

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	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 film	0	PROSTHETICS (DENTURES)		
D0230	Intraoral - periapical each add. film	0	D5110/20	Complete denture - maxillary/mandibular	664
D0240	Intraoral - occlusal film	0	D5130/40	Immediate denture - maxillary/mandibular	708
D0250	Extraoral - first film and each add. film	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D0270-74	Bitewing x-rays - 1 to 4 films	0	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D0277	Vertical bitewings - 7 to 8 films	0	D5221/22	Maxillary/mandibular partial denture - resin follow up care	613
D0330	Panoramic film	30	D5223/24	Maxillary/mandibular partial denture - metal follow up care	722
D0340	Cephalometric Film	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D0350	Oral/facial photographic images	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D0351	3D photographic image	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D0460	Pulp vitality tests	0	D5421/22	Adjust partial denture - maxillary/mandibular	35
D0470	Diagnostic casts	0	D5511/12	Repair broken complete denture base - maxillary/mandibular	84
D1110	Prophylaxis (cleaning) - adult	0	D5520	Replace missing or broken teeth - complete denture	84
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5611/12	Repair resin partial denture base - maxillary/mandibular	84
D1206	Topical application of fluoride varnish	0	D5621/22	Repair cast partial framework - maxillary/mandibular	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	
D2393	Resin-based composite - three surfaces, posterior	93		or mucositis of a single implant, including cleaning of the	
D2394	Resin-based composite - >=4 surfaces, posterior	112		implant surfaces, without flap entry and closure	57
D2940	Protective restoration	37	D6210/11/12	Pontic - metal	481
D2951	Pin retention - per tooth, in addition to restoration	22	D6240/41/42	Pontic - porcelain fused metal	495
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6245	Pontic - porcelain/ceramic	531
CROWN & BRIDGE*			D6250/51/52	Pontic - resin with metal	470
D2510	Inlay - metallic - one surface	390	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D2520	Inlay - metallic - two surfaces	390	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D2530	Inlay - metallic - three or more surfaces	407	D6549	Resin retainer - for resin bonded fixed prosthesis	233
D2542	Onlay - metallic-two surfaces	423	D6600	Inlay - porc./ceramic, two surfaces	410
D2543	Onlay - metallic-three surfaces	511	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2544	Onlay - metallic-four or more surfaces	511	D6602	Inlay - cast high noble metal, two surfaces	390
D2610	Inlay - porcelain/ceramic - one surface	410	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6606	Inlay - cast noble metal, two surfaces	390
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6608	Onlay - porc./ceramic, two surfaces	439
D2650	Inlay - resin-based composite - one surface	425	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2651	Inlay - resin-based composite - two surfaces	425	D6610	Onlay - cast high noble metal, two surfaces	423
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2662	Onlay - resin-based composite - two surfaces	429	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2663	Onlay - resin-based composite - three surfaces	429	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6614	Onlay - cast noble metal, two surfaces	423
D2710	Crown - resin based composite (indirect)	259	D6615	Onlay - cast noble metal, >=3 surfaces	511
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6720/21/22	Crown - resin with metal	470
D2720/21/22	Crown - resin with metal	470	D6740	Crown - porcelain/ceramic	531
D2740	Crown - porcelain/ceramic	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	Recent inlay, onlay/crown or partial coverage rest.	41	D6790/91/92	Crown - full cast metal	481
			D6930	Recent 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
D9222	Deep sedation/general anesthesia - first 15 min	103
D9223	Deep sedation/general anesthesia - each subsequent 15 min. .	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9239	Intravenous moderate sedation/analgesia – first 15 min.	103
D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min	103
D9310	Consultation (diagnostic service by nontreating dentist)	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 (excl. final restor.).....	325
D3320	Endodontic therapy, premolar tooth (excl. final restor.).....	395
D3330	Endodontic therapy, molar tooth (excl. final restor.).....	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, premolar	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy - anterior	310
D3421	Apicoectomy - premolar (first root)	333
D3425	Apicoectomy - molar (first root)	379
D3426	Apicoectomy - (each add. root).....	148
D3430	Retrograde filling - per root.....	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, not inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

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 - primary 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	Alveoplasty, per quad.....	135
D7510	Incision and drainage of abscess - intraoral soft tissue	91
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	256
D7979	Non-surgical sialolithotomy.....	43

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
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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**

DENTAL

Select Plan Premium Kids 706s (DC)

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

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

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D3356	Pulpal regeneration - interim medication replacement	295	ORTHODONTICS² - PRE-AUTHORIZATION REQUIRED		
D3357	Pulpal regeneration - completion of treatment.....	225	D8010	Limited ortho. treatment of the primary dentition	3304
D3410	Apicoectomy - anterior.....	162	D8020	Limited ortho. treatment of the transitional dentition....	3304
D3421	Apicoectomy - premolar (first root)	182	D8030	Limited ortho treatment - adolescent dentition.....	3422
D3425	Apicoectomy - molar (first root).....	209	D8050	Interceptive ortho. treatment of the primary dentition	3304
D3426	Apicoectomy (each add. root).....	76	D8060	Interceptive ortho. treatment of the transitional dentition ...	3304
D3427	Periradicular surgery w/o apicoectomy	133	D8070	Comp. ortho. treatment - transitional dentition.....	3304
D3430	Retrograde filling - per root.....	60	D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D3450	Root amputation - per root.....	117	D8090	Comp. ortho. treatment - adult dentition	3658
D3920	Hemisection, not inc. root canal therapy.....	117	D8210	Removable appliance therapy	770
D3950	Canal prep/fitting of preformed dowel or post.....	68	D8220	Fixed appliance therapy.....	783
PERIODONTICS¹			D8660	Pre-orthodontic treatment visit.....	413
D0180	Comp. periodontal eval - new or established patient.....	0	D8670	Periodic ortho. treatment visit (as part of contract)	118
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	140	D8680	Ortho. ret. (rem. of appl./placement of retainer(s))	413
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ...	50	1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.		
D4212	Gingivectomy or gingivoplasty, rest., per tooth	20	2 See exclusion #14 and limitation #28 for additional coverage information.		
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	173	Only current ADA CDT codes are considered valid by Dominion National Current Dental Terminology © American Dental Association.		
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	53			
D4249	Clinical crown lengthening - hard tissue	288			
D4260	Osseous surgery - >3 cont. teeth, per quad	250			
D4261	Osseous surgery - <=3 cont. teeth, per quad	196			
D4268	Surgical revision proc., per tooth	179			
D4270	Pedicle soft tissue graft procedure	322			
D4273	Subepithelial connective tissue graft proc.	400			
D4274	Mesial/distal wedge procedure, single tooth.....	154			
D4277	Free soft tissue graft, per tooth.....	327			
D4278	Free soft tissue graft, each add. tooth	50			
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ...	55			
D4342	Perio scaling and root planing - <= 3 teeth, per quad....	32			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23			
D4355	Full mouth debridement.....	45			
D4381	Localized delivery of chemotherapeutic agents.....	49			
D4910	Periodontal maintenance	37			
D4921	Gingival irrigation, per quadrant.....	0			
ORAL SURGERY¹					
D7111	Extraction, coronal remnants - primary tooth.....	28			
D7140	Extraction, erupted tooth or exposed root.....	35			
D7210	Extraction, erupted tooth req elev, etc	67			
D7220	Removal of impacted tooth - soft tissue.....	76			
D7230	Removal of impacted tooth - partially bony.....	98			
D7240	Removal of impacted tooth - completely bony.....	121			
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	109			
D7250	Removal of residual tooth roots	71			
D7251	Coronectomy-intentional partial tooth removal	109			
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113			
D7280	Exposure of an unerupted tooth	77			
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30			
D7310/20	Alveoloplasty, >=4 per quad.	71			
D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad..	71			
D7471	Removal of lateral exostosis.....	176			
D7510	Incision and drainage of abscess - intraoral soft tissue.	48			
D7910	Suture of recent small wounds up to 5 cm.....	30			
D7921	Collection application of blood concentrate	20			
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	132			
D7971	Excision of pericoronal gingiva	66			
D7979	Non-surgical sialolithotomy.....	22			

Exclusions & Limitations

Plan Exclusions

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

Plan Limitations

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