



# Select Plan Premium 705xa (VA)

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

## DENTAL

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
<b>DIAGNOSTIC/PREVENTIVE</b>			<b>DIAGNOSTIC/PREVENTIVE</b>		
D9439	Office visit.....	10	D2780/81/82	Crown - 3/4 cast with metal.....	457
D0120	Periodic oral eval - established patient.....	0	D2783	Crown - 3/4 porcelain/ceramic.....	469
D0140	Limited oral eval - problem focused.....	0	D2790/91/92	Crown - full cast metal.....	481
D0150	Comprehensive oral eval - new or established patient.....	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	41
D0160	Detailed and extensive oral eval - problem focused.....	0	D2931	Prefab. stainless steel crown.....	119
D0170	Re-evaluation - limited, problem focused.....	0	D2932	Prefabricated resin crown.....	135
D0210	Intraoral - complete series (including bitewings).....	26	D2950	Core buildup, including any pins.....	120
D0220	Intraoral - periapical first film.....	0	D2952	Cast post and core in addition to crown.....	181
D0230	Intraoral - periapical each add. film.....	0	D2954	Prefab. post and core in addition to crown.....	148
D0240	Intraoral - occlusal film.....	0	D2955	Post removal (not in conj. with endo. therapy).....	101
D0250	Extraoral.....	0	D2970	Temporary crown (fractured tooth).....	0
D0270-74	Bitewing x-rays - 1 to 4 films.....	0	D2980	Crown repair, by report.....	93
D0277	Vertical bitewings - 7 to 8 films.....	0	<b>PROSTHETICS (DENTURES)</b>		
D0330	Panoramic film.....	30	D5110/20	Complete denture - maxillary/mandibular.....	664
D0340	Cephalometric Film.....	0	D5130/40	Immediate denture - maxillary/mandibular.....	708
D0350	Oral/facial photographic images.....	0	D5211/12	Maxillary/mandibular partial denture - resin base.....	613
D0351	3D photographic image.....	0	D5213/14	Maxillary/mandibular partial denture - cast metal.....	722
D0460	Pulp vitality tests.....	0	D5221/22	Maxillary/mandibular partial denture - resin follow up care.....	613
D0470	Diagnostic casts.....	0	D5223/24	Maxillary/mandibular partial denture - metal follow up care.....	722
D1110	Prophylaxis (cleaning) - adult.....	0	D5225/26	Maxillary/mandibular partial denture - flexible base.....	722
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D5281	Rem. unilateral partial denture - one piece cast metal.....	397
D1206	Topical fluoride varnish for mod/high risk caries patients.....	0	D5410/11	Adjust complete denture - maxillary/mandibular.....	35
D1208	Topical application of fluoride excluding varnish.....	0	D5421/22	Adjust partial denture - maxillary/mandibular.....	35
D1310	Nutritional counseling for control of dental disease.....	0	D5510/5610	Repair broken denture base (complete/resin).....	84
D1320/30	Oral hygiene instructions.....	0	D5520	Replace missing or broken teeth - complete denture.....	84
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>			D5620	Repair cast framework.....	84
<b>AMALGAM RESTORATIONS (SILVER)</b>			D5630/60	Clasp repaired, replaced or added.....	112
D2140	Amalgam - one surface, prim. or perm.....	37	D5640	Replace broken teeth - per tooth.....	84
D2150	Amalgam - two surfaces, prim. or perm.....	46	D5650	Add tooth to existing partial denture.....	84
D2160	Amalgam - three surfaces, prim. or perm.....	58	D5670/71	Replace all teeth and acrylic on cast metal framework.....	263
D2161	Amalgam - >=4 surfaces, prim. or perm.....	69	D5710/11	Rebase complete maxillary/mandibular denture.....	253
<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>			D5720/21	Rebase maxillary/mandibular partial denture.....	253
D2330	Resin-based composite - one surface, anterior.....	64	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	152
D2331	Resin-based composite - two surfaces, anterior.....	76	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	152
D2332	Resin-based composite - three surfaces, anterior.....	90	D5750/51	Reline complete maxillary/mandibular denture (lab).....	214
D2335	Resin-based composite - >=4 surfaces, anterior.....	109	D5760/61	Reline maxillary/mandibular partial denture (lab).....	214
D2390	Resin-based composite crown, anterior.....	175	D5810/11	Interim complete denture - maxillary/mandibular.....	333
D2391	Resin-based composite - one surface, posterior.....	68	D5820/21	Interim partial denture - maxillary/mandibular.....	333
D2392	Resin-based composite - two surfaces, posterior.....	80	D5850/51	Tissue conditioning - maxillary/mandibular.....	75
D2393	Resin-based composite - three surfaces, posterior.....	93	<b>BRIDGE &amp; PONTICS*</b>		
D2394	Resin-based composite - >=4 surfaces, posterior.....	112	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D2940	Protective restoration.....	37	D6210/11/12	Pontic - metal.....	481
D2951	Pin retention - per tooth, in addition to restoration.....	22	D6240/41/42	Pontic - porcelain fused metal.....	495
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	28	D6245	Pontic - porcelain/ceramic.....	531
<b>CROWN &amp; BRIDGE*</b>			D6250/51/52	Pontic - resin with metal.....	470
D2510	Inlay - metallic - one surface.....	390	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	233
D2520	Inlay - metallic - two surfaces.....	390	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	364
D2530	Inlay - metallic - three or more surfaces.....	407	D6549	Resin retainer - for resin bonded fixed prosthesis.....	233
D2542	Onlay - metallic-two surfaces.....	423	D6600	Inlay - porc./ceramic, two surfaces.....	410
D2543	Onlay - metallic-three surfaces.....	511	D6601	Inlay - porc./ceramic, >=3 surfaces.....	427
D2544	Onlay - metallic-four or more surfaces.....	511	D6602	Inlay - cast high noble metal, two surfaces.....	390
D2610	Inlay - porcelain/ceramic - one surface.....	410	D6603	Inlay - cast high noble metal, >=3 surfaces.....	407
D2620	Inlay - porcelain/ceramic - two surfaces.....	410	D6604	Inlay - cast predominantly base metal, two surfaces.....	390
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427	D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	407
D2642	Onlay - porcelain/ceramic - two surfaces.....	439	D6606	Inlay - cast noble metal, two surfaces.....	390
D2643	Onlay - porcelain/ceramic - three surfaces.....	459	D6607	Inlay - cast noble metal, >=3 surfaces.....	407
D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	459	D6608	Onlay - porc./ceramic, two surfaces.....	439
D2650	Inlay - resin-based composite - one surface.....	425	D6609	Onlay - porc./ceramic, three or more surfaces.....	459
D2651	Inlay - resin-based composite - two surfaces.....	425	D6610	Onlay - cast high noble metal, two surfaces.....	423
D2652	Inlay - resin-based composite - >=3 surfaces.....	425	D6611	Onlay - cast high noble metal, >=3 surfaces.....	511
D2662	Onlay - resin-based composite - two surfaces.....	429	D6612	Onlay - cast predominantly base metal, two surfaces.....	423
D2663	Onlay - resin-based composite - three surfaces.....	429	D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	511
D2664	Onlay - resin-based composite - >=4 surfaces.....	429	D6614	Onlay - cast noble metal, two surfaces.....	423
D2710	Crown - resin based composite (indirect).....	259	D6615	Onlay - cast noble metal, >=3 surfaces.....	511
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D6720/21/22	Crown - resin with metal.....	470
D2720/21/22	Crown - resin with metal.....	470	D6740	Crown - porcelain/ceramic.....	531
D2740	Crown - porcelain/ceramic substrate.....	531	D6750/51/52	Crown - porcelain fused metal.....	495
D2750/51/52	Crown - porcelain fused metal.....	495	D6780	Crown - 3/4 cast high noble metal.....	457
			D6781	Crown - 3/4 cast predominantly base metal.....	457
			D6782	Crown - 3/4 cast noble metal.....	457

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6783	Crown - 3/4 porc./ceramic.....	469
D6790/91/92	Crown - full cast metal.....	481
D6930	Recement fixed partial denture.....	66
D6980	Fixed partial denture repair, by report.....	157
<b>ADJUNCTIVE GENERAL SERVICES</b>		
D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15-minute increment.....	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15-minute increment.....	103
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9990	Broken office appointment.....	50

<b>ENDODONTICS<sup>1</sup></b>		
D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	87
D3310	Endodontic therapy, anterior tooth.....	325
D3320	Endodontic therapy, bicuspid tooth.....	395
D3330	Endodontic therapy, molar.....	488
D3333	Internal root repair of perforation defects.....	96
D3346	Retreat of prev. root canal therapy, anterior.....	356
D3347	Retreat of prev. root canal therapy, bicuspid.....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy - anterior.....	310
D3421	Apicoectomy - bicuspid (first root).....	333
D3425	Apicoectomy - molar (first root).....	379
D3426	Apicoectomy - (each add. root).....	148
D3430	Retrograde filling - per root.....	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, not inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

<b>PERIODONTICS<sup>1</sup></b>		
D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	324
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	90
D4260	Osseous surgery - >3 cont. teeth, per quad.....	485
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	360
D4268	Surgical revision proc., per tooth.....	329
D4274	Distal or proximal wedge procedure.....	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57
D4355	Full mouth debridement.....	77
D4381	Localized delivery of chemotherapeutic agents.....	90
D4910	Periodontal maintenance.....	66
D9940	Occlusal guard, by report.....	298
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255

<b>ORAL SURGERY<sup>1</sup></b>		
D7111	Extraction, coronal remnants - deciduous tooth.....	45
D7140	Extraction, erupted tooth or exposed root.....	63
D7210	Surgical rem. of erupted tooth req. bone cut.....	127
D7220	Removal of impacted tooth - soft tissue.....	144
D7230	Removal of impacted tooth - partially bony.....	189
D7240	Removal of impacted tooth - completely bony.....	227
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D7250	Surgical removal of residual tooth roots.....	136
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D7280	Surgical access of an unerupted tooth.....	111
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D7310/20	Alveoloplasty, per quad.....	135
D7510	Incision and drainage of abscess - intraoral soft tissue.....	91
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	256

<b>ORTHODONTICS<sup>2</sup></b>		
D8660	Pre-orthodontic treatment visit.....	413
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

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

- Plan Limitations**
- Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
  - One (1) problem focused exam is covered per calendar year per patient.
  - Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
  - One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
  - Two (2) bitewing x-rays are covered per calendar year per patient.
  - One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
  - Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
  - Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
  - Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
  - Relining and rebasing of dentures is covered once every 24 months per patient.
  - Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
  - Root planing or scaling is covered once every 24 months per quadrant per patient.
  - Full mouth debridement is covered once per lifetime per patient.
  - Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
  - Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
  - Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
<b>DIAGNOSTIC/PREVENTIVE</b>			<b>DIAGNOSTIC/PREVENTIVE</b>		
D9439	Office visit.....	10	D2780/81/82	Crown - 3/4 cast with metal.....	457
D0120	Periodic oral eval - established patient.....	0	D2783	Crown - 3/4 porcelain/ceramic.....	469
D0140	Limited oral eval - problem focused.....	0	D2790/91/92	Crown - full cast metal.....	481
D0150	Comprehensive oral eval - new or established patient.....	0	D2910/20	Recent inlay, onlay/crown or partial coverage rest.....	41
D0160	Detailed and extensive oral eval - problem focused.....	0	D2931	Prefab. stainless steel crown.....	119
D0170	Re-evaluation - limited, problem focused.....	0	D2932	Prefabricated resin crown.....	135
D0210	Intraoral - complete series (including bitewings).....	26	D2950	Core buildup, including any pins.....	120
D0220	Intraoral - periapical first radiographic image.....	0	D2952	Cast post and core in addition to crown.....	181
D0230	Intraoral - periapical radiographic image (each additional).....	0	D2954	Prefab. post and core in addition to crown.....	148
D0240	Intraoral - occlusal radiographic image.....	0	D2955	Post removal (not in conj. with endo. therapy).....	101
D0250	Extra-oral - 2D projection radiographic image.....	0	D2970	Temporary crown (fractured tooth).....	0
D0270-74	Bitewing x-rays - 1 to 4 radiographic images.....	0	D2980	Crown repair, by report.....	93
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	<b>PROSTHETICS (DENTURES)</b>		
D0330	Panoramic radiographic image.....	30	D5110/20	Complete denture - maxillary/mandibular.....	664
D0340	2D cephalometric radiographic image.....	0	D5130/40	Immediate denture - maxillary/mandibular.....	708
D0350	2D oral/facial photographic images (intraoral/extraoral).....	0	D5211/12	Maxillary/mandibular partial denture - resin base.....	613
D0351	3D photographic image.....	0	D5213/14	Maxillary/mandibular partial denture - cast metal.....	722
D0460	Pulp vitality tests.....	0	D5221/22	Maxillary/mandibular partial denture - resin follow up care.....	613
D0470	Diagnostic casts.....	0	D5223/24	Maxillary/mandibular partial denture - metal follow up care.....	722
D1110	Prophylaxis (cleaning) - adult.....	0	D5225/26	Maxillary/mandibular partial denture - flexible base.....	722
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D5281	Rem. unilateral partial denture - one piece cast metal.....	397
D1206	Topical fluoride varnish for mod/high risk caries patients.....	0	D5410/11	Adjust complete denture - maxillary/mandibular.....	35
D1208	Topical application of fluoride - excluding varnish.....	0	D5421/22	Adjust partial denture - maxillary/mandibular.....	35
D1310	Nutritional counseling for control of dental disease.....	0	D5510/5610	Repair broken denture base (complete/resin).....	84
D1320/30	Oral hygiene instructions.....	0	D5520	Replace missing or broken teeth - complete denture.....	84
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>			D5620	Repair cast framework.....	84
<b>AMALGAM RESTORATIONS (SILVER)</b>			D5630/60	Clasp repaired, replaced or added.....	112
D2140	Amalgam - one surface, prim. or perm.....	37	D5640	Replace broken teeth - per tooth.....	84
D2150	Amalgam - two surfaces, prim. or perm.....	46	D5650	Add tooth to existing partial denture.....	84
D2160	Amalgam - three surfaces, prim. or perm.....	58	D5670/71	Replace all teeth and acrylic on cast metal framework.....	263
D2161	Amalgam - >=4 surfaces, prim. or perm.....	69	D5710/11	Rebase complete maxillary/mandibular denture.....	253
<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>			D5720/21	Rebase maxillary/mandibular partial denture.....	253
D2330	Resin-based composite - one surface, anterior.....	64	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	152
D2331	Resin-based composite - two surfaces, anterior.....	76	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	152
D2332	Resin-based composite - three surfaces, anterior.....	90	D5750/51	Reline complete maxillary/mandibular denture (lab).....	214
D2335	Resin-based composite - >=4 surfaces, anterior.....	109	D5760/61	Reline maxillary/mandibular partial denture (lab).....	214
D2390	Resin-based composite crown, anterior.....	175	D5810/11	Interim complete denture - maxillary/mandibular.....	333
D2391	Resin-based composite - one surface, posterior.....	68	D5820/21	Interim partial denture - maxillary/mandibular.....	333
D2392	Resin-based composite - two surfaces, posterior.....	80	D5850/51	Tissue conditioning - maxillary/mandibular.....	75
D2393	Resin-based composite - three surfaces, posterior.....	93	<b>BRIDGE &amp; PONTICS*</b>		
D2394	Resin-based composite - >=4 surfaces, posterior.....	112	D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT		
D2940	Protective restoration.....	37	(incl. D0360-D0363 cone beam imaging w/ implants)		
D2951	Pin retention - per tooth, in addition to restoration.....	22	D6210/11/12	Pontic - metal.....	481
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	28	D6240/41/42	Pontic - porcelain fused metal.....	495
<b>CROWN &amp; BRIDGE*</b>			D6245	Pontic - porcelain/ceramic.....	531
D2510	Inlay - metallic - one surface.....	390	D6250/51/52	Pontic - resin with metal.....	470
D2520	Inlay - metallic - two surfaces.....	390	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	233
D2530	Inlay - metallic - three or more surfaces.....	407	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	364
D2542	Onlay - metallic-two surfaces.....	423	D6549	Resin retainer - for resin bonded fixed prosthesis.....	233
D2543	Onlay - metallic-three surfaces.....	511	D6600	Inlay - porc./ceramic, two surfaces.....	410
D2544	Onlay - metallic-four or more surfaces.....	511	D6601	Inlay - porc./ceramic, >=3 surfaces.....	427
D2610	Inlay - porcelain/ceramic - one surface.....	410	D6602	Inlay - cast high noble metal, two surfaces.....	390
D2620	Inlay - porcelain/ceramic - two surfaces.....	410	D6603	Inlay - cast high noble metal, >=3 surfaces.....	407
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427	D6604	Inlay - cast predominantly base metal, two surfaces.....	390
D2642	Onlay - porcelain/ceramic - two surfaces.....	439	D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	407
D2643	Onlay - porcelain/ceramic - three surfaces.....	459	D6606	Inlay - cast noble metal, two surfaces.....	390
D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	459	D6607	Inlay - cast noble metal, >=3 surfaces.....	407
D2650	Inlay - resin-based composite - one surface.....	425	D6608	Onlay - porc./ceramic, two surfaces.....	439
D2651	Inlay - resin-based composite - two surfaces.....	425	D6609	Onlay - porc./ceramic, three or more surfaces.....	459
D2652	Inlay - resin-based composite - >=3 surfaces.....	425	D6610	Onlay - cast high noble metal, two surfaces.....	423
D2662	Onlay - resin-based composite - two surfaces.....	429	D6611	Onlay - cast high noble metal, >=3 surfaces.....	511
D2663	Onlay - resin-based composite - three surfaces.....	429	D6612	Onlay - cast predominantly base metal, two surfaces.....	423
D2664	Onlay - resin-based composite - >=4 surfaces.....	429	D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	511
D2710	Crown - resin based composite (indirect).....	259	D6614	Onlay - cast noble metal, two surfaces.....	423
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D6615	Onlay - cast noble metal, >=3 surfaces.....	511
D2720/21/22	Crown - resin with metal.....	470	D6720/21/22	Crown - resin with metal.....	470
D2740	Crown - porcelain/ceramic substrate.....	531	D6740	Crown - porcelain/ceramic.....	531
D2750/51/52	Crown - porcelain fused metal.....	495	D6750/51/52	Crown - porcelain fused metal.....	495
			D6780	Crown - 3/4 cast high noble metal.....	457
			D6781	Crown - 3/4 cast predominantly base metal.....	457
			D6782	Crown - 3/4 cast noble metal.....	457



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D6783	Crown - 3/4 porc./ceramic .....	469
D6790/91/92	Crown - full cast metal .....	481
D6930	Recement fixed partial denture.....	66
D6980	Fixed partial denture repair, by report.....	157

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain .....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia .....	0
D9223	Deep sedation/general anesthesia - each 15-minute increment .....	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide .....	37
D9243	Intravenous conscious sedation/analgesia - each 15-minute increment.....	103
D9310	Consultation (diagnostic service by nontreating dentist) .....	42
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9986	Missed appointment .....	50

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

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement.....	87
D3310	Endodontic therapy, anterior tooth.....	325
D3320	Endodontic therapy, bicuspid tooth.....	395
D3330	Endodontic therapy, molar .....	488
D3333	Internal root repair of perforation defects .....	96
D3346	Retreat of prev. root canal therapy, anterior .....	356
D3347	Retreat of prev. root canal therapy, bicuspid .....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy - anterior .....	310
D3421	Apicoectomy - bicuspid (first root) .....	333
D3425	Apicoectomy - molar (first root) .....	379
D3426	Apicoectomy/periradicular surgery (each add. root).....	148
D3430	Retrograde filling - per root.....	113
D3450	Root amputation (resection) - per root.....	202
D3920	Hemisection, not inc. root canal therapy .....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

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

D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	265
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	94
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad. ....	324
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad. ....	90
D4260	Osseous surgery - >3 cont. teeth, per quad .....	485
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360
D4268	Surgical revision proc., per tooth .....	329
D4274	Distal or proximal wedge procedure .....	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57
D4355	Full mouth debridement.....	77
D4381	Localized delivery of chemotherapeutic agents.....	90
D4910	Periodontal maintenance.....	66
D9940	Occlusal guard, by report .....	298
D9950	Occlusion analysis - mounted case .....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete .....	255

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

D7111	Extraction, coronal remnants - deciduous tooth .....	45
D7140	Extraction, erupted tooth or exposed root .....	63
D7210	Surgical rem. of erupted tooth req. bone cut .....	127
D7220	Removal of impacted tooth - soft tissue .....	144
D7230	Removal of impacted tooth - partially bony .....	189
D7240	Removal of impacted tooth - completely bony.....	227
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D7250	Surgical removal of residual tooth roots .....	136
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D7280	Surgical access of an unerupted tooth .....	111
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report....	41
D7310/20	Alveoloplasty, per quad .....	135
D7510	Incision and drainage of abscess - intraoral soft tissue.....	91
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ....	256

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

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

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

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics).
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
- The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
- Any bill, or demand for payment, for a service that the regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

**Plan Limitations**

- Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year per patient.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
- Two (2) bitewing x-rays are covered per calendar year per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan.
- Relining and rebasing of dentures is covered once every 24 months per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant per patient.
- Full mouth debridement is covered once per lifetime per patient.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.

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

<sup>1</sup> As performed by a Participating General Dentist. See Plan Exclusion #13.

<sup>2</sup> See exclusion #15 for additional coverage information.

**DENTAL**

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
<b>DIAGNOSTIC/PREVENTIVE</b>			<b>DIAGNOSTIC/PREVENTIVE</b>		
D9439	Office visit.....	10	D2780/81/82	Crown - 3/4 cast with metal.....	457
D0120	Periodic oral eval - established patient.....	0	D2783	Crown - 3/4 porcelain/ceramic.....	469
D0140	Limited oral eval - problem focused.....	0	D2790/91/92	Crown - full cast metal.....	481
D0150	Comprehensive oral eval - new or established patient.....	0	D2910/20	Recent inlay, onlay/crown or partial coverage rest.....	41
D0160	Detailed and extensive oral eval - problem focused.....	0	D2931	Prefab. stainless steel crown - perm. tooth.....	119
D0170	Re-evaluation - limited, problem focused.....	0	D2932	Prefabricated resin crown.....	135
D0210	Intraoral - complete series (including bitewings).....	26	D2950	Core buildup, including any pins.....	120
D0220	Intraoral - periapical first film.....	0	D2952	Cast post and core in addition to crown.....	181
D0230	Intraoral - periapical each add. film.....	0	D2954	Prefab. post and core in addition to crown.....	148
D0240	Intraoral - occlusal film.....	0	D2955	Post removal (not in conj. with endo. therapy).....	101
D0250	Extra-oral.....	0	D2970	Temporary crown (fractured tooth).....	0
D0270-74	Bitewing x-rays - 1 to 4 films.....	0	D2980	Crown repair, by report.....	93
D0277	Vertical bitewings - 7 to 8 films.....	0	<b>PROSTHETICS (DENTURES)</b>		
D0330	Panoramic film.....	30	D5110/20	Complete denture - maxillary/mandibular.....	664
D0340	Cephalometric film.....	0	D5130/40	Immediate denture - maxillary/mandibular.....	708
D0350	Oral/facial photographic images.....	0	D5211/12	Maxillary/mandibular partial denture - resin base.....	613
D0351	3D photographic image.....	0	D5213/14	Maxillary/mandibular partial denture - cast metal.....	722
D0460	Pulp vitality tests.....	0	D5221/22	Maxillary/mandibular partial denture - resin follow up care... 613	
D0470	Diagnostic casts.....	0	D5223/24	Maxillary/mandibular partial denture - metal follow up care... 722	
D1110	Prophylaxis (cleaning) - adult.....	0	D5225/26	Maxillary/mandibular partial denture - flexible base.....	722
D1110*	Additional cleaning (expecting mothers or Diabetics).....	40	D5281	Rem. unilateral partial denture - one piece cast metal.....	397
D1206	Topical fluoride varnish for mod/high risk caries patients.....	0	D5410/11	Adjust complete denture - maxillary/mandibular.....	35
D1208	Topical application of fluoride excluding varnish.....	0	D5421/22	Adjust partial denture - maxillary/mandibular.....	35
D1310	Nutritional counseling for control of dental disease.....	0	D5510/5610	Repair broken denture base (complete/resin).....	84
D1320/30	Oral hygiene instructions.....	0	D5520	Replace missing or broken teeth - complete denture.....	84
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>			D5620	Repair cast framework.....	84
<b>AMALGAM RESTORATIONS (SILVER)</b>			D5630/60	Clasp repaired, replaced or added.....	112
D2140	Amalgam - one surface.....	37	D5640	Replace broken teeth - per tooth.....	84
D2150	Amalgam - two surfaces.....	46	D5650	Add tooth to existing partial denture.....	84
D2160	Amalgam - three surfaces.....	58	D5670/71	Replace all teeth and acrylic on cast metal framework.....	263
D2161	Amalgam - >=4 surfaces.....	69	D5710/11	Rebase complete maxillary/mandibular denture.....	253
<b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b>			D5720/21	Rebase maxillary/mandibular partial denture.....	253
D2330	Resin-based composite - one surface, anterior.....	64	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	152
D2331	Resin-based composite - two surfaces, anterior.....	76	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	152
D2332	Resin-based composite - three surfaces, anterior.....	90	D5750/51	Reline complete maxillary/mandibular denture (lab).....	214
D2335	Resin-based composite - >=4 surfaces, anterior.....	109	D5760/61	Reline maxillary/mandibular partial denture (lab).....	214
D2390	Resin-based composite crown, anterior.....	175	D5810/11	Interim complete denture - maxillary/mandibular.....	333
D2391	Resin-based composite - one surface, posterior.....	68	D5820/21	Interim partial denture - maxillary/mandibular.....	333
D2392	Resin-based composite - two surfaces, posterior.....	80	D5850/51	Tissue conditioning - maxillary/mandibular.....	75
D2393	Resin-based composite - three surfaces, posterior.....	93	<b>BRIDGE &amp; PONTICS*</b>		
D2394	Resin-based composite - >=4 surfaces, posterior.....	112	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D2940	Protective restoration.....	37	D6210/11/12	Pontic - metal.....	481
D2951	Pin retention - per tooth, in addition to restoration.....	22	D6240/41/42	Pontic - porcelain fused metal.....	495
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	28	D6245	Pontic - porcelain/ceramic.....	531
<b>CROWN &amp; BRIDGE*</b>			D6250/51/52	Pontic - resin with metal.....	470
D2510	Inlay - metallic - one surface.....	390	D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	233
D2520	Inlay - metallic - two surfaces.....	390	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	364
D2530	Inlay - metallic - three or more surfaces.....	407	D6549	Resin retainer - for resin bonded fixed prosthesis.....	233
D2542	Onlay - metallic-two surfaces.....	423	D6600	Inlay - porc./ceramic, two surfaces.....	410
D2543	Onlay - metallic-three surfaces.....	511	D6601	Inlay - porc./ceramic, >=3 surfaces.....	427
D2544	Onlay - metallic-four or more surfaces.....	511	D6602	Inlay - cast high noble metal, two surfaces.....	390
D2610	Inlay - porcelain/ceramic - one surface.....	410	D6603	Inlay - cast high noble metal, >=3 surfaces.....	407
D2620	Inlay - porcelain/ceramic - two surfaces.....	410	D6604	Inlay - cast predominantly base metal, two surfaces.....	390
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427	D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	407
D2642	Onlay - porcelain/ceramic - two surfaces.....	439	D6606	Inlay - cast noble metal, two surfaces.....	390
D2643	Onlay - porcelain/ceramic - three surfaces.....	459	D6607	Inlay - cast noble metal, >=3 surfaces.....	407
D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	459	D6608	Onlay - porc./ceramic, two surfaces.....	439
D2650	Inlay - resin-based composite - one surface.....	425	D6609	Onlay - porc./ceramic, three or more surfaces.....	459
D2651	Inlay - resin-based composite - two surfaces.....	425	D6610	Onlay - cast high noble metal, two surfaces.....	423
D2652	Inlay - resin-based composite - >=3 surfaces.....	425	D6611	Onlay - cast high noble metal, >=3 surfaces.....	511
D2662	Onlay - resin-based composite - two surfaces.....	429	D6612	Onlay - cast predominantly base metal, two surfaces.....	423
D2663	Onlay - resin-based composite - three surfaces.....	429	D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	511
D2664	Onlay - resin-based composite - >=4 surfaces.....	429	D6614	Onlay - cast noble metal, two surfaces.....	423
D2710	Crown - resin based composite (indirect).....	259	D6615	Onlay - cast noble metal, >=3 surfaces.....	511
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D6720/21/22	Crown - resin with metal.....	470
D2720/21/22	Crown - resin with metal.....	470	D6740	Crown - porcelain/ceramic.....	531
D2740	Crown - porcelain/ceramic substrate.....	531	D6750/51/52	Crown - porcelain fused metal.....	495
D2750/51/52	Crown - porcelain fused metal.....	495	D6780	Crown - 3/4 cast high noble metal.....	457
			D6781	Crown - 3/4 cast predominantly base metal.....	457
			D6782	Crown - 3/4 cast noble metal.....	457

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6783	Crown - 3/4 porc./ceramic.....	469
D6790/91/92	Crown - full cast metal.....	481
D6930	Recement fixed partial denture.....	66
D6980	Fixed partial denture repair, by report.....	157
<b>ADJUNCTIVE GENERAL SERVICES</b>		
D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15-minute increment..	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15-minute increment.....	103
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9990	Broken office appointment.....	50

<b>ENDODONTICS<sup>1</sup></b>		
D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement.....	87
D3310	Endodontic therapy, anterior tooth.....	325
D3320	Endodontic therapy, bicuspid tooth.....	395
D3330	Endodontic therapy, molar.....	488
D3333	Internal root repair of perforation defects.....	96
D3346	Retreat of prev. root canal therapy, anterior.....	356
D3347	Retreat of prev. root canal therapy, bicuspid.....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy - anterior.....	310
D3421	Apicoectomy - bicuspid (first root).....	333
D3425	Apicoectomy - molar (first root).....	379
D3426	Apicoectomy - (each add. root).....	148
D3430	Retrograde filling - per root.....	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, not inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

<b>PERIODONTICS<sup>1</sup></b>		
D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad... 265	
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	324
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	90
D4260	Osseous surgery - >3 cont. teeth, per quad.....	485
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	360
D4268	Surgical revision proc., per tooth.....	329
D4274	Distal or proximal wedge procedure.....	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ...	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57
D4355	Full mouth debridement.....	77
D4381	Localized delivery of chemotherapeutic agents.....	90
D4910	Periodontal maintenance.....	66
D9940	Occlusal guard, by report.....	298
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255

<b>ORAL SURGERY<sup>1</sup></b>		
D7111	Extraction, coronal remnants - deciduous tooth.....	45
D7140	Extraction, erupted tooth or exposed root.....	63
D7210	Surgical rem. of erupted tooth req. bone cut.....	127
D7220	Removal of impacted tooth - soft tissue.....	144
D7230	Removal of impacted tooth - partially bony.....	189
D7240	Removal of impacted tooth - completely bony.....	227
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D7250	Surgical removal of residual tooth roots.....	136
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D7280	Surgical access of an unerupted tooth.....	111
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report..	41
D7310/20	Alveoloplasty, per quad.....	135
D7510	Incision and drainage of abscess - intraoral soft tissue.....	91
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	256

<b>ORTHODONTICS<sup>2</sup></b>		
D8660	Pre-orthodontic treatment visit.....	413
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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- Plan Exclusions**
- Services which are covered under worker's compensation, employer's liability laws or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
  - Services which are not necessary for the patient's dental health as determined by the Plan.
  - Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
  - Oral surgery requiring the setting of fractures or dislocations.
  - Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
  - Dispensing of drugs.
  - Hospitalization for any dental procedure.
  - Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
  - Replacement due to loss or theft of prosthetic appliance.
  - Procedures not listed as covered benefits under this Plan.
  - Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
  - Services related to the treatment of TMD (Temporomandibular Disorder).
  - Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion Dental Services to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their Usual, Customary, and Reasonable (UCR) fees that will vary between specialists.
  - Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
  - The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
- Plan Limitations**
- Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
  - One (1) problem focused exam is covered per calendar year per patient.
  - Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
  - One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
  - Two (2) bitewing x-rays are covered per calendar year per patient.
  - One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
  - Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
  - Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
  - Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
  - Relining and rebasing of dentures is covered once every 24 months per patient.
  - Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
  - Root planing or scaling is covered once every 24 months per quadrant per patient.
  - Full mouth debridement is covered once per lifetime per patient.
  - Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
  - Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
  - Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.

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<sup>1</sup>As performed by a Participating General Dentist. See Plan Exclusion #13.

<sup>2</sup>Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.