

# Select Plan Basic 703xa (DC)

**Description of Benefits & Member Copayments for Adult Services (age 19 and over)**

Coverage begins the first day of the month following the month in which the Member turns 19.

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
<b>DIAGNOSTIC/PREVENTIVE</b>			<b>DIAGNOSTIC/PREVENTIVE</b>		
D9439	Office visit .....	10	D2931	Prefab. stainless steel crown - perm. tooth.....	121
D0120	Periodic oral eval - established patient.....	0	D2932	Prefabricated resin crown .....	140
D0140	Limited oral eval - problem focused.....	0	D2950	Core buildup, including any pins.....	125
D0150	Comprehensive oral eval - new or established patient.....	0	D2952	Cast post and core in addition to crown.....	186
D0160	Detailed and extensive oral eval - problem focused.....	0	D2954	Prefab. post and core in addition to crown .....	154
D0170	Re-evaluation - limited, problem focused .....	0	D2955	Post removal (not in conj. with endo. therapy).....	105
D0210	Intraoral - complete series (including bitewings).....	26	D2980	Crown repair, by report .....	102
D0220	Intraoral - periapical first film.....	0	<b>PROSTHETICS (DENTURES)</b>		
D0230	Intraoral - periapical each add. film.....	0	D5110/20	Complete denture - maxillary/mandibular.....	697
D0240	Intraoral - occlusal film.....	0	D5130/40	Immediate denture - maxillary/mandibular.....	722
D0250	Extraoral .....	0	D5211/12	Maxillary/mandibular partial denture - resin base.....	649
D0270-74	Bitewing x-rays - 1 to 4 films.....	0	D5213/14	Maxillary/mandibular partial denture - cast metal.....	750
D0277	Vertical bitewings - 7 to 8 films .....	0	D5221/22	Maxillary/mandibular partial denture - resin follow up care... 649	
D0330	Panoramic film.....	30	D5223/24	Maxillary/mandibular partial denture - metal follow up care.. 750	
D0340	Cephalometric Film.....	0	D5225/26	Maxillary/mandibular partial denture - flexible base.....	750
D0350	Oral/facial photographic images .....	0	D5281	Rem. unilateral partial denture - one piece cast metal.....	419
D0351	3D photographic image.....	0	D5410/11	Adjust complete denture - maxillary/mandibular.....	38
D0460	Pulp vitality tests .....	0	D5421/22	Adjust partial denture - maxillary/mandibular.....	38
D0470	Diagnostic casts.....	0	D5511/12	Repair broken complete denture base - maxillary/mandibular.. 87	
D1110	Prophylaxis (cleaning) - adult .....	13	D5520	Replace missing or broken teeth - complete denture .....	87
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D5611/12	Repair resin partial denture base - maxillary/mandibular.....	87
D1206	Topical fluoride varnish for mod/high risk caries patients .....	0	D5621/22	Repair cast partial framework - maxillary/mandibular .....	87
D1208	Topical application of fluoride excluding varnish.....	0	D5630/60	Clasp repaired, replaced or added .....	115
D1310	Nutritional counseling for control of dental disease .....	0	D5640	Replace broken teeth - per tooth .....	87
D1320/30	Oral hygiene instructions .....	0	D5650	Add tooth to existing partial denture .....	87
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>			D5670/71	Replace all teeth and acrylic on cast metal framework.....	287
<b>AMALGAM RESTORATIONS (SILVER)</b>			D5710/11	Rebase complete maxillary/mandibular denture.....	260
D2140	Amalgam - one surface, prim. or perm. ....	41	D5720/21	Rebase maxillary/mandibular partial denture .....	260
D2150	Amalgam - two surfaces, prim. or perm. ....	51	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
D2160	Amalgam - three surfaces, prim. or perm. ....	64	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78	D5750/51	Reline complete maxillary/mandibular denture (lab).....	224
<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>			D5760/61	Reline maxillary/mandibular partial denture (lab) .....	224
D2330	Resin-based composite - one surface, anterior.....	69	D5810/11	Interim complete denture - maxillary/mandibular.....	362
D2331	Resin-based composite - two surfaces, anterior.....	83	D5820/21	Interim partial denture - maxillary/mandibular.....	362
D2332	Resin-based composite - three surfaces, anterior.....	99	D5850/51	Tissue conditioning - maxillary/mandibular.....	79
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	<b>BRIDGE &amp; PONTICS*</b>		
D2390	Resin-based composite crown, anterior .....	192	<b>D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT</b>		
D2391	Resin-based composite - one surface, posterior.....	73	(incl. D0360-D0363 cone beam imaging w/ implants)		
D2392	Resin-based composite - two surfaces, posterior.....	87	D6081	Scaling and debridement in the presence of inflammation	
D2393	Resin-based composite - three surfaces, posterior.....	102		or mucositis of a single implant, including cleaning of the	
D2394	Resin-based composite - >=4 surfaces, posterior.....	123		implant surfaces, without flap entry and closure.....	63
D2940	Protective restoration.....	39	D6210/11/12	Pontic - metal.....	495
D2951	Pin retention - per tooth, in addition to restoration.....	22	D6240/41/42	Pontic - porcelain fused metal .....	523
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	32	D6245	Pontic - porcelain/ceramic .....	560
<b>CROWN &amp; BRIDGE*</b>			D6250/51/52	Pontic - resin with metal.....	495
D2510	Inlay - metallic - one surface.....	407	D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	251
D2520	Inlay - metallic - two surfaces .....	407	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	393
D2530	Inlay - metallic - three or more surfaces .....	425	D6549	Resin retainer - resin bonded fixed prosthesis .....	251
D2542	Onlay - metallic-two surfaces.....	458	D6600	Inlay - porc./ceramic, two surfaces .....	427
D2543	Onlay - metallic-three surfaces.....	524	D6601	Inlay - porc./ceramic, >=3 surfaces.....	445
D2544	Onlay - metallic-four or more surfaces.....	524	D6602	Inlay - cast high noble metal, two surfaces.....	407
D2610	Inlay - porcelain/ceramic - one surface.....	427	D6603	Inlay - cast high noble metal, >=3 surfaces .....	425
D2620	Inlay - porcelain/ceramic - two surfaces.....	427	D6604	Inlay - cast predominantly base metal, two surfaces .....	407
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445	D6605	Inlay - cast predominantly base metal, >=3 surfaces .....	425
D2642	Onlay - porcelain/ceramic - two surfaces.....	479	D6606	Inlay - cast noble metal, two surfaces.....	407
D2643	Onlay - porcelain/ceramic - three surfaces.....	499	D6607	Inlay - cast noble metal, >=3 surfaces .....	425
D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	499	D6608	Onlay -porc./ceramic, two surfaces .....	479
D2650	Inlay - resin-based composite - one surface.....	440	D6609	Onlay - porc./ceramic, three or more surfaces .....	499
D2651	Inlay - resin-based composite - two surfaces .....	440	D6610	Onlay - cast high noble metal, two surfaces.....	458
D2652	Inlay - resin-based composite - >=3 surfaces.....	440	D6611	Onlay - cast high noble metal, >=3 surfaces .....	524
D2662	Onlay - resin-based composite - two surfaces.....	444	D6612	Onlay - cast predominantly base metal, two surfaces .....	458
D2663	Onlay - resin-based composite - three surfaces.....	444	D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	524
D2664	Onlay - resin-based composite - >=4 surfaces.....	444	D6614	Onlay - cast noble metal, two surfaces.....	458
D2710	Crown - resin based composite (indirect).....	272	D6615	Onlay - cast noble metal, >=3 surfaces .....	524
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D6720/21/22	Crown - resin with metal .....	495
D2720/21/22	Crown - resin with metal .....	495	D6740	Crown - porcelain/ceramic.....	560
D2740	Crown - porcelain/ceramic.....	560	D6750/51/52	Crown - porcelain fused metal.....	523
D2750/51/52	Crown - porcelain fused metal .....	523	D6780	Crown - 3/4 cast high noble metal .....	470
D2780/81/82	Crown - 3/4 cast with metal .....	478	D6781	Crown - 3/4 cast predominantly base metal .....	470
D2783	Crown - 3/4 porcelain/ceramic .....	511	D6782	Crown - 3/4 cast noble metal .....	470
D2790/91/92	Crown - full cast metal .....	495	D6783	Crown - 3/4 porc./ceramic.....	511
D2910/20	Recent inlay, onlay/crown or partial coverage rest. ....	43	D6790/91/92	Crown - full cast metal .....	495
			D6930	Recent fixed partial denture .....	69
			D6980	Fixed partial denture repair, by report.....	172

**ADA CODE MEMBER COPAYMENT(S)**

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain .....	43
D9210/15	Local anesthesia .....	0
D9211	Regional block anesthesia .....	0
D9212	Trigeminal division 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 sedation/analgesia - first 15 min. ....	103
D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min. ....	103
D9310	Consultation (diagnostic service by nontreating dentist) .....	43
D9910	Application of desensitizing medicament .....	31
D9930	Treatment of complications (post-surgical) .....	43
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

**ENDODONTICS<sup>1</sup>**

D3220	Therapeutic pulpotomy (excl. final restor.) .....	81
D3221	Pulpal debridement, prim. and perm. teeth .....	94
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	341
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	418
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	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
D3410	Apicoectomy - anterior .....	323
D3421	Apicoectomy - premolar (first root) .....	364
D3425	Apicoectomy - molar (first root) .....	418
D3426	Apicoectomy - (each add. root) .....	152
D3430	Retrograde filling - per root .....	119
D3450	Root amputation - per root .....	234
D3920	Hemisection, not inc. root canal therapy .....	234
D3950	Canal prep/fitting of preformed dowel or post .....	136

**PERIODONTICS<sup>1</sup>**

D0180	Comp. periodontal eval - new or established patient .....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad .....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad .....	100
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
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
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 .....	51
D4355	Full mouth debridement .....	89
D4381	Localized delivery of chemotherapeutic agents .....	98
D4910	Periodontal maintenance .....	74
D9940	Occlusal guard, by report .....	272
D9950	Occlusion analysis - mounted case .....	104
D9951	Occlusal adjustment - limited .....	66
D9952	Occlusal adjustment - complete .....	266

**ORAL SURGERY<sup>1</sup>**

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 fibrotomy/supra crestal fibrotomy, by report .....	60
D7310/20	Alveoplasty, per quad .....	141
D7510	Incision and drainage of abscess - intraoral soft tissue .....	96
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	263
D7979	Non-surgical sialolithotomy .....	43

**ORTHODONTICS<sup>2</sup>**

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

**ADA CODE MEMBER COPAYMENT(S)**

- Plan Exclusions**
- Services which are covered under worker's compensation, employer's liability laws or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
  - Services which are not necessary for the patient's dental health as determined by the Plan.
  - Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
  - Oral surgery requiring the setting of fractures or dislocations.
  - Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
  - Dispensing of drugs.
  - Hospitalization for any dental procedure.
  - Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
  - Replacement due to loss or theft of prosthetic appliance.
  - Procedures not listed as covered benefits under this Plan.
  - Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
  - Services related to the treatment of TMD (Temporomandibular Disorder).
  - Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their Usual, Customary, and Reasonable (UCR) fees that will vary between specialists.
  - Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
  - The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

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

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

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



# Select Plan Basic 703xa (DE)

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D0150	Comprehensive oral eval - new or established patient.....	0	D2952	Cast post and core in addition to crown.....	186
D0160	Detailed and extensive oral eval - problem focused.....	0	D2954	Prefab. post and core in addition to crown .....	154
D0170	Re-evaluation - limited, problem focused .....	0	D2955	Post removal (not in conj. with endo. therapy).....	105
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D0230	Intraoral - periapical each add. film.....	0	D5110/20	Complete denture - maxillary/mandibular .....	697
D0240	Intraoral - occlusal film.....	0	D5130/40	Immediate denture - maxillary/mandibular.....	722
D0250	Extraoral .....	0	D5211/12	Maxillary/mandibular partial denture - resin base.....	649
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D0277	Vertical bitewings - 7 to 8 films .....	0	D5221/22	Maxillary/mandibular partial denture - resin follow up care... 649	
D0330	Panoramic film .....	30	D5223/24	Maxillary/mandibular partial denture - metal follow up care.. 750	
D0340	Cephalometric Film .....	0	D5225/26	Maxillary/mandibular partial denture - flexible base.....	750
D0350	Oral/facial photographic images .....	0	D5281	Rem. unilateral partial denture - one piece cast metal .....	419
D0351	3D photographic image.....	0	D5410/11	Adjust complete denture - maxillary/mandibular.....	38
D0460	Pulp vitality tests .....	0	D5421/22	Adjust partial denture - maxillary/mandibular.....	38
D0470	Diagnostic casts.....	0	D5511/12	Repair broken complete denture base - maxillary/mandibular.. 87	
D1110	Prophylaxis (cleaning) - adult .....	13	D5520	Replace missing or broken teeth - complete denture .....	87
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D5611/12	Repair resin partial denture base - maxillary/mandibular.....	87
D1206	Topical fluoride varnish for mod/high risk caries patients .....	0	D5621/22	Repair cast partial framework - maxillary/mandibular .....	87
D1208	Topical application of fluoride excluding varnish.....	0	D5630/60	Clasp repaired, replaced or added .....	115
D1310	Nutritional counseling for control of dental disease .....	0	D5640	Replace broken teeth - per tooth .....	87
D1320/30	Oral hygiene instructions .....	0	D5650	Add tooth to existing partial denture .....	87
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>			<b>RESTORATIVE DENTISTRY (FILLINGS)</b>		
<b>AMALGAM RESTORATIONS (SILVER)</b>			<b>AMALGAM RESTORATIONS (SILVER)</b>		
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D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>			<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>		
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D2393	Resin-based composite - three surfaces, posterior .....	102	<b>D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT</b>		
D2394	Resin-based composite - >=4 surfaces, posterior .....	123	(incl. D0360-D0363 cone beam imaging w/ implants)		
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<b>CROWN &amp; BRIDGE*</b>			D6245	Pontic - porcelain/ceramic .....	560
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D2544	Onlay - metallic-four or more surfaces.....	524	D6601	Inlay - porc./ceramic, >=3 surfaces.....	445
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D2650	Inlay - resin-based composite - one surface.....	440	D6608	Onlay -porc./ceramic, two surfaces .....	479
D2651	Inlay - resin-based composite - two surfaces .....	440	D6609	Onlay - porc./ceramic, three or more surfaces .....	499
D2652	Inlay - resin-based composite - >=3 surfaces .....	440	D6610	Onlay - cast high noble metal, two surfaces .....	458
D2662	Onlay - resin-based composite - two surfaces.....	444	D6611	Onlay - cast high noble metal, >=3 surfaces .....	524
D2663	Onlay - resin-based composite - three surfaces .....	444	D6612	Onlay - cast predominantly base metal, two surfaces .....	458
D2664	Onlay - resin-based composite - >=4 surfaces .....	444	D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	524
D2710	Crown - resin based composite (indirect) .....	272	D6614	Onlay - cast noble metal, two surfaces.....	458
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D6615	Onlay - cast noble metal, >=3 surfaces .....	524
D2720/21/22	Crown - resin with metal .....	495	D6720/21/22	Crown - resin with metal .....	495
D2740	Crown - porcelain/ceramic.....	560	D6740	Crown - porcelain/ceramic.....	560
D2750/51/52	Crown - porcelain fused metal .....	523	D6750/51/52	Crown - porcelain fused metal.....	523
D2780/81/82	Crown - 3/4 cast with metal .....	478	D6780	Crown - 3/4 cast high noble metal .....	470
D2783	Crown - 3/4 porcelain/ceramic .....	511	D6781	Crown - 3/4 cast predominantly base metal .....	470
D2790/91/92	Crown - full cast metal .....	495	D6782	Crown - 3/4 cast noble metal .....	470
D2910/20	Recent inlay, onlay/crown or partial coverage rest. ....	43	D6783	Crown - 3/4 porc./ceramic.....	511
			D6790/91/92	Crown - full cast metal .....	495
			D6930	Recent fixed partial denture .....	69
			D6980	Fixed partial denture repair, by report.....	172

**ADA CODE MEMBER COPAYMENT(S)**

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain .....	43
D9210/15	Local anesthesia .....	0
D9211	Regional block anesthesia .....	0
D9212	Trigeminal division 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 sedation/analgesia - first 15 min. ....	103
D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min. ....	103
D9310	Consultation (diagnostic service by nontreating dentist) .....	43
D9910	Application of desensitizing medicament .....	31
D9930	Treatment of complications (post-surgical) .....	43
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

**ENDODONTICS<sup>1</sup>**

D3220	Therapeutic pulpotomy (excl. final restor.) .....	81
D3221	Pulpal debridement, prim. and perm. teeth .....	94
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	341
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	418
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	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
D3410	Apicoectomy - anterior .....	323
D3421	Apicoectomy - premolar (first root) .....	364
D3425	Apicoectomy - molar (first root) .....	418
D3426	Apicoectomy - (each add. root) .....	152
D3430	Retrograde filling - per root .....	119
D3450	Root amputation - per root .....	234
D3920	Hemisection, not inc. root canal therapy .....	234
D3950	Canal prep/fitting of preformed dowel or post .....	136

**PERIODONTICS<sup>1</sup>**

D0180	Comp. periodontal eval - new or established patient .....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad .....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad .....	100
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
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
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 .....	51
D4355	Full mouth debridement .....	89
D4381	Localized delivery of chemotherapeutic agents .....	98
D4910	Periodontal maintenance .....	74
D9940	Occlusal guard, by report .....	272
D9950	Occlusion analysis - mounted case .....	104
D9951	Occlusal adjustment - limited .....	66
D9952	Occlusal adjustment - complete .....	266

**ORAL SURGERY<sup>1</sup>**

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 fibrotomy/supra crestal fibrotomy, by report .....	60
D7310/20	Alveoplasty, per quad .....	141
D7510	Incision and drainage of abscess - intraoral soft tissue .....	96
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	263
D7979	Non-surgical sialolithotomy .....	43

**ORTHODONTICS<sup>2</sup>**

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

**ADA CODE MEMBER COPAYMENT(S)**

- Plan Exclusions**
- Services which are covered under worker's compensation, employer's liability laws or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
  - Services which are not necessary for the patient's dental health as determined by the Plan.
  - Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
  - Oral surgery requiring the setting of fractures or dislocations.
  - Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
  - Dispensing of drugs.
  - Hospitalization for any dental procedure.
  - Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
  - Replacement due to loss or theft of prosthetic appliance.
  - Procedures not listed as covered benefits under this Plan.
  - Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
  - Services related to the treatment of TMD (Temporomandibular Disorder).
  - Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their Usual, Customary, and Reasonable (UCR) fees that will vary between specialists.
  - Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
  - The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

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

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

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



# Select Plan Basic 703xa (MD)

**DENTAL**
**Description of Benefits & Member Copayments for Adult Services (age 19 and over)**

Coverage begins the first day of the month following the month in which the Member turns 19.

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
<b>DIAGNOSTIC/PREVENTIVE</b>			<b>PROSTHETICS (DENTURES)</b>		
D9439	Office visit .....	10	D2932	Prefabricated resin crown .....	140
D0120	Periodic oral eval - established patient .....	0	D2950	Core buildup, including any pins .....	125
D0140	Limited oral eval - problem focused .....	0	D2952	Cast post and core in addition to crown .....	186
D0150	Comprehensive oral eval - new or established patient .....	0	D2954	Prefab. post and core in addition to crown .....	154
D0160	Detailed and extensive oral eval - problem focused .....	0	D2955	Post removal (not in conj. with endo. therapy) .....	105
D0170	Re-evaluation - limited, problem focused .....	0	D2980	Crown repair, by report .....	102
D0210	Intraoral - complete series (including bitewings) .....	26	<b>RESTORATIVE DENTISTRY (FILLINGS)</b>		
D0220	Intraoral - periapical first radiographic image .....	0	<b>AMALGAM RESTORATIONS (SILVER)</b>		
D0230	Intraoral - periapical radiographic image (each additional) .....	0	D2140	Amalgam - one surface, prim. or perm. ....	41
D0240	Intraoral - occlusal radiographic image .....	0	D2150	Amalgam - two surfaces, prim. or perm. ....	51
D0250	Extraoral - 2D projection radiographic image .....	0	D2160	Amalgam - three surfaces, prim. or perm. ....	64
D0270-74	Bitewing - 1-4 radiographic images .....	0	D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78
D0277	Vertical bitewings - 7 to 8 radiographic images .....	0	<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>		
D0330	Panoramic radiographic image .....	30	D2330	Resin-based composite - one surface, anterior .....	69
D0340	2D cephalometric radiographic image .....	0	D2331	Resin-based composite - two surfaces, anterior .....	83
D0350	2D oral/facial photographic images (intraoral/extraoral) .....	0	D2332	Resin-based composite - three surfaces, anterior .....	99
D0351	3D photographic image .....	0	D2335	Resin-based composite - >=4 surfaces, anterior .....	119
D0460	Pulp vitality tests .....	0	D2390	Resin-based composite crown, anterior .....	192
D0470	Diagnostic casts .....	0	D2391	Resin-based composite - one surface, posterior .....	73
D1110	Prophylaxis (cleaning) - adult .....	13	D2392	Resin-based composite - two surfaces, posterior .....	87
D1110*	Additional cleaning (expecting mothers or Diabetics) .....	40	D2393	Resin-based composite - three surfaces, posterior .....	102
D1206	Topical fluoride varnish for mod/high risk caries patients .....	0	D2394	Resin-based composite - >=4 surfaces, posterior .....	123
D1208	Topical application of fluoride excluding varnish .....	0	D2940	Protective restoration .....	39
D1310	Nutritional counseling for control of dental disease .....	0	D2951	Pin retention - per tooth, in addition to restoration .....	22
D1320/30	Oral hygiene instructions .....	0	D3110/20	Pulp cap - direct/indirect (excl. final restoration) .....	32
<b>CROWN &amp; BRIDGE*</b>			<b>BRIDGE &amp; PONTICS*</b>		
D2510	Inlay - metallic - one surface .....	407	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D2520	Inlay - metallic - two surfaces .....	407	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
D2530	Inlay - metallic - three or more surfaces .....	425	D6210/11/12	Pontic - metal .....	495
D2542	Onlay - metallic-two surfaces .....	458	D6240/41/42	Pontic - porcelain fused metal .....	523
D2543	Onlay - metallic-three surfaces .....	524	D6245	Pontic - porcelain/ceramic .....	560
D2544	Onlay - metallic-four or more surfaces .....	524	D6250/51/52	Pontic - resin with metal .....	495
D2610	Inlay - porcelain/ceramic - one surface .....	427	D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	251
D2620	Inlay - porcelain/ceramic - two surfaces .....	427	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	393
D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	445	D6549	Resin retainer - resin bonded fixed prosthesis .....	251
D2642	Onlay - porcelain/ceramic - two surfaces .....	479	D6600	Inlay - porc./ceramic, two surfaces .....	427
D2643	Onlay - porcelain/ceramic - three surfaces .....	499	D6601	Inlay - porc./ceramic, >=3 surfaces .....	445
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	499	D6602	Inlay - cast high noble metal, two surfaces .....	407
D2650	Inlay - resin-based composite - one surface .....	440	D6603	Inlay - cast high noble metal, >=3 surfaces .....	425
D2651	Inlay - resin-based composite - two surfaces .....	440	D6604	Inlay - cast predominantly base metal, two surfaces .....	407
D2652	Inlay - resin-based composite - >=3 surfaces .....	440	D6605	Inlay - cast predominantly base metal, >=3 surfaces .....	425
D2662	Onlay - resin-based composite - two surfaces .....	444	D6606	Inlay - cast noble metal, two surfaces .....	407
D2663	Onlay - resin-based composite - three surfaces .....	444	D6607	Inlay - cast noble metal, >=3 surfaces .....	425
D2664	Onlay - resin-based composite - >=4 surfaces .....	444	D6608	Onlay - porc./ceramic, two surfaces .....	479
D2710	Crown - resin based composite (indirect) .....	272	D6609	Onlay - porc./ceramic, three or more surfaces .....	499
D2712	Crown - 3/4 resin-based composite (indirect) .....	485	D6610	Onlay - cast high noble metal, two surfaces .....	458
D2720/21/22	Crown - resin with metal .....	495	D6611	Onlay - cast high noble metal, >=3 surfaces .....	524
D2740	Crown - porcelain/ceramic .....	560	D6612	Onlay - cast predominantly base metal, two surfaces .....	458
D2750/51/52	Crown - porcelain fused metal .....	523	D6613	Onlay - cast predominantly base metal, >=3 surfaces .....	524
D2780/81/82	Crown - 3/4 cast with metal .....	478	D6614	Onlay - cast noble metal, two surfaces .....	458
D2783	Crown - 3/4 porcelain/ceramic .....	511	D6615	Onlay - cast noble metal, >=3 surfaces .....	524
D2790/91/92	Crown - full cast metal .....	495	D6720/21/22	Crown - resin with metal .....	495
D2910/20	Recement inlay, onlay/crown or partial coverage rest. ....	43	D6740	Crown - porcelain/ceramic .....	560
D2931	Prefab. stainless steel crown - perm. tooth .....	121	D6750/51/52	Crown - porcelain fused metal .....	523
			D6780	Crown - 3/4 cast high noble metal .....	470
			D6781	Crown - 3/4 cast predominantly base metal .....	470
			D6782	Crown - 3/4 cast noble metal .....	470
			D6783	Crown - 3/4 porc./ceramic .....	511
			D6790/91/92	Crown - full cast metal .....	495
			D6930	Recement fixed partial denture .....	69
			D6980	Fixed partial denture repair, by report .....	172
<b>ADJUNCTIVE GENERAL SERVICES</b>			<b>ADJUNCTIVE GENERAL SERVICES</b>		
			D9110	Palliative (emergency) treatment of dental pain .....	43

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division 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. increment .....	103
D9310	Consultation (diagnostic service by nontreating dentist).....	43
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
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

#### ENDODONTICS<sup>1</sup>

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement.....	94
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	341
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	418
D3330	Endodontic therapy, molar tooth (excl. final restor.).....	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
D3410	Apicoectomy, anterior .....	323
D3421	Apicoectomy - premolar (first root) .....	364
D3425	Apicoectomy, molar (first root).....	418
D3426	Apicoectomy/periradicular surgery (each add. root).....	152
D3430	Retrograde filling - per root.....	119
D3450	Root amputation (resection) - per root.....	234
D3920	Hemisection, not inc. root canal therapy .....	234
D3950	Canal prep/fitting of preformed dowel or post.....	136

#### PERIODONTICS<sup>1</sup>

D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	100
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
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
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 .....	51
D4355	Full mouth debridement.....	89
D4381	Localized delivery of chemotherapeutic agents.....	98
D4910	Periodontal maintenance.....	74
D9940	Occlusal guard, by report.....	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete .....	266

#### ORAL SURGERY<sup>1</sup>

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, per quad.....	141
D7510	Incision and drainage of abscess - intraoral soft tissue.....	96
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	263
D7979	Non-surgical sialolithotomy.....	43

#### ORTHODONTICS<sup>2</sup>

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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#### Plan Exclusions

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Listed copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion Dental Services to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialist's UCR fee; or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees, as the amount varies by provider.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
- The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
- Any bill, or demand for payment, for a service that the 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.

#### Plan Limitations

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

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

- As performed by a Participating General Dentist. See Plan Exclusion #13.
- See exclusion #15 for additional coverage information.

# Dominion National Insurance Company

## Select Plan Basic 703xa (NJ)

Description of Covered Services, Member Copayments, Exclusions and Limitations  
(age 19 and over)

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)
<b>DIAGNOSTIC/PREVENTIVE</b>					
D9439	Office visit.....	10	D2643	Onlay - porcelain/ceramic - three surfaces.....	499
D0120	Periodic oral eval - established patient.....	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	499
D0140	Limited oral eval - problem focused.....	0	D2650	Inlay - resin-based composite - one surface.....	440
D0150	Comprehensive oral eval - new or established patient.....	0	D2651	Inlay - resin-based composite - two surfaces.....	440
D0160	Detailed and extensive oral eval - problem focused.....	0	D2652	Inlay - resin-based composite - >=3 surfaces.....	440
D0170	Re-evaluation - limited, problem focused.....	0	D2662	Onlay - resin-based composite - two surfaces.....	444
D0210	Intraoral - complete series (including bitewings).....	26	D2663	Onlay - resin-based composite - three surfaces.....	444
D0220	Intraoral - periapical first radiographic image.....	0	D2664	Onlay - resin-based composite - >=4 surfaces.....	444
D0230	Intraoral - periapical each add. radiographic image.....	0	D2710	Crown - resin based composite (indirect).....	272
D0240	Intraoral - occlusal radiographic image.....	0	D2712	Crown - 3/4 resin-based composite (indirect).....	485
D0250	Extra-oral - 2D projection radiographic image.....	0	D2720/21/22	Crown - resin with metal.....	495
D0270-74	Bitewing x-rays - 1 to 4 radiographic images.....	0	D2740	Crown - porcelain/ceramic.....	560
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2750/51/52	Crown - porcelain fused metal.....	523
D0330	Panoramic radiographic image.....	30	D2780/81/82	Crown - 3/4 cast with metal.....	478
D0340	2D cephalometric radiographic image.....	0	D2783	Crown - 3/4 porcelain/ceramic.....	511
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally.....	0	D2790/91/92	Crown - full cast metal.....	495
D0351	3D photographic image.....	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	43
D0460	Pulp vitality tests.....	0	D2931	Prefab. stainless steel crown.....	121
D0470	Diagnostic casts.....	0	D2932	Prefabricated resin crown.....	140
D1110	Prophylaxis (cleaning) - adult.....	13	D2950	Core buildup, including any pins.....	125
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D2952	Cast post and core in addition to crown.....	186
D1206	Topical application of fluoride varnish.....	0	D2954	Prefab. post and core in addition to crown.....	154
D1208	Topical application of fluoride - excluding varnish.....	0	D2955	Post removal (not in conj. with endo. therapy).....	105
D1310	Nutritional counseling for control of dental disease.....	0	D2980	Crown repair, by report.....	102
D1320	Tobacco counseling for the control and prevention of oral disease.....	0	<b>PROSTHETICS (DENTURES)</b>		
D1330	Oral hygiene instructions.....	0	D5110/20	Complete denture - maxillary/mandibular.....	697
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>			D5130/40	Immediate denture - maxillary/mandibular.....	722
D2140	Amalgam - one surface.....	41	D5211/12	Maxillary/mandibular partial denture - resin base.....	649
D2150	Amalgam - two surfaces.....	51	D5213/14	Maxillary/mandibular partial denture - cast metal.....	750
D2160	Amalgam - three surfaces.....	64	D5221	Immediate maxillary partial denture - resin base.....	649
D2161	Amalgam - >=4 surfaces.....	78	D5222	Immediate mandibular partial denture - resin base.....	649
<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>			D5223	Immediate maxillary partial denture - cast metal framework.....	750
D2330	Resin-based composite - one surface, anterior.....	69	D5224	Immediate mandibular partial denture - cast metal framework.....	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
D2951	Pin retention - per tooth, in addition to restoration.....	22	D5640	Replace broken teeth - per tooth.....	87
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	32	D5650	Add tooth to existing partial denture.....	87
<b>CROWN &amp; BRIDGE*</b>			D5670/71	Replace all teeth and acrylic on cast metal framework.....	287
D2510	Inlay - metallic - one surface.....	407	D5710/11	Rebase complete maxillary/mandibular denture.....	260
D2520	Inlay - metallic - two surfaces.....	407	D5720/21	Rebase maxillary/mandibular partial denture.....	260
D2530	Inlay - metallic - three or more surfaces.....	425	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
D2542	Onlay - metallic-two surfaces.....	458	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155
D2543	Onlay - metallic-three surfaces.....	524	D5750/51	Reline complete maxillary/mandibular denture (lab).....	224
D2544	Onlay - metallic-four or more surfaces.....	524	D5760/61	Reline maxillary/mandibular partial denture (lab).....	224
D2610	Inlay - porcelain/ceramic - one surface.....	427	D5810/11	Interim complete denture - maxillary/mandibular.....	362
D2620	Inlay - porcelain/ceramic - two surfaces.....	427	D5820/21	Interim partial denture - maxillary/mandibular.....	362
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445	D5850/51	Tissue conditioning - maxillary/mandibular.....	79
D2642	Onlay - porcelain/ceramic - two surfaces.....	479	<b>BRIDGE &amp; PONTICS*</b>		
			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



ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)
D6210/11/12	Pontic - metal.....	495
D6240/41/42	Pontic - porcelain fused metal .....	523
D6245	Pontic - porcelain/ceramic .....	560
D6250/51/52	Pontic - resin with metal .....	495
D6545	Retainer - 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
D6612	Onlay - cast predominantly base metal, two surfaces.....	458
D6613	Onlay - cast predominantly base metal, >=3 surfaces .....	524
D6614	Onlay - cast noble metal, two surfaces.....	458
D6615	Onlay - cast noble metal, >=3 surfaces.....	524
D6720/21/22	Crown - resin with metal .....	495
D6740	Crown - porcelain/ceramic.....	560
D6750/51/52	Crown - porcelain fused metal .....	523
D6780	Crown - 3/4 cast high noble metal.....	470
D6781	Crown - 3/4 cast predominantly base metal .....	470
D6782	Crown - 3/4 cast noble metal.....	470
D6783	Crown - 3/4 porc./ceramic .....	511
D6790/91/92	Crown - full cast metal.....	495
D6930	Recement fixed partial denture.....	69
D6980	Fixed partial denture repair, by report.....	172

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain .....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia .....	0
D9222	Deep sedation/general anesthesia - first 15 min. ....	103
D9223	Deep sedation/general anesthesia - each subsequent 15-min. increment.....	103
D9230	Analgesia, anxiety, inhalation of nitrous oxide .....	37
D9239	Intravenous moderate conscious sedation/analgesia - first 15 min. ....	103
D9243	Intravenous conscious sedation/analgesia - each subsequent 15-min. increment .....	103
D9310	Consultation (diagnostic service by nontreating dentist) .....	43
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
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

**ENDODONTICS<sup>1</sup>**

D3220	Therapeutic pulpotomy (excl. final restor.).....	81/90
D3221	Pulpal debridement.....	94/104
D3310	Endodontic therapy, anterior tooth (excl. final restor.).....	341/375
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	418/460
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	512/563
D3333	Internal root repair of perforation defects .....	105/116
D3346	Retreat of prev. root canal therapy, anterior .....	387/427
D3347	Retreat of prev. root canal therapy, premolar .....	465/513
D3348	Retreat of prev. root canal therapy, molar.....	558/615

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)
D3410	Apicoectomy - anterior .....	323/356
D3421	Apicoectomy - premolar (first root) .....	364/401
D3425	Apicoectomy - molar (first root) .....	418/460
D3426	Apicoectomy - (each add. root) .....	152/168
D3430	Retrograde filling - per root.....	119/131
D3450	Root amputation - per root.....	234/258
D3920	Hemisection, not inc. root canal therapy .....	234/258
D3950	Canal prep/fitting of preformed dowel or post.....	136/150

**PERIODONTICS<sup>1</sup>**

D0180	Comp. periodontal eval - new or established patient.....	36/40
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	279/307
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	100/110
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad .....	345/380
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad .....	106/117
D4260	Osseous surgery - >3 cont. teeth, per quad .....	499/549
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	392/431
D4268	Surgical revision proc., per tooth .....	358/394
D4274	Mesial/distal wedge procedure, single tooth .....	308/339
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	109/120
D4342	Perio scaling and root planing - <= 3 teeth, per quad .....	63/69
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	51/57
D4355	Full mouth debridement.....	89/99
D4381	Localized delivery of chemotherapeutic agents.....	98/109
D4910	Periodontal maintenance.....	74/81
D9940	Occlusal guard, by report .....	272/272
D9950	Occlusion analysis - mounted case .....	104/115
D9951	Occlusal adjustment - limited.....	66/66
D9952	Occlusal adjustment - complete .....	266/266

**ORAL SURGERY<sup>1</sup>**

D7111	Extraction, coronal remnants - primary tooth.....	56/62
D7140	Extraction, erupted tooth or exposed root .....	69/76
D7210	Extraction, erupted tooth req elev, etc .....	133/146
D7220	Removal of impacted tooth - soft tissue .....	151/166
D7230	Removal of impacted tooth - partially bony .....	196/216
D7240	Removal of impacted tooth - completely bony .....	241/265
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	217/239
D7250	Surgical removal of residual tooth roots .....	141/156
D7251	Coronectomy - intentional partial tooth removal.....	217/239
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....	226/248
D7280	Exposure of an unerupted tooth .....	153/168
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	60/66
D7310/20	Alveoloplasty, per quad .....	141/156
D7510	Incision and drainage of abscess - intraoral soft tissue .....	96/105
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	263/290
D7979	Non-surgical sialolithotomy.....	43/48

**ORTHODONTICS**

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



ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)
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**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 Services under this Plan.
11. 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).
12. Services related to the treatment of TMD (Temporomandibular Disorder).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Listed copayments do not apply when performed by a Participating Plan Specialist (with the exception of orthodontics).
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
15. The Invisalign system and similar appliances are not a Covered Services. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

**Plan Limitations**

1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
5. Two (2) bitewing x-rays are covered per calendar year per patient.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
9. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan.
10. Relining and rebasing of dentures is covered once every 24 months per patient.
11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
12. Root planing or scaling is covered once every 24 months per quadrant per patient.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
14. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure

15. Full mouth debridement is covered once per lifetime per patient.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.
19. Coronectomy - intentional partial tooth removal, once per lifetime.
20. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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

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

# Select Plan Basic 703xa (PA)

**Description of Benefits & Member Copayments for Adult Services (age 19 and over)**

Coverage begins the first day of the month following the month in which the Member turns 19.

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
<b>DIAGNOSTIC/PREVENTIVE</b>			<b>DIAGNOSTIC/PREVENTIVE</b>		
D9439	Office visit .....	10	D2931	Prefab. stainless steel crown - perm. tooth.....	121
D0120	Periodic oral eval - established patient.....	0	D2932	Prefabricated resin crown .....	140
D0140	Limited oral eval - problem focused.....	0	D2950	Core buildup, including any pins.....	125
D0150	Comprehensive oral eval - new or established patient.....	0	D2952	Cast post and core in addition to crown.....	186
D0160	Detailed and extensive oral eval - problem focused.....	0	D2954	Prefab. post and core in addition to crown .....	154
D0170	Re-evaluation - limited, problem focused .....	0	D2955	Post removal (not in conj. with endo. therapy).....	105
D0210	Intraoral - complete series (including bitewings).....	26	D2980	Crown repair, by report .....	102
D0220	Intraoral - periapical first film.....	0	<b>PROSTHETICS (DENTURES)</b>		
D0230	Intraoral - periapical each add. film.....	0	D5110/20	Complete denture - maxillary/mandibular.....	697
D0240	Intraoral - occlusal film.....	0	D5130/40	Immediate denture - maxillary/mandibular.....	722
D0250	Extraoral .....	0	D5211/12	Maxillary/mandibular partial denture - resin base.....	649
D0270-74	Bitewing x-rays - 1 to 4 films.....	0	D5213/14	Maxillary/mandibular partial denture - cast metal.....	750
D0277	Vertical bitewings - 7 to 8 films .....	0	D5221/22	Maxillary/mandibular partial denture - resin follow up care... 649	
D0330	Panoramic film.....	30	D5223/24	Maxillary/mandibular partial denture - metal follow up care.. 750	
D0340	Cephalometric Film.....	0	D5225/26	Maxillary/mandibular partial denture - flexible base.....	750
D0350	Oral/facial photographic images .....	0	D5281	Rem. unilateral partial denture - one piece cast metal.....	419
D0351	3D photographic image.....	0	D5410/11	Adjust complete denture - maxillary/mandibular.....	38
D0460	Pulp vitality tests .....	0	D5421/22	Adjust partial denture - maxillary/mandibular.....	38
D0470	Diagnostic casts.....	0	D5511/12	Repair broken complete denture base - maxillary/mandibular.. 87	
D1110	Prophylaxis (cleaning) - adult .....	13	D5520	Replace missing or broken teeth - complete denture.....	87
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D5611/12	Repair resin partial denture base - maxillary/mandibular.....	87
D1206	Topical fluoride varnish for mod/high risk caries patients .....	0	D5621/22	Repair cast partial framework - maxillary/mandibular.....	87
D1208	Topical application of fluoride excluding varnish.....	0	D5630/60	Clasp repaired, replaced or added .....	115
D1310	Nutritional counseling for control of dental disease .....	0	D5640	Replace broken teeth - per tooth .....	87
D1320/30	Oral hygiene instructions .....	0	D5650	Add tooth to existing partial denture .....	87
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>			D5670/71	Replace all teeth and acrylic on cast metal framework.....	287
<b>AMALGAM RESTORATIONS (SILVER)</b>			D5710/11	Rebase complete maxillary/mandibular denture.....	260
D2140	Amalgam - one surface, prim. or perm. ....	41	D5720/21	Rebase maxillary/mandibular partial denture .....	260
D2150	Amalgam - two surfaces, prim. or perm. ....	51	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
D2160	Amalgam - three surfaces, prim. or perm. ....	64	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	155
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	78	D5750/51	Reline complete maxillary/mandibular denture (lab).....	224
<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>			D5760/61	Reline maxillary/mandibular partial denture (lab).....	224
D2330	Resin-based composite - one surface, anterior.....	69	D5810/11	Interim complete denture - maxillary/mandibular.....	362
D2331	Resin-based composite - two surfaces, anterior.....	83	D5820/21	Interim partial denture - maxillary/mandibular.....	362
D2332	Resin-based composite - three surfaces, anterior.....	99	D5850/51	Tissue conditioning - maxillary/mandibular.....	79
D2335	Resin-based composite - >=4 surfaces, anterior.....	119	<b>BRIDGE &amp; PONTICS*</b>		
D2390	Resin-based composite crown, anterior.....	192	<b>D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT</b>		
D2391	Resin-based composite - one surface, posterior.....	73	(incl. D0360-D0363 cone beam imaging w/ implants)		
D2392	Resin-based composite - two surfaces, posterior.....	87	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
D2393	Resin-based composite - three surfaces, posterior.....	102	D6210/11/12	Pontic - metal.....	495
D2394	Resin-based composite - >=4 surfaces, posterior.....	123	D6240/41/42	Pontic - porcelain fused metal .....	523
D2940	Protective restoration.....	39	D6245	Pontic - porcelain/ceramic .....	560
D2951	Pin retention - per tooth, in addition to restoration.....	22	D6250/51/52	Pontic - resin with metal.....	495
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	32	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
<b>CROWN &amp; BRIDGE*</b>			D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	393
D2510	Inlay - metallic - one surface.....	407	D6549	Resin retainer - resin bonded fixed prosthesis .....	251
D2520	Inlay - metallic - two surfaces .....	407	D6600	Inlay - porc./ceramic, two surfaces.....	427
D2530	Inlay - metallic - three or more surfaces .....	425	D6601	Inlay - porc./ceramic, >=3 surfaces.....	445
D2542	Onlay - metallic-two surfaces.....	458	D6602	Inlay - cast high noble metal, two surfaces.....	407
D2543	Onlay - metallic-three surfaces.....	524	D6603	Inlay - cast high noble metal, >=3 surfaces.....	425
D2544	Onlay - metallic-four or more surfaces.....	524	D6604	Inlay - cast predominantly base metal, two surfaces.....	407
D2610	Inlay - porcelain/ceramic - one surface.....	427	D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	425
D2620	Inlay - porcelain/ceramic - two surfaces.....	427	D6606	Inlay - cast noble metal, two surfaces.....	407
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	445	D6607	Inlay - cast noble metal, >=3 surfaces.....	425
D2642	Onlay - porcelain/ceramic - two surfaces.....	479	D6608	Onlay -porc./ceramic, two surfaces.....	479
D2643	Onlay - porcelain/ceramic - three surfaces.....	499	D6609	Onlay - porc./ceramic, three or more surfaces.....	499
D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	499	D6610	Onlay - cast high noble metal, two surfaces.....	458
D2650	Inlay - resin-based composite - one surface.....	440	D6611	Onlay - cast high noble metal, >=3 surfaces.....	524
D2651	Inlay - resin-based composite - two surfaces.....	440	D6612	Onlay - cast predominantly base metal, two surfaces.....	458
D2652	Inlay - resin-based composite - >=3 surfaces.....	440	D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	524
D2662	Onlay - resin-based composite - two surfaces.....	444	D6614	Onlay - cast noble metal, two surfaces.....	458
D2663	Onlay - resin-based composite - three surfaces.....	444	D6615	Onlay - cast noble metal, >=3 surfaces.....	524
D2664	Onlay - resin-based composite - >=4 surfaces.....	444	D6720/21/22	Crown - resin with metal.....	495
D2710	Crown - resin based composite (indirect).....	272	D6740	Crown - porcelain/ceramic.....	560
D2712	Crown - 3/4 resin-based composite (indirect).....	485	D6750/51/52	Crown - porcelain fused metal.....	523
D2720/21/22	Crown - resin with metal .....	495	D6780	Crown - 3/4 cast high noble metal.....	470
D2740	Crown - porcelain/ceramic.....	560	D6781	Crown - 3/4 cast predominantly base metal.....	470
D2750/51/52	Crown - porcelain fused metal.....	523	D6782	Crown - 3/4 cast noble metal.....	470
D2780/81/82	Crown - 3/4 cast with metal .....	478	D6783	Crown - 3/4 porc./ceramic.....	511
D2783	Crown - 3/4 porcelain/ceramic.....	511	D6790/91/92	Crown - full cast metal .....	495
D2790/91/92	Crown - full cast metal.....	495	D6930	Recement fixed partial denture.....	69
D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	43	D6980	Fixed partial denture repair, by report.....	172



**ADA CODE MEMBER COPAYMENT(S)**

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain .....	43
D9210/15	Local anesthesia .....	0
D9211	Regional block anesthesia .....	0
D9212	Trigeminal division 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 sedation/analgesia - first 15 min. ....	103
D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min. ....	103
D9310	Consultation (diagnostic service by nontreating dentist) .....	43
D9910	Application of desensitizing medicament .....	31
D9930	Treatment of complications (post-surgical) .....	43
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

**ENDODONTICS<sup>1</sup>**

D3220	Therapeutic pulpotomy (excl. final restor.) .....	81
D3221	Pulpal debridement, prim. and perm. teeth .....	94
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	341
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	418
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	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
D3410	Apicoectomy - anterior .....	323
D3421	Apicoectomy - premolar (first root) .....	364
D3425	Apicoectomy - molar (first root) .....	418
D3426	Apicoectomy - (each add. root) .....	152
D3430	Retrograde filling - per root .....	119
D3450	Root amputation - per root .....	234
D3920	Hemisection, not inc. root canal therapy .....	234
D3950	Canal prep/fitting of preformed dowel or post .....	136

**PERIODONTICS<sup>1</sup>**

D0180	Comp. periodontal eval - new or established patient .....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad .....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad .....	100
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
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
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 .....	51
D4355	Full mouth debridement .....	89
D4381	Localized delivery of chemotherapeutic agents .....	98
D4910	Periodontal maintenance .....	74
D9940	Occlusal guard, by report .....	272
D9950	Occlusion analysis - mounted case .....	104
D9951	Occlusal adjustment - limited .....	66
D9952	Occlusal adjustment - complete .....	266

**ORAL SURGERY<sup>1</sup>**

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 fibrotomy/supra crestal fibrotomy, by report .....	60
D7310/20	Alveoplasty, per quad .....	141
D7510	Incision and drainage of abscess - intraoral soft tissue .....	96
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	263
D7979	Non-surgical sialolithotomy .....	43

**ORTHODONTICS<sup>2</sup>**

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

**ADA CODE MEMBER COPAYMENT(S)**

- Plan Exclusions**
- Services which are covered under worker's compensation, employer's liability laws or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
  - Services which are not necessary for the patient's dental health as determined by the Plan.
  - Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
  - Oral surgery requiring the setting of fractures or dislocations.
  - Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
  - Dispensing of drugs.
  - Hospitalization for any dental procedure.
  - Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
  - Replacement due to loss or theft of prosthetic appliance.
  - Procedures not listed as covered benefits under this Plan.
  - Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
  - Services related to the treatment of TMD (Temporomandibular Disorder).
  - Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their Usual, Customary, and Reasonable (UCR) fees that will vary between specialists.
  - Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
  - The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

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

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

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

# Select Plan Basic 703xa (VA)

**Description of Benefits & Member Copayments for Adult Services (age 19 and over)**  
 Coverage begins the first day of the month following the month in which the Member turns 19.

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
<b>DIAGNOSTIC/PREVENTIVE</b>			<b>DIAGNOSTIC/PREVENTIVE</b>		
D9439	Office visit.....	10	D2642	Onlay - porcelain/ceramic - two surfaces .....	479
D0120	Periodic oral eval - established patient.....	0	D2643	Onlay - porcelain/ceramic - three surfaces.....	499
D0140	Limited oral eval - problem focused .....	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	499
D0150	Comprehensive oral eval - new or established patient.....	0	D2650	Inlay - resin-based composite - one surface .....	440
D0160	Detailed and extensive oral eval - problem focused.....	0	D2651	Inlay - resin-based composite - two surfaces .....	440
D0170	Re-evaluation - limited, problem focused .....	0	D2652	Inlay - resin-based composite - >=3 surfaces .....	440
D0210	Intraoral - complete series (including bitewings) .....	26	D2662	Onlay - resin-based composite - two surfaces .....	444
D0220	Intraoral - periapical first film .....	0	D2663	Onlay - resin-based composite - three surfaces.....	444
D0230	Intraoral - periapical each add. film .....	0	D2664	Onlay - resin-based composite - >=4 surfaces.....	444
D0240	Intraoral - occlusal film .....	0	D2710	Crown - resin based composite (indirect).....	272
D0250	Extraoral .....	0	D2712	Crown - 3/4 resin-based composite (indirect).....	485
D0270-74	Bitewing x-rays - 1 to 4 films .....	0	D2720/21/22	Crown - resin with metal.....	495
D0277	Vertical bitewings - 7 to 8 films .....	0	D2740	Crown - porcelain/ceramic.....	560
D0330	Panoramic film.....	30	D2750/51/52	Crown - porcelain fused metal.....	523
D0340	Cephalometric Film .....	0	D2780/81/82	Crown - 3/4 cast with metal.....	478
D0350	Oral/facial photographic images.....	0	D2783	Crown - 3/4 porcelain/ceramic.....	511
D0351	3D photographic image .....	0	D2790/91/92	Crown - full cast metal.....	495
D0460	Pulp vitality tests.....	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest. ....	43
D0470	Diagnostic casts .....	0	D2931	Prefab. stainless steel crown - perm. tooth .....	121
D1110	Prophylaxis (cleaning) - adult.....	13	D2932	Prefabricated resin crown.....	140
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D2950	Core buildup, including any pins .....	125
D1206	Topical fluoride varnish for mod/high risk caries patients .....	0	D2952	Cast post and core in addition to crown .....	186
D1208	Topical application of fluoride excluding varnish .....	0	D2954	Prefab. post and core in addition to crown .....	154
D1310	Nutritional counseling for control of dental disease.....	0	D2955	Post removal (not in conj. with endo. therapy) .....	105
D1320/30	Oral hygiene instructions.....	0	D2980	Crown repair, by report.....	102
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>			<b>PROSTHETICS (DENTURES)</b>		
<b>AMALGAM RESTORATIONS (SILVER)</b>			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	Maxillary/mandibular partial denture - resin follow up care..	649
<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>			D5223/24	Maxillary/mandibular partial denture - metal follow up care.	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
D2951	Pin retention - per tooth, in addition to restoration .....	22	D5650	Add tooth to existing partial denture.....	87
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	32	D5670/71	Replace all teeth and acrylic on cast metal framework .....	287
<b>CROWN &amp; BRIDGE*</b>			D5710/11	Rebase complete maxillary/mandibular denture .....	260
D2510	Inlay - metallic - one surface .....	407	D5720/21	Rebase maxillary/mandibular partial denture .....	260
D2520	Inlay - metallic - two surfaces .....	407	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	159
D2530	Inlay - metallic - three or more surfaces .....	425	D5740/41	Reline maxillary/mandibular partial denture (chairside) .....	155
D2542	Onlay - metallic-two surfaces .....	458	D5750/51	Reline complete maxillary/mandibular denture (lab) .....	224
D2543	Onlay - metallic-three surfaces.....	524	D5760/61	Reline maxillary/mandibular partial denture (lab) .....	224
D2544	Onlay - metallic-four or more surfaces .....	524	D5810/11	Interim complete denture - maxillary/mandibular.....	362
D2610	Inlay - porcelain/ceramic - one surface .....	427	D5820/21	Interim partial denture - maxillary/mandibular .....	362
D2620	Inlay - porcelain/ceramic - two surfaces .....	427	D5850/51	Tissue conditioning - maxillary/mandibular.....	79
D2630	Inlay - porcelain/ceramic - >=3 surfaces .....	445	<b>BRIDGE &amp; PONTICS*</b>		
			D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		



ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure .....	63
D6210/11/12	Pontic - metal .....	495
D6240/41/42	Pontic - porcelain fused metal .....	523
D6245	Pontic - porcelain/ceramic .....	560
D6250/51/52	Pontic - resin with metal .....	495
D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	393
D6549	Resin retainer - 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
D6612	Onlay - cast predominantly base metal, two surfaces .....	458
D6613	Onlay - cast predominantly base metal, >=3 surfaces .....	524
D6614	Onlay - cast noble metal, two surfaces .....	458
D6615	Onlay - cast noble metal, >=3 surfaces .....	524
D6720/21/22	Crown - resin with metal .....	495
D6740	Crown - porcelain/ceramic .....	560
D6750/51/52	Crown - porcelain fused metal .....	523
D6780	Crown - 3/4 cast high noble metal .....	470
D6781	Crown - 3/4 cast predominantly base metal .....	470
D6782	Crown - 3/4 cast noble metal .....	470
D6783	Crown - 3/4 porc./ceramic .....	511
D6790/91/92	Crown - full cast metal .....	495
D6930	Recement fixed partial denture .....	69
D6980	Fixed partial denture repair, by report .....	172

#### ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain .....	43
D9210/15	Local anesthesia .....	0
D9211	Regional block anesthesia .....	0
D9212	Trigeminal division block anesthesia .....	0
D9222	Deep sedation/general anesthesia - first 15 min. ....	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min. increment .....	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. increment. ....	103
D9310	Consultation (diagnostic service by nontreating dentist) .....	43
D9910	Application of desensitizing medicament .....	31
D9930	Treatment of complications (post-surgical) .....	43
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

#### ENDODONTICS<sup>1</sup>

D3220	Therapeutic pulpotomy (excl. final restor.) .....	81
D3221	Pulpal debridement, prim. and perm. teeth .....	94
D3310	Endodontic therapy, anterior tooth (excl. final restor.) .....	341
D3320	Endodontic therapy, premolar tooth (excl. final restor.) .....	418
D3330	Endodontic therapy, molar tooth (excl. final restor.) .....	512
D3333	Internal root repair of perforation defects .....	105

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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
D3410	Apicoectomy - anterior .....	323
D3421	Apicoectomy - premolar (first root) .....	364
D3425	Apicoectomy - molar (first root) .....	418
D3426	Apicoectomy - (each add. root) .....	152
D3430	Retrograde filling - per root .....	119
D3450	Root amputation - per root .....	234
D3920	Hemisection, not inc. root canal therapy .....	234
D3950	Canal prep/fitting of preformed dowel or post .....	136

#### PERIODONTICS<sup>1</sup>

D0180	Comp. periodontal eval - new or established patient .....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	100
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
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
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 .....	51
D4355	Full mouth debridement .....	89
D4381	Localized delivery of chemotherapeutic agents .....	98
D4910	Periodontal maintenance .....	74
D9940	Occlusal guard, by report .....	272
D9950	Occlusion analysis - mounted case .....	104
D9951	Occlusal adjustment - limited .....	66
D9952	Occlusal adjustment - complete .....	266

#### ORAL SURGERY<sup>1</sup>

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, per quad .....	141
D7510	Incision and drainage of abscess - intraoral soft tissue .....	96
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc .....	263
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#### ORTHODONTICS<sup>2</sup>

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
<b>Plan Exclusions</b>					
<ol style="list-style-type: none"> <li>1. Services which are covered under worker's compensation or employer's liability laws.</li> <li>2. Services which are not necessary for the patient's dental health as determined by the Plan.</li> <li>3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.</li> <li>4. Oral surgery requiring the setting of fractures or dislocations.</li> <li>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.</li> <li>6. Dispensing of drugs.</li> <li>7. Hospitalization for any dental procedure.</li> <li>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.</li> <li>9. Replacement due to loss or theft of prosthetic appliance.</li> <li>10. Procedures not listed as covered benefits under this Plan.</li> <li>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).</li> <li>12. Services related to the treatment of TMD (Temporomandibular Disorder).</li> <li>13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Listed copayments do not apply when performed by a Participating Specialist (with the exception of Orthodontics and Palliative Emergency Pain Treatment). Participating Specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees.</li> <li>14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.</li> <li>15. The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.</li> </ol>	<ol style="list-style-type: none"> <li>14. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.</li> <li>15. Full mouth debridement is covered once per lifetime per patient.</li> <li>16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.</li> <li>17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.</li> <li>18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.</li> <li>19. Coronectomy - intentional partial tooth removal, once per lifetime.</li> <li>20. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).</li> <li>21. Orthodontia treatment is limited to once per lifetime.</li> </ol>				
<b>Plan Limitations</b>					
<ol style="list-style-type: none"> <li>1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.</li> <li>2. One (1) problem focused exam is covered per calendar year per patient.</li> <li>3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).</li> <li>4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.</li> <li>5. Two (2) bitewing x-rays are covered per calendar year per patient.</li> <li>6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.</li> <li>7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.</li> <li>8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.</li> <li>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%.</li> <li>10. Relining and rebasing of dentures is covered once every 24 months per patient.</li> <li>11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.</li> <li>12. Root planing or scaling is covered once every 24 months per quadrant per patient.</li> <li>13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.</li> </ol>					