
D0310	Sialography	350.....	370
D0320	Temporomandibular joint arthrogram, incl. injection	350.....	562
D0321	Other temporomandibular joint radiographic images, by report	120.....	120
D0322	Tomographic survey.....	0.....	0
D0330	Panoramic radiographic image	30.....	30
D0340	2D cephalometric radiographic image	0.....	0
D0350	2D oral/facial photographic images (intraoral/extraoral)	0.....	0
D0351	3D photographic image.....	0.....	0
D0364	Cone Beam CT limited view-less than one jaw.....	98.....	98
D0365	Cone Beam CT one full dental arch (mandibular/maxillary)	164.....	164
D0366	Cone Beam CT one full dental arch (mandibular/maxillary)	164.....	164
D0367	Cone Beam CT both jaws	164.....	164
D0368	Cone Beam CT- TMJ	96.....	96
D0369	Maxillofacial MRI/ultrasound	164.....	164
D0370	Maxillofacial MRI/ultrasound	164.....	164
D0380	Cone beam CT image capture-less than one jaw.....	98.....	98
D0381	Cone beam CT image capture one arch (mandibular/maxillary)	98.....	98
D0382	Cone beam CT image capture one arch (mandibular/maxillary)	98.....	98
D0383	Cone beam CT image capture both jaws.....	156.....	156
D0384	Cone beam CT image capture- TMJ.....	97.....	97
D0385	Maxillofacial MRI/ultrasound image capture	164.....	164
D0386	Maxillofacial MRI/ultrasound image capture	164.....	164
D0414	Lab processing of microbial specimen to include culture & sensitivity studies ..	29.....	29
D0415	Collection of microorganisms for culture and sensitivity	29.....	29
D0416	Viral culture	35.....	35
D0417	Collection/Prep of saliva sample for lab.....	26.....	26
D0418	Analysis of saliva sample	32.....	32
D0422	Collection and preparation of genetic sample material for lab analysis and report ..	50.....	50
D0423	Genetic test for susceptibility to diseases	75.....	75
D0425	Caries susceptibility tests.....	27.....	27
D0431	Adjunctive pre-diagnostic.....	49.....	49
D0460	Pulp vitality tests	0.....	0
D0470	Diagnostic casts.....	0.....	0
D0472	Accession of tissue, gross exam, prep, transm	114.....	114
D0473	Accession of tissue, gross and micro. exam., prep, transm.....	156.....	156

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D0474	Accession of tissue, gross and micro. exam., prep, transm.....	53.....	53
D0480	Accession of exfoliative cytologic smears, micro. exam., prep, transm.....	52.....	52
D0486	Lab accession trans cytologic sample, micro. exam., prep, transm.....	0.....	0
D0502	Other oral pathology procedures, by report.....	0.....	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl premalignant and malignant lesions.....	0.....	0
D0601	Caries risk assessment & documentation, with a finding of low risk.....	0.....	0
D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0.....	0
D0603	Caries risk assessment & documentation, with a finding of high risk.....	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	Tobacco counseling for control of prev. oral disease.....	0.....	0
D1330	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	Space maintainer - fixed - unilateral.....	143.....	143
D1515	Space maintainer - fixed - bilateral.....	198.....	198
D1520	Space maintainer - removable - unilateral.....	143.....	143
D1525	Space maintainer - removable - bilateral.....	198.....	198
D1550	Re-cementation of space maintainer.....	34.....	34
D1555	Removal of fixed space maintainer, by non-originating dentist.....	44.....	44
D1575	Distal shoe space maintainer - fixed - unilateral.....	143.....	143
RESTORATIVE DENTISTRY (FILLINGS)			
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
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
D2410	Gold foil - one surface.....	168.....	168
D2420	Gold foil - two surfaces.....	198.....	198
D2430	Gold foil - three surfaces.....	268.....	268
CROWNS & BRIDGES*			
D2510	Inlay- metallic - one surface.....	350.....	407
D2520	Inlay- metallic - two surfaces.....	350.....	407
D2530	Inlay - metallic - three or more surfaces.....	350.....	425
D2542	Onlay - metallic-two surfaces.....	350.....	458
D2543	Onlay - metallic - three surfaces.....	350.....	524
D2544	Onlay - metallic - four or more surfaces.....	350.....	524
D2610	Inlay - porcelain/ceramic - one surface.....	350.....	427
D2620	Inlay - porcelain/ceramic - two surfaces.....	350.....	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	350.....	445
D2642	Onlay - porcelain/ceramic - two surfaces.....	350.....	479
D2643	Onlay - porcelain/ceramic - three surfaces.....	350.....	499
D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	350.....	499
D2650	Inlay - resin-based composite - one surface.....	350.....	440
D2651	Inlay - resin-based composite - two surfaces.....	350.....	440
D2652	Inlay - resin-based composite - >=3 surfaces.....	350.....	440
D2662	Onlay - resin-based composite - two surfaces.....	350.....	444
D2663	Onlay - resin-based composite - three surfaces.....	350.....	444
D2664	Onlay - resin-based composite - >=4 surfaces.....	350.....	444
D2710	Crown - resin based composite (indirect).....	272.....	272
D2712	Crown - 3/4 resin-based composite (indirect).....	350.....	485
D2720	Crown - resin with high noble metal.....	350.....	495
D2721	Crown - resin with predominantly base metal.....	350.....	495
D2722	Crown - resin with noble metal.....	350.....	495

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D2740	Crown - porcelain/ceramic	350	560
D2750	Crown - porcelain fused to high noble metal	350	523
D2751	Crown - porcelain fused to predominantly base metal	350	523
D2752	Crown - porcelain fused to noble metal	350	523
D2780	Crown - 3/4 cast high noble metal	350	478
D2781	Crown - 3/4 cast predominantly base metal	350	478
D2782	Crown - 3/4 cast noble metal	350	478
D2783	Crown - 3/4 porcelain/ceramic	350	511
D2790	Crown - full cast high noble metal	350	495
D2791	Crown - full cast predominately base metal	350	495
D2792	Crown - full cast noble metal	350	495
D2910	Recement inlay	43	43
D2915	Recement cast or prefab. post and core	82	82
D2920	Recement crown	43	43
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
D2940	Protective restoration	39	39
D2950	Core buildup, including any pins	125	125
D2951	Pin retention - per tooth, in addition to restoration	22	22
D2952	Cast post and core in addition to crown	186	186
D2953	Each add. indirectly fabricated post - same tooth	50	50
D2954	Prefab. post and core in addition to crown	154	154
D2955	Post removal (not in conj. with endo. therapy)	105	105
D2957	Each add. prefab post - same tooth	40	40
D2970	Temporary crown (fractured tooth)	0	0
D2971	New crown under partial denture framework	73	73
D2975	Coping	225	225
D2980	Crown repair, by report	102	102

PROSTHETICS (DENTURES)

D5110	Complete denture - maxillary	350	697
D5120	Complete denture - mandibular	350	697
D5130	Immediate denture - maxillary	350	722
D5140	Immediate denture - mandibular	350	722
D5211	Maxillary partial denture - resin base	350	649
D5212	Mandibular partial denture - resin base	350	649
D5213	Maxillary partial denture - cast metal	350	750
D5214	Mandibular partial denture - cast metal	350	750
D5221	Immediate maxillary partial denture - resin base	350	649
D5222	Immediate mandibular partial denture - resin base	350	649
D5223	Immediate maxillary partial denture - cast metal	350	750
D5224	Immediate mandibular partial denture - cast metal	350	750
D5225	Maxillary partial denture - flexible base	350	750
D5226	Mandibular partial denture - flexible base	350	750
D5281	Rem. unilateral partial denture - one piece cast metal	350	419
D5410	Adjust complete denture - maxillary	38	38
D5411	Adjust complete denture - mandibular	38	38
D5421	Adjust partial denture - maxillary	38	38
D5422	Adjust partial denture - mandibular	38	38
D5511	Repair broken complete denture base - mandibular	87	87
D5512	Repair broken complete denture base - maxillary	87	87
D5520	Replace missing or broken teeth - complete denture	87	87
D5611	Repair resin partial denture base - mandibular	87	87
D5612	Repair resin partial denture base - maxillary	87	87
D5621	Repair cast partial framework - mandibular	87	87
D5622	Repair cast partial framework - maxillary	87	87
D5630	Repair or replace broken clasp	115	115
D5640	Replace broken teeth - per tooth	87	87
D5650	Add tooth to existing partial denture	87	87
D5660	Add clasp to existing partial denture	115	115
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	287	287
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	287	287
D5710	Rebase complete maxillary denture	260	260
D5711	Rebase complete mandibular denture	260	260
D5720	Rebase maxillary partial denture	260	260
D5721	Rebase mandibular partial denture	260	260
D5730	Reline complete maxillary denture (chairside)	159	159

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5731	Reline complete mandibular denture (chairside)	159	159
D5740	Reline maxillary partial denture (chairside)	155	155
D5741	Reline mandibular partial denture (chairside)	155	155
D5750	Reline complete maxillary denture (lab)	224	224
D5751	Reline complete mandibular denture (lab)	224	224
D5760	Reline maxillary partial denture (lab)	224	224
D5761	Reline mandibular partial denture (lab)	224	224
D5810	Interim complete denture - maxillary	350	362
D5811	Interim complete denture - mandibular	350	362
D5820	Interim partial denture - maxillary	350	362
D5821	Interim partial denture - mandibular	350	362
D5850	Tissue conditioning - maxillary	79	79
D5851	Tissue conditioning - mandibular	79	79
D5862	Precision attachment, by report	350	388
D5863	Overdenture - complete maxillary	350	1694
D5864	Overdenture - partial maxillary	350	1668
D5865	Overdenture - complete mandibular	350	1694
D5866	Overdenture - partial mandibular	350	1668
D5875	Mod. of remov prosthesis post implant surgery	41	41
D5911	Facial moulage (sectional)	147	147
D5912	Facial moulage (complete)	147	147
D5913	Nasal prosthesis	350	1548
D5914	Auricular prosthesis	350	1672
D5915	Orbital prosthesis	350	2204
D5916	Ocular prosthesis	350	1938
D5919	Facial prosthesis	350	388
D5922	Nasal septal prosthesis	350	388
D5923	Ocular prosthesis, interim	350	886
D5924	Cranial prosthesis	350	4408
D5925	Facial augmentation implant prosthesis	350	500
D5926	Nasal prosthesis, replacement	169	169
D5927	Auricular prosthesis, replacement	350	1948
D5928	Orbital prosthesis, replacement	350	2632
D5929	Facial prosthesis, replacement	255	255
D5931	Obturator prosthesis, surgical	350	803
D5932	Obturator prosthesis, definitive	350	4800
D5933	Obturator prosthesis, modification	350	709
D5934	Mandibular resection prosthesis w/ guide flange	350	4042
D5935	Mandibular resection prosthesis w/o guide flange	350	3770
D5936	Obturator prosthesis, interim	350	2049
D5951	Feeding aid	350	1395
D5952	Speech aid prosthesis	350	1154
D5953	Speech aid prosthesis, adult	350	928
D5954	Palatal augmentation prosthesis	350	1734
D5955	Palatal lift prosthesis, definitive	350	1668
D5958	Palatal lift prosthesis, interim	350	1668
D5959	Palatal lift prosthesis, modification	350	1668
D5960	Speech aid prosthesis, modification	278	278
D5982	Surgical stent	87	87
D5983	Radiation carrier	350	736
D5984	Radiation shield	350	400
D5985	Radiation cone locator	350	400
D5986	Fluoride gel carrier	126	126
D5987	Commissure splint	350	899
D5988	Surgical splint	125	125
D5991	Topical medicament carrier	126	126
D5992	Adjustment of prosthetic appliance, by report	24	24
D5993	Cleaning and maintenance prosthetic appliance	18	18
D5994	Periodontal medicament carrier	150	150
BRIDGES & PONTICS*			
D6010	Surgical placement of implant body, endosteal	350	1716
D6011	Second stage implant surgery	200	200
D6012	Surgical placement of interim implant body	350	1782
D6013	Surgical placement of mini implant	350	572
D6040	Surgical placement, eposteal implant	350	3564
D6050	Surgical placement, transosteal implant	350	4455
D6051	Interim abutment	197	197
D6055	Dental implant supported connecting bar	350	1611
D6056	Prefabricated abutment	350	456

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D6057	Custom fabricated abutment.....	350	563
D6058	Abutment supported porcelain/ceramic crown.....	350	560
D6059	Abutment supported porcelain fused to metal crown - high noble metal.....	350	523
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal.....	350	523
D6061	Abutment supported porcelain fused to metal crown - noble metal.....	350	523
D6062	Abutment supported cast metal crown - high noble metal.....	350	495
D6063	Abutment supported cast metal crown - predominantly based metal.....	350	495
D6064	Abutment supported cast metal crown - noble metal.....	350	495
D6065	Implant supported porcelain/ceramic crown.....	350	560
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal.....	350	523
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal.....	350	523
D6068	Abutment supported retainer for porc/ceramic.....	350	788
D6069	Abutment supp. retainer for porc/high noble.....	350	843
D6070	Abutment supp. retainer for porc/pred. base.....	350	695
D6071	Abutment supp. retainer for porc/noble.....	350	704
D6072	Abutment supp retainer for cast high noble.....	350	788
D6073	Abutment supp. retainer for cast high noble.....	350	749
D6074	Abutment supp. retainer for cast noble metal.....	350	758
D6080	Implant maintenance procedures.....	61	61
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63	63
D6090	Repair implant supported prosthesis.....	350	362
D6091	Replacement of Precision Attachment.....	34	34
D6092	Re-cement implant/abutment supp. crown.....	56	56
D6093	Re-cement impl/abutment supp. fixed par.....	86	86
D6095	Repair implant abutment, by report.....	391	391
D6110	Implant / abut supp rem dent for edentulous arch - maxillary.....	350	1517
D6111	Implant / abut supp rem dent for edentulous arch - mandibular.....	350	1517
D6112	Implant / abut supp rem dent for partially edentulous arch - maxillary.....	350	1517
D6113	Implant / abut supp rem dent for partially edentulous arch - mandibular.....	350	1517
D6114	Implant / abut supp fixed dent for edentulous arch - maxillary.....	350	2606
D6115	Implant / abut supp fixed dent for edentulous arch - mandibular.....	350	2606
D6116	Implant / abut supp fixed dent for partially edentulous arch - maxillary.....	350	1610
D6117	Implant / abut supp fixed dent for partially edentulous arch - mandibular.....	350	1610
D6194	Abutment supported retainer crown.....	350	986
D6205	Pontic - indirect resin based composite.....	350	445
D6210	Pontic - cast high noble metal.....	350	495
D6211	Pontic - cast predominately base metal.....	350	495
D6212	Pontic - cast noble metal.....	350	495
D6240	Pontic - porcelain fused to high noble metal.....	350	523
D6241	Pontic - porcelain fused to predominately base metal.....	350	523
D6242	Pontic - porcelain fused to noble metal.....	350	523
D6245	Pontic - porcelain/ceramic.....	350	560
D6250	Pontic - resin with high noble metal.....	350	495
D6251	Pontic - resin with predominately base metal.....	350	495
D6252	Pontic - resin with noble 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 retainer - for resin bonded fixed prost.....	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
D6710	Crown - indirect resin based composite.....	350	445
D6720	Crown - resin with high noble metal.....	495	495
D6721	Crown - resin with predominately base metal.....	495	495
D6722	Crown - resin with noble metal.....	495	495

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D6740	Crown - porcelain/ceramic	560	560
D6750	Crown - porcelain fused to high noble metal.....	523	523
D6751	Crown - porcelain fused to predominately base metal.....	523	523
D6752	Crown - porcelain fused to noble metal	523	523
D6780	Crown - 3/4 cast high noble metal	470	470
D6781	Crown - 3/4 cast predominantly base metal.....	470	470
D6782	Crown - 3/4 cast noble metal	470	470
D6783	Crown - 3/4 porc./ceramic.....	511	511
D6790	Crown - full cast high noble metal.....	495	495
D6791	Crown - full cast predominately base metal.....	495	495
D6792	Crown - full cast noble metal.....	495	495
D6930	Recement fixed partial denture	69	69
D6950	Precision attachment	350	377
D6980	Fixed partial denture repair, by report.....	172	172
D6985	Pediatric partial denture, fixed	350	560

ENDODONTICS¹

D3110	Pulp cap - direct (excl. final restoration).....	32	32
D3120	Pulp cap - indirect (excl. final restoration).....	32	32
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	81
D3221	Pulpal debridement, prim. and perm. teeth.....	94	94
D3222	Partial pulpotomy for apexogenesis.....	160	160
D3230	Pulpal therapy - resorbable filling, anterior	160	160
D3240	Pulpal therapy - resorbable filling, posterior.....	164	164
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341	341
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	350	418
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	350	512
D3331	Treatment of root canal obstr. non-surgical.....	207	207
D3332	Incomp. endo. therapy-inop. or fractured tooth.....	183	183
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, premolar.....	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 replacement.....	350	589
D3357	Pulpal regeneration - completion of treatment.....	350	449
D3410	Apicoectomy - anterior.....	323	323
D3421	Apicoectomy - premolar (first root).....	350	364
D3425	Apicoectomy - 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	350	743
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	350	582
D3430	Retrograde filling - per root.....	119	119
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.....	350	407
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.....	350	815
D3450	Root amputation - per root.....	234	234
D3910	Surg. proc. for isol. of tooth w/ rubber dam.....	57	57
D3920	Hemisection, not inc. root canal therapy.....	234	234
D3950	Canal prep/fitting of preformed dowel or post.....	136	136

PERIODONTICS¹

D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100	100
D4212	Gingivectomy or gingivoplasty, rest., per tooth	40	40
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
D4245	Apically positioned flap	186	186
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 - retained natural tooth - first site in quad.....	350	743
D4264	Bone replacement graft - retained natural tooth - each add. site in quad.....	350	582
D4265	Biologic materials.....	350	407
D4266	Guided tissue regen. - resorb. barrier, per site	350	815
D4267	Guided tissue regen. - non-resorb. barrier, per site	350	797
D4268	Surgical revision proc., per tooth	350	358
D4270	Pedicle soft tissue graft procedure.....	350	643
D4273	Subepithelial connective tissue graft proc.....	350	800

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D4274	Mesial/distal wedge procedure, single tooth	308	308
D4275	Soft tissue allograft	350	854
D4276	Comb. connec. tissue/double pedicle graft, per tooth	350	1019
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
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63	63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	45	45
D4355	Full mouth debridement	89	89
D4381	Localized delivery of chemotherapeutic agents	98	98
D4910	Periodontal maintenance	74	74
ORAL SURGERY¹			
D7111	Extraction, coronal remnants - primary tooth	56	56
D7140	Extraction, erupted tooth or exposed root	69	69
D7210	Extraction, erupted tooth req elev, etc	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	Removal of residual tooth roots	141	141
D7251	Coronectomy-intentional partial tooth removal	217	217
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
D7272	Tooth transplantation	350	615
D7280	Exposure 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
D7287	Exfoliative cytological sample collection	28	28
D7288	Brush biopsy - transepithelial sample collect	93	93
D7290	Surgical repositioning of teeth	350	407
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60	60
D7292	Surgical placement of temp anch device	350	546
D7293	Surgical placement of temp anch req flap	350	566
D7294	Surgical placement: w/o flap	131	131
D7295	Bone harvesting-autogenous grafting procedure	173	173
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad.	141	141
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad.	141	141
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	141	141
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	141	141
D7340	Vestibuloplasty - ridge ext. sec. epithel.	350	923
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.	350	1776
D7410	Excision of benign lesion up to 1.25 cm	278	278
D7411	Excision of benign lesion > 1.25 cm	225	225
D7412	Excision of benign lesion, complicated	313	313
D7413	Excision of malignant lesion up to 1.25 cm	350	572
D7414	Excision of malignant lesion > 1.25 cm	350	504
D7415	Excision of malignant lesion, complicated	350	813
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	350	608
D7441	Exc. of malignant tumor- lesion diam. >1.25cm	350	733
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	350	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm	350	543
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm	350	516
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm	350	718
D7465	Destruct. of lesion(s) by phys or chem method	300	300
D7471	Removal of lateral exostosis	350	351
D7472	Removal of torus palatinus	350	480
D7473	Removal of torus mandibularis	350	480
D7485	Surgical reduction of osseous tuberosity	350	568
D7490	Radical resection of maxilla or mandible	350	4408
D7510	Incision and drainage of abscess - intraoral soft tissue	96	96
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	112	112
D7520	Incision/drainage of abscess - extra. soft tissue	116	116
D7521	Incision/drainage of abscess - extra. soft tissue, comp.	120	120
D7530	Foreign body rem from muc./skin/subcut tissue	87	87

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D7540	Reaction producing foreign bodies removal.....	350	584
D7550	Partial ostect/sequestrect non-vital bone rem.....	336	336
D7560	Max. sinusotomy for tooth fragment removal.....	350	745
D7610	Maxillary - open reduction (teeth immobilized).....	350	2195
D7620	Maxillary - closed reduction (teeth immobilized).....	350	1658
D7630	Mandible - open reduction (teeth immobilized).....	350	2397
D7640	Mandible - closed reduction (teeth immobilize).....	350	1618
D7650	Malar and/or zygomatic arch - open reduction.....	350	1697
D7660	Malar and/or zygomatic arch- closed reduction.....	350	1330
D7670	Alveolus - closed reduction.....	350	530
D7671	Alveolus- open reduction(incl. teeth stabil.).....	350	533
D7680	Facial bones - complicated reduction.....	350	3765
D7710	Maxillary - open reduction.....	350	2433
D7720	Maxillary - closed reduction.....	350	2538
D7730	Mandible - open reduction.....	350	2399
D7740	Mandible - closed reduction.....	350	1727
D7750	Malar and/or zygomatic arch - open reduction.....	350	2116
D7760	Malar and/or zygomatic arch- closed reduction.....	350	1601
D7770	Alveolus - open reduction stabiliz. of teeth.....	350	1197
D7771	Alveolus, closed reduction stabiliz. of teeth.....	208	208
D7780	Facial bones - complicated reduction.....	350	4711
D7810	Open reduction of dislocation.....	350	2350
D7820	Closed reduction of dislocation.....	342	342
D7830	Manipulation under anesthesia.....	283	283
D7840	Condylectomy.....	350	3181
D7850	Surgical discectomy, with/without implant.....	350	2977
D7854	Synovectomy.....	350	3337
D7858	Joint reconstruction.....	350	6461
D7860	Arthrotomy.....	350	1731
D7865	Arthroplasty.....	350	4846
D7870	Arthrocentesis.....	158	158
D7871	Non-arthroscopic lysis and lavage.....	350	551
D7872	Arthroscopy - diagnosis, w/ or w/out biopsy.....	350	1500
D7873	Arthroscopy-surgical-lavage/lysis of adhesion.....	350	1644
D7874	Arthroscopy - surgical: disc reposit/stabiliz.....	350	2077
D7875	Arthroscopy - surgical: synovectomy.....	350	2221
D7876	Arthroscopy - surgical: discectomy.....	350	2308
D7877	Arthroscopy - surgical: debridement.....	350	2135
D7880	Occlusal orthotic device, "by report".....	272	272
D7910	Suture of recent small wounds up to 5 cm.....	59	59
D7911	Complicated suture, <= 5 cm.....	69	69
D7912	Complicated suture, > 5 cm.....	79	79
D7920	Skin graft - identify defect.....	350	1483
D7921	Collection application of blood concentrate.....	40	40
D7940	Osteoplasty - for orthognathic deformities.....	350	1191
D7941	Osteotomy - mandibular rami.....	350	4682
D7943	Osteotomy - mandibular rami with bone graft.....	350	4224
D7944	Osteotomy- segmented/ subapical-per sext/quad.....	350	3702
D7945	Osteotomy - body of mandible.....	350	4328
D7946	LeFort I (maxillary - total).....	350	5244
D7947	LeFort I (maxillary - segmented).....	350	4798
D7948	LeFort II or LeFort III.....	350	5940
D7949	LeFort II or LeFort III - with bone graft.....	350	7267
D7950	Osseous, osteoperiosteal, or cartilage graft.....	313	313
D7951	Sinus Augmentation via lateral approach.....	350	617
D7952	Sinus augmentation via vertical approach.....	319	319
D7955	Repair of maxillofacial soft and hard tissue.....	321	321
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.....	350	521
D7979	Non-surgical sialolithotomy.....	43	43
D7980	Surgical sialolithotomy.....	228	228
D7981	Excision of salivary gland, by report.....	350	939
D7982	Sialodochoplasty.....	350	939
D7983	Closure of salivary fistula.....	350	740
D7990	Emergency tracheotomy.....	350	757
D7991	Coronoidectomy.....	350	2120
D7995	Synthetic graft - mandible or facial bones.....	270	270
D7996	Implant-mandible for augmentation purposes.....	350	1191
D7997	Appliance removal (not by original dentist).....	269	269

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
ORTHODONTICS² - PRE-AUTHORIZATION REQUIRED			
D8010	Limited ortho. treatment of the primary dentition	350	3304
D8020	Limited ortho. treatment of the transitional dentition	350	3304
D8030	Limited ortho treatment - adolescent dentition	350	3422
D8040	Limited ortho treatment - adult dentition	350	3658
D8050	Interceptive ortho. treatment of the primary dentition	350	3304
D8060	Interceptive ortho. treatment - transitional dentition	350	3304
D8070	Comp. ortho. treatment - transitional dentition	350	3304
D8080	Comp. ortho. treatment - adolescent dentition	350	3422
D8090	Comp. ortho. treatment - adult dentition	350	3658
D8660	Pre-orthodontic treatment visit	350	413
D8670	Periodic ortho. treatment visit (as part of contract)	118	118
D8680	Orthodontic retainer (rem. of appl./placement of retainer(s))	413	413
D8681	Removable orthodontic retainer adjustment	31	31
D8691	Repair of orthodontic appliance	100	100
D8692	Replacement of lost or broken retainer	179	179
D8693	Rebonding or recementing fixed dentures	174	174
D8694	Repair of fixed retainers, includes reattachment	174	174
ADJUNCTIVE GENERAL SERVICES			
D9110	Palliative (emergency) treatment of dental pain	43	43
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0	0
D9211	Regional block anesthesia	0	0
D9212	Trigeminal division block anesthesia	0	0
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0	0
D9222	Deep sedation/general anesthesia - first 15 minutes	103	103
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment ...	103	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	37	37
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	103	103
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	103	103
D9248	Non-intravenous conscious sedation	145	145
D9310	Consultation (diagnostic service by nontreating dentist)	43	43
D9410	House/extended care facility call	200	200
D9420	Hospital call	350	350
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	0
D9440	Office visit after regularly scheduled hours	90	90
D9450	Case pres, detailed/ext treatment planning	43	43
D9610	Therapeutic parenteral drug, single admin.	26	26
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	70	70
D9630	Drugs or medicaments dispensed in the office for home use	42	42
D9910	Application of desensitizing medicament	31	31
D9911	Appl. of desen. resin for cervical/root surf.	38	38
D9920	Behavior management, by report	68	68
D9930	Treatment of complications (post-surgical)	43	43
D9940	Occlusal guard, by report	272	272
D9941	Fabrication of athletic mouthguard	102	102
D9942	Repair and/or reline of occlusal guard	105	105
D9943	Occlusal guard adjustment	46	46
D9950	Occlusion analysis - mounted case	104	104
D9951	Occlusal adjustment - limited	66	66
D9952	Occlusal adjustment - complete	266	266
D9971	Odontoplasty 1 - 2 teeth	48	48
D9974	Internal bleaching - per tooth	163	163
D9986	Missed appointment	50	50
D9995	Teledentistry - synchronous; real-time encounter (when available)	20	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20	20

1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist.

2 See exclusion #9 and limitation #14 for additional coverage information.

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

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. 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.
5. Hospitalization for any dental procedure.
6. 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.
7. Procedures not listed as Covered Services under this Plan.
8. Services obtained outside of the dental office in which enrolled and that are not predetermined by such office or the Plan (with the exception of out-of-area emergency dental services).
9. Non-medically necessary orthodontia is not a covered service under this policy. The Invisalign system and similar specialized braces are not a covered service. See limitation #14 concerning medically necessary orthodontia.
10. No service will be paid for any surgical, adjunctive or prosthetic service not listed above unless the Covered Child had New Jersey Benchmark Medical Coverage in effect on the date the service was rendered, and the Covered Child or Responsible Party has submitted to the Plan a copy of the medical carrier's explanation of services showing that the service was not covered under the Benchmark Medical Coverage. "Benchmark Medical Coverage" means medical coverage that is provided by a carrier that is a qualified health plan in the State of New Jersey and satisfies the benchmark plan requirement for medical essential health services in New Jersey.

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per three (3) months, per patient.
4. Bitewing x-ray films.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. One sealant per tooth, per patient up to age 19 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment).
8. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
9. Relining and rebasing of dentures is covered once per 12 months, per patient, only after six (6) months of initial placement.
10. One root scaling and planing (D4341, D4342 or D4346) per quadrant of mouth per six (6) months.
11. Periodontal maintenance following surgery (D4341 is not considered surgery).
12. 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.
13. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services is allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Non-intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure code D9222, D9223, D9239 or D9243.
14. Orthodontics is only covered if medically necessary as determined by the Plan. Medical necessity must be met by demonstrating severe functional difficulties, developmental anomalies of facial bones and/or oral structures, facial trauma resulting in functional difficulties or documentation of a psychological/psychiatric diagnosis from a mental health provider that orthodontic treatment will improve the mental/psychological condition of the child. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
15. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).



DOMINION NATIONAL

DENTAL

Select Plan Basic Kids 702xs (PA)

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	D2951	Pin retention - per tooth, in addition to restoration	22
DIAGNOSTIC/PREVENTIVE			D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32
D0120	Periodic oral eval - established patient	0	CROWNS & BRIDGES*		
D0140	Limited oral eval - problem focused	0	D2510	Inlay- metallic - one surface	407
D0145	Oral eval for a patient under 3 years of age	0	D2520	Inlay- metallic - two surfaces	407
D0150	Comprehensive oral eval - new or established patient ...	0	D2530	Inlay - metallic - three or more surfaces	425
D0160	Detailed and extensive oral eval - problem focused	0	D2542	Onlay - metallic-two surfaces	458
D0170	Re-evaluation - limited, problem focused	0	D2543	Onlay - metallic - three surfaces	524
D0210	Intraoral - complete series (including bitewings)	26	D2544	Onlay - metallic - four or more surfaces	524
D0220/30	Intraoral - periapical first film and each additional	0	D2610	Inlay - porcelain/ceramic - one surface	427
D0240	Intraoral - occlusal film	0	D2620	Inlay - porcelain/ceramic - two surfaces	427
D0250	Extraoral film	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0270-74	Bitewing x-rays - 1-4 films	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0277	Vertical bitewings - 7 to 8 films	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	499
D0330	Panoramic film	30	D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	440
D0340	2D cephalometric radiographic image	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces	444
D0350	Oral/facial photographic images (intraoral/extraoral)	0	D2710	Crown - resin based composite (indirect)	272
D0351	3D photographic image	0	D2712	Crown - 3/4 resin-based composite (indirect)	485
D0391	Interpretation of diagnostic image only	0	D2720/21/22	Crown - resin with metal	495
D0460	Pulp vitality tests	0	D2740	Crown - porcelain/ceramic	560
D0470	Diagnostic casts	0	D2750/51/52	Crown - porcelain fused metal	523
D0601/02/03	Caries risk assessment/documentation, with a finding of low/moderate/high risk	0	D2780/81/82	Crown - 3/4 cast with metal	478
D1110	Prophylaxis (cleaning) - adult	0	D2783	Crown - 3/4 porcelain/ceramic	511
D1120	Prophylaxis (cleaning) - child	0	D2790-94	Crown - full cast metal	495
D1206	Topical fluoride varnish for mod/high risk caries patients ...	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43
D1208	Topical application of fluoride	0	D2929	Porcelain/ceramic crown - prim. tooth	560
D1310	Nutritional counseling for control of dental disease	0	D2930	Prefab. stainless steel crown - prim. tooth	110
D1320/30	Oral hygiene instructions	0	D2931	Prefab. stainless steel crown - perm. tooth	121
D1351	Sealant - per tooth	21	D2932	Prefabricated resin crown	140
D1352	Prev resin rest. mod/high caries risk - perm. tooth	21	D2952	Cast post and core in addition to crown	186
SPACE MAINTAINERS			D2954	Prefab. post and core in addition to crown	154
D1510/20	Space maintainer - fixed/removable - unilateral	143	D2955	Post removal (not in conj. with endo. therapy)	105
D1515/25	Space maintainer - fixed/removable - bilateral	198	D2970	Temporary crown (fractured tooth)	0
D1550	Re-cementation of space maintainer	34	D2980	Crown repair, by report	102
D1575	Distal shoe space maintainer - fixed - unilateral	143	D2981	Inlay repair	102
RESTORATIVE DENTISTRY (FILLINGS)			D2982	Onlay repair	102
AMALGAM RESTORATIONS (SILVER)			D2983	Veneer repair	102
D2140	Amalgam - one surface, prim. or perm.	41	D2990	Resin infiltration lesion	41
D2150	Amalgam - two surfaces, prim. or perm.	51	PROSTHETICS (DENTURES)		
D2160	Amalgam - three surfaces, prim. or perm.	64	D5110/20	Complete denture - maxillary/mandibular	697
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D5130/40	Immediate denture - maxillary/mandibular	722
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5211/12	Maxillary/mandibular partial denture - resin base	649
D2330	Resin-based composite - one surface, anterior	69	D5213/14	Maxillary/mandibular partial denture - cast metal	750
D2331	Resin-based composite - two surfaces, anterior	83	D5221/22	Immediate maxillary/mandibular partial denture - resin base	649
D2332	Resin-based composite - three surfaces, anterior	99	D5223/24	Immediate maxillary/mandibular partial denture - cast metal	750
D2335	Resin-based composite - >=4 surfaces, anterior	119	D5225/26	Maxillary/mandibular partial denture - flexible base ...	750
D2390	Resin-based composite crown, anterior	192	D5281	Rem. unilateral partial denture - one piece cast metal ...	419
D2391	Resin-based composite - one surface, posterior	73	D5410/11	Adjust complete denture - maxillary/mandibular	38
D2392	Resin-based composite - two surfaces, posterior	87	D5421/22	Adjust partial denture - maxillary/mandibular	38
D2393	Resin-based composite - three surfaces, posterior ...	102	D5511/12	Repair broken complete denture base - maxillary/mandibular	87
D2394	Resin-based composite - >=4 surfaces, posterior	123	D5520	Replace missing or broken teeth - complete denture ...	87
D2940	Protective restoration	39	D5611/12	Repair resin partial denture base - maxillary/mandibular	87
D2941	Interim therapeutic restoration, primary dentition	31	D5621/22	Repair cast partial framework - maxillary/mandibular ...	87
D2949	Restorative foundation for an indirect restoration	0	D5630/60	Clasp repaired, replaced or added	115
D2950	Core buildup, including any pins	125	D5640	Replace broken teeth - per tooth	87

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5650	Add tooth to existing partial denture	87	D6612	Onlay - cast predominantly base metal, two surfaces....	458
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular)	287	D6613	Onlay - cast predominantly base metal, >=3 surfaces...	524
D5710/11	Rebase complete maxillary/mandibular denture.....	260	D6614	Onlay - cast noble metal, two surfaces	458
D5720/21	Rebase maxillary/mandibular partial denture.....	260	D6615	Onlay - cast noble metal, >=3 surfaces	524
D5730/31	Reline complete maxillary/mandibular denture (chairside)..	159	D6720/21/22	Crown - resin with metal	495
D5740/41	Reline maxillary/mandibular partial denture (chairside)..	155	D6740	Crown - porcelain/ceramic	560
D5750/51	Reline complete maxillary/mandibular denture (lab)...	224	D6750/51/52	Crown - porcelain fused metal	523
D5760/61	Reline maxillary/mandibular partial denture (lab).....	224	D6780/81/82	Crown - 3/4 cast metal	470
D5810/11	Interim complete denture - maxillary/mandibular	362	D6783	Crown - 3/4 porc./ceramic.....	511
D5820/21	Interim partial denture - maxillary/mandibular.....	362	D6790/91/92	Crown - full cast metal	495
D5850/51	Tissue conditioning - maxillary/mandibular	79	D6930	Recement fixed partial denture	69
			D6980	Fixed partial denture repair, by report.....	172

BRIDGES & PONTICS*

D6010	Surgical placement of implant body, endosteal.....	1716
D6011	Second stage implant surgery	200
D6012	Surgical placement of interim implant body	1782
D6013	Surgical placement of mini implant	572
D6040	Surgical placement, eposteal implant	3564
D6050	Surgical placement, transosteal implant	4455
D6055	Dental implant supported connecting bar	1611
D6056	Prefabricated abutment.....	456
D6058	Abutment supported porcelain/ceramic crown.....	560
D6059/60/61	Abutment supported porcelain fused to metal crown - metal ..	523
D6062/63/64	Abutment supported cast metal crown - metal.....	495
D6065	Implant supported porcelain/ceramic crown	560
D6066	Implant supported porcelain fused to metal crown - titanium, titanium alloy, high noble metal	523
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal	523
D6068	Abutment supported retainer for porc/ceramic.....	788
D6069	Abutment supp. retainer for porc/high noble	843
D6070	Abutment supp. retainer for porc/pred. base	695
D6071	Abutment supp. retainer for porc/noble.....	704
D6072	Abutment supp. retainer for cast high noble	788
D6073	Abutment supp. retainer for cast high noble	749
D6074	Abutment supp. retainer for cast noble metal	758
D6075	Implant supported retainer for ceramic FPD	874
D6076	Implant supported retainer for porc/metal FPD.....	823
D6077	Implant supported retainer for cast metal FPD	872
D6080	Implant maintenance procedures.....	61
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	63
D6090	Repair implant supported prosthesis	362
D6091	Replacement of precision attachment.....	34
D6095	Repair implant abutment, by report.....	391
D6100	Implant removal, by report	241
D6101	Debridement periimplant defect	90
D6102	Deridement and osseous contouring periimplant defect..	180
D6103	Bone graft repair perrimplant defect	600
D6104	Bone graft at time of implant placement	600
D6190	Radiographic surgical implant index, by report.....	0
D6210-14	Pontic - metal	495
D6240/41/42	Pontic - porcelain fused to metal.....	523
D6245	Pontic - porcelain/ceramic.....	560
D6250/51/52	Pontic - resin with metal.....	495
D6545	Ret. - cast metal for resin bonded fixed prosthesis....	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis ..	393
D6549	Resin retainer - for resin bonded fixed prosthesis	251
D6600	Inlay - porc./ceramic, two surfaces	427
D6601	Inlay - porc./ceramic, >=3 surfaces	445
D6602	Inlay - cast high noble metal, two surfaces	407
D6603	Inlay - cast high noble metal, >=3 surfaces	425
D6604	Inlay - cast predominantly base metal, two surfaces....	407
D6605	Inlay - cast predominantly base metal, >=3 surfaces ..	425
D6606	Inlay - cast noble metal, two surfaces	407
D6607	Inlay - cast noble metal, >=3 surfaces	425
D6608	Onlay -porc./ceramic, two surfaces.....	479
D6609	Onlay - porc./ceramic, three or more surfaces.....	499
D6610	Onlay - cast high noble metal, two surfaces	458
D6611	Onlay - cast high noble metal, >=3 surfaces.....	524

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia	0
D9211/12	Regional block anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 min.....	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min.	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 min.	103
D9243	Intravenous (conscious) sedation/analgesia - each subsequent 15 min.	103
D9310	Consultation (diagnostic service by nontreating dentist)...	43
D9610	Therapeutic parenteral drug, single admin.	26
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical)	43
D9940	Occlusal guard, by report.....	272
D9950	Occlusion analysis - mounted case	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266
D9986	Missed appointment.....	50
D9995	Teledentistry - synchronous; real-time encounter (when available)	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	94
D3222	Partial pulpotomy for apexogenesis.....	160
D3230	Pulpal therapy - resorbable filling, anterior	160
D3240	Pulpal therapy - resorbable filling, posterior.....	164
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	418
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	512
D3333	Internal root repair of perforation defects.....	105
D3346	Retreat of prev. root canal therapy, anterior.....	387
D3347	Retreat of prev. root canal therapy, premolar.....	465
D3348	Retreat of prev. root canal therapy, molar	558
D3351	Apexification/recalcification - initial visit	202
D3352	Apexification/recalcification - interim med. repl.....	589
D3353	Apexification/recalcification - final visit.....	449
D3355	Pulpal regeneration - initial visit	202
D3356	Pulpal regeneration - interim medication replacement ...	589
D3357	Pulpal regeneration - completion of treatment	449
D3410	Apicoectomy - anterior.....	323
D3421	Apicoectomy - premolar (first root).....	364
D3425	Apicoectomy - molar (first root).....	418
D3426	Apicoectomy - (each add. root).....	152
D3427	Periradicular surgery w/o apicoectomy	266
D3430	Retrograde filling - per root	119
D3450	Root amputation - per root.....	234
D3920	Hemisection, not inc. root canal therapy.....	234
D3950	Canal prep/fitting of preformed dowel or post.....	136

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient.....	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad...	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ...	100
D4212	Gingivectomy or gingivoplasty, rest., per tooth	40
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106
D4249	Clinical crown lengthening - hard tissue	576
D4260	Osseous surgery - >3 cont. teeth, per quad	499
D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D4268	Surgical revision proc., per tooth	358
D4270	Pedicle soft tissue graft procedure.....	643
D4273	Subepithelial connective tissue graft proc.....	800
D4274	Mesial/distal wedge procedure, single tooth	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
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	45
D4355	Full mouth debridement	89
D4381	Localized delivery of chemotherapeutic agents	98
D4910	Periodontal maintenance	74
D4921	Gingival irrigation - per quadrant.....	0

ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth	56
D7140	Extraction, erupted tooth or exposed root.....	69
D7210	Extraction, 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	Removal of residual tooth roots	141
D7251	Coronectomy-intentional partial tooth removal	217
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
D7311/21	Alveoloplasty, 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
D7979	Non-surgical sialolithotomy	43

ORTHODONTICS² - 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 - 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	Orthodontic ret. (rem. of appl./placement of retainer(s))...	413

1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.

2 See exclusion #14 and limitation #23 for additional coverage information.

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation, employer's liability laws or the Pennsylvania Motor Vehicle Financial Responsibility Law.
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. 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.
14. 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 #23 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0140, D0145, D0150, D0180) is covered per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride application every six (6) months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months.
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 six (6) and above. No more than one (1) set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. 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.
8. Crown and bridge fees apply to treatment involving five (5) 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%.
9. One (1) relining and rebasing of dentures is covered per 24 months, per patient.
10. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
11. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
12. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240) and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
13. One (1) full mouth debridement is covered per lifetime, 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. Must have pocket depths of five (5) millimeters or greater.
15. One (1) periodontal surgery of any type, including any associated material, is covered every 24 months, per quadrant or surgical site.
16. Periodontal maintenance is covered four (4) times per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
17. One (1) 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.
18. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
19. General anesthesia and analgesic (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), including intravenous and non-intravenous sedation with a maximum of 60 minutes of services allowed (general anesthesia is not covered with procedure codes D9230, D9239 or D9243; intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; non-intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; requires a narrative of medical necessity be maintained in patient records).
20. 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 (1) per 12 consecutive month period.
21. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
22. 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.
23. 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.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).



DENTAL

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
D1575	Distal shoe space maintainer - fixed - unilateral	143.....	143
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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
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
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	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) - laboratory	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
D5511/12	Repair broken complete denture base- maxillary/mandibular	87	87
D5520	Replace missing or broken teeth - complete denture	87	87
D5611/12	Repair resin partial denture base - maxillary/mandibular	87	87
D5621/22	Repair cast partial framework - maxillary/mandibular	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

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
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
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
D9222	Deep sedation/general anesthesia - first 15 min.	103	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min. increment	103	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	37	37
D9239	Intravenous moderate conscious sedation/analgesia – first 15 min.	103	103
D9243	Intravenous conscious sedation/analgesia - each subsequent 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	Drugs or medicaments dispensed in the office for home use	42	42
D9910	Application of desensitizing medicament	31	31
D9920	Behavior management, by report	68	68
D9930	Treatment of complications (post-surgical)	43	43

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
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
D9995	Teledentistry – synchronous; real-time encounter (when available)	20	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20	20

ENDODONTICS¹

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 (excluding final restoration)	341	341
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	350	418
D3330	Endodontic therapy, molar tooth (excluding final restoration)	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, premolar	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 - anterior	323	323
D3421	Apicoectomy - premolar (first root)	350	364
D3425	Apicoectomy - molar (first root)	350	418
D3426	Apicoectomy - (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

PERIODONTICS¹

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	Mesial/distal wedge procedure, single tooth	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
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63	63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	45	45
D4355	Full mouth debridement	89	89
D4381	Localized delivery of chemotherapeutic agents	98	98
D4910	Periodontal maintenance	74	74

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
ORAL SURGERY¹			
D7111	Extraction, coronal remnants - primary tooth.....	56.....	56
D7140	Extraction, erupted tooth or exposed root.....	69.....	69
D7210	Extraction, 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	Removal of residual tooth roots.....	141.....	141
D7251	Coronectomy-intentional partial tooth removal.....	217.....	217
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	Exposure 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/without 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 pericoronar gingiva.....	131.....	131
D7972	Surgical reduction of fibrous tuberosity.....	521.....	521
D7979	Non-surgical sialolithotomy.....	43.....	43

ORTHODONTICS² - 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 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. See Plan Exclusion #13.

2 Phase I Treatment codes D8010 and D8050 are provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #14 and limitation #23 for additional coverage information.

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. 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.
14. 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 #23 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; one (1) distal shoe space maintainer (D1575), fixed, unilateral per 24 months.
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 patient.
12. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasmy (D4210 or D4211) are limited to one (1) per 24 months, per quadrant, per patient.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/ D1120, limited to once per two years.
14. Full mouth debridement is covered once per 12 months, per patient.
15. 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.
16. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site, per patient.
17. Periodontal maintenance after active therapy is covered four (4) times per 12 months, per patient.
18. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
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. The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment.
21. Occlusal guard, by report (for grinding and clenching of teeth).
22. Apexification, apicoectomy and clinical crown lengthening are each covered once per tooth, per provider, per lifetime.
23. Orthodontics is only covered if medically necessary as determined by the Plan and is limited to once per lifetime. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).