

Select Plan Premium 705xa (DC)

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE			DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	10	D2910/20	Recent inlay, onlay/crown or partial coverage rest.	41
D0120	Periodic oral eval - established patient	0	D2931	Prefab. stainless steel crown	119
D0140	Limited oral eval - problem focused	0	D2932	Prefabricated resin crown	135
D0150	Comprehensive oral eval - new or established patient	0	D2950	Core buildup, including any pins	120
D0160	Detailed and extensive oral eval - problem focused	0	D2952	Cast post and core in addition to crown	181
D0170	Re-evaluation - limited, problem focused	0	D2954	Prefab. post and core in addition to crown	148
D0210	Intraoral - complete series (including bitewings)	26	D2955	Post removal (not in conj. with endo. therapy)	101
D0220	Intraoral - periapical first film	0	D2980	Crown repair, by report	93
D0230	Intraoral - periapical each add. film	0	PROSTHETICS (DENTURES)		
D0240	Intraoral - occlusal film	0	D5110/20	Complete denture - maxillary/mandibular	664
D0250	Extraoral	0	D5130/40	Immediate denture - maxillary/mandibular	708
D0270-74	Bitewing x-rays - 1 to 4 films	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D0277	Vertical bitewings - 7 to 8 films	0	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D0330	Panoramic film	30	D5221/22	Maxillary/mandibular partial denture - resin follow up care	613
D0340	Cephalometric Film	0	D5223/24	Maxillary/mandibular partial denture - metal follow up care	722
D0350	Oral/facial photographic images	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D0351	3D photographic image	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D0460	Pulp vitality tests	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D0470	Diagnostic casts	0	D5421/22	Adjust partial denture - maxillary/mandibular	35
D1110	Prophylaxis (cleaning) - adult	0	D5510/5610	Repair broken denture base (complete/resin)	84
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5520	Replace missing or broken teeth - complete denture	84
D1206	Topical fluoride varnish for mod/high risk caries patients	0	D5620	Repair cast framework	84
D1208	Topical application of fluoride excluding varnish	0	D5630/60	Clasp repaired, replaced or added	112
D1310	Nutritional counseling for control of dental disease	0	D5640	Replace broken teeth - per tooth	84
D1320/30	Oral hygiene instructions	0	D5650	Add tooth to existing partial denture	84
RESTORATIVE DENTISTRY (FILLINGS)			D5670/71	Replace all teeth and acrylic on cast metal framework	263
AMALGAM RESTORATIONS (SILVER)			D5710/11	Rebase complete maxillary/mandibular denture	253
D2140	Amalgam - one surface	37	D5720/21	Rebase maxillary/mandibular partial denture	253
D2150	Amalgam - two surfaces	46	D5730/31	Reline complete maxillary/mandibular denture (chairside)	152
D2160	Amalgam - three surfaces	58	D5740/41	Reline maxillary/mandibular partial denture (chairside)	152
D2161	Amalgam - >=4 surfaces	69	D5750/51	Reline complete maxillary/mandibular denture (lab)	214
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D2330	Resin-based composite - one surface, anterior	64	D5810/11	Interim complete denture - maxillary/mandibular	333
D2331	Resin-based composite - two surfaces, anterior	76	D5820/21	Interim partial denture - maxillary/mandibular	333
D2332	Resin-based composite - three surfaces, anterior	90	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2335	Resin-based composite - >=4 surfaces, anterior	109	BRIDGE & PONTICS*		
D2390	Resin-based composite crown, anterior	175	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D2391	Resin-based composite - one surface, posterior	68	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	57
D2392	Resin-based composite - two surfaces, posterior	80	D6210/11/12	Pontic - metal	481
D2393	Resin-based composite - three surfaces, posterior	93	D6240/41/42	Pontic - porcelain fused metal	495
D2394	Resin-based composite - >=4 surfaces, posterior	112	D6245	Pontic - porcelain/ceramic	531
D2940	Protective restoration	37	D6250/51/52	Pontic - resin with metal	470
D2951	Pin retention - per tooth, in addition to restoration	22	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
CROWN & BRIDGE*			D6549	Resin retainer - resin bonded fixed prosthesis	233
D2510	Inlay - metallic - one surface	390	D6600	Inlay - porc./ceramic, two surfaces	410
D2520	Inlay - metallic - two surfaces	390	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2530	Inlay - metallic - three or more surfaces	407	D6602	Inlay - cast high noble metal, two surfaces	390
D2542	Onlay - metallic-two surfaces	423	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2543	Onlay - metallic-three surfaces	511	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2544	Onlay - metallic-four or more surfaces	511	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2610	Inlay - porcelain/ceramic - one surface	410	D6606	Inlay - cast noble metal, two surfaces	390
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6608	Onlay -porc./ceramic, two surfaces	439
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6610	Onlay - cast high noble metal, two surfaces	423
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2650	Inlay - resin-based composite - one surface	425	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2651	Inlay - resin-based composite - two surfaces	425	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6614	Onlay - cast noble metal, two surfaces	423
D2662	Onlay - resin-based composite - two surfaces	429	D6615	Onlay - cast noble metal, >=3 surfaces	511
D2663	Onlay - resin-based composite - three surfaces	429	D6720/21/22	Crown - resin with metal	470
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6740	Crown - porcelain/ceramic	531
D2710	Crown - resin based composite (indirect)	259	D6750/51/52	Crown - porcelain fused metal	495
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6780	Crown - 3/4 cast high noble metal	457
D2720/21/22	Crown - resin with metal	470	D6781	Crown - 3/4 cast predominantly base metal	457
D2740	Crown - porcelain/ceramic substrate	531	D6782	Crown - 3/4 cast noble metal	457
D2750/51/52	Crown - porcelain fused metal	495	D6783	Crown - 3/4 porc./ceramic	469
D2780/81/82	Crown - 3/4 cast with metal	457	D6790/91/92	Crown - full cast metal	481
D2783	Crown - 3/4 porcelain/ceramic	469	D6930	Recent fixed partial denture	66
D2790/91/92	Crown - full cast metal	481	D6980	Fixed partial denture repair, by report	157

ADA CODE MEMBER COPAYMENT(S)

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15 min. increment.	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15 min. 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
D9995	Teledentistry – synchronous; real-time encounter (when available).....	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement	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/periradicular surgery, anterior.....	310
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	333
D3425	Apicoectomy/periradicular surgery, molar (first root).....	379
D3426	Apicoectomy/periradicular surgery (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

PERIODONTICS¹

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	Mesial/distal wedge procedure, single tooth	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
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 SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth.....	45
D7140	Extraction, erupted tooth or exposed root.....	63
D7210	Extraction, erupted tooth req elev, etc	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	Removal of residual tooth roots	136
D7251	Coronectomy - intentional partial tooth removal.....	181
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	211
D7280	Exposure of an unerupted tooth	111
D7291	Transseptal fibrotomy/supra crestal fibrotomy, 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

ORTHODONTICS²

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

ADA CODE MEMBER COPAYMENT(S)

Plan Exclusions

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

Plan Limitations

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

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

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

Select Plan Premium 705xa (DE)

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D0140	Limited oral eval - problem focused	0	D2932	Prefabricated resin crown	135
D0150	Comprehensive oral eval - new or established patient	0	D2950	Core buildup, including any pins	120
D0160	Detailed and extensive oral eval - problem focused	0	D2952	Cast post and core in addition to crown	181
D0170	Re-evaluation - limited, problem focused	0	D2954	Prefab. post and core in addition to crown	148
D0210	Intraoral - complete series (including bitewings)	26	D2955	Post removal (not in conj. with endo. therapy)	101
D0220	Intraoral - periapical first film	0	D2980	Crown repair, by report	93
D0230	Intraoral - periapical each add. film	0	PROSTHETICS (DENTURES)		
D0240	Intraoral - occlusal film	0	D5110/20	Complete denture - maxillary/mandibular	664
D0250	Extraoral	0	D5130/40	Immediate denture - maxillary/mandibular	708
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D0340	Cephalometric Film	0	D5223/24	Maxillary/mandibular partial denture - metal follow up care	722
D0350	Oral/facial photographic images	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D0351	3D photographic image	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D0460	Pulp vitality tests	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D0470	Diagnostic casts	0	D5421/22	Adjust partial denture - maxillary/mandibular	35
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D1206	Topical fluoride varnish for mod/high risk caries patients	0	D5620	Repair cast framework	84
D1208	Topical application of fluoride excluding varnish	0	D5630/60	Clasp repaired, replaced or added	112
D1310	Nutritional counseling for control of dental disease	0	D5640	Replace broken teeth - per tooth	84
D1320/30	Oral hygiene instructions	0	D5650	Add tooth to existing partial denture	84
RESTORATIVE DENTISTRY (FILLINGS)			D5670/71	Replace all teeth and acrylic on cast metal framework	263
AMALGAM RESTORATIONS (SILVER)			D5710/11	Rebase complete maxillary/mandibular denture	253
D2140	Amalgam - one surface	37	D5720/21	Rebase maxillary/mandibular partial denture	253
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RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D2330	Resin-based composite - one surface, anterior	64	D5810/11	Interim complete denture - maxillary/mandibular	333
D2331	Resin-based composite - two surfaces, anterior	76	D5820/21	Interim partial denture - maxillary/mandibular	333
D2332	Resin-based composite - three surfaces, anterior	90	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2335	Resin-based composite - >=4 surfaces, anterior	109	BRIDGE & PONTICS*		
D2390	Resin-based composite crown, anterior	175	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
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D2393	Resin-based composite - three surfaces, posterior	93	D6240/41/42	Pontic - porcelain fused metal	495
D2394	Resin-based composite - >=4 surfaces, posterior	112	D6245	Pontic - porcelain/ceramic	531
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D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
CROWN & BRIDGE*			D6549	Resin retainer - resin bonded fixed prosthesis	233
D2510	Inlay - metallic - one surface	390	D6600	Inlay - porc./ceramic, two surfaces	410
D2520	Inlay - metallic - two surfaces	390	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2530	Inlay - metallic - three or more surfaces	407	D6602	Inlay - cast high noble metal, two surfaces	390
D2542	Onlay - metallic-two surfaces	423	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2543	Onlay - metallic-three surfaces	511	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2544	Onlay - metallic-four or more surfaces	511	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2610	Inlay - porcelain/ceramic - one surface	410	D6606	Inlay - cast noble metal, two surfaces	390
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6608	Onlay -porc./ceramic, two surfaces	439
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6610	Onlay - cast high noble metal, two surfaces	423
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2650	Inlay - resin-based composite - one surface	425	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2651	Inlay - resin-based composite - two surfaces	425	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6614	Onlay - cast noble metal, two surfaces	423
D2662	Onlay - resin-based composite - two surfaces	429	D6615	Onlay - cast noble metal, >=3 surfaces	511
D2663	Onlay - resin-based composite - three surfaces	429	D6720/21/22	Crown - resin with metal	470
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6740	Crown - porcelain/ceramic	531
D2710	Crown - resin based composite (indirect)	259	D6750/51/52	Crown - porcelain fused metal	495
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6780	Crown - 3/4 cast high noble metal	457
D2720/21/22	Crown - resin with metal	470	D6781	Crown - 3/4 cast predominantly base metal	457
D2740	Crown - porcelain/ceramic substrate	531	D6782	Crown - 3/4 cast noble metal	457
D2750/51/52	Crown - porcelain fused metal	495	D6783	Crown - 3/4 porc./ceramic	469
D2780/81/82	Crown - 3/4 cast with metal	457	D6790/91/92	Crown - full cast metal	481
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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 min. increment.	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15 min. increment	103
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9910	Application of desensitizing medicament	31
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D9986	Missed appointment.....	50
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D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement.....	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/periradicular surgery, anterior.....	310
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	333
D3425	Apicoectomy/periradicular surgery, molar (first root).....	379
D3426	Apicoectomy/periradicular surgery (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

PERIODONTICS¹

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	Mesial/distal wedge procedure, single tooth.....	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	39
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 SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth.....	45
D7140	Extraction, erupted tooth or exposed root.....	63
D7210	Extraction, erupted tooth req elev, etc	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	Removal of residual tooth roots	136
D7251	Coronectomy - intentional partial tooth removal.....	181
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D7280	Exposure 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

ORTHODONTICS²

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

ADA CODE MEMBER COPAYMENT(S)

Plan Exclusions

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

Plan Limitations

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

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

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

Select Plan Premium 705xa (MD)

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE			DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	10	D2910/20	Recent inlay, onlay/crown or partial coverage rest.	41
D0120	Periodic oral eval - established patient	0	D2931	Prefab. stainless steel crown - perm. tooth	119
D0140	Limited oral eval - problem focused	0	D2932	Prefabricated resin crown	135
D0150	Comprehensive oral eval - new or established patient	0	D2950	Core buildup, including any pins	120
D0160	Detailed and extensive oral eval - problem focused	0	D2952	Cast post and core in addition to crown	181
D0170	Re-evaluation - limited, problem focused	0	D2954	Prefab. post and core in addition to crown	148
D0210	Intraoral - complete series (including bitewings)	26	D2955	Post removal (not in conj. with endo. therapy)	101
D0220	Intraoral - periapical first radiographic image	0	D2980	Crown repair, by report	93
D0230	Intraoral - periapical radiographic image (each additional)	0	PROSTHETICS (DENTURES)		
D0240	Intraoral - occlusal radiographic image	0	D5110/20	Complete denture - maxillary/mandibular	664
D0250	Extraoral - 2D projection radiographic image	0	D5130/40	Immediate denture - maxillary/mandibular	708
D0270-74	Bitewing - 1-4 radiographic images	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D0330	Panoramic radiographic image	30	D5221/22	Maxillary/mandibular partial denture - resin base	613
D0340	2D cephalometric radiographic image	0	D5223/24	Maxillary/mandibular partial denture - cast metal	722
D0350	2D oral/facial photographic images (intraoral/extraoral)	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D0351	3D photographic image	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D0460	Pulp vitality tests	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D0470	Diagnostic casts	0	D5421/22	Adjust partial denture - maxillary/mandibular	35
D1110	Prophylaxis (cleaning) - adult	0	D5510/5610	Repair broken denture base (complete/resin)	84
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5520	Replace missing or broken teeth - complete denture	84
D1206	Topical fluoride varnish for mod/high risk caries patients	0	D5620	Repair cast framework	84
D1208	Topical application of fluoride excluding varnish	0	D5630/60	Clasp repaired, replaced or added	112
D1310	Nutritional counseling for control of dental disease	0	D5640	Replace broken teeth - per tooth	84
D1320/30	Oral hygiene instructions	0	D5650	Add tooth to existing partial denture	84
RESTORATIVE DENTISTRY (FILLINGS)			RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (SILVER)			AMALGAM RESTORATIONS (SILVER)		
D2140	Amalgam - one surface, prim. or perm.	37	D5660	Add clasp to existing partial denture	112
D2150	Amalgam - two surfaces, prim. or perm.	46	D5670/71	Replace all teeth and acrylic on cast metal framework	263
D2160	Amalgam - three surfaces, prim. or perm.	58	D5710/11	Rebase complete maxillary/mandibular denture	253
D2161	Amalgam - >=4 surfaces, prim. or perm.	69	D5720/21	Rebase maxillary/mandibular partial denture	253
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		
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	BRIDGE & PONTICS*		
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	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	57
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6210/11/12	Pontic - metal	481
CROWN & BRIDGE*			D6240/41/42	Pontic - porcelain fused metal	495
D2510	Inlay - metallic - one surface	390	D6245	Pontic - porcelain/ceramic	531
D2520	Inlay - metallic - two surfaces	390	D6250/51/52	Pontic - resin with metal	470
D2530	Inlay - metallic - three or more surfaces	407	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D2542	Onlay - metallic-two surfaces	423	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D2543	Onlay - metallic-three surfaces	511	D6549	Resin retainer - resin bonded fixed prosthesis	233
D2544	Onlay - metallic-four or more surfaces	511	D6600	Inlay - porc./ceramic, two surfaces	410
D2610	Inlay - porcelain/ceramic - one surface	410	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6602	Inlay - cast high noble metal, two surfaces	390
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6606	Inlay - cast noble metal, two surfaces	390
D2650	Inlay - resin-based composite - one surface	425	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2651	Inlay - resin-based composite - two surfaces	425	D6608	Onlay -porc./ceramic, two surfaces	439
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2662	Onlay - resin-based composite - two surfaces	429	D6610	Onlay - cast high noble metal, two surfaces	423
D2663	Onlay - resin-based composite - three surfaces	429	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2710	Crown - resin based composite (indirect)	259	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6614	Onlay - cast noble metal, two surfaces	423
D2720/21/22	Crown - resin with metal	470	D6615	Onlay - cast noble metal, >=3 surfaces	511
D2740	Crown - porcelain/ceramic substrate	531	D6720/21/22	Crown - resin with metal	470
D2750/51/52	Crown - porcelain fused metal	495	D6740	Crown - porcelain/ceramic	531
D2780/81/82	Crown - 3/4 cast with metal	457	D6750/51/52	Crown - porcelain fused metal	495
D2783	Crown - 3/4 porcelain/ceramic	469	D6780	Crown - 3/4 cast high noble metal	457
D2790/91/92	Crown - full cast metal	481	D6781	Crown - 3/4 cast predominantly base metal	457
			D6782	Crown - 3/4 cast noble metal	457
			D6783	Crown - 3/4 porc./ceramic	469
			D6790/91/92	Crown - full cast metal	481
			D6930	Recent fixed partial denture	66

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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 min. increment.....	103
D9230	Analgesia, anxietyolysis, inhalation of nitrous oxide	37
D9243	Intravenous conscious sedation/analgesia - each 15 min. 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
D9995	Teledentistry – synchronous; real-time encounter (when available)	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement.....	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 (resection) - per root.....	202
D3920	Hemisection, not inc. root canal therapy	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

PERIODONTICS¹

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	Mesial/distal wedge procedure, single tooth.....	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation ...	39
D4355	Full mouth debridement.....	77
D4381	Localized delivery of chemotherapeutic agents.....	90
D9940	Occlusal guard, by report	298
D9950	Occlusion analysis - mounted case	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete	255
D4910	Periodontal maintenance.....	66

ORAL SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth	45
D7140	Extraction, erupted tooth or exposed root	63
D7210	Extraction, erupted tooth req elev, etc	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	Removal of residual tooth roots.....	136
D7251	Coronectomy - intentional partial tooth removal	181
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D7280	Exposure 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

ORTHODONTICS²

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 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). Participating Specialists, if available, have entered into an agreement with Dominion Dental Services to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialist's UCR fee; or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees, as the amount varies by provider.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
- The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
- Any bill, or demand for payment, for a service that the regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

Plan Limitations

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

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

¹ As performed by a Participating General Dentist. See Plan Exclusion #13.

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

Dominion National Insurance Company

Select Plan Premium 705xa (NJ)

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

ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	ADA CODE	COVERED SERVICES	MEMBER COPAYMENT(S)	
DIAGNOSTIC/PREVENTIVE						
D9439	Office visit	10	D2931	Prefab. stainless steel crown	119	
D0120	Periodic oral eval - established patient	0	D2932	Prefabricated resin crown	135	
D0140	Limited oral eval - problem focused	0	D2950	Core buildup, including any pins	120	
D0150	Comprehensive oral eval - new or established patient	0	D2952	Cast post and core in addition to crown	181	
D0160	Detailed and extensive oral eval - problem focused	0	D2954	Prefab. post and core in addition to crown	148	
D0170	Re-evaluation - limited, problem focused	0	D2955	Post removal (not in conj. with endo. therapy)	101	
D0210	Intraoral - complete series (including bitewings)	26	D2980	Crown repair, by report	93	
D0220	Intraoral - periapical first radiographic image	0	PROSTHETICS (DENTURES)			
D0230	Intraoral - periapical each add. radiographic image	0	D5110/20	Complete denture - maxillary/mandibular	664	
D0240	Intraoral - occlusal radiographic image	0	D5130/40	Immediate denture - maxillary/mandibular	708	
D0250	Extra-oral - 2D projection radiographic image	0	D5211/12	Maxillary/mandibular partial denture - resin base	613	
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D5213/14	Maxillary/mandibular partial denture - cast metal	722	
D0277	Vertical bitewings - 7 to 8 radiographic images	0	D5221	Immediate maxillary partial denture - resin base	613	
D0330	Panoramic radiographic image	30	D5222	Immediate mandibular partial denture - resin base	613	
D0340	2D cephalometric radiographic image	0	D5223	Immediate maxillary partial denture - cast metal framework	722	
D0350	2D oral/facial photographic image obtained intra-orally	0	D5224	Immediate mandibular partial denture - cast metal framework	722	
D0351	3D photographic image	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722	
D0460	Pulp vitality tests	0	D5281	Rem. unilateral partial denture - one piece cast metal	397	
D0470	Diagnostic casts	0	D5410/11	Adjust complete denture - maxillary/mandibular	35	
D1110	Prophylaxis (cleaning) - adult	0	D5421/22	Adjust partial denture - maxillary/mandibular	35	
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5510/5610	Repair broken denture base (complete/resin)	84	
D1206	Topical application of fluoride varnish	0	D5520	Replace missing or broken teeth - complete denture	84	
D1208	Topical application of fluoride - excluding varnish	0	D5620	Repair cast framework	84	
D1310	Nutritional counseling for control of dental disease	0	D5630/60	Clasp repaired, replaced or added	112	
D1320	Tobacco counseling for the control and prevention of oral disease	0	D5640	Replace broken teeth - per tooth	84	
D1330	Oral hygiene instructions	0	D5650	Add tooth to existing partial denture	84	
RESTORATIVE DENTISTRY (FILLINGS)						
D2140	Amalgam - one surface	37	D5670/71	Replace all teeth and acrylic on cast metal framework	263	
D2150	Amalgam - two surfaces	46	D5710/11	Rebase complete maxillary/mandibular denture	253	
D2160	Amalgam - three surfaces	58	D5720/21	Rebase maxillary/mandibular partial denture	253	
D2161	Amalgam - >=4 surfaces	69	D5730/31	Reline complete maxillary/mandibular denture (chairside)	152	
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)						
D2330	Resin-based composite - one surface, anterior	64	D5740/41	Reline maxillary/mandibular partial denture (chairside)	152	
D2331	Resin-based composite - two surfaces, anterior	76	D5750/51	Reline complete maxillary/mandibular denture (lab)	214	
D2332	Resin-based composite - three surfaces, anterior	90	D5760/61	Reline maxillary/mandibular partial denture (lab)	214	
D2335	Resin-based composite - >=4 surfaces, anterior	109	D5810/11	Interim complete denture - maxillary/mandibular	333	
D2390	Resin-based composite crown, anterior	175	D5820/21	Interim partial denture - maxillary/mandibular	333	
D2391	Resin-based composite - one surface, posterior	68	D5850/51	Tissue conditioning - maxillary/mandibular	75	
D2392	Resin-based composite - two surfaces, posterior	80	BRIDGE & PONTICS*			
D2393	Resin-based composite - three surfaces, posterior	93	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	57	
D2394	Resin-based composite - >=4 surfaces, posterior	112	D6210/11/12	Pontic - metal	481	
D2940	Protective restoration	37	D6240/41/42	Pontic - porcelain fused metal	495	
D2951	Pin retention - per tooth, in addition to restoration	22	D6245	Pontic - porcelain/ceramic	531	
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6250/51/52	Pontic - resin with metal	470	
CROWN & BRIDGE*						
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	
D2780/81/82	Crown - 3/4 cast with metal	457	D6781	Crown - 3/4 cast predominantly base metal	457	
D2783	Crown - 3/4 porcelain/ceramic	469	D6782	Crown - 3/4 cast noble metal	457	
D2790/91/92	Crown - full cast metal	481	D6783	Crown - 3/4 porc./ceramic	469	
D2910/20	Recentment inlay, onlay/crown or partial coverage rest.	41	D6790/91/92	Crown - full cast metal	481	
ADJUNCTIVE GENERAL SERVICES						
				D9110	Palliative (emergency) treatment of dental pain	43
				D9210/15	Local anesthesia	0

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

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81/90
D3221	Pulpal debridement.....	87/96
D3310	Endodontic therapy, anterior tooth.....	325/357
D3320	Endodontic therapy, bicuspid tooth.....	395/435
D3330	Endodontic therapy, molar.....	488/537
D3333	Internal root repair of perforation defects	96/106
D3346	Retreat of prev. root canal therapy, anterior	356/393
D3347	Retreat of prev. root canal therapy, bicuspid	418/461
D3348	Retreat of prev. root canal therapy, molar.....	527/581
D3410	Apicoectomy - anterior	310/342
D3421	Apicoectomy - bicuspid (first root)	333/367
D3425	Apicoectomy - molar (first root)	379/418
D3426	Apicoectomy - (each add. root)	148/164
D3430	Retrograde filling - per root.....	113/125
D3450	Root amputation - per root.....	202/223
D3920	Hemisection, not inc. root canal therapy	202/222
D3950	Canal prep/filing of preformed dowel or post.....	125/138

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient.....	36/40
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265/292
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94/103
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	324/357
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	90/99
D4260	Osseous surgery - >3 cont. teeth, per quad	485/534
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	360/396
D4268	Surgical revision proc., per tooth.....	329/362
D4274	Mesial/distal wedge procedure, single tooth.....	308/339
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105/116
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57/63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	39/43
D4355	Full mouth debridement.....	77/86
D4381	Localized delivery of chemotherapeutic agents.....	90/100
D4910	Periodontal maintenance	66/73
D9940	Occlusal guard, by report	298/298
D9950	Occlusion analysis - mounted case	81/90
D9951	Occlusal adjustment - limited.....	62/62
D9952	Occlusal adjustment - complete	255/255

ORAL SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth	45/50
D7140	Extraction, erupted tooth or exposed root	63/70
D7210	Extraction, erupted tooth req elev, etc	127/140
D7220	Removal of impacted tooth - soft tissue	144/159
D7230	Removal of impacted tooth - partially bony	189/208
D7240	Removal of impacted tooth - completely bony.....	227/250
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181/200
D7250	Surgical removal of residual tooth roots	136/150
D7251	Coronectomy - intentional partial tooth removal	181/200
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211/232
D7280	Exposure of an unerupted tooth	111/122
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41/45
D7310/20	Alveoloplasty, per quad	135/149
D7510	Incision and drainage of abscess - intraoral soft tissue.....	91/100
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc. ...	256/282

ORTHODONTICS

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	COVERED SERVICES	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 Services under this Plan.
- 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).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Listed copayments do not apply when performed by a Participating Plan 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 Services. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

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

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

¹ Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist. Referrals to a Participating Plan Specialist must be made by a member's Participating General Dentist. If the listed procedure contains a (/), the second listed fee represents the copayment due to the Participating Plan Specialist after referral. See Plan Exclusion #13.

Select Plan Premium 705xa (PA)

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE			DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	10	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41
D0120	Periodic oral eval - established patient	0	D2931	Prefab. stainless steel crown	119
D0140	Limited oral eval - problem focused	0	D2932	Prefabricated resin crown	135
D0150	Comprehensive oral eval - new or established patient	0	D2950	Core buildup, including any pins	120
D0160	Detailed and extensive oral eval - problem focused	0	D2952	Cast post and core in addition to crown	181
D0170	Re-evaluation - limited, problem focused	0	D2954	Prefab. post and core in addition to crown	148
D0210	Intraoral - complete series (including bitewings)	26	D2955	Post removal (not in conj. with endo. therapy)	101
D0220	Intraoral - periapical first film	0	D2980	Crown repair, by report	93
D0230	Intraoral - periapical each add. film	0	PROSTHETICS (DENTURES)		
D0240	Intraoral - occlusal film	0	D5110/20	Complete denture - maxillary/mandibular	664
D0250	Extraoral	0	D5130/40	Immediate denture - maxillary/mandibular	708
D0270-74	Bitewing x-rays - 1 to 4 films	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D0277	Vertical bitewings - 7 to 8 films	0	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D0330	Panoramic film	30	D5221/22	Maxillary/mandibular partial denture - resin follow up care	613
D0340	Cephalometric Film	0	D5223/24	Maxillary/mandibular partial denture - metal follow up care	722
D0350	Oral/facial photographic images	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D0351	3D photographic image	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D0460	Pulp vitality tests	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D0470	Diagnostic casts	0	D5421/22	Adjust partial denture - maxillary/mandibular	35
D1110	Prophylaxis (cleaning) - adult	0	D5510/5610	Repair broken denture base (complete/resin)	84
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5520	Replace missing or broken teeth - complete denture	84
D1206	Topical fluoride varnish for mod/high risk caries patients	0	D5620	Repair cast framework	84
D1208	Topical application of fluoride excluding varnish	0	D5630/60	Clasp repaired, replaced or added	112
D1310	Nutritional counseling for control of dental disease	0	D5640	Replace broken teeth - per tooth	84
D1320/30	Oral hygiene instructions	0	D5650	Add tooth to existing partial denture	84
RESTORATIVE DENTISTRY (FILLINGS)			D5670/71	Replace all teeth and acrylic on cast metal framework	263
AMALGAM RESTORATIONS (SILVER)			D5710/11	Rebase complete maxillary/mandibular denture	253
D2140	Amalgam - one surface	37	D5720/21	Rebase maxillary/mandibular partial denture	253
D2150	Amalgam - two surfaces	46	D5730/31	Reline complete maxillary/mandibular denture (chairside)	152
D2160	Amalgam - three surfaces	58	D5740/41	Reline maxillary/mandibular partial denture (chairside)	152
D2161	Amalgam - >=4 surfaces	69	D5750/51	Reline complete maxillary/mandibular denture (lab)	214
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D2330	Resin-based composite - one surface, anterior	64	D5810/11	Interim complete denture - maxillary/mandibular	333
D2331	Resin-based composite - two surfaces, anterior	76	D5820/21	Interim partial denture - maxillary/mandibular	333
D2332	Resin-based composite - three surfaces, anterior	90	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2335	Resin-based composite - >=4 surfaces, anterior	109	BRIDGE & PONTICS*		
D2390	Resin-based composite crown, anterior	175	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT	
D2391	Resin-based composite - one surface, posterior	68	(incl. D0360-D0363 cone beam imaging w/ implants)		
D2392	Resin-based composite - two surfaces, posterior	80	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	
D2393	Resin-based composite - three surfaces, posterior	9357		
D2394	Resin-based composite - >=4 surfaces, posterior	112	D6210/11/12	Pontic - metal	481
D2940	Protective restoration	37	D6240/41/42	Pontic - porcelain fused metal	495
D2951	Pin retention - per tooth, in addition to restoration	22	D6245	Pontic - porcelain/ceramic	531
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6250/51/52	Pontic - resin with metal	470
CROWN & BRIDGE*			D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D2510	Inlay - metallic - one surface	390	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D2520	Inlay - metallic - two surfaces	390	D6549	Resin retainer - resin bonded fixed prosthesis	233
D2530	Inlay - metallic - three or more surfaces	407	D6600	Inlay - porc./ceramic, two surfaces	410
D2542	Onlay - metallic-two surfaces	423	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2543	Onlay - metallic-three surfaces	511	D6602	Inlay - cast high noble metal, two surfaces	390
D2544	Onlay - metallic-four or more surfaces	511	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2610	Inlay - porcelain/ceramic - one surface	410	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6606	Inlay - cast noble metal, two surfaces	390
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6608	Onlay -porc./ceramic, two surfaces	439
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2650	Inlay - resin-based composite - one surface	425	D6610	Onlay - cast high noble metal, two surfaces	423
D2651	Inlay - resin-based composite - two surfaces	425	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2662	Onlay - resin-based composite - two surfaces	429	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2663	Onlay - resin-based composite - three surfaces	429	D6614	Onlay - cast noble metal, two surfaces	423
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6615	Onlay - cast noble metal, >=3 surfaces	511
D2710	Crown - resin based composite (indirect)	259	D6720/21/22	Crown - resin with metal	470
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6740	Crown - porcelain/ceramic	531
D2720/21/22	Crown - resin with metal	470	D6750/51/52	Crown - porcelain fused metal	495
D2740	Crown - porcelain/ceramic substrate	531	D6780	Crown - 3/4 cast high noble metal	457
D2750/51/52	Crown - porcelain fused metal	495	D6781	Crown - 3/4 cast predominantly base metal	457
D2780/81/82	Crown - 3/4 cast with metal	457	D6782	Crown - 3/4 cast noble metal	457
D2783	Crown - 3/4 porcelain/ceramic	469	D6783	Crown - 3/4 porc./ceramic	469
D2790/91/92	Crown - full cast metal	481	D6790/91/92	Crown - full cast metal	481
			D6930	Recement fixed partial denture	66
			D6980	Fixed partial denture repair, by report	157

ADA CODE MEMBER COPAYMENT(S)

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15 min. increment.	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15 min. 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
D9995	Teledentistry – synchronous; real-time encounter (when available).....	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement	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/periradicular surgery, anterior.....	310
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	333
D3425	Apicoectomy/periradicular surgery, molar (first root).....	379
D3426	Apicoectomy/periradicular surgery (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

PERIODONTICS¹

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	Mesial/distal wedge procedure, single tooth	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
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 SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth.....	45
D7140	Extraction, erupted tooth or exposed root.....	63
D7210	Extraction, erupted tooth req elev, etc	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	Removal of residual tooth roots	136
D7251	Coronectomy - intentional partial tooth removal.....	181
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	211
D7280	Exposure 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

ORTHODONTICS²

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

ADA CODE MEMBER COPAYMENT(S)

Plan Exclusions

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

Plan Limitations

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

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

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

Select Plan 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.

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE			DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	10	D2910/20	Recent inlay, onlay/crown or partial coverage rest.	41
D0120	Periodic oral eval - established patient	0	D2931	Prefab. stainless steel crown	119
D0140	Limited oral eval - problem focused	0	D2932	Prefabricated resin crown	135
D0150	Comprehensive oral eval - new or established patient	0	D2950	Core buildup, including any pins	120
D0160	Detailed and extensive oral eval - problem focused	0	D2952	Cast post and core in addition to crown	181
D0170	Re-evaluation - limited, problem focused	0	D2954	Prefab. post and core in addition to crown	148
D0210	Intraoral - complete series (including bitewings)	26	D2955	Post removal (not in conj. with endo. therapy)	101
D0220	Intraoral - periapical first film	0	D2980	Crown repair, by report	93
D0230	Intraoral - periapical each add. film	0	PROSTHETICS (DENTURES)		
D0240	Intraoral - occlusal film	0	D5110/20	Complete denture - maxillary/mandibular	664
D0250	Extraoral	0	D5130/40	Immediate denture - maxillary/mandibular	708
D0270-74	Bitewing x-rays - 1 to 4 films	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D0277	Vertical bitewings - 7 to 8 films	0	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D0330	Panoramic film	30	D5221/22	Maxillary/mandibular partial denture - resin follow up care	613
D0340	Cephalometric Film	0	D5223/24	Maxillary/mandibular partial denture - metal follow up care	722
D0350	Oral/facial photographic images	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D0351	3D photographic image	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D0460	Pulp vitality tests	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D0470	Diagnostic casts	0	D5421/22	Adjust partial denture - maxillary/mandibular	35
D1110	Prophylaxis (cleaning) - adult	0	D5510/5610	Repair broken denture base (complete/resin)	84
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5520	Replace missing or broken teeth - complete denture	84
D1206	Topical fluoride varnish for mod/high risk caries patients	0	D5620	Repair cast framework	84
D1208	Topical application of fluoride excluding varnish	0	D5630/60	Clasp repaired, replaced or added	112
D1310	Nutritional counseling for control of dental disease	0	D5640	Replace broken teeth - per tooth	84
D1320/30	Oral hygiene instructions	0	D5650	Add tooth to existing partial denture	84
RESTORATIVE DENTISTRY (FILLINGS)			D5670/71	Replace all teeth and acrylic on cast metal framework	263
AMALGAM RESTORATIONS (SILVER)			D5710/11	Rebase complete maxillary/mandibular denture	253
D2140	Amalgam - one surface	37	D5720/21	Rebase maxillary/mandibular partial denture	253
D2150	Amalgam - two surfaces	46	D5730/31	Reline complete maxillary/mandibular denture (chairside)	152
D2160	Amalgam - three surfaces	58	D5740/41	Reline maxillary/mandibular partial denture (chairside)	152
D2161	Amalgam - >=4 surfaces	69	D5750/51	Reline complete maxillary/mandibular denture (lab)	214
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D2330	Resin-based composite - one surface, anterior	64	D5810/11	Interim complete denture - maxillary/mandibular	333
D2331	Resin-based composite - two surfaces, anterior	76	D5820/21	Interim partial denture - maxillary/mandibular	333
D2332	Resin-based composite - three surfaces, anterior	90	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2335	Resin-based composite - >=4 surfaces, anterior	109	BRIDGE & PONTICS*		
D2390	Resin-based composite crown, anterior	175	D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT	
D2391	Resin-based composite - one surface, posterior	68	(incl. D0360-D0363 cone beam imaging w/ implants)		
D2392	Resin-based composite - two surfaces, posterior	80	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	
D2393	Resin-based composite - three surfaces, posterior	93	D6210/11/12	Pontic - metal	481
D2394	Resin-based composite - >=4 surfaces, posterior	112	D6240/41/42	Pontic - porcelain fused metal	495
D2940	Protective restoration	37	D6245	Pontic - porcelain/ceramic	531
D2951	Pin retention - per tooth, in addition to restoration	22	D6250/51/52	Pontic - resin with metal	470
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
CROWN & BRIDGE*			D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D2510	Inlay - metallic - one surface	390	D6549	Resin retainer - resin bonded fixed prosthesis	233
D2520	Inlay - metallic - two surfaces	390	D6600	Inlay - porc./ceramic, two surfaces	410
D2530	Inlay - metallic - three or more surfaces	407	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2542	Onlay - metallic-two surfaces	423	D6602	Inlay - cast high noble metal, two surfaces	390
D2543	Onlay - metallic-three surfaces	511	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2544	Onlay - metallic-four or more surfaces	511	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2610	Inlay - porcelain/ceramic - one surface	410	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6606	Inlay - cast noble metal, two surfaces	390
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6608	Onlay -porc./ceramic, two surfaces	439
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6610	Onlay - cast high noble metal, two surfaces	423
D2650	Inlay - resin-based composite - one surface	425	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2651	Inlay - resin-based composite - two surfaces	425	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2662	Onlay - resin-based composite - two surfaces	429	D6614	Onlay - cast noble metal, two surfaces	423
D2663	Onlay - resin-based composite - three surfaces	429	D6615	Onlay - cast noble metal, >=3 surfaces	511
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6720/21/22	Crown - resin with metal	470
D2710	Crown - resin based composite (indirect)	259	D6740	Crown - porcelain/ceramic	531
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6750/51/52	Crown - porcelain fused metal	495
D2720/21/22	Crown - resin with metal	470	D6780	Crown - 3/4 cast high noble metal	457
D2740	Crown - porcelain/ceramic substrate	531	D6781	Crown - 3/4 cast predominantly base metal	457
D2750/51/52	Crown - porcelain fused metal	495	D6782	Crown - 3/4 cast noble metal	457
D2780/81/82	Crown - 3/4 cast with metal	457	D6783	Crown - 3/4 porc./ceramic	469
D2783	Crown - 3/4 porcelain/ceramic	469	D6790/91/92	Crown - full cast metal	481
D2790/91/92	Crown - full cast metal	481	D6930	Recent fixed partial denture	66
			D6980	Fixed partial denture repair, by report	157

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15 min. increment.	103
D9230	Analgesia, anxietylisis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15 min. 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
D9995	Teledentistry – synchronous; real-time encounter (when available).....	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20

ENDODONTICS¹		
D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement	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/periradicular surgery, anterior.....	310
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	333
D3425	Apicoectomy/periradicular surgery, molar (first root).....	379
D3426	Apicoectomy/periradicular surgery (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

PERIODONTICS¹		
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	Mesial/distal wedge procedure, single tooth	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	39
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 SURGERY¹		
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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).	
13.	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 and Palliative Emergency Pain Treatment). Participating Specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees.	
14.	Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.	
15.	The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.	

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19.	Coronectomy - intentional partial tooth removal, once per lifetime.	
20.	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available).	

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