



DENTAL

Select Plan Premium Kids 706s (DC)

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D9439	Office visit	0	D2950	Core buildup, including any pins.....	63
DIAGNOSTIC/PREVENTIVE			D2951	Pin retention - per tooth, in addition to restoration.....	11
D0120	Periodic oral eval - established patient.....	0	D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	16
D0140	Limited oral eval - problem focused.....	0	CROWNS & BRIDGES*		
D0145	Oral eval for a patient under 3 years of age	0	D2510/20	Inlay- metallic - 1-2 surfaces.....	204
D0150	Comprehensive oral eval - new or established patient....	0	D2530	Inlay - metallic - three or more surfaces	213
D0160	Detailed and extensive oral eval - problem focused	0	D2542	Onlay - metallic-two surfaces.....	229
D0170	Re-evaluation - limited, problem focused	0	D2543/44	Onlay - metallic - three or more surfaces.....	262
D0210	Intraoral - complete series (including bitewings).....	0	D2610/20	Inlay - porcelain/ceramic - 1-2 surfaces.....	214
D0220/30	Intraoral - periapical first film and each additional	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223
D0240	Intraoral - occlusal film.....	0	D2642	Onlay - porcelain/ceramic - two surfaces.....	240
D0250	Extraoral film.....	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces.....	250
D0270-74	Bitewing x-rays - 1-4 films.....	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	220
D0277	Vertical bitewings - 7 to 8 films	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces.....	222
D0330	Panoramic film.....	0	D2710	Crown - resin based composite (indirect)	136
D0340	2D cephalometric radiographic image	0	D2712	Crown - 3/4 resin-based composite (indirect)	243
D0350	2D oral/facial photographic images (intraoral/extraoral) ..	0	D2720/21/22	Crown - resin with metal	248
D0351	3D photographic image.....	0	D2740	Crown - porcelain/ceramic.....	280
D0391	Interpretation of diagnostic image only	0	D2750/51/52	Crown - porcelain fused metal.....	262
D0460	Pulp vitality tests	0	D2780/81/82	Crown - 3/4 cast with metal	239
D0470	Diagnostic casts.....	0	D2783	Crown - 3/4 porcelain/ceramic	256
D1110	Prophylaxis (cleaning) - adult	0	D2790/91/92	Crown - full cast metal	248
D1120	Prophylaxis (cleaning) - child.....	0	D2794	Crown - titanium.....	248
D1206	Topical fluoride varnish for mod/high risk caries patients	0	D2910/20	Recement inlay/crown	22
D1208	Topical application of fluoride.....	0	D2929	Porcelain/ceramic crown - prim. tooth	280
D1310	Nutritional counseling for control of dental disease	0	D2930	Prefab. stainless steel crown - prim. tooth.....	55
D1320	Tobacco counseling for control of prev. oral disease.....	0	D2931	Prefab. stainless steel crown - perm. tooth.....	61
D1330	Oral hygiene instructions	0	D2932	Prefabricated resin crown	70
D1351	Sealant - per tooth	0	D2941	Interim therapeutic restoration, primary dentition	16
D1352	Prev resin rest. mod/high caries risk - perm. tooth	0	D2952	Cast post and core in addition to crown.....	93
SPACE MAINTAINERS			D2954	Prefab. post and core in addition to crown	77
D1510/20	Space maintainer - fixed/removable - unilateral	0	D2955	Post removal (not in conj. with endo. therapy).....	53
D1515/25	Space maintainer - fixed/removable - bilateral	0	D2970	Temporary crown (fractured tooth).....	0
D1550	Re-cementation of space maintainer	0	D2980	Crown repair, by report	51
D1575	Distal shoe space maintainer - fixed - unilateral	0	D2981/82/83	Inlay, only or veneer repair	51
RESTORATIVE DENTISTRY (FILLINGS)			D2990	Resin infiltration lesion.....	21
D2140	Amalgam - one surface, prim. or perm.	21	PROSTHETICS (DENTURES)		
D2150	Amalgam - two surfaces, prim. or perm.....	26	D5110/20	Complete denture - maxillary/mandibular	349
D2160	Amalgam - three surfaces, prim. or perm.	32	D5130/40	Immediate denture - maxillary/mandibular.....	361
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	D5211/12	Maxillary/mandibular partial denture - resin base	325
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5213/14	Maxillary/mandibular partial denture - cast metal	375
D2330	Resin-based composite - one surface, anterior	35	D5221/22	Immediate maxillary/mandibular partial denture - resin base.....	325
D2331	Resin-based composite - two surfaces, anterior.....	42	D5223/24	Immediate maxillary/mandibular partial denture - cast metal	375
D2332	Resin-based composite - three surfaces, anterior	50	D5225/26	Maxillary/mandibular partial denture - flexible base.....	375
D2335	Resin-based composite - >=4 surfaces, anterior	60	D5281	Rem. unilateral partial denture - one piece cast metal	210
D2390	Resin-based composite crown, anterior	96	D5410/11	Adjust complete denture - maxillary/mandibular.....	19
D2391	Resin-based composite - one surface, posterior	37	D5421/22	Adjust partial denture - maxillary/mandibular.....	19
D2392	Resin-based composite - two surfaces, posterior.....	44	D5511/12	Repair broken complete denture base - maxillary/mandibular	44
D2393	Resin-based composite - three surfaces, posterior	51	D5520	Replace missing or broken teeth - complete denture.....	44
D2394	Resin-based composite - >=4 surfaces, posterior	62	D5611/12	Repair resin partial denture base - maxillary/mandibular ..	44
D2940	Protective restoration.....	20	D5621/22	Repair cast partial framework - maxillary/mandibular.....	44
D2949	Restorative foundation for an indirect restoration	0	D5630/60	Clasp repaired, replaced or added	58

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5640	Replace broken teeth - per tooth	44
D5650	Add tooth to existing partial denture	44
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular)	144
D5710/11	Rebase complete maxillary/mandibular denture	130
D5720/21	Rebase maxillary/mandibular partial denture	130
D5730/31	Reline complete maxillary/mandibular denture (chairside)	80
D5740/41	Reline maxillary/mandibular partial denture (chairside)	78
D5750/51	Reline complete maxillary/mandibular denture (lab)	112
D5760/61	Reline maxillary/mandibular partial denture (lab)	112
D5810/11	Interim complete denture - maxillary/mandibular	181
D5820/21	Interim partial denture - maxillary/mandibular	181
D5850/51	Tissue conditioning - maxillary/mandibular	40

BRIDGES & PONTICS*

D6010	Surgical placement of implant body, endosteal	858
D6011	Second stage implant surgery	100
D6012	Surgical placement of interim implant body	891
D6013	Surgical placement of mini implant	286
D6040	Surgical placement, eposteal implant	1782
D6050	Surgical placement, transosteal implant	2228
D6055	Dental implant supported connecting bar	806
D6056	Prefabricated abutment	228
D6058	Abutment supported porcelain/ceramic crown	280
D6059/60/61	Abutment supported porcelain fused to metal crown - metal	262
D6062/63/64	Abutment supported cast metal crown - metal	248
D6065	Implant supported porcelain/ceramic crown	280
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal	262
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal	262
D6068	Abutment supported retainer for porc/ceramic	394
D6069	Abutment supp. retainer for porc/high noble	422
D6070	Abutment supp. retainer for porc/pred. base	348
D6071	Abutment supp. retainer for porc/noble	352
D6072	Abutment supp. retainer for cast high noble	394
D6073	Abutment supp. retainer for cast high noble	375
D6074	Abutment supp. retainer for cast noble metal	379
D6075	Implant supported retainer for ceramic FPD	437
D6076	Implant supported retainer for porc/metal FPD	412
D6077	Implant supported retainer for cast metal FPD	436
D6080	Implant maintenance procedures	31
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	32
D6090	Repair implant supported prosthesis	181
D6091	Replacement of Precision Attachment	17
D6095	Repair implant abutment, by report	196
D6100	Implant removal, by report	121
D6101	Debridement periimplant defect	45
D6102	Debridement and osseous contouring periimplant defect	90
D6103	Bone graft repair periimplant defect	300
D6104	Bone graft at time of implant placement	300
D6190	Radiographic surgical implant index, by report	0
D6210	Pontic - cast high noble metal	248
D6211	Pontic - cast predominately base metal	248
D6212	Pontic - cast noble metal	248
D6214	Pontic - titanium	248
D6240/41/42	Pontic - porcelain fused to metal	262
D6245	Pontic - porcelain/ceramic	280
D6250/51/52	Pontic - resin with metal	248
D6545	Ret. - cast metal for resin bonded fixed prosthesis	126
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	197
D6549	Resin retainer - for resin bonded fixed prosthesis	126
D6600	Inlay - porc./ceramic, two surfaces	214
D6601	Inlay - porc./ceramic, >=3 surfaces	223

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6602	Inlay - cast high noble metal, two surfaces	204
D6603	Inlay - cast high noble metal, >=3 surfaces	213
D6604	Inlay - cast predominantly base metal, two surfaces	204
D6605	Inlay - cast predominantly base metal, >=3 surfaces	213
D6606	Inlay - cast noble metal, two surfaces	204
D6607	Inlay - cast noble metal, >=3 surfaces	213
D6608	Onlay - porc./ceramic, two surfaces	240
D6609	Onlay - porc./ceramic, three or more surfaces	250
D6610	Onlay - cast high noble metal, two surfaces	229
D6611	Onlay - cast high noble metal, >=3 surfaces	262
D6612	Onlay - cast predominantly base metal, two surfaces	229
D6613	Onlay - cast predominantly base metal, >=3 surfaces	262
D6614	Onlay - cast noble metal, two surfaces	229
D6615	Onlay - cast noble metal, >=3 surfaces	262
D6720/21/22	Crown - resin with metal	248
D6740	Crown - porcelain/ceramic	280
D6750/51/52	Crown - porcelain fused to metal	262
D6780/81/82	Crown - 3/4 cast metal	235
D6783	Crown - 3/4 porc./ceramic	256
D6790/91/92	Crown - full cast metal	248
D6930	Recent fixed partial denture	35
D6980	Fixed partial denture repair, by report	86

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain	22
D9210/15	Local anesthesia	0
D9211/12	Regional block anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 min.	52
D9223	Deep sedation/general anesthesia - each subsequent 15 min. increment	52
D9230	Analgesia, anxietyolysis, inhalation of nitrous oxide	19
D9239	Intravenous moderate sedation/analgesia - first 15 min.	52
D9243	Intravenous conscious sedation/analgesia - each subsequent 15 min. increment	52
D9310	Consultation (diagnostic service by nontreating dentist)	22
D9910	Application of desensitizing medicament	16
D9930	Treatment of complications (post-surgical)	22
D9940	Occlusal guard, by report	136
D9950	Occlusion analysis - mounted case	52
D9951	Occlusal adjustment - limited	33
D9952	Occlusal adjustment - complete	133
D9986	Missed appointment	50
D9995	Teledentistry - synchronous; real-time encounter (when available)	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.)	41
D3221	Pulpal debridement, prim. and perm. teeth	47
D3222	Partial pulpotomy for apexogenesis	80
D3230	Pulpal therapy - resorbable filling, anterior	80
D3240	Pulpal therapy - resorbable filling, posterior	82
D3310	Endodontic therapy, anterior tooth	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209
D3330	Endodontic therapy, molar tooth (excluding final restoration)	256
D3333	Internal root repair of perforation defects	53
D3346	Retreat of prev. root canal therapy, anterior	194
D3347	Retreat of prev. root canal therapy, premolar	233
D3348	Retreat of prev. root canal therapy, molar	279
D3351	Apexification/recalcification - initial visit	101
D3352	Apexification/recalcification - interim med. repl.	295
D3353	Apexification/recalcification - final visit	225
D3355	Pulpal regeneration - initial visit	101

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D3356	Pulpal regeneration - interim medication replacement	295
D3357	Pulpal regeneration - completion of treatment.....	225
D3410	Apicoectomy - anterior.....	162
D3421	Apicoectomy - premolar (first root)	182
D3425	Apicoectomy - molar (first root).....	209
D3426	Apicoectomy (each add. root).....	76
D3427	Periradicular surgery w/o apicoectomy	133
D3430	Retrograde filling - per root.....	60
D3450	Root amputation - per root.....	117
D3920	Hemisection, not inc. root canal therapy.....	117
D3950	Canal prep/fitting of preformed dowel or post.....	68

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient.....	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ...	50
D4212	Gingivectomy or gingivoplasty, rest., per tooth	20
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	173
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	53
D4249	Clinical crown lengthening - hard tissue	288
D4260	Osseous surgery - >3 cont. teeth, per quad	250
D4261	Osseous surgery - <=3 cont. teeth, per quad	196
D4268	Surgical revision proc., per tooth	179
D4270	Pedicle soft tissue graft procedure	322
D4273	Subepithelial connective tissue graft proc.	400
D4274	Mesial/distal wedge procedure, single tooth.....	154
D4277	Free soft tissue graft, per tooth.....	327
D4278	Free soft tissue graft, each add. tooth	50
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ...	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad....	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23
D4355	Full mouth debridement.....	45
D4381	Localized delivery of chemotherapeutic agents.....	49
D4910	Periodontal maintenance	37
D4921	Gingival irrigation, per quadrant.....	0

ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth.....	28
D7140	Extraction, erupted tooth or exposed root.....	35
D7210	Extraction, erupted tooth req elev, etc	67
D7220	Removal of impacted tooth - soft tissue.....	76
D7230	Removal of impacted tooth - partially bony.....	98
D7240	Removal of impacted tooth - completely bony.....	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	109
D7250	Removal of residual tooth roots	71
D7251	Coronectomy-intentional partial tooth removal	109
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113
D7280	Exposure of an unerupted tooth	77
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30
D7310/20	Alveoloplasty, >=4 per quad.	71
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad..	71
D7471	Removal of lateral exostosis	176
D7510	Incision and drainage of abscess - intraoral soft tissue.	48
D7910	Suture of recent small wounds up to 5 cm.....	30
D7921	Collection application of blood concentrate	20
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	132
D7971	Excision of pericoronal gingiva	66
D7979	Non-surgical sialolithotomy.....	22

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
ORTHODONTICS² - PRE-AUTHORIZATION REQUIRED		
D8010	Limited ortho. treatment of the primary dentition	3304
D8020	Limited ortho. treatment of the transitional dentition....	3304
D8030	Limited ortho treatment - adolescent dentition.....	3422
D8050	Interceptive ortho. treatment of the primary dentition	3304
D8060	Interceptive ortho. treatment of the transitional dentition ...	3304
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8210	Removable appliance therapy	770
D8220	Fixed appliance therapy.....	783
D8660	Pre-orthodontic treatment visit.....	413
D8670	Periodic ortho. treatment visit (as part of contract)	118
D8680	Ortho. ret. (rem. of appl./placement of retainer(s))	413

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

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

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

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
14. Non-medically necessary orthodontia is not a covered benefit under this policy. A discount is provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #28 concerning medically necessary orthodontia.

Plan Limitations

1. One evaluation (D0120, D0140, D0145, D0150, D0160, D0180) is covered once per six months, per patient. D0150 limited to once in 12 months.
2. One (1) teeth cleaning (D1110 or D1120) per 6 months, per patient.
3. One (1) fluoride application every 6 months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months, per patient starting at age two.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages 6-18. No more than one set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient up to age 18 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) space maintainer (D1510, D1520, D1515 or D1525) is covered per 24 months per patient, per arch. D1575 limited to once per lifetime.
8. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
9. Replacement of a primary stainless steel crown (under age 15), crown, denture, or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.
10. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
11. Relining and rebasing of dentures is covered once per 24 months, per patient.
12. Root canal treatment is covered once per lifetime.
13. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
14. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
15. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240), and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
16. Full mouth debridement is covered once per lifetime, per patient.
17. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
18. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
19. Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
20. Denture rebase and denture relines is limited to 1 in a 36 month period 6 months after initial placement.
21. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
22. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
23. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
24. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one per 12 consecutive month period.
25. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
26. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
27. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
28. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
29. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).



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D0170	Re-evaluation - limited, problem focused.....	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	223
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D0220/30	Intraoral - periapical first radiographic image/each add	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	250
D0240	Intraoral - occlusal radiographic image	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s).....	220
D0250	Extraoral - 2D projection radiographic image.....	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces	222
D0270-74	Bitewing - 1-4 radiographic images.....	0	D2710	Crown - resin based composite (indirect)	136
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2712	Crown - 3/4 resin-based composite (indirect)	243
D0322	Tomographic survey	0	D2720/21/22	Crown - resin with metal	248
D0330	Panoramic radiographic image	0	D2740	Crown - porcelain/ceramic	280
D0340	2D cephalometric radiographic image	0	D2750/51/52	Crown - porcelain fused metal	262
D0350	2D oral/facial photographic images (intraoral/extraoral)	0	D2780/81/82	Crown - 3/4 cast with metal.....	239
D0460	Pulp vitality tests	0	D2783	Crown - 3/4 porcelain/ceramic	256
D0470	Diagnostic casts	0	D2790/91/92	Crown - full cast metal	248
D0999	Unspecified diagnostic procedure, by report.....	0	D2799	Provisional crown	0
D1110	Prophylaxis (cleaning) - adult.....	0	D2910/20	Recement inlay/crown.....	22
D1120	Prophylaxis (cleaning) - child	0	D2915	Recement cast or prefab. post and core	41
D1206	Topical fluoride varnish for mod/high risk caries patients.....	0	D2930	Prefab. stainless steel crown - prim. tooth	55
D1208	Topical application of fluoride.....	0	D2931	Prefab. stainless steel crown - perm. tooth.....	61
D1310	Nutritional counseling for control of dental disease	0	D2932	Prefabricated resin crown	70
D1320	Tobacco counseling for control of prev. oral disease	0	D2933	Prefab. stainless steel crown w/ resin window.....	136
D1330	Oral hygiene instructions	0	D2941	Interim therapeutic restoration, primary dentition.....	16
D1351	Sealant - per tooth	0	D2952	Cast post and core in addition to crown.....	93
D1352	Prev resin rest. mod/high caries risk - perm. tooth.....	0	D2953	Each add. indirectly fabricated post - same tooth	25
SPACE MAINTAINERS			D2954	Prefab. post and core in addition to crown.....	77
D1510/20	Space maintainer - fixed/removable - unilateral.....	0	D2955	Post removal (not in conj. with endo. therapy).....	53
D1515/25	Space maintainer - fixed/removable - bilateral.....	0	D2957	Each add. prefab post - same tooth.....	20
D1550	Re-cementation of space maintainer	0	D2970	Temporary crown (fractured tooth).....	0
D1555	Removal of fixed space maintainer, by non-originating dentist	0	D2980	Crown repair, by report	51
D1575	Distal shoe space maintainer - fixed - unilateral	0	PROSTHETICS (DENTURES)		
RESTORATIVE DENTISTRY (FILLINGS)			D5110/20	Complete denture - maxillary/mandibular	349
AMALGAM RESTORATIONS (SILVER)			D5130/40	Immediate denture - maxillary/mandibular.....	361
D2140	Amalgam - one surface, prim. or perm.	21	D5211/12	Maxillary/mandibular partial denture - resin base	325
D2150	Amalgam - two surfaces, prim. or perm.	26	D5213/14	Maxillary/mandibular partial denture - cast metal	375
D2160	Amalgam - three surfaces, prim. or perm.	32	D5221/22	Immediate maxillary/mandibular partial denture	
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	- resin base	325	
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5223/24	Immediate maxillary/mandibular partial denture	
D2330	Resin-based composite - one surface, anterior	35	- cast metal	375	
D2331	Resin-based composite - two surfaces, anterior.....	42	D5225/26	Maxillary/mandibular partial denture - flexible base.....	375
D2332	Resin-based composite - three surfaces, anterior	50	D5281	Rem. unilateral partial denture - one piece cast metal.....	210
D2335	Resin-based composite - >=4 surfaces, anterior	60	D5410/11	Adjust complete denture - maxillary/mandibular	19
D2390	Resin-based composite crown, anterior.....	96	D5421/22	Adjust partial denture - maxillary/mandibular	19
D2391	Resin-based composite - one surface, posterior	37	D5511/12	Repair broken complete denture base - maxillary/mandibular... 44	
D2392	Resin-based composite - two surfaces, posterior	44	D5520	Replace missing or broken teeth - complete denture	44
D2393	Resin-based composite - three surfaces, posterior	51	D5611/12	Repair resin partial denture base - maxillary/mandibular..... 44	
D2394	Resin-based composite - >=4 surfaces, posterior	62	D5621/22	Repair cast partial framework - maxillary/mandibular..... 44	
D2940	Protective restoration	20	D5630/60	Clasp repaired, replaced or added.....	58
D2950	Core buildup, including any pins	63	D5640	Replace broken teeth - per tooth	44
D2951	Pin retention - per tooth, in addition to restoration	11	D5650	Add tooth to existing partial denture	44
			D5670/71	Replace all teeth and acrylic on cast metal framework	
			(maxillary/mandibular).....	144	
			D5710/11	Rebase complete maxillary/mandibular denture.....	130

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5720/21	Rebase maxillary/mandibular partial denture.....	130	D9940	Occlusal guard, by report.....	136
D5730/31	Reline complete maxillary/mandibular denture (chairside)....	80	D9950	Occlusion analysis - mounted case	52
D5740/41	Reline maxillary/mandibular partial denture (chairside).....	78	D9951	Occlusal adjustment - limited	33
D5750/51	Reline complete maxillary/mandibular denture (lab).....	112	D9952	Occlusal adjustment - complete.....	133
D5760/61	Reline maxillary/mandibular partial denture (lab).....	112	D9986	Missed appointment.....	50
D5810/11	Interim complete denture - maxillary/mandibular	181	D9995	Teledentistry – synchronous; real-time encounter (when available).....	20
D5820/21	Interim partial denture - maxillary/mandibular.....	181	D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20
D5850/51	Tissue conditioning - maxillary/mandibular	40			
D5932	Obturator prosthesis, definitive	2400			
D5933	Obturator prosthesis, modification	355			
D5934	Mandibular resection prosthesis w/ guide flange	2021			
D5935	Mandibular resection prosthesis w/o guide flange	1885			
D5936	Obturator prosthesis, interim.....	1025			
D5937	Trismus appliance, not in conj. with TMD	327			
D5986	Fluoride gel carrier	63			
D5991	Topical medicament carrier	63			
BRIDGES & PONTICS*			ENDODONTICS¹		
D6210	Pontic - cast high noble metal.....	248	D3220	Therapeutic pulpotomy (excl. final restor.).....	41
D6211	Pontic - cast predominately base metal	248	D3221	Pulpal debridement, prim. and perm. teeth.....	47
D6240/41/42	Pontic - porcelain fused to metal.....	262	D3222	Partial pulpotomy for apexogenesis.....	80
D6245	Pontic - porcelain/ceramic.....	280	D3230	Pulpal therapy - resorbable filling, anterior	80
D6250/51/52	Pontic - resin with metal.....	248	D3240	Pulpal therapy - resorbable filling, posterior.....	82
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	126	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	197	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209
D6600	Inlay - porc./ceramic, two surfaces	214	D3330	Endodontic therapy, molar tooth (excluding final restoration)	256
D6601	Inlay - porc./ceramic, >=3 surfaces.....	223	D3332	Incomp. endo. therapy-inop. or fractured tooth.....	92
D6602	Inlay - cast high noble metal, two surfaces	204	D3333	Internal root repair of perforation defects.....	53
D6603	Inlay - cast high noble metal, >=3 surfaces	213	D3346	Retreat of prev. root canal therapy, anterior.....	194
D6604	Inlay - cast predominantly base metal, two surfaces	204	D3347	Retreat of prev. root canal therapy, premolar.....	233
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	213	D3348	Retreat of prev. root canal therapy, molar.....	279
D6606	Inlay - cast noble metal, two surfaces.....	204	D3351	Apexification/recalcification - initial visit	101
D6607	Inlay - cast noble metal, >=3 surfaces	213	D3352	Apexification/recalcification - interim med. repl.....	295
D6608	Onlay -porc./ceramic, two surfaces.....	240	D3353	Apexification/recalcification - final visit.....	225
D6609	Onlay - porc./ceramic, three or more surfaces.....	250	D3355	Pulpal regeneration - initial visit	101
D6610	Onlay - cast high noble metal, two surfaces	229	D3356	Pulpal regeneration - interim medication replacement.....	295
D6611	Onlay - cast high noble metal, >=3 surfaces.....	262	D3357	Pulpal regeneration - completion of treatment	225
D6612	Onlay - cast predominantly base metal, two surfaces	229	D3410	Apicoectomy, anterior.....	162
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	262	D3421	Apicoectomy, premolar (first root)	182
D6614	Onlay - cast noble metal, two surfaces	229	D3425	Apicoectomy, molar (first root)	209
D6615	Onlay - cast noble metal, >=3 surfaces	262	D3426	Apicoectomy, (each add. root)	76
D6720/21/22	Crown - resin with metal	248	D3427	Periradicular surgery w/o apicoectomy	133
D6740	Crown - porcelain/ceramic	280	D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site... 372	
D6750/51/52	Crown - porcelain fused to metal	262	D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291
D6780/81/82	Crown - 3/4 cast metal	235	D3430	Retrograde filling - per root	60
D6783	Crown - 3/4 porc./ceramic.....	256	D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	204
D6790/91/92	Crown - full cast metal	248	D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	408
D6930	Recement fixed partial denture	35	D3450	Root amputation - per root.....	117
D6980	Fixed partial denture repair, by report.....	86	D3920	Hemisection, not inc. root canal therapy.....	117
D6985	Pediatric partial denture, fixed	280	D3950	Canal prep/fitting of preformed dowel or post	68
ADJUNCTIVE GENERAL SERVICES			PERIODONTICS¹		
D9110	Palliative (emergency) treatment of dental pain.....	22	D0180	Comp. periodontal eval - new or established patient.....	0
D9210/15	Local anesthesia	0	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad... 140	
D9211/12	Regional block anesthesia	0	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	50
D9222	Deep sedation/general anesthesia - first 15 min.....	52	D4212	Gingivectomy or gingivoplasty, rest., per tooth	20
D9223	Deep sedation/general anesthesia - each subsequent 15 min. 52		D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad... 173	
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	19	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad ... 53	
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52	D4260	Osseous surgery - >3 cont. teeth, per quad.....	250
D9243	Intravenous (conscious) sedation/analgesia - each subsequent 5 min.....	52	D4261	Osseous surgery - <=3 cont. teeth, per quad	196
D9248	Non-intravenous conscious sedation	73	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	372
D9310	Consultation (diagnostic service by nontreating dentist).....	22	D4264	Bone replacement graft - retained natural tooth - each add. site in quad.....	291
D9440	Office visit after regularly scheduled hours	45	D4265	Biologic materials.....	204
D9610	Therapeutic parenteral drug, single admin.	13	D4266	Guided tissue regen. - resorb. barrier, per site	408
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.....	35	D4267	Guided tissue regen. - non-resorb. barrier, per site	399
D9910	Application of desensitizing medicament.....	16	D4268	Surgical revision proc., per tooth	179
D9920	Behavior management, by report.....	34	D4270	Pedicle soft tissue graft procedure.....	322
D9930	Treatment of complications (post-surgical)	22			

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D4273	Subepithelial connective tissue graft proc.....	400
D4274	Mesial/distal wedge procedure, single tooth	154
D4275	Soft tissue allograft	427
D4276	Comb. connec. tissue/double pedicle graft, per tooth.....	510
D4320	Provisional splinting - intracoronal	214
D4321	Provisional splinting - extracoronal	189
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23
D4355	Full mouth debridement	45
D4381	Localized delivery of chemotherapeutic agents	49
D4910	Periodontal maintenance	37
D4920	Unscheduled dressing change by non-treating dentist	42

ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth	28
D7140	Extraction, erupted tooth or exposed root.....	35
D7210	Extraction, erupted tooth req elev, etc	67
D7220	Removal of impacted tooth - soft tissue.....	76
D7230	Removal of impacted tooth - partially bony.....	98
D7240	Removal of impacted tooth - completely bony	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109
D7250	Removal of residual tooth roots	71
D7251	Coronectomy-intentional partial tooth removal	109
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113
D7272	Tooth transplantation.....	308
D7280	Exposure of an unerupted tooth.....	77
D7282	Mobil. of erupted/malpositioned tooth to aid eruption	116
D7283	Place. of device to facilitate erupt. of impacted tooth.....	72
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report ...	30
D7310/20	Alveoloplasty, >=4 per quad.....	71
D7340	Vestibuloplasty - ridge ext. sec. epithel.	462
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	888
D7510	Incision and drainage of abscess - intraoral soft tissue	48
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	56
D7520	Incision/drainage of abscess - extra. soft tissue	58
D7521	Incision/drainage of abscess - extra. soft tissue, comp.	60
D7910	Suture of recent small wounds up to 5 cm.....	30
D7911	Complicated suture, <= 5 cm	35
D7912	Complicated suture, > 5 cm	40
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	132
D7963	Frenuloplasty	147
D7970	Excision of hyperplastic tissue - per arch.....	117
D7971	Excision of pericoronal gingiva	66
D7979	Non-surgical sialolithotomy	22

ORTHODONTICS² - PRE-AUTHORIZATION REQUIRED

D8060	Interceptive ortho. treatment - transitional dentition.....	3304
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8660	Pre-orthodontic treatment visit.....	413
D8670	Periodic ortho. treatment visit (as part of contract)	118
D8680	Ortho. ret. (rem. of appl./placement of retainer(s))	413
D8692	Replacement of lost or broken retainer.....	179

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

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

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
14. Non-medically necessary orthodontia and Phase I Treatment for medically necessary orthodontia are not covered benefits under this policy. Discounts are provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #24 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per six (6) months, per patient.
4. Four bitewing x-ray films per six (6) months, per patient.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. One sealant per tooth, per patient up to age 19 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One fixed space maintainer (D1510, D1515) per 5 years, per arch, per patient up to age 14, to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment). D1575 limited to once per lifetime.
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a crown (for teeth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling), bridge (that cannot be repaired) or denture is covered if it is more than five (5) years from the date of original placement and cannot be restored.
10. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
11. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
12. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per patient, per quadrant.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to once per two years.
14. Full mouth debridement is covered once per 36 months, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
16. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
17. Periodontal maintenance following surgery (D4341 is not considered surgery) is covered once per three (3) months.
18. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
19. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
20. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230 or D9243. Intravenous conscious sedation is not covered with procedure codes D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9223 or D9243.
21. Occlusal guard with covered surgery, by report.
22. Gingivectomy, once per quadrant.
23. One pedicle, free soft tissue, subepithelial connective tissue or double pedicle graft per site.
24. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.



DOMINION NATIONAL

Select Plan Premium Kids 706s (MD)

DENTAL

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

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

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D9439	Office visit.....	0	D2331	Resin-based composite - two surfaces, anterior	42
DIAGNOSTIC/PREVENTIVE			D2332	Resin-based composite - three surfaces, anterior	50
D0120	Periodic oral eval - established patient	0	D2335	Resin-based composite - >=4 surfaces, anterior	60
D0140	Limited oral eval - problem focused	0	D2390	Resin-based composite crown, anterior	96
D0145	Oral eval for a patient under 3 years of age	0	D2391	Resin-based composite - one surface, posterior.....	37
D0150	Comprehensive oral eval - new or established patient	0	D2392	Resin-based composite - two surfaces, posterior	44
D0160	Detailed and extensive oral eval - problem focused	0	D2393	Resin-based composite - three surfaces, posterior.....	51
D0170	Re-evaluation - limited, problem focused.....	0	D2394	Resin-based composite - >=4 surfaces, posterior.....	62
D0210	Intraoral - complete series (including bitewings)	0	D2940	Protective restoration	20
D0220/30	Intraoral - periapical first radiographic image/each add. ...	0	D2950	Core buildup, including any pins	63
D0240	Intraoral - occlusal radiographic image	0	D2951	Pin retention - per tooth, in addition to restoration	11
D0250	Extraoral - 2D projection radiographic image	0	D3110/20	Pulp cap - direct/indirect (excl. final restoration)	16
D0270	Bitewing - 1 radiographic image	0	CROWNS & BRIDGES*		
D0272	Bitewing - 2 radiographic images	0	D2510	Inlay- metallic - one surface	204
D0273	Bitewing - 3 radiographic images	0	D2520	Inlay- metallic - two surfaces.....	204
D0274	Bitewing - 4 radiographic images	0	D2530	Inlay - metallic - three or more surfaces.....	213
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2542	Onlay - metallic-two surfaces	229
D0290	Posterior/anterior or lateral skull bone radiographic image	0	D2543	Onlay - metallic - three surfaces	262
D0310	Sialography	0	D2544	Onlay - metallic - four or more surfaces	262
D0320	Temporomandibular joint arthrogram, incl. injection.....	0	D2610	Inlay - porcelain/ceramic - one surface	214
D0321	Other temporomandibular joint radiographic images, by report.....	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	214
D0330	Panoramic radiographic image	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	223
D0340	2D cephalometric radiographic image.....	0	D2642	Onlay - porcelain/ceramic - two surfaces	240
D0350	2D oral/facial photographic images (intraoral/extraoral) ...	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	250
D0351	3D photographic image	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s).....	220
D0460	Pulp vitality tests	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces	222
D0470	Diagnostic casts	0	D2710	Crown - resin based composite (indirect).....	136
D0486	Accession of Brush Biopsy Sample	0	D2712	Crown - 3/4 resin-based composite (indirect)	243
D1110	Prophylaxis (cleaning) - adult.....	0	D2720/21/22	Crown - resin with metal.....	248
D1120	Prophylaxis (cleaning) - child	0	D2740	Crown - porcelain/ceramic	280
D1206	Topical fluoride varnish for mod/high risk caries patients..	0	D2750/51/52	Crown - porcelain fused metal	262
D1208	Topical application of fluoride	0	D2780/81/82	Crown - 3/4 cast with metal.....	239
D1310	Nutritional counseling for control of dental disease.....	0	D2783	Crown - 3/4 porcelain/ceramic	256
D1320	Tobacco counseling for control of prev. oral disease	0	D2790/91/92	Crown - full cast metal.....	248
D1330	Oral hygiene instructions.....	0	D2794	Crown - titanium	248
D1351	Sealant - per tooth.....	0	D2910/20	Recement inlay/crown.....	22
D1352	Prev resin rest. mod/high caries risk - perm. tooth.....	0	D2930	Prefab. stainless steel crown - prim. tooth	55
SPACE MAINTAINERS			D2931	Prefab. stainless steel crown - perm. tooth	61
D1510/20	Space maintainer - fixed/removable - unilateral.....	0	D2932	Prefabricated resin crown	70
D1515/25	Space maintainer - fixed/removable - bilateral.....	0	D2933	Prefab. stainless steel crown w/ resin window	136
D1550	Re-cementation of space maintainer	0	D2934	Prefab. esthetic coated primary tooth	148
D1555	Removal of fixed space maintainer, by non-originating dentist	0	D2941	Interim therapeutic restoration, primary dentition.....	16
D1575	Distal shoe space maintainer - fixed - unilateral.....	0	D2952	Cast post and core in addition to crown	93
RESTORATIVE DENTISTRY (FILLINGS)			D2954	Prefab. post and core in addition to crown.....	77
AMALGAM RESTORATIONS (SILVER)			D2955	Post removal (not in conj. with endo. therapy)	53
D2140	Amalgam - one surface, prim. or perm.....	21	D2960	Labial veneer (resin laminate) - chairside	217
D2150	Amalgam - two surfaces, prim. or perm.....	26	D2961	Labial veneer (resin laminate) - laboratory.....	301
D2160	Amalgam - three surfaces, prim. or perm.....	32	D2962	Labial veneer (porcelain laminate) - laboratory.....	225
D2161	Amalgam - >=4 surfaces, prim. or perm.....	39	D2970	Temporary crown (fractured tooth).....	0
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D2980	Crown repair, by report.....	51
D2330	Resin-based composite - one surface, anterior	35	PROSTHETICS (DENTURES)		
			D5110/20	Complete denture - maxillary/mandibular	349
			D5130/40	Immediate denture - maxillary/mandibular	361
			D5211/12	Maxillary/mandibular partial denture - resin base	325

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5213/14	Maxillary/mandibular partial denture - cast metal.....	375	D6750/51/52	Crown - porcelain fused to metal	262
D5221/22	Immediate maxillary/mandibular partial denture - resin base	325	D6780/81/82	Crown - 3/4 cast metal	235
D5223/24	Immediate maxillary/mandibular partial denture - cast metal.....	375	D6783	Crown - 3/4 porc./ceramic.....	256
D5225/26	Maxillary/mandibular partial denture - flexible base.....	375	D6790/91/92	Crown - full cast metal.....	248
D5281	Rem. unilateral partial denture - one piece cast metal..	210	D6930	Recement fixed partial denture	35
D5410/11	Adjust complete denture - maxillary/mandibular	19	D6980	Fixed partial denture repair, by report	86
D5421/22	Adjust partial denture - maxillary/mandibular	19	ADJUNCTIVE GENERAL SERVICES		
D5511/12	Repair broken complete denture base, maxillary/mandibular	44	D9110	Palliative (emergency) treatment of dental pain.....	22
D5520	Replace missing or broken teeth - complete denture.....	44	D9210/15	Local anesthesia	0
D5611/12	Repair resin partial denture base, maxillary/mandibular.	44	D9211/12	Regional block anesthesia	0
D5621/22	Repair cast partial framework, maxillary/mandibular	44	D9222	Deep sedation/general anesthesia - first 15 min.....	52
D5630/60	Clasp repaired, replaced or added.....	58	D9223	Deep sedation/general anesthesia - each subsequent 15 min. increment	52
D5640	Replace broken teeth - per tooth.....	44	D9230	Analgesia, anxiety, inhalation of nitrous oxide	19
D5650	Add tooth to existing partial denture.....	44	D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 min.....	52
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular).....	144	D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 min. increment	52
D5710/11	Rebase complete maxillary/mandibular denture	130	D9248	Non-intravenous conscious sedation	73
D5720/21	Rebase maxillary/mandibular partial denture	130	D9310	Consultation (diagnostic service by nontreating dentist)..	22
D5730/31	Reline complete maxillary/mandibular denture (chairside)..	80	D9410	House/extended care facility call.....	100
D5740/41	Reline maxillary/mandibular partial denture (chairside)..	78	D9420	Hospital call.....	175
D5750/51	Reline complete maxillary/mandibular denture (lab).....	112	D9910	Application of desensitizing medicament	16
D5760/61	Reline maxillary/mandibular partial denture (lab).....	112	D9930	Treatment of complications (post-surgical)	22
D5810/11	Interim complete denture - maxillary/mandibular	181	D9940	Occlusal guard, by report	136
D5820/21	Interim partial denture - maxillary/mandibular	181	D9941	Fabrication of athletic mouthguard.....	51
D5850/51	Tissue conditioning - maxillary/mandibular	40	D9950	Occlusion analysis - mounted case.....	52
D5863/65	Overdenture - complete maxillary/mandibular	847	D9951	Occlusal adjustment - limited	33
D5864/66	Overdenture - partial maxillary/mandibular	834	D9952	Occlusal adjustment - complete	133
D5992	Adjustment of prosthetic appliance, by report.....	12	D9986	Missed appointment.....	50
D5993	Cleaning and maintenance prosthetic appliance	9	D9995	Teledentistry - synchronous; real-time encounter (when available).....	20
BRIDGES & PONTICS*			D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20
D6058	Abutment supported porcelain/ceramic crown	280	ENDODONTICS¹		
D6059/60/61	Abutment supported porcelain fused to metal crown - metal	262	D3220	Therapeutic pulpotomy (excl. final restor.)	41
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal	262	D3221	Pulpal debridement, prim. and perm. teeth	47
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	D3230	Pulpal therapy - resorbable filling, anterior.....	80
D6210/11/12	Pontic - cast high noble metal	248	D3240	Pulpal therapy - resorbable filling, posterior.....	82
D6240/41/42	Pontic - porcelain fused to metal	262	D3310	Endodontic therapy, anterior tooth	171
D6245	Pontic - porcelain/ceramic.....	280	D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209
D6250/51/52	Pontic - resin with metal	248	D3330	Endodontic therapy, molar tooth (excluding final restoration)	256
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	126	D3332	Intercomp. endo. therapy-inop. or fractured tooth	92
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis..	197	D3333	Internal root repair of perforation defects	53
D6549	Resin retainer - for resin bonded fixed prosthesis.....	126	D3346	Retreat of prev. root canal therapy, anterior	194
D6600	Inlay - porc./ceramic, two surfaces.....	214	D3347	Retreat of prev root canal therapy - premolar	233
D6601	Inlay - porc./ceramic, >=3 surfaces	223	D3348	Retreat of prev. root canal therapy, molar	279
D6602	Inlay - cast high noble metal, two surfaces	204	D3351	Apexification/recalcification - initial visit	101
D6603	Inlay - cast high noble metal, >=3 surfaces.....	213	D3352	Apexification/recalcification - interim med. repl.	295
D6604	Inlay - cast predominantly base metal, two surfaces	204	D3353	Apexification/recalcification - final visit	225
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	213	D3355	Pulpal regeneration - initial visit	101
D6606	Inlay - cast noble metal, two surfaces	204	D3356	Pulpal regeneration - interim medication replacement..	295
D6607	Inlay - cast noble metal, >=3 surfaces	213	D3357	Pulpal regeneration - completion of treatment	225
D6608	Onlay -porc./ceramic, two surfaces	240	D3410	Apicoectomy, anterior.....	162
D6609	Onlay - porc./ceramic, three or more surfaces.....	250	D3421	Apicoectomy - premolar (first root)	182
D6610	Onlay - cast high noble metal, two surfaces	229	D3425	Apicoectomy, molar (first root).....	209
D6611	Onlay - cast high noble metal, >=3 surfaces.....	262	D3426	Apicoectomy (each additional root).....	76
D6612	Onlay - cast predominantly base metal, two surfaces..	229	D3427	Periradicular surgery w/o apicoectomy	133
D6613	Onlay - cast predominantly base metal, >=3 surfaces..	262	D3430	Retrograde filling - per root	60
D6614	Onlay - cast noble metal, two surfaces	229	D3450	Root amputation (resection) - per root	117
D6615	Onlay - cast noble metal, >=3 surfaces.....	262	D3470	Intentional reimplantation	359
D6720/21/22	Crown - resin with metal.....	248	D3920	Hemisection, not inc. root canal therapy	117
D6740	Crown - porcelain/ceramic	280	D3950	Canal prep/fitting of preformed dowel or post	68

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	50
D4230	Anatomical crown exposure, >=4 teeth per quad.....	227
D4231	Anatomical crown exposure, 1-3 teeth per quad.....	212
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	173
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	53
D4249	Clinical crown lengthening - hard tissue.....	288
D4260	Osseous surgery - >3 cont. teeth, per quad.....	250
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	196
D4268	Surgical revision proc., per tooth.....	179
D4274	Mesial/distal wedge procedure, single tooth	154
D4320	Provisional splinting - intracoronal	214
D4321	Provisional splinting - extracoronal	189
D4341	Perio scaling and root planing - >3 cont teeth, per quad...	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45
D4355	Full mouth debridement	45
D4381	Localized delivery of chemotherapeutic agents	49
D4910	Periodontal maintenance	37
D4920	Unscheduled dressing change by non-treating dentist ...	42

ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth	28
D7140	Extraction, erupted tooth or exposed root	35
D7210	Extraction, erupted tooth req. bone cut	67
D7220	Removal of impacted tooth - soft tissue	76
D7230	Removal of impacted tooth - partially bony	98
D7240	Removal of impacted tooth - completely bony	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109
D7250	Removal of residual tooth roots	71
D7251	Coronectomy-intentional partial tooth removal.....	109
D7260	Oroantral fistula closure	289
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth ..	113
D7272	Tooth transplantation.....	308
D7280	Exposure of an unerupted tooth.....	77
D7285	Biopsy of oral tissue - hard (bone, tooth)	194
D7286	Biopsy of oral tissue - soft (all others).....	148
D7290	Surgical repositioning of teeth.....	204
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	30
D7310/20	Alveoloplasty, >=4 per quad.....	71
D7311/21	Alveoloplasty in conj. with/without extractions, 1-3 per quad. .	71
D7340	Vestibuloplasty - ridge ext. sec. epithel.	462
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	888
D7410	Excision of benign lesion up to 1.25 cm.....	139
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	304
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm..	177
D7451	Removal of benign odon cyst/tumor - diam >1.25cm....	272
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm..	258
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm .	359
D7471	Removal of lateral exostosis	176
D7472/73	Removal of torus palatinus/mandibul	
D7510	Incision and drainage of abscess - intraoral soft tissue ..	48
D7520	Incision/drainage of abscess - extra. soft tissue	58
D7550	Partial ostect/sequestrect non-vital bone rem.	168
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	132
D7970	Excision of hyperplastic tissue - per arch.....	117
D7971	Excision of pericoronal gingiva.....	66
D7979	Non-surgical sialolithotomy	22

ORTHODONTICS² - PRE-AUTHORIZATION REQUIRED

D8070	Comp. ortho. treatment - transitional dentition	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract)	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	413
D8692	Replacement of lost or broken retainer	179
D8693	Rebonding or recementing fixed dentures	174
D8694	Repair of fixed retainers, includes reattachment.....	174

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

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

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

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Dispensing of drugs.
6. Hospitalization for the following: the operation or treatment for the fitting or wearing of dentures; orthodontic care or malocclusion, operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for the removal of tumors and cysts or treatment of injury to natural teeth due to an accident if the treatment is received within 6 months of the accident; and dental implants.
7. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
8. Procedures not listed as covered benefits under this Plan.
9. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan, (with the exception of out-of-area emergency dental services).
10. Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.
11. Non-medically necessary orthodontia is not a covered benefit under this policy. Orthodontia services are only provided for severe, dysfunctional, handicapping malocclusion. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #24 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150, D0160) is covered two (2) times per calendar year, per patient, per provider/location.
2. One (1) teeth cleaning (D1110 or D1120) is covered two (2) times per calendar year, per patient.
3. One (1) topical fluoride application (D1206 or D1208) is covered two (2) times per calendar year, per patient; four (4) fluoride varnish treatments are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnishes are covered per calendar year, per patient up to age two (2).
4. Two (2) bitewing x-rays are covered per plan year, per patient, per provider/location (D0270 does not have a frequency limitation).
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per provider/location.
6. One (1) sealant per tooth is covered per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) space maintainer per 24 months, per quadrant (D1510 or D1520) or per arch (D1515 or D1525), per patient to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment); D1575 limited to once per 24 months.
8. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
9. Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.
10. Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
11. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
13. Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
14. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per patient, per quadrant.
15. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
16. Full mouth debridement is covered once per 24 months, per patient.
17. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
18. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
19. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
20. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
21. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
22. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
23. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
24. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
25. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

Dominion National Insurance Company Select Plan Premium *Pediatric* 706s (NJ)

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

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

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D9439	Office visit	0	0
DIAGNOSTIC/PREVENTIVE			
D0120	Periodic oral eval - established patient	0	0
D0140	Limited oral eval - problem focused	0	0
D0145	Oral eval for a patient under 3 years of age	0	0
D0150	Comprehensive oral eval - new or established patient	0	0
D0160	Detailed and extensive oral eval - problem focused	0	0
D0170	Re-evaluation - limited, problem focused	0	0
D0171	Re-evaluation - post-operative office visit	41	41
D0180	Comp. periodontal eval - new or established patient	0	0
D0210	Intraoral - complete series (including bitewings)	0	0
D0220	Intraoral - periapical first radiographic image	0	0
D0230	Intraoral - periapical each add. radiographic image	0	0
D0240	Intraoral - occlusal radiographic image	0	0
D0250	Extra-oral - 2D projection radiographic image	0	0
D0251	Extra-oral posterior dental radiographic image	44	44
D0270	Bitewing - single radiographic image	0	0
D0272	Bitewings - two radiographic images	0	0
D0273	Bitewings - three radiographic images	0	0
D0274	Bitewings - four radiographic images	0	0
D0277	Vertical bitewings - 7 to 8 radiographic images	0	0
D0310	Sialography	0	0
D0320	Temporomandibular joint arthrogram, incl. injection	0	0
D0321	Other temporomandibular joint radiographic images, by report	0	0
D0322	Tomographic survey	0	0
D0330	Panoramic radiographic image	0	0
D0340	2D cephalometric radiographic image	0	0
D0350	2D oral/facial photographic images (intraoral/extraoral)	0	0
D0351	3D photographic image	0	0
D0364	Cone Beam CT limited view-less than one jaw	0	0
D0365	Cone Beam CT one full dental arch (mandibular/maxillary)	0	0
D0366	Cone Beam CT one full dental arch (mandibular/maxillary)	0	0
D0367	Cone Beam CT both jaws	0	0
D0368	Cone Beam CT- TMJ	0	0
D0369	Maxillofacial MRI/ultrasound	0	0
D0370	Maxillofacial MRI/ultrasound	0	0
D0380	Cone beam CT image capture-less than one jaw	0	0
D0381	Cone beam CT image capture one arch (mandibular/maxillary)	0	0
D0382	Cone beam CT image capture one arch (mandibular/maxillary)	0	0
D0383	Cone beam CT image capture both jaws	0	0
D0384	Cone beam CT image capture- TMJ	0	0
D0385	Maxillofacial MRI/ultrasound image capture	0	0
D0386	Maxillofacial MRI/ultrasound image capture	0	0
D0391	Interpretation of diagnostic image only	0	0
D0414	Lab processing of microbial specimen to include culture & sensitivity studies ..	50	50
D0415	Collection of microorganisms for culture and sensitivity	29	29
D0416	Viral culture	0	0
D0417	Collection/Prep of saliva sample for lab	0	0
D0418	Analysis of saliva sample	32	32
D0422	Collection and preparation of genetic sample material for lab analysis and report ..	50	50
D0423	Genetic test for susceptibility to diseases	75	75
D0425	Caries susceptibility tests	27	27
D0431	Adjunctive pre-diagnostic	49	49
D0460	Pulp vitality tests	0	0
D0470	Diagnostic casts	0	0
D0472	Accession of tissue, gross exam, prep, transm	0	0

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D0473	Accession of tissue, gross and micro. exam., prep, transm.....	0	0
D0474	Accession of tissue, gross and micro. exam., prep, transm.....	0	0
D0480	Accession of exfoliative cytologic smears, micro. exam., prep, transm.....	0	0
D0486	Lab accession trans cytologic sample, micro. exam., prep, transm.....	0	0
D0502	Other oral pathology procedures, by report.....	0	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl premalignant and malignant lesions.....	0	0
D0601	Caries risk assessment & documentation, with a finding of low risk.....	0	0
D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0	0
D0603	Caries risk assessment & documentation, with a finding of high risk.....	0	0
D1110	Prophylaxis (cleaning) - adult.....	0	0
D1120	Prophylaxis (cleaning) - child.....	0	0
D1206	Topical fluoride varnish for mod/high risk caries patients.....	0	0
D1208	Topical application of fluoride.....	0	0
D1310	Nutritional counseling for control of dental disease.....	0	0
D1320	Tobacco counseling for control of prev. oral disease.....	0	0
D1330	Oral hygiene instructions.....	0	0
D1351	Sealant - per tooth.....	0	0
D1352	Prev resin rest. mod/high caries risk – perm. tooth.....	0	0
SPACE MAINTAINERS			
D1510	Space maintainer - fixed - unilateral.....	0	0
D1515	Space maintainer - fixed - bilateral.....	0	0
D1520	Space maintainer - removable - unilateral.....	0	0
D1525	Space maintainer - removable - bilateral.....	0	0
D1550	Re-cementation of space maintainer.....	0	0
D1555	Removal of fixed space maintainer, by non-originating dentist.....	0	0
D1575	Distal shoe space maintainer - fixed - unilateral.....	0	0
RESTORATIVE DENTISTRY (FILLINGS)			
D2140	Amalgam - one surface, prim. or perm.....	21	21
D2150	Amalgam - two surfaces, prim. or perm.....	26	26
D2160	Amalgam - three surfaces, prim. or perm.....	32	32
D2161	Amalgam - >=4 surfaces, prim. or perm.....	39	39
D2330	Resin-based composite - one surface, anterior.....	35	35
D2331	Resin-based composite - two surfaces, anterior.....	42	42
D2332	Resin-based composite - three surfaces, anterior.....	50	50
D2335	Resin-based composite - >=4 surfaces, anterior.....	60	60
D2390	Resin-based composite crown, anterior.....	96	96
D2391	Resin-based composite - one surface, posterior.....	37	37
D2392	Resin-based composite - two surfaces, posterior.....	44	44
D2393	Resin-based composite - three surfaces, posterior.....	51	51
D2394	Resin-based composite - >=4 surfaces, posterior.....	62	62
D2410	Gold foil - one surface.....	84	84
D2420	Gold foil - two surfaces.....	99	99
D2430	Gold foil - three surfaces.....	134	134
CROWNS & BRIDGES*			
D2510	Inlay- metallic - one surface.....	204	204
D2520	Inlay- metallic - two surfaces.....	204	204
D2530	Inlay - metallic - three or more surfaces.....	213	213
D2542	Onlay - metallic-two surfaces.....	229	229
D2543	Onlay - metallic - three surfaces.....	262	262
D2544	Onlay - metallic - four or more surfaces.....	262	262
D2610	Inlay - porcelain/ceramic - one surface.....	214	214
D2620	Inlay - porcelain/ceramic - two surfaces.....	214	214
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223	223
D2642	Onlay - porcelain/ceramic - two surfaces.....	240	240
D2643	Onlay - porcelain/ceramic - three surfaces.....	250	250
D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	250	250
D2650	Inlay - resin-based composite - one surface.....	220	220
D2651	Inlay - resin-based composite - two surfaces.....	220	220
D2652	Inlay - resin-based composite - >=3 surfaces.....	220	220
D2662	Onlay - resin-based composite - two surfaces.....	222	222
D2663	Onlay - resin-based composite - three surfaces.....	222	222
D2664	Onlay - resin-based composite - >=4 surfaces.....	222	222
D2710	Crown - resin based composite (indirect).....	136	136
D2712	Crown - 3/4 resin-based composite (indirect).....	243	243
D2720	Crown - resin with high noble metal.....	248	248
D2721	Crown - resin with predominantly base metal.....	248	248

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

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D2722	Crown - resin with noble metal.....	248	248
D2740	Crown - porcelain/ceramic.....	280	280
D2750	Crown - porcelain fused to high noble metal.....	262	262
D2751	Crown - porcelain fused to predominantly base metal.....	262	262
D2752	Crown - porcelain fused to noble metal.....	262	262
D2780	Crown - 3/4 cast high noble metal.....	239	239
D2781	Crown - 3/4 cast predominantly base metal.....	239	239
D2782	Crown - 3/4 cast noble metal.....	239	239
D2783	Crown - 3/4 porcelain/ceramic.....	256	256
D2790	Crown - full cast high noble metal.....	248	248
D2791	Crown - full cast predominately base metal.....	248	248
D2792	Crown - full cast noble metal.....	248	248
D2910	Recement inlay.....	22	22
D2915	Recement cast or prefab. post and core.....	41	41
D2920	Recement crown.....	22	22
D2929	Porcelain/ceramic crown - prim. tooth.....	280	280
D2930	Prefab. stainless steel crown - prim. tooth.....	55	55
D2931	Prefab. stainless steel crown - perm. tooth.....	61	61
D2932	Prefabricated resin crown.....	70	70
D2933	Prefab. stainless steel crown w/ resin window.....	136	136
D2934	Prefab. esthetic coated primary tooth.....	148	148
D2940	Protective restoration.....	20	20
D2950	Core buildup, including any pins.....	63	63
D2951	Pin retention - per tooth, in addition to restoration.....	11	11
D2952	Cast post and core in addition to crown.....	93	93
D2953	Each add. indirectly fabricated post - same tooth.....	25	25
D2954	Prefab. post and core in addition to crown.....	77	77
D2955	Post removal (not in conj. with endo. therapy).....	53	53
D2957	Each add. prefab post - same tooth.....	20	20
D2970	Temporary crown (fractured tooth).....	0	0
D2971	New crown under partial denture framework.....	37	37
D2975	Coping.....	113	113
D2980	Crown repair, by report.....	51	51

PROSTHETICS (DENTURES)

D5110	Complete denture - maxillary.....	349	349
D5120	Complete denture - mandibular.....	349	349
D5130	Immediate denture - maxillary.....	350	361
D5140	Immediate denture - mandibular.....	350	361
D5211	Maxillary partial denture - resin base.....	325	325
D5212	Mandibular partial denture - resin base.....	325	325
D5213	Maxillary partial denture - cast metal.....	350	375
D5214	Mandibular partial denture - cast metal.....	350	375
D5221	Immediate maxillary partial denture - resin base.....	325	325
D5222	Immediate mandibular partial denture - resin base.....	325	325
D5223	Immediate maxillary partial denture - cast metal.....	350	375
D5224	Immediate mandibular partial denture - cast metal.....	350	375
D5225	Maxillary partial denture - flexible base.....	350	375
D5226	Mandibular partial denture - flexible base.....	350	375
D5281	Rem. unilateral partial denture - one piece cast metal.....	210	210
D5410	Adjust complete denture - maxillary.....	19	19
D5411	Adjust complete denture - mandibular.....	19	19
D5421	Adjust partial denture - maxillary.....	19	19
D5422	Adjust partial denture - mandibular.....	19	19
D5511	Repair broken complete denture base - mandibular.....	44	44
D5512	Repair broken complete denture base - maxillary.....	44	44
D5520	Replace missing or broken teeth - complete denture.....	44	44
D5611	Repair resin partial denture base - mandibular.....	44	44
D5612	Repair resin partial denture base - maxillary.....	44	44
D5621	Repair cast partial framework - mandibular.....	44	44
D5622	Repair cast partial framework - maxillary.....	44	44
D5630	Repair or replace broken clasp.....	58	58
D5640	Replace broken teeth - per tooth.....	44	44
D5650	Add tooth to existing partial denture.....	44	44
D5660	Add clasp to existing partial denture.....	58	58
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144	144
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144	144
D5710	Rebase complete maxillary denture.....	130	130
D5711	Rebase complete mandibular denture.....	130	130
D5720	Rebase maxillary partial denture.....	130	130
D5721	Rebase mandibular partial denture.....	130	130

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5730	Reline complete maxillary denture (chairside)	80	80
D5731	Reline complete mandibular denture (chairside)	80	80
D5740	Reline maxillary partial denture (chairside)	78	78
D5741	Reline mandibular partial denture (chairside)	78	78
D5750	Reline complete maxillary denture (lab)	112	112
D5751	Reline complete mandibular denture (lab)	112	112
D5760	Reline maxillary partial denture (lab)	112	112
D5761	Reline mandibular partial denture (lab)	112	112
D5810	Interim complete denture - maxillary	181	181
D5811	Interim complete denture - mandibular	181	181
D5820	Interim partial denture - maxillary	181	181
D5821	Interim partial denture - mandibular	181	181
D5850	Tissue conditioning - maxillary	40	40
D5851	Tissue conditioning - mandibular	40	40
D5862	Precision attachment, by report	194	194
D5863	Overdenture - complete maxillary	350	847
D5864	Overdenture - partial maxillary	350	834
D5865	Overdenture - complete mandibular	350	847
D5866	Overdenture - partial mandibular	350	834
D5875	Mod. of remov prosthesis post implant surgery	41	41
D5911	Facial moulage (sectional)	74	74
D5912	Facial moulage (complete)	74	74
D5913	Nasal prosthesis	350	774
D5914	Auricular prosthesis	350	836
D5915	Orbital prosthesis	350	1102
D5916	Ocular prosthesis	350	969
D5919	Facial prosthesis	194	194
D5922	Nasal septal prosthesis	194	194
D5923	Ocular prosthesis, interim	350	886
D5924	Cranial prosthesis	350	2204
D5925	Facial augmentation implant prosthesis	350	500
D5926	Nasal prosthesis, replacement	169	169
D5927	Auricular prosthesis, replacement	350	1948
D5928	Orbital prosthesis, replacement	350	2632
D5929	Facial prosthesis, replacement	255	255
D5931	Obturator prosthesis, surgical	350	402
D5932	Obturator prosthesis, definitive	350	2400
D5933	Obturator prosthesis, modification	350	355
D5934	Mandibular resection prosthesis w/ guide flange	350	2021
D5935	Mandibular resection prosthesis w/o guide flange	350	1885
D5936	Obturator prosthesis, interim	350	1025
D5951	Feeding aid	350	698
D5952	Speech aid prosthesis	350	577
D5953	Speech aid prosthesis, adult	350	928
D5954	Palatal augmentation prosthesis	350	867
D5955	Palatal lift prosthesis, definitive	350	834
D5958	Palatal lift prosthesis, interim	350	834
D5959	Palatal lift prosthesis, modification	350	834
D5960	Speech aid prosthesis, modification	278	278
D5982	Surgical stent	44	44
D5983	Radiation carrier	350	368
D5984	Radiation shield	350	400
D5985	Radiation cone locator	350	400
D5986	Fluoride gel carrier	63	63
D5987	Commissure splint	350	450
D5988	Surgical splint	63	63
D5991	Topical medicament carrier	63	63
D5992	Adjustment of prosthetic appliance, by report	12	12
D5993	Cleaning and maintenance prosthetic appliance	9	9
D5994	Periodontal medicament carrier	150	150
BRIDGES & PONTICS*			
D6010	Surgical placement of implant body, endosteal	350	858
D6011	Second stage implant surgery	100	100
D6012	Surgical placement of interim implant body	350	891
D6013	Surgical placement of mini implant	286	286
D6040	Surgical placement, eposteal implant	350	1782
D6050	Surgical placement, transosteal implant	350	2228
D6051	Interim abutment	197	197
D6055	Dental implant supported connecting bar	350	806

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

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D6056	Prefabricated abutment.....	228	228
D6057	Custom fabricated abutment.....	350	563
D6058	Abutment supported porcelain/ceramic crown.....	280	280
D6059	Abutment supported porcelain fused to metal crown - high noble metal.....	262	262
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal.....	262	262
D6061	Abutment supported porcelain fused to metal crown - noble metal.....	262	262
D6062	Abutment supported cast metal crown - high noble metal.....	248	248
D6063	Abutment supported cast metal crown - predominantly based metal.....	248	248
D6064	Abutment supported cast metal crown - noble metal.....	248	248
D6065	Implant supported porcelain/ceramic crown.....	280	280
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal.....	262	262
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal.....	262	262
D6068	Abutment supported retainer for porc/ceramic.....	350	394
D6069	Abutment supp. retainer for porc/high noble.....	350	422
D6070	Abutment supp. retainer for porc/pred. base.....	348	348
D6071	Abutment supp. retainer for porc/noble.....	350	352
D6072	Abutment supp retainer for cast high noble.....	350	394
D6073	Abutment supp. retainer for cast high noble.....	350	375
D6074	Abutment supp. retainer for cast noble metal.....	350	379
D6080	Implant maintenance procedures.....	31	31
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.....	32	32
D6090	Repair implant supported prosthesis.....	181	181
D6091	Replacement of Precision Attachment.....	17	17
D6092	Re-cement implant/abutment supp. crown.....	56	56
D6093	Re-cement impl/abutment supp. fixed par.....	86	86
D6095	Repair implant abutment, by report.....	196	196
D6110	Implant / abut supp rem dent for edentulous arch - maxillary.....	350	1517
D6111	Implant / abut supp rem dent for edentulous arch - mandibular.....	350	1517
D6112	Implant / abut supp rem dent for partially edentulous arch - maxillary.....	350	1517
D6113	Implant / abut supp rem dent for partially edentulous arch - mandibular.....	350	1517
D6114	Implant / abut supp fixed dent for edentulous arch - maxillary.....	350	2606
D6115	Implant / abut supp fixed dent for edentulous arch - mandibular.....	350	2606
D6116	Implant / abut supp fixed dent for partially edentulous arch - maxillary.....	350	1610
D6117	Implant / abut supp fixed dent for partially edentulous arch - mandibular.....	350	1610
D6194	Abutment supported retainer crown.....	350	986
D6205	Pontic - indirect resin based composite.....	223	223
D6210	Pontic - cast high noble metal.....	248	248
D6211	Pontic - cast predominately base metal.....	248	248
D6212	Pontic - cast noble metal.....	248	248
D6240	Pontic - porcelain fused to high noble metal.....	262	262
D6241	Pontic - porcelain fused to predominately base metal.....	262	262
D6242	Pontic - porcelain fused to noble metal.....	262	262
D6245	Pontic - porcelain/ceramic.....	280	280
D6250	Pontic - resin with high noble metal.....	248	248
D6251	Pontic - resin with predominately base metal.....	248	248
D6252	Pontic - resin with noble metal.....	248	248
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	126	126
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	197	197
D6549	Resin retainer - for resin bonded fixed prost.....	126	126
D6600	Inlay - porc./ceramic, two surfaces.....	214	214
D6601	Inlay - porc./ceramic, >=3 surfaces.....	223	223
D6602	Inlay - cast high noble metal, two surfaces.....	204	204
D6603	Inlay - cast high noble metal, >=3 surfaces.....	213	213
D6604	Inlay - cast predominantly base metal, two surfaces.....	204	204
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	213	213
D6606	Inlay - cast noble metal, two surfaces.....	204	204
D6607	Inlay - cast noble metal, >=3 surfaces.....	213	213
D6608	Onlay -porc./ceramic, two surfaces.....	240	240
D6609	Onlay - porc./ceramic, three or more surfaces.....	250	250
D6610	Onlay - cast high noble metal, two surfaces.....	229	229
D6611	Onlay - cast high noble metal, >=3 surfaces.....	262	262
D6612	Onlay - cast predominantly base metal, two surfaces.....	229	229
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	262	262
D6614	Onlay - cast noble metal, two surfaces.....	229	229
D6615	Onlay - cast noble metal, >=3 surfaces.....	262	262
D6710	Crown - indirect resin based composite.....	223	223
D6720	Crown - resin with high noble metal.....	248	248

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D6721	Crown - resin with predominantly base metal	248	248
D6722	Crown - resin with noble metal	248	248
D6740	Crown - porcelain/ceramic	280	280
D6750	Crown - porcelain fused to high noble metal	262	262
D6751	Crown - porcelain fused to predominately base metal	262	262
D6752	Crown - porcelain fused to noble metal	262	262
D6780	Crown - 3/4 cast high noble metal	235	235
D6781	Crown - 3/4 cast predominantly base metal	235	235
D6782	Crown - 3/4 cast noble metal	235	235
D6783	Crown - 3/4 porc./ceramic	256	256
D6790	Crown - full cast high noble metal	248	248
D6791	Crown - full cast predominately base metal	248	248
D6792	Crown - full cast noble metal	248	248
D6930	Recement fixed partial denture	35	35
D6950	Precision attachment	189	189
D6980	Fixed partial denture repair, by report	86	86
D6985	Pediatric partial denture, fixed	280	280

ENDODONTICS¹

D3110	Pulp cap - direct (excl. final restoration)	16	16
D3120	Pulp cap - indirect (excl. final restoration)	16	16
D3220	Therapeutic pulpotomy (excl. final restor.)	41	41
D3221	Pulpal debridement, prim. and perm. teeth	47	47
D3222	Partial pulpotomy for apexogenesis	80	80
D3230	Pulpal therapy - resorbable filling, anterior	80	80
D3240	Pulpal therapy - resorbable filling, posterior	82	82
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209	209
D3330	Endodontic therapy, molar tooth (excluding final restoration)	256	256
D3331	Treatment of root canal obstr. non-surgical	104	104
D3332	Incomp. endo. therapy-inop. or fractured tooth	92	92
D3333	Internal root repair of perforation defects	53	53
D3346	Retreat of prev. root canal therapy, anterior	194	194
D3347	Retreat of prev. root canal therapy, premolar	233	233
D3348	Retreat of prev. root canal therapy, molar	279	279
D3351	Apexification/recalcification - initial visit	101	101
D3352	Apexification/recalcification - interim med. repl.	295	295
D3353	Apexification/recalcification - final visit	225	225
D3355	Pulpal regeneration - initial visit	101	101
D3356	Pulpal regeneration - interim medication replacement	295	295
D3357	Pulpal regeneration - completion of treatment	225	225
D3410	Apicoectomy - anterior	162	162
D3421	Apicoectomy - premolar (first root)	182	182
D3425	Apicoectomy - molar (first root)	209	209
D3426	Apicoectomy/periradicular surgery (each add. root)	76	76
D3427	Periradicular surgery w/o apicoectomy	133	133
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	350	372
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291	291
D3430	Retrograde filling - per root	60	60
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	204	204
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	350	408
D3450	Root amputation - per root	117	117
D3910	Surg. proc. for isol. of tooth w/ rubber dam	29	29
D3920	Hemisection, not inc. root canal therapy	117	117
D3950	Canal prep/fitting of preformed dowel or post	68	68

PERIODONTICS¹

D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad	140	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad	50	50
D4212	Gingivectomy or gingivoplasty, rest., per tooth	20	20
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173	173
D4241	Gingival flap proc., inc. root planing - <=3 cont. teeth, per quad	53	53
D4245	Apically positioned flap	93	93
D4249	Clinical crown lengthening - hard tissue	288	288
D4260	Osseous surgery - >3 cont. teeth, per quad	250	250
D4261	Osseous surgery - <=3 cont. teeth, per quad	196	196
D4263	Bone replacement graft - retained natural tooth - first site in quad	350	372
D4264	Bone replacement graft - retained natural tooth - each add. site in quad	291	291
D4265	Biologic materials	204	204
D4266	Guided tissue regen. - resorb. barrier, per site	350	408
D4267	Guided tissue regen. - non-resorb. barrier, per site	350	399
D4268	Surgical revision proc., per tooth	179	179
D4270	Pedicle soft tissue graft procedure	322	322

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D4273	Subepithelial connective tissue graft proc.....	350	400
D4274	Mesial/distal wedge procedure, single tooth.....	154	154
D4275	Soft tissue allograft.....	350	427
D4276	Comb. connec. tissue/double pedicle graft, per tooth.....	350	510
D4277	Free soft tissue graft, per tooth.....	327	327
D4278	Free soft tissue graft, each add. tooth.....	50	50
D4320	Provisional splinting - intracoronal.....	214	214
D4321	Provisional splinting - extracoronal.....	189	189
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	55	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	32	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	23	23
D4355	Full mouth debridement.....	45	45
D4381	Localized delivery of chemotherapeutic agents.....	49	49
D4910	Periodontal maintenance.....	37	37
ORAL SURGERY¹			
D7111	Extraction, coronal remnants - primary tooth.....	28	28
D7140	Extraction, erupted tooth or exposed root.....	35	35
D7210	Extraction, erupted tooth req elev, etc.....	67	67
D7220	Removal of impacted tooth - soft tissue.....	76	76
D7230	Removal of impacted tooth - partially bony.....	98	98
D7240	Removal of impacted tooth - completely bony.....	121	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications....	109	109
D7250	Removal of residual tooth roots.....	71	71
D7251	Coronectomy-intentional partial tooth removal.....	109	109
D7260	Oroantral fistula closure.....	289	289
D7261	Primary closure of a sinus perforation.....	233	233
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113	113
D7272	Tooth transplantation.....	308	308
D7280	Exposure of an unerupted tooth.....	77	77
D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	116	116
D7283	Place. of device to facilitate erupt. of impacted tooth.....	72	72
D7285	Biopsy of oral tissue - hard (bone, tooth).....	194	194
D7286	Biopsy of oral tissue - soft (all others).....	148	148
D7287	Exfoliative cytological sample collection.....	14	14
D7288	Brush biopsy - transepithelial sample collect.....	47	47
D7290	Surgical repositioning of teeth.....	204	204
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	30	30
D7292	Surgical placement of temp anch device.....	273	273
D7293	Surgical placement of temp anch req flap.....	283	283
D7294	Surgical placement: w/o flap.....	66	66
D7295	Bone harvesting-autogenous grafting procedure.....	87	87
D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad.....	71	71
D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad.....	71	71
D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.....	71	71
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.....	71	71
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	350	462
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	350	888
D7410	Excision of benign lesion up to 1.25 cm.....	139	139
D7411	Excision of benign lesion > 1.25 cm.....	113	113
D7412	Excision of benign lesion, complicated.....	157	157
D7413	Excision of malignant lesion up to 1.25 cm.....	286	286
D7414	Excision of malignant lesion > 1.25 cm.....	252	252
D7415	Excision of malignant lesion, complicated.....	350	407
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm.....	304	304
D7441	Exc. of malignant tumor- lesion diam. >1.25cm.....	350	367
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm.....	177	177
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.....	272	272
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm.....	258	258
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	350	359
D7465	Destruct. of lesion(s) by phys or chem method.....	150	150
D7471	Removal of lateral exostosis.....	176	176
D7472	Removal of torus palatinus.....	240	240
D7473	Removal of torus mandibularis.....	240	240
D7485	Surgical reduction of osseous tuberosity.....	284	284
D7490	Radical resection of maxilla or mandible.....	350	2204
D7510	Incision and drainage of abscess - intraoral soft tissue.....	48	48
D7511	Incision/drainage of abscess - intra. soft tissue, comp.....	56	56
D7520	Incision/drainage of abscess - extra. soft tissue.....	58	58
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	60	60
D7530	Foreign body rem from muc./skin/subcut tissue.....	44	44

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D7540	Reaction producing foreign bodies removal.....	350	584
D7550	Partial ostect/sequestrect non-vital bone rem.....	168	168
D7560	Max. sinusotomy for tooth fragment removal.....	350	373
D7610	Maxillary - open reduction (teeth immobilized).....	350	1098
D7620	Maxillary - closed reduction (teeth immobilized).....	350	829
D7630	Mandible - open reduction (teeth immobilized).....	350	1199
D7640	Mandible - closed reduction (teeth immobilize).....	350	809
D7650	Malar and/or zygomatic arch - open reduction.....	350	849
D7660	Malar and/or zygomatic arch- closed reduction.....	350	665
D7670	Alveolus - closed reduction.....	265	265
D7671	Alveolus- open reduction(incl. teeth stabil.).....	267	267
D7680	Facial bones - complicated reduction.....	350	1883
D7710	Maxillary - open reduction.....	350	1217
D7720	Maxillary - closed reduction.....	350	1269
D7730	Mandible - open reduction.....	350	1200
D7740	Mandible - closed reduction.....	350	864
D7750	Malar and/or zygomatic arch - open reduction.....	350	1058
D7760	Malar and/or zygomatic arch- closed reduction.....	350	801
D7770	Alveolus - open reduction stabiliz. of teeth.....	350	599
D7771	Alveolus, closed reduction stabiliz. of teeth.....	104	104
D7780	Facial bones - complicated reduction.....	350	2356
D7810	Open reduction of dislocation.....	350	1175
D7820	Closed reduction of dislocation.....	171	171
D7830	Manipulation under anesthesia.....	142	142
D7840	Condylectomy.....	350	1591
D7850	Surgical discectomy, with/without implant.....	350	1489
D7854	Synovectomy.....	350	1669
D7858	Joint reconstruction.....	350	3231
D7860	Arthrotomy.....	350	866
D7865	Arthroplasty.....	350	2423
D7870	Arthrocentesis.....	79	79
D7871	Non-arthroscopic lysis and lavage.....	276	276
D7872	Arthroscopy - diagnosis, w/ or w/out biopsy.....	350	750
D7873	Arthroscopy-surgical-lavage/lysis of adhesion.....	350	822
D7874	Arthroscopy - surgical: disc reposit/stabiliz.....	350	1039
D7875	Arthroscopy - surgical: synovectomy.....	350	1111
D7876	Arthroscopy - surgical: discectomy.....	350	1154
D7877	Arthroscopy - surgical: debridement.....	350	1068
D7880	Occlusal orthotic device, "by report".....	136	136
D7910	Suture of recent small wounds up to 5 cm.....	30	30
D7911	Complicated suture, <= 5 cm.....	35	35
D7912	Complicated suture, > 5 cm.....	40	40
D7920	Skin graft - identify defect.....	350	742
D7921	Collection application of blood concentrate.....	20	20
D7940	Osteoplasty - for orthognathic deformities.....	350	596
D7941	Osteotomy - mandibular rami.....	350	2341
D7943	Osteotomy - mandibular rami with bone graft.....	350	2112
D7944	Osteotomy- segmented/ subapical-per sext/quad.....	350	1851
D7945	Osteotomy - body of mandible.....	350	2164
D7946	LeFort I (maxillary - total).....	350	2622
D7947	LeFort I (maxillary - segmented).....	350	2399
D7948	LeFort II or LeFort III.....	350	2970
D7949	LeFort II or LeFort III - with bone graft.....	350	3634
D7950	Osseous, osteoperiosteal, or cartilage graft.....	157	157
D7951	Sinus Augmentation via lateral approach.....	309	309
D7952	Sinus augmentation via vertical approach.....	160	160
D7955	Repair of maxillofacial soft and hard tissue.....	161	161
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	132	132
D7963	Frenuloplasty.....	147	147
D7970	Excision of hyperplastic tissue - per arch.....	117	117
D7971	Excision of pericoronal gingiva.....	66	66
D7972	Surgical reduction of fibrous tuberosity.....	261	261
D7979	Non-surgical sialolithotomy.....	22	22
D7980	Surgical sialolithotomy.....	114	114
D7981	Excision of salivary gland, by report.....	350	470
D7982	Sialodochoplasty.....	350	470
D7983	Closure of salivary fistula.....	350	370
D7990	Emergency tracheotomy.....	350	379
D7991	Coronoidectomy.....	350	1060
D7995	Synthetic graft - mandible or facial bones.....	270	270
D7996	Implant-mandible for augmentation purposes.....	350	596
D7997	Appliance removal (not by original dentist).....	135	135

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
ORTHODONTICS² - PRE-AUTHORIZATION REQUIRED			
D8010	Limited ortho. treatment of the primary dentition	350	3304
D8020	Limited ortho. treatment of the transitional dentition	350	3304
D8030	Limited ortho treatment - adolescent dentition	350	3422
D8040	Limited ortho treatment - adult dentition	350	3658
D8050	Interceptive ortho. treatment of the primary dentition	350	3304
D8060	Interceptive ortho. treatment - transitional dentition	350	3304
D8070	Comp. ortho. treatment - transitional dentition	350	3304
D8080	Comp. ortho. treatment - adolescent dentition	350	3422
D8090	Comp. ortho. treatment - adult dentition	350	3658
D8660	Pre-orthodontic treatment visit	350	413
D8670	Periodic ortho. treatment visit (as part of contract)	118	118
D8680	Orthodontic retainer (rem. of appl./placement of retainer(s))	413	413
D8681	Removable orthodontic retainer adjustment	31	31
D8691	Repair of orthodontic appliance	100	100
D8692	Replacement of lost or broken retainer	179	179
D8693	Rebonding or recementing fixed dentures	174	174
D8694	Repair of fixed retainers, includes reattachment	174	174
ADJUNCTIVE GENERAL SERVICES			
D9110	Palliative (emergency) treatment of dental pain	22	22
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0	0
D9211	Regional block anesthesia	0	0
D9212	Trigeminal division block anesthesia	0	0
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0	0
D9222	Deep sedation/general anesthesia - first 15 minutes	52	52
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	52	52
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	19	19
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	52	52
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	52	52
D9248	Non-intravenous conscious sedation	73	73
D9310	Consultation (diagnostic service by nontreating dentist)	22	22
D9410	House/extended care facility call	100	100
D9420	Hospital call	175	175
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	0
D9440	Office visit after regularly scheduled hours	45	45
D9450	Case pres, detailed/ext treatment planning	22	22
D9610	Therapeutic parenteral drug, single admin.	13	13
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	35	35
D9630	Drugs or medicaments dispensed in the office for home use	21	21
D9910	Application of desensitizing medicament	16	16
D9911	Appl. of desen. resin for cervical/root surf.	38	38
D9920	Behavior management, by report	34	34
D9930	Treatment of complications (post-surgical)	22	22
D9940	Occlusal guard, by report	136	136
D9941	Fabrication of athletic mouthguard	51	51
D9942	Repair and/or relines of occlusal guard	105	105
D9943	Occlusal guard adjustment	46	46
D9950	Occlusion analysis - mounted case	52	52
D9951	Occlusal adjustment - limited	33	33
D9952	Occlusal adjustment - complete	133	133
D9971	Odontoplasty 1 - 2 teeth	24	24
D9974	Internal bleaching - per tooth	82	82
D9986	Missed appointment	50	50
D9995	Teledentistry - synchronous; real-time encounter (when available)	20	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20	20

1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist.
2 See exclusion #9 and limitation #14 for additional coverage information.

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
5. Hospitalization for any dental procedure.
6. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
7. Procedures not listed as Covered Services under this Plan.
8. Services obtained outside of the dental office in which enrolled and that are not predetermined by such office or the Plan (with the exception of out-of-area emergency dental services).
9. Non-medically necessary orthodontia is not a covered service under this policy. The Invisalign system and similar specialized braces are not a covered service. See limitation #14 concerning medically necessary orthodontia.
10. No service will be paid for any surgical, adjunctive or prosthetic service not listed above unless the Covered Child had New Jersey Benchmark Medical Coverage in effect on the date the service was rendered, and the Covered Child or Responsible Party has submitted to the Plan a copy of the medical carrier's explanation of services showing that the service was not covered under the Benchmark Medical Coverage. "Benchmark Medical Coverage" means medical coverage that is provided by a carrier that is a qualified health plan in the State of New Jersey and satisfies the benchmark plan requirement for medical essential health services in New Jersey.

Plan Limitations

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



DENTAL

Select Plan Premium Kids 706s (PA)

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

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D9439	Office visit	0	CROWNS & BRIDGES*		
DIAGNOSTIC/PREVENTIVE			D2510/20	Inlay- metallic - 1-2 surfaces	204
D0120	Periodic oral eval - established patient	0	D2530	Inlay - metallic - three or more surfaces	213
D0140	Limited oral eval - problem focused	0	D2542	Onlay - metallic-two surfaces	229
D0145	Oral eval for a patient under 3 years of age.....	0	D2543/44	Onlay - metallic - three or more surfaces.....	262
D0150	Comprehensive oral eval - new or established patient	0	D2610/20	Inlay - porcelain/ceramic - 1-2 surfaces	214
D0160	Detailed and extensive oral eval - problem focused	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	223
D0170	Re-evaluation - limited, problem focused.....	0	D2642	Onlay - porcelain/ceramic - two surfaces	240
D0210	Intraoral - complete series (including bitewings).....	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	250
D0220/30	Intraoral - periapical first film and each additional.....	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s).....	220
D0240	Intraoral - occlusal film	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces	222
D0250	Extraoral film	0	D2710	Crown - resin based composite (indirect)	136
D0270-74	Bitewing x-rays - 1-4 films.....	0	D2712	Crown - 3/4 resin-based composite (indirect)	243
D0277	Vertical bitewings - 7 to 8 films.....	0	D2720/21/22	Crown - resin with metal	248
D0330	Panoramic film	0	D2740	Crown - porcelain/ceramic	280
D0340	2D cephalometric radiographic image	0	D2750/51/52	Crown - porcelain fused metal	262
D0350	Oral/facial photographic images (intraoral/extraoral).....	0	D2780/81/82	Crown - 3/4 cast with metal.....	239
D0351	3D photographic image.....	0	D2783	Crown - 3/4 porcelain/ceramic	256
D0391	Interpretation of diagnostic image only	0	D2790/91/92	Crown - full cast metal	248
D0460	Pulp vitality tests	0	D2794	Crown - titanium.....	248
D0470	Diagnostic casts.....	0	D2910/20	Recement inlay/crown.....	22
D0601/02/03	Caries risk assessment/documentation, with a finding of low/moderate/high risk	0	D2929	Porcelain/ceramic crown - prim. tooth.....	280
D1110	Prophylaxis (cleaning) - adult.....	0	D2930	Prefab. stainless steel crown - prim. tooth	55
D1120	Prophylaxis (cleaning) - child.....	0	D2931	Prefab. stainless steel crown - perm. tooth.....	61
D1206	Topical fluoride varnish for mod/high risk caries patients.....	0	D2932	Prefabricated resin crown	70
D1208	Topical application of fluoride.....	0	D2941	Interim therapeutic restoration, primary dentition.....	16
D1310	Nutritional counseling for control of dental disease	0	D2952	Cast post and core in addition to crown	93
D1320	Tobacco counseling for control of prev. oral disease	0	D2954	Prefab. post and core in addition to crown.....	77
D1330	Oral hygiene instructions	0	D2955	Post removal (not in conj. with endo. therapy).....	53
D1351	Sealant - per tooth	0	D2970	Temporary crown (fractured tooth).....	0
D1352	Prev resin rest. mod/high caries risk - perm. tooth.....	0	D2980	Crown repair, by report	51
SPACE MAINTAINERS			D2981/82/83	Inlay, only or veneer repair.....	51
D1510/20	Space maintainer - fixed/removable - unilateral.....	0	D2990	Resin infiltration lesion.....	21
D1515/25	Space maintainer - fixed/removable - bilateral.....	0	PROSTHETICS (DENTURES)		
D1550	Re-cementation of space maintainer	0	D5110/20	Complete denture - maxillary/mandibular	349
D1575	Distal shoe space maintainer - fixed - unilateral	0	D5130/40	Immediate denture - maxillary/mandibular.....	361
RESTORATIVE DENTISTRY (FILLINGS)			D5211/12	Maxillary/mandibular partial denture - resin base	325
AMALGAM RESTORATIONS (SILVER)			D5213/14	Maxillary/mandibular partial denture - cast metal	375
D2140	Amalgam - one surface, prim. or perm.	21	D5221/22	Immediate maxillary/mandibular partial denture - resin base	325
D2150	Amalgam - two surfaces, prim. or perm.	26	D5223/24	Immediate maxillary/mandibular partial denture - cast metal	375
D2160	Amalgam - three surfaces, prim. or perm.	32	D5225/26	Maxillary/mandibular partial denture - flexible base.....	375
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	D5281	Rem. unilateral partial denture - one piece cast metal.....	210
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5410/11	Adjust complete denture - maxillary/mandibular.....	19
D2330	Resin-based composite - one surface, anterior	35	D5421/22	Adjust partial denture - maxillary/mandibular	19
D2331	Resin-based composite - two surfaces, anterior.....	42	D5511/12	Repair broken complete denture base - maxillary/mandibular.....	44
D2332	Resin-based composite - three surfaces, anterior	50	D5520	Replace missing or broken teeth - complete denture	44
D2335	Resin-based composite - >=4 surfaces, anterior	60	D5611/12	Repair resin partial denture base - maxillary/mandibular.....	44
D2390	Resin-based composite crown, anterior.....	96	D5621/22	Repair cast partial framework - maxillary/mandibular	44
D2391	Resin-based composite - one surface, posterior	37	D5620	Repair cast framework	44
D2392	Resin-based composite - two surfaces, posterior	44	D5630/60	Clasp repaired, replaced or added.....	58
D2393	Resin-based composite - three surfaces, posterior	51	D5640	Replace broken teeth - per tooth	44
D2394	Resin-based composite - >=4 surfaces, posterior	62	D5650	Add tooth to existing partial denture	44
D2940	Protective restoration	20	D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular).....	144
D2949	Restorative foundation for an indirect restoration	0	D5710/11	Rebase complete maxillary/mandibular denture.....	130
D2950	Core buildup, including any pins	63	D5720/21	Rebase maxillary/mandibular partial denture.....	130
D2951	Pin retention - per tooth, in addition to restoration	11	D5730/31	Reline complete maxillary/mandibular denture (chairside)....	80
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	16	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	78
			D5750/51	Reline complete maxillary/mandibular denture (lab).....	112

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5760/61	Reline maxillary/mandibular partial denture (lab).....	112	D6783	Crown - 3/4 porc./ceramic.....	256
D5810/11	Interim complete denture - maxillary/mandibular.....	181	D6790/91/92	Crown - full cast metal.....	248
D5820/21	Interim partial denture - maxillary/mandibular.....	181	D6930	Recement fixed partial denture.....	35
D5850/51	Tissue conditioning - maxillary/mandibular.....	40	D6980	Fixed partial denture repair, by report.....	86
BRIDGES & PONTICS*			ADJUNCTIVE GENERAL SERVICES		
D6010	Surgical placement of implant body, endosteal.....	858	D9110	Palliative (emergency) treatment of dental pain.....	22
D6011	Second stage implant surgery.....	100	D9210/15	Local anesthesia.....	0
D6012	Surgical placement of interim implant body.....	891	D9211/12	Regional block anesthesia.....	0
D6013	Surgical placement of mini implant.....	286	D9222	Deep sedation/general anesthesia - first 15 min.....	52
D6040	Surgical placement, eposteal implant.....	1782	D9223	Deep sedation/general anesthesia - each subsequent 15 min.....	52
D6050	Surgical placement, transosteal implant.....	2228	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	19
D6055	Dental implant supported connecting bar.....	806	D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 min.....	52
D6056	Prefabricated abutment.....	228	D9243	Intravenous (conscious) sedation/analgesia - each subsequent 15 min.....	52
D6058	Abutment supported porcelain/ceramic crown.....	280	D9310	Consultation (diagnostic service by nontreating dentist).....	22
D6059/60/61	Abutment supported porcelain fused to metal crown - metal.....	262	D9610	Therapeutic parenteral drug, single admin.....	13
D6062/63/64	Abutment supported cast metal crown - metal.....	248	D9910	Application of desensitizing medicament.....	16
D6065	Implant supported porcelain/ceramic crown.....	280	D9930	Treatment of complications (post-surgical).....	22
D6066	Implant supported porcelain fused to metal crown - titanium, titanium alloy, high noble metal.....	262	D9940	Occlusal guard, by report.....	136
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal.....	262	D9950	Occlusion analysis - mounted case.....	52
D6068	Abutment supported retainer for porc/ceramic.....	394	D9951	Occlusal adjustment - limited.....	33
D6069	Abutment supp. retainer for porc/high noble.....	422	D9952	Occlusal adjustment - complete.....	133
D6070	Abutment supp. retainer for porc/pred. base.....	348	D9986	Missed appointment.....	50
D6071	Abutment supp. retainer for porc/noble.....	352	D9995	Teledentistry - synchronous; real-time encounter (when available).....	20
D6072	Abutment supp. retainer for cast high noble.....	394	D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20
D6073	Abutment supp. retainer for cast high noble.....	375	ENDODONTICS¹		
D6074	Abutment supp. retainer for cast noble metal.....	379	D3220	Therapeutic pulpotomy (excl. final restor.).....	41
D6075	Implant supported retainer for ceramic FPD.....	437	D3221	Pulpal debridement, prim. and perm. teeth.....	47
D6076	Implant supported retainer for porc/metal FPD.....	412	D3222	Partial pulpotomy for apexogenesis.....	80
D6077	Implant supported retainer for cast metal FPD.....	436	D3230	Pulpal therapy - resorbable filling, anterior.....	80
D6080	Implant maintenance procedures.....	31	D3240	Pulpal therapy - resorbable filling, posterior.....	82
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.....	32	D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171
D6090	Repair implant supported prosthesis.....	181	D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209
D6091	Replacement of Precision Attachment.....	17	D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256
D6095	Repair implant abutment, by report.....	196	D3333	Internal root repair of perforation defects.....	53
D6100	Implant removal, by report.....	121	D3346	Retreat of prev. root canal therapy, anterior.....	194
D6101	Debridement periimplant defect.....	45	D3347	Retreat of prev. root canal therapy, premolar.....	233
D6102	Deridement and osseous contouring periimplant defect.....	90	D3348	Retreat of prev. root canal therapy, molar.....	279
D6103	Bone graft repair perrimplant defect.....	300	D3351	Apexification/recalcification - initial visit.....	101
D6104	Bone graft at time of implant placement.....	300	D3352	Apexification/recalcification - interim med. repl.....	295
D6190	Radiographic surgical implant index, by report.....	0	D3353	Apexification/recalcification - final visit.....	225
D6210/11/12	Pontic - cast metal.....	248	D3355	Pulpal regeneration - initial visit.....	101
D6214	Pontic - titanium.....	248	D3356	Pulpal regeneration - interim medication replacement.....	295
D6240/41/42	Pontic - porcelain fused to metal.....	262	D3357	Pulpal regeneration - completion of treatment.....	225
D6245	Pontic - porcelain/ceramic.....	280	D3410	Apicoectomy - anterior.....	162
D6250/51/52	Pontic - resin with metal.....	248	D3421	Apicoectomy - premolar (first root).....	182
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	126	D3425	Apicoectomy - molar (first root).....	209
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	197	D3426	Apicoectomy - (each add. root).....	76
D6549	Resin retainer - for resin bonded fixed prosthesis.....	126	D3427	Periradicular surgery w/o apicoectomy.....	133
D6600	Inlay - porc./ceramic, two surfaces.....	214	D3430	Retrograde filling - per root.....	60
D6601	Inlay - porc./ceramic, >=3 surfaces.....	223	D3450	Root amputation - per root.....	117
D6602	Inlay - cast high noble metal, two surfaces.....	204	D3920	Hemisection, not inc. root canal therapy.....	117
D6603	Inlay - cast high noble metal, >=3 surfaces.....	213	D3950	Canal prep/fitting of preformed dowel or post.....	68
D6604	Inlay - cast predominantly base metal, two surfaces.....	204	PERIODONTICS¹		
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	213	D0180	Comp. periodontal eval - new or established patient.....	0
D6606	Inlay - cast noble metal, two surfaces.....	204	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad... ..	140
D6607	Inlay - cast noble metal, >=3 surfaces.....	213	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	50
D6608	Onlay -porc./ceramic, two surfaces.....	240	D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20
D6609	Onlay - porc./ceramic, three or more surfaces.....	250	D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad... ..	173
D6610	Onlay - cast high noble metal, two surfaces.....	229	D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad... ..	53
D6611	Onlay - cast high noble metal, >=3 surfaces.....	262	D4249	Clinical crown lengthening - hard tissue.....	288
D6612	Onlay - cast predominantly base metal, two surfaces.....	229	D4260	Osseous surgery - >3 cont. teeth, per quad.....	250
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	262			
D6614	Onlay - cast noble metal, two surfaces.....	229			
D6615	Onlay - cast noble metal, >=3 surfaces.....	262			
D6720/21/22	Crown - resin with metal.....	248			
D6740	Crown - porcelain/ceramic.....	280			
D6750/51/52	Crown - porcelain fused to metal.....	262			
D6780/81/82	Crown - 3/4 cast metal.....	235			

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D4261	Osseous surgery - <=3 cont. teeth, per quad	196
D4268	Surgical revision proc., per tooth	179
D4270	Pedicle soft tissue graft procedure.....	322
D4273	Subepithelial connective tissue graft proc.....	400
D4274	Mesial/distal wedge procedure, single tooth	154
D4277	Free soft tissue graft, per tooth	327
D4278	Free soft tissue graft, each add. tooth	50
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23
D4355	Full mouth debridement	45
D4381	Localized delivery of chemotherapeutic agents	49
D4910	Periodontal maintenance	37
D4921	Gingival irrigation - per quadrant.....	0

ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth	28
D7140	Extraction, erupted tooth or exposed root.....	35
D7210	Extraction, erupted tooth req. bone cut.....	67
D7220	Removal of impacted tooth - soft tissue.....	76
D7230	Removal of impacted tooth - partially bony.....	98
D7240	Removal of impacted tooth - completely bony	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109
D7250	Removal of residual tooth roots	71
D7251	Coronectomy-intentional partial tooth removal	109
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113
D7280	Exposure of an unerupted tooth.....	77
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report ...	30
D7310/20	Alveoloplasty, >=4 per quad.....	71
D7311/21	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	71
D7471	Removal of lateral exostosis	176
D7510	Incision and drainage of abscess - intraoral soft tissue	48
D7910	Suture of recent small wounds up to 5 cm.....	30
D7921	Collection application of blood concentrate	20
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	132
D7971	Excision of pericoronary gingiva	66
D7979	Non-surgical sialolithotomy.....	22

ORTHODONTICS² - PRE-AUTHORIZATION REQUIRED

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

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

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

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

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation, employer's liability laws or the Pennsylvania Motor Vehicle Financial Responsibility Law.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
14. Non-medically necessary orthodontia and Phase I Treatment codes D8010 and D8050 for medically necessary orthodontia are not covered benefits under this policy. Discounts are provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #23 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0140, D0145, D0150, D0180) is covered per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride application every six (6) months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. Replacement of a primary stainless steel crown (under age 15), crown, denture or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.
8. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary and Reasonable (UCR) fee, minus 25%.
9. One (1) relining and rebasing of dentures is covered per 24 months, per patient.
10. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
11. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
12. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240) and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
13. One (1) full mouth debridement is covered per lifetime, per patient.
14. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
15. One (1) periodontal surgery of any type, including any associated material, is covered every 24 months, per quadrant or surgical site.
16. Periodontal maintenance is covered four (4) times per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
17. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
18. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
19. General anesthesia and analgesic (only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions), including intravenous and non-intravenous sedation with a maximum of 60 minutes of services allowed (general anesthesia is not covered with procedure codes D9230, D9239 or D9243; intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; non-intravenous conscious sedation is not covered with procedure code D9222, D9223 or D9230; requires a narrative of medical necessity be maintained in patient records).
20. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one (1) per 12 consecutive month period.
21. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
22. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
23. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).



DENTAL

Select Plan Premium Kids 706s (VA)

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

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D9439	Office visit	0	0
DIAGNOSTIC/PREVENTIVE			
D0120	Periodic oral eval - established patient	0	0
D0140	Limited oral eval - problem focused	0	0
D0145	Oral eval for a patient under 3 years of age	0	0
D0150	Comprehensive oral eval - new or established patient	0	0
D0160	Detailed and extensive oral eval - problem focused	0	0
D0170	Re-evaluation - limited, problem focused	0	0
D0210	Intraoral - complete series (including bitewings)	0	0
D0220/30	Intraoral - periapical first film and each additional	0	0
D0240	Intraoral - occlusal film	0	0
D0250	Extraoral	0	0
D0270-74	Bitewing x-rays - 1-4 films	0	0
D0277	Vertical bitewings - 7 to 8 films	0	0
D0330	Panoramic film	0	0
D0340	Cephalometric film	0	0
D0350	Oral/facial photographic images	0	0
D0351	3D photographic image	0	0
D0460	Pulp vitality tests	0	0
D0470	Diagnostic casts	0	0
D1110	Prophylaxis (cleaning) - adult	0	0
D1120	Prophylaxis (cleaning) - child	0	0
D1206	Topical fluoride varnish for mod/high risk caries patients	0	0
D1208	Topical application of fluoride	0	0
D1310	Nutritional counseling for control of dental disease	0	0
D1320/30	Oral hygiene instructions	0	0
D1351	Sealant - per tooth	0	0
D1352	Prev resin rest. mod/high caries risk - perm. tooth	0	0
SPACE MAINTAINERS			
D1510/20	Space maintainer - fixed/removable - unilateral	0	0
D1515/25	Space maintainer - fixed/removable - bilateral	0	0
D1550	Re-cementation of space maintainer	0	0
D1555	Removal of fixed space maintainer, by non-originating dentist	0	0
D1575	Distal shoe space maintainer - fixed - unilateral	0	0
RESTORATIVE DENTISTRY (FILLINGS)			
AMALGAM RESTORATIONS (SILVER)			
D2140	Amalgam - one surface, prim. or perm.	21	21
D2150	Amalgam - two surfaces, prim. or perm.	26	26
D2160	Amalgam - three surfaces, prim. or perm.	32	32
D2161	Amalgam - >=4 surfaces, prim. or perm.	39	39
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			
D2330	Resin-based composite - one surface, anterior	35	35
D2331	Resin-based composite - two surfaces, anterior	42	42
D2332	Resin-based composite - three surfaces, anterior	50	50
D2335	Resin-based composite - >=4 surfaces, anterior	60	60
D2390	Resin-based composite crown, anterior	96	96
D2391	Resin-based composite - one surface, posterior	37	37
D2392	Resin-based composite - two surfaces, posterior	44	44

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D2393	Resin-based composite - three surfaces, posterior	51.....	51
D2394	Resin-based composite - >=4 surfaces, posterior	62.....	62
D2940	Protective restoration	20.....	20
D2950	Core buildup, including any pins	63.....	63
D2951	Pin retention - per tooth, in addition to restoration	11.....	11
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	16.....	16
CROWNS & BRIDGES*			
D2510/20	Inlay- metallic - 1-2 surfaces	204.....	204
D2530	Inlay - metallic - three or more surfaces.....	213.....	213
D2542	Onlay - metallic-two surfaces.....	229.....	229
D2543/44	Onlay - metallic - three or more surfaces	262.....	262
D2610/20	Inlay - porcelain/ceramic - 1-2 surfaces	214.....	214
D2630	Inlay - porcelain/ceramic - >=3 surfaces	223.....	223
D2642	Onlay - porcelain/ceramic - two surfaces.....	240.....	240
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	250.....	250
D2650/51/52	Inlay - resin-based composite - >=1 surface(s).....	220.....	220
D2662/63/64	Onlay - resin-based composite - >=2 surfaces	222.....	222
D2710	Crown - resin based composite (indirect)	136.....	136
D2712	Crown - 3/4 resin-based composite (indirect)	243.....	243
D2720/21/22	Crown - resin with metal	248.....	248
D2740	Crown - porcelain/ceramic	280.....	280
D2750/51/52	Crown - porcelain fused metal	262.....	262
D2780/81/82	Crown - 3/4 cast with metal.....	239.....	239
D2783	Crown - 3/4 porcelain/ceramic	256.....	256
D2790-94	Crown - full cast metal	248.....	248
D2910/20	Recement inlay/crown.....	22.....	22
D2915	Recement cast or prefab. post and core.....	41.....	41
D2929	Porcelain/ceramic crown - prim. tooth.....	280.....	280
D2930	Prefab. stainless steel crown - prim. tooth	55.....	55
D2931	Prefab. stainless steel crown - perm. tooth.....	61.....	61
D2932	Prefabricated resin crown	70.....	70
D2933	Prefab. stainless steel crown w/ resin window.....	136.....	136
D2934	Prefab. esthetic coated primary tooth	148.....	148
D2941	Interim therapeutic restoration, primary dentition.....	16.....	16
D2952	Cast post and core in addition to crown.....	93.....	93
D2954	Prefab. post and core in addition to crown.....	77.....	77
D2955	Post removal (not in conj. with endo. therapy).....	53.....	53
D2962	Labial veneer (porcelain laminate) - laboratory.....	225.....	225
D2970	Temporary crown (fractured tooth).....	0.....	0
D2980	Crown repair, by report	51.....	51

PROSTHETICS (DENTURES)

D5110/20	Complete denture - maxillary/mandibular	349.....	349
D5130/40	Immediate denture - maxillary/mandibular.....	350.....	361
D5211/12	Maxillary/mandibular partial denture - resin base.....	325.....	325
D5213/14	Maxillary/mandibular partial denture - cast metal	350.....	375
D5221/22	Immediate maxillary/mandibular partial denture	325.....	325
D5223/24	Immediate maxillary/mandibular partial denture	375.....	375
D5225/26	Maxillary/mandibular partial denture - flexible base.....	350.....	375
D5281	Rem. unilateral partial denture - one piece cast metal.....	210.....	210
D5410/11	Adjust complete denture - maxillary/mandibular	19.....	19
D5421/22	Adjust partial denture - maxillary/mandibular.....	19.....	19
D5511/12	Repair broken complete denture base - maxillary/mandibular.....	44.....	44
D5520	Replace missing or broken teeth - complete denture	44.....	44
D5611/12	Repair resin partial denture base - maxillary/mandibular.....	44.....	44
D5621/22	Repair cast partial framework - maxillary/mandibular.....	44.....	44
D5620	Repair cast framework.....	44.....	44
D5630/60	Clasp repaired, replaced or added.....	58.....	58
D5640	Replace broken teeth - per tooth	44.....	44
D5650	Add tooth to existing partial denture	44.....	44
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular).....	144.....	144
D5710/11	Rebase complete maxillary/mandibular denture.....	130.....	130
D5720/21	Rebase maxillary/mandibular partial denture.....	130.....	130

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5730/31	Reline complete maxillary/mandibular denture (chairside).....	80.....	80
D5740/41	Reline maxillary/mandibular partial denture (chairside).....	78.....	78
D5750/51	Reline complete maxillary/mandibular denture (lab).....	112.....	112
D5760/61	Reline maxillary/mandibular partial denture (lab).....	112.....	112
D5810/11	Interim complete denture - maxillary/mandibular.....	181.....	181
D5820/21	Interim partial denture - maxillary/mandibular.....	181.....	181
D5850/51	Tissue conditioning - maxillary/mandibular.....	40.....	40
D5951	Feeding aid.....	350.....	698
BRIDGES & PONTICS*			
D6205	Pontic - indirect resin based composite.....	223.....	223
D6210-14	Pontic - metal.....	248.....	248
D6240/41/42	Pontic - porcelain fused to metal.....	262.....	262
D6245	Pontic - porcelain/ceramic.....	280.....	280
D6250/51/52	Pontic - resin with metal.....	248.....	248
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	126.....	126
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	197.....	197
D6549	Resin ret. for resin bonded fixed prosthesis.....	126.....	126
D6600	Inlay - porc./ceramic, two surfaces.....	214.....	214
D6601	Inlay - porc./ceramic, >=3 surfaces.....	223.....	223
D6602	Inlay - cast high noble metal, two surfaces.....	204.....	204
D6603	Inlay - cast high noble metal, >=3 surfaces.....	213.....	213
D6604	Inlay - cast predominantly base metal, two surfaces.....	204.....	204
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	213.....	213
D6606	Inlay - cast noble metal, two surfaces.....	204.....	204
D6607	Inlay - cast noble metal, >=3 surfaces.....	213.....	213
D6608	Onlay -porc./ceramic, two surfaces.....	240.....	240
D6609	Onlay - porc./ceramic, three or more surfaces.....	250.....	250
D6610	Onlay - cast high noble metal, two surfaces.....	229.....	229
D6611	Onlay - cast high noble metal, >=3 surfaces.....	262.....	262
D6612	Onlay - cast predominantly base metal, two surfaces.....	229.....	229
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	262.....	262
D6614	Onlay - cast noble metal, two surfaces.....	229.....	229
D6615	Onlay - cast noble metal, >=3 surfaces.....	262.....	262
D6710	Crown - indirect resin based composite.....	223.....	223
D6720/21/22	Crown - resin with metal.....	248.....	248
D6740	Crown - porcelain/ceramic.....	280.....	280
D6750/51/52	Crown - porcelain fused to metal.....	262.....	262
D6780/81/82	Crown - 3/4 cast metal.....	235.....	235
D6783	Crown - 3/4 porc./ceramic.....	256.....	256
D6790-94	Crown - full cast metal.....	248.....	248
D6930	Recement fixed partial denture.....	35.....	35
D6980	Fixed partial denture repair, by report.....	86.....	86
ADJUNCTIVE GENERAL SERVICES			
D9110	Palliative (emergency) treatment of dental pain.....	22.....	22
D9210/15	Local anesthesia.....	0.....	0
D9211/12	Regional block anesthesia.....	0.....	0
D9222	Deep sedation/general anesthesia - first 15 min.....	52.....	52
D9223	Deep sedation/general anesthesia - each subsequent 15 min. increment.....	52.....	52
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	19.....	19
D9239	Intravenous moderate conscious sedation/analgesia – first 15 min.....	52.....	52
D9243	Intravenous conscious sedation/analgesia - each subsequent 15 min. increment.....	52.....	52
D9248	Non-intravenous conscious sedation.....	73.....	73
D9310	Consultation (diagnostic service by nontreating dentist).....	22.....	22
D9420	Hospital call.....	175.....	175
D9440	Office visit after regularly scheduled hours.....	45.....	45
D9610	Therapeutic parenteral drug, single admin.....	13.....	13
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.....	35.....	35
D9630	Drugs or medicaments dispensed in the office for home use.....	21.....	21
D9910	Application of desensitizing medicament.....	16.....	16
D9920	Behavior management, by report.....	34.....	34
D9930	Treatment of complications (post-surgical).....	22.....	22

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D9940	Occlusal guard, by report (for grinding and clenching of teeth)	136	136
D9950	Occlusion analysis - mounted case	52	52
D9951	Occlusal adjustment - limited	33	33
D9952	Occlusal adjustment - complete	133	133
D9986	Missed appointment	50	50
D9995	Teledentistry – synchronous; real-time encounter (when available)	20	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.)	41	41
D3221	Pulpal debridement, prim. and perm. teeth	47	47
D3230	Pulpal therapy - resorbable filling, anterior	80	80
D3240	Pulpal therapy - resorbable filling, posterior	82	82
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	171	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	209	209
D3330	Endodontic therapy, molar tooth (excluding final restoration)	256	256
D3333	Internal root repair of perforation defects	53	53
D3346	Retreat of prev. root canal therapy, anterior	194	194
D3347	Retreat of prev. root canal therapy, premolar	233	233
D3348	Retreat of prev. root canal therapy, molar tooth (excluding final restoration)	279	279
D3351	Apexification/recalcification - initial visit	101	101
D3352	Apexification/recalcification - interim med. repl.	295	295
D3353	Apexification/recalcification - final visit	225	225
D3355	Pulpal regeneration - initial visit	101	101
D3356	Pulpal regeneration - interim medication	295	295
D3357	Pulpal regeneration - completion of treatment	225	225
D3410	Apicoectomy - anterior	162	162
D3421	Apicoectomy - premolar (first root)	182	182
D3425	Apicoectomy - molar (first root)	209	209
D3426	Apicoectomy - (each add. root)	76	76
D3427	Periradicular surgery w/o apicoectomy	133	133
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	372	372
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291	291
D3430	Retrograde filling - per root	60	60
D3450	Root amputation - per root	117	117
D3920	Hemisection, not inc. root canal therapy	117	117
D3950	Canal prep/fitting of preformed dowel or post	68	68

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient	0	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad	140	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad	50	50
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	173	173
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	53	53
D4249	Clinical crown lengthening - hard tissue	288	288
D4260	Osseous surgery - >3 cont. teeth, per quad	250	250
D4261	Osseous surgery - <=3 cont. teeth, per quad	196	196
D4263	Bone replacement graft, first site in quad.	350	372
D4264	Bone replacement graft, each add. site in quad.	291	291
D4268	Surgical revision proc., per tooth	179	179
D4270	Pedicle soft tissue graft procedure	322	322
D4273	Subepithelial connective tissue graft proc.	350	400
D4274	Mesial/distal wedge procedure, single tooth	154	154
D4277	Free soft tissue graft, per tooth	327	327
D4278	Free soft tissue graft, each add. tooth	50	50
D4320	Provisional splinting - intracoronal	214	214
D4321	Provisional splinting - extracoronal	189	189
D4341	Perio scaling and root planing - >3 cont teeth, per quad	55	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad	32	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23	23
D4355	Full mouth debridement	45	45
D4381	Localized delivery of chemotherapeutic agents	49	49
D4910	Periodontal maintenance	37	37

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
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ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth	28	28
D7140	Extraction, erupted tooth or exposed root.....	35	35
D7210	Extraction, erupted tooth req. bone cut.....	67	67
D7220	Removal of impacted tooth - soft tissue.....	76	76
D7230	Removal of impacted tooth - partially bony.....	98	98
D7240	Removal of impacted tooth - completely bony.....	121	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109	109
D7250	Removal of residual tooth roots	71	71
D7251	Coronectomy-intentional partial tooth removal	109	109
D7260	Oroantral fistula closure	289	289
D7261	Primary closure of a sinus perforation	233	233
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113	113
D7280	Exposure of an unerupted tooth.....	77	77
D7282	Mobil. of erupted/malpositioned tooth to aid eruption	116	116
D7283	Place. of device to facilitate erupt. of impacted tooth.....	72	72
D7285	Biopsy of oral tissue - hard (bone, tooth)	194	194
D7286	Biopsy of oral tissue - soft (all others).....	148	148
D7288	Brush biopsy - transepithelial sample collect.....	47	47
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30	30
D7310/20	Alveoloplasty, >=4 per quad.....	71	71
D7311/21	Alveoloplasty in conj. with/out extractions.....	71	71
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	177	177
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.....	272	272
D7471	Removal of lateral exostosis	176	176
D7472/73	Removal of torus palatinus/mandibularis.....	240	240
D7485	Surgical reduction of osseous tuberosity	284	284
D7510	Incision and drainage of abscess - intraoral soft tissue	48	48
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	56	56
D7880	Occlusal orthotic device for TMJ, "by report"	136	136
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	132	132
D7963	Frenuloplasty	147	147
D7970	Excision of hyperplastic tissue - per arch.....	117	117
D7971	Excision of pericoronal gingiva	66	66
D7972	Surgical reduction of fibrous tuberosity.....	261	261
D7979	Non-surgical sialolithotomy	22	22

ORTHODONTICS² - PRE-AUTHORIZATION REQUIRED

D8020	Limited ortho. treatment of the transitional dentition	350	3304
D8030	Lim. ortho treatment - adolescent dentition.....	350	3422
D8040	Lim. ortho treatment - adult dentition	3658	3658
D8070	Comp. ortho. treatment - transitional dentition.....	3304	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	350	3422
D8090	Comp. ortho. treatment - adult dentition	3658	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting).....	350	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting).....	350	783
D8660	Pre-orthodontic treatment visit.....	350	413
D8670	Periodic ortho. treatment visit (as part of contract)	118	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413	413
D8692	Replacement of lost or broken retainer	179	179
D8694	Repair of fixed retainers, includes reattachment.....	174	174
D8999	Unspecified orthodontic procedure, by report.....	0	0

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

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

Exclusions & Limitations

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
14. Non-medically necessary orthodontia and Phase I Treatment codes D8010 and D8050 for medically necessary orthodontia are not covered benefits under this policy. Discounts are provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #23 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145 or D0150) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride treatment is covered per six (6) months, per patient.
4. One (1) sealant per tooth, per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
5. One (1) space maintainer (D1510, D1520, D1515 or D1525) is covered per 12 months, per quadrant (unilateral) or per arch (bilateral), per patient; one (1) distal shoe space maintainer (D1575), fixed, unilateral per 24 months.
6. Replacement of a filling is covered if it is more than 12 months from the date of original placement.
7. Replacement of a crown, denture or labial veneer is covered if it is more than five (5) years from the date of original placement.
8. Replacement of a primary stainless steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
9. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
10. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
11. Root canal treatment is covered once per tooth, per lifetime, per patient. Retreatment of previous root canal therapy is covered once per tooth, per lifetime, per patient.
12. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasmy (D4210 or D4211) are limited to one (1) per 24 months, per quadrant, per patient.
13. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
14. Full mouth debridement is covered once per 12 months, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months, per patient. Must have pocket depths of five (5) millimeters or greater.
16. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site, per patient.
17. Periodontal maintenance after active therapy is covered four (4) times per 12 months, per patient.
18. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment.
21. Occlusal guard, by report (for grinding and clenching of teeth).
22. Apexification, apicoectomy and clinical crown lengthening are each covered once per tooth, per provider, per lifetime.
23. Orthodontics is only covered if medically necessary as determined by the Plan and is limited to once per lifetime. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).