

# Select Plan Basic 703xa (DC)

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

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

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

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

**ADA CODE MEMBER COPAYMENT(S)**

**ADJUNCTIVE GENERAL SERVICES**

|          |  |     |
|----------|--|-----|
| D9110    | Palliative (emergency) treatment of dental pain .....  | 43  |
| D9210/15 | Local anesthesia .....   | 0   |
| D9211    | Regional block anesthesia .....  | 0   |
| D9212    | Trigeminal division block anesthesia .....   | 0   |
| D9222    | Deep sedation/general anesthesia - first 15 min. ....  | 103 |
| D9223    | Deep sedation/general anesthesia - each subsequent 15 min. ....  | 103 |
| D9230    | Analgesia, anxiolysis, inhalation of nitrous oxide .....   | 37  |
| D9239    | Intravenous moderate sedation/analgesia - first 15 min. ....   | 103 |
| D9243    | Intravenous moderate sedation/analgesia - each subsequent 15 min. ....   | 103 |
| D9310    | Consultation (diagnostic service by nontreating dentist) .....   | 43  |
| D9910    | Application of desensitizing medicament .....  | 31  |
| D9930    | Treatment of complications (post-surgical) .....   | 43  |
| D9986    | Missed appointment .....   | 50  |
| D9995    | Teledentistry – synchronous; real-time encounter (when available) .....  | 20  |
| D9996    | Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available) ..... | 20  |

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

|       |  |     |
|-------|--|-----|
| D3220 | Therapeutic pulpotomy (excl. final restor.) .....              | 81  |
| D3221 | Pulpal debridement, prim. and perm. teeth .....                | 94  |
| D3310 | Endodontic therapy, anterior tooth (excl. final restor.) ..... | 341 |
| D3320 | Endodontic therapy, premolar tooth (excl. final restor.) ..... | 418 |
| D3330 | Endodontic therapy, molar tooth (excl. final restor.) .....    | 512 |
| D3333 | Internal root repair of perforation defects .....              | 105 |
| D3346 | Retreat of prev. root canal therapy, anterior .....            | 387 |
| D3347 | Retreat of prev. root canal therapy, premolar .....            | 465 |
| D3348 | Retreat of prev. root canal therapy, molar .....               | 558 |
| D3410 | Apicoectomy - anterior .....                                   | 323 |
| D3421 | Apicoectomy - premolar (first root) .....                      | 364 |
| D3425 | Apicoectomy - molar (first root) .....                         | 418 |
| D3426 | Apicoectomy - (each add. root) .....                           | 152 |
| D3430 | Retrograde filling - per root .....                            | 119 |
| D3450 | Root amputation - per root .....                               | 234 |
| D3920 | Hemisection, not inc. root canal therapy .....                 | 234 |
| D3950 | Canal prep/fitting of preformed dowel or post .....            | 136 |

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

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

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

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

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

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

**ADA CODE MEMBER COPAYMENT(S)**

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

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

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

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



DOMINION NATIONAL

DENTAL

# Select Plan Basic Kids 702xs (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.....  | 10                  | D2949                         | Restorative foundation for an indirect restoration.....              | 0                   |
| <b>DIAGNOSTIC/PREVENTIVE</b>                        |  |                     | D2950                         | Core buildup, including any pins .....                               | 125                 |
| D0120   | Periodic oral eval - established patient.....                  | 0                   | D2951                         | Pin retention - per tooth, in addition to restoration .....          | 22                  |
| D0140   | Limited oral eval - problem focused .....                      | 0                   | D3110/20                      | Pulp cap - direct/indirect (excl. final restoration) .....           | 32                  |
| D0145   | Oral eval for a patient under 3 years of age .....             | 0                   | <b>CROWNS &amp; BRIDGES*</b>  |  |                     |
| D0150   | Comprehensive oral eval - new or established patient....       | 0                   | D2510/20                      | Inlay- metallic - 1 -2 surfaces .....                                | 407                 |
| D0160   | Detailed and extensive oral eval - problem focused.....        | 0                   | D2530                         | Inlay - metallic - three or more surfaces .....                      | 425                 |
| D0170   | Re-evaluation - limited, problem focused .....                 | 0                   | D2542                         | Onlay - metallic-two surfaces .....                                  | 458                 |
| D0210   | Intraoral - complete series (including bitewings) .....        | 26                  | D2543/44                      | Onlay - metallic - >=4 surfaces.....                                 | 524                 |
| D0220/30  | Intraoral - periapical first film and each additional .....    | 0                   | D2610/20                      | Inlay - porcelain/ceramic - 1 - 2 surfaces .....                     | 427                 |
| D0240   | Intraoral - occlusal film .....                                | 0                   | D2630                         | Inlay - porcelain/ceramic - >=3 surfaces .....                       | 445                 |
| D0250   | Extraoral film .....   | 0                   | D2642                         | Onlay - porcelain/ceramic - two surfaces .....                       | 479                 |
| D0270-74  | Bitewing x-rays - 1-4 films .....                              | 0                   | D2643/44                      | Onlay - porcelain/ceramic - >=3 surfaces.....                        | 499                 |
| D0277   | Vertical bitewings - 7 to 8 films .....                        | 0                   | D2650/51/52                   | Inlay - resin-based composite - >=1 surface(s).....                  | 440                 |
| D0330   | Panoramic film.....  | 30                  | D2662/63/64                   | Onlay - resin-based composite - >=2 surfaces.....                    | 444                 |
| D0340   | 2D cephalometric radiographic image .....                      | 0                   | D2710                         | Crown - resin based composite (indirect).....                        | 272                 |
| D0350   | 2D oral/facial photographic images (intraoral/extraoral)..     | 0                   | D2712                         | Crown - 3/4 resin-based composite (indirect).....                    | 485                 |
| D0351   | 3D photographic image .....                                    | 0                   | D2720/21/22                   | Crown - resin with metal.....  | 495                 |
| D0391   | Interpretation of diagnostic image only.....                   | 0                   | D2740                         | Crown - porcelain/ceramic.....                                       | 560                 |
| D0460   | Pulp vitality tests.....                                       | 0                   | D2750/51/52                   | Crown - porcelain fused metal.....                                   | 523                 |
| D0470   | Diagnostic casts .....   | 0                   | D2780/81/82                   | Crown - 3/4 cast with metal .....                                    | 478                 |
| D1110   | Prophylaxis (cleaning) - adult .....                           | 13                  | D2783                         | Crown - 3/4 porcelain/ceramic.....                                   | 511                 |
| D1120   | Prophylaxis (cleaning) - child .....                           | 10                  | D2790-94                      | Crown - full cast metal.....   | 495                 |
| D1206   | Topical fluoride varnish for mod/high risk caries patients.... | 0                   | D2910/20                      | Recement inlay, onlay/crown or partial coverage rest.....            | 43                  |
| D1208   | Topical application of fluoride .....                          | 0                   | D2929                         | Porcelain/ceramic crown - prim. tooth .....                          | 560                 |
| D1310   | Nutritional counseling for control of dental disease.....      | 0                   | D2930                         | Prefab. stainless steel crown - prim. tooth .....                    | 110                 |
| D1320   | Tobacco counseling for control of prev. oral disease.....      | 0                   | D2931                         | Prefab. stainless steel crown - perm. tooth .....                    | 121                 |
| D1330   | Oral hygiene instructions.....                                 | 0                   | D2932                         | Prefabricated resin crown.....                                       | 140                 |
| D1351   | Sealant - per tooth.....                                       | 21                  | D2941                         | Interim therapeutic restoration, primary dentition .....             | 31                  |
| D1352   | Prev resin rest. mod/high caries risk - perm. tooth.....       | 21                  | D2952                         | Cast post and core in addition to crown .....                        | 186                 |
| <b>SPACE MAINTAINERS</b>                            |  |                     | D2954                         | Prefab. post and core in addition to crown .....                     | 154                 |
| D1510/20  | Space maintainer - fixed/removable - unilateral .....          | 143                 | D2955                         | Post removal (not in conj. with endo. therapy) .....                 | 105                 |
| D1515/25  | Space maintainer - fixed/removable - bilateral .....           | 198                 | D2970                         | Temporary crown (fractured tooth) .....                              | 0                   |
| D1550   | Re-cementation of space maintainer.....                        | 34                  | D2980                         | Crown repair, by report.....   | 102                 |
| D1575   | Distal shoe space maintainer - fixed - unilateral.....         | 143                 | D2981/82/83                   | Inlay, onlay or veneer repair .....                                  | 102                 |
| <b>RESTORATIVE DENTISTRY (FILLINGS)</b>             |  |                     | D2990                         | Resin infiltration lesion .....                                      | 41                  |
| <b>AMALGAM RESTORATIONS (SILVER)</b>                |  |                     | <b>PROSTHETICS (DENTURES)</b> |  |                     |
| D2140   | Amalgam - one surface, prim. or perm.....                      | 41                  | D5110/20                      | Complete denture - maxillary/mandibular.....                         | 697                 |
| D2150   | Amalgam - two surfaces, prim. or perm. ....                    | 51                  | D5130/40                      | Immediate denture - maxillary/mandibular .....                       | 722                 |
| D2160   | Amalgam - three surfaces, prim. or perm.....                   | 64                  | D5211/12                      | Maxillary/mandibular partial denture - resin base.....               | 649                 |
| D2161   | Amalgam - >=4 surfaces, prim. or perm.....                     | 78                  | D5213/14                      | Maxillary/mandibular partial denture - cast metal.....               | 750                 |
| <b>RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)</b> |  |                     | D5221/22                      | Immediate maxillary/mandibular partial denture<br>- resin base ..... | 649                 |
| D2330   | Resin-based composite - one surface, anterior.....             | 69                  | D5223/24                      | Immediate maxillary/mandibular partial denture<br>- cast metal ..... | 750                 |
| D2331   | Resin-based composite - two surfaces, anterior .....           | 83                  | D5225/26                      | Maxillary/mandibular partial denture - flexible base ....            | 750                 |
| D2332   | Resin-based composite - three surfaces, anterior.....          | 99                  | D5281                         | Rem. unilateral partial denture - one piece cast metal....           | 419                 |
| D2335   | Resin-based composite - >=4 surfaces, anterior.....            | 119                 | D5410/11                      | Adjust complete denture - maxillary/mandibular .....                 | 38                  |
| D2390   | Resin-based composite crown, anterior.....                     | 192                 | D5421/22                      | Adjust partial denture - maxillary/mandibular .....                  | 38                  |
| D2391   | Resin-based composite - one surface, posterior.....            | 73                  | D5511/12                      | Repair broken complete denture<br>base - maxillary/mandibular.....   | 87                  |
| D2392   | Resin-based composite - two surfaces, posterior .....          | 87                  | D5520                         | Replace missing or broken teeth - complete denture....               | 87                  |
| D2393   | Resin-based composite - three surfaces, posterior.....         | 102                 | D5611/12                      | Repair resin partial denture base - maxillary/mandibular..           | 87                  |
| D2394   | Resin-based composite - >=4 surfaces, posterior.....           | 123                 | D5621/22                      | Repair cast partial framework - maxillary/mandibular .....           | 87                  |
| D2940   | Protective restoration .....                                   | 39                  | D5630/60                      | Clasp repaired, replaced or added .....                              | 115                 |

| ADA CODE                      | BENEFIT  | MEMBER COPAYMENT(S) | ADA CODE                           | BENEFIT   | MEMBER COPAYMENT(S) |
|-------------------------------|--|---------------------|------------------------------------|---|---------------------|
| D5640                         | Replace broken teeth - per tooth.....  | 87                  | D6605                              | Inlay - cast predominantly base metal, >=3 surfaces....   | 425                 |
| D5650                         | Add tooth to existing partial denture.....   | 87                  | D6606                              | Inlay - cast noble metal, two surfaces.....   | 407                 |
| D5670/71                      | Replace all teeth/acrylic on cast metal framework<br>(maxillary/mandibular).....   | 287                 | D6607                              | Inlay - cast noble metal, >=3 surfaces.....   | 425                 |
| D5710/11                      | Rebase complete maxillary/mandibular denture.....  | 260                 | D6608                              | Onlay -porc./ceramic, two surfaces.....   | 479                 |
| D5720/21                      | Rebase maxillary/mandibular partial denture.....   | 260                 | D6609                              | Onlay - porc./ceramic, three or more surfaces.....  | 499                 |
| D5730/31                      | Reline complete maxillary/mandibular denture (chairside)..   | 159                 | D6610                              | Onlay - cast high noble metal, two surfaces.....  | 458                 |
| D5740/41                      | Reline maxillary/mandibular partial denture (chairside) ..   | 155                 | D6611                              | Onlay - cast high noble metal, >=3 surfaces.....  | 524                 |
| D5750/51                      | Reline complete maxillary/mandibular denture (lab).....  | 224                 | D6612                              | Onlay - cast predominantly base metal, two surfaces...458   |                     |
| D5760/61                      | Reline maxillary/mandibular partial denture (lab).....   | 224                 | D6613                              | Onlay - cast predominantly base metal, >=3 surfaces...524   |                     |
| D5810/11                      | Interim complete denture - maxillary/mandibular.....   | 362                 | D6614                              | Onlay - cast noble metal, two surfaces.....   | 458                 |
| D5820/21                      | Interim partial denture - maxillary/mandibular.....  | 362                 | D6615                              | Onlay - cast noble metal, >=3 surfaces.....   | 524                 |
| D5850/51                      | Tissue conditioning - maxillary/mandibular.....  | 79                  | D6720/21/22                        | Crown - resin with metal.....   | 495                 |
| <b>BRIDGES &amp; PONTICS*</b> |  |                     | D6740                              | Crown - porcelain/ceramic.....  | 560                 |
| D6010                         | Surgical placement of implant body, endosteal.....   | 1716                | D6750/51/52                        | Crown - porcelain fused metal.....  | 523                 |
| D6011                         | Second stage implant surgery.....  | 200                 | D6780                              | Crown - 3/4 cast high noble metal.....  | 470                 |
| D6012                         | Surgical placement of interim implant body.....  | 1782                | D6781                              | Crown - 3/4 cast predominantly base metal.....  | 470                 |
| D6013                         | Surgical placement of mini implant.....  | 572                 | D6782                              | Crown - 3/4 cast noble metal.....   | 470                 |
| D6040                         | Surgical placement, eposteal implant.....  | 3564                | D6783                              | Crown - 3/4 porc./ceramic.....  | 511                 |
| D6050                         | Surgical placement, transosteal implant.....   | 4455                | D6790/91/92                        | Crown - full cast metal.....  | 495                 |
| D6055                         | Dental implant supported connecting bar.....   | 1611                | D6930                              | Recent fixed partial denture.....   | 69                  |
| D6056                         | Prefabricated abutment.....  | 456                 | D6980                              | Fixed partial denture repair, by report.....  | 172                 |
| D6058                         | Abutment supported porcelain/ceramic crown.....  | 560                 | <b>ADJUNCTIVE GENERAL SERVICES</b> |   |                     |
| D6059/60/61                   | Abutment supported porcelain fused to metal crown - metal.....   | 523                 | D9110                              | Palliative (emergency) treatment of dental pain.....  | 43                  |
| D6062/63/64                   | Abutment supported cast metal crown - metal.....   | 495                 | D9210/15                           | Local anesthesia.....   | 0                   |
| D6065                         | Implant supported porcelain/ceramic crown.....   | 560                 | D9211/12                           | Regional block anesthesia.....  | 0                   |
| D6066                         | Implant supported porcelain fused to metal crown -<br>titanium, titanium allow, high noble metal.....  | 523                 | D9222                              | Deep sedation/general anesthesia - first 15 min.....  | 103                 |
| D6067                         | Implant supported metal crown - titanium, titanium<br>alloy, high noble metal.....   | 523                 | D9223                              | Deep sedation/general anesthesia - each subsequent<br>15 min. increment.....  | 103                 |
| D6068                         | Abutment supported retainer for porc/ceramic.....  | 788                 | D9230                              | Analgesia, anxiolysis, inhalation of nitrous oxide.....   | 37                  |
| D6069                         | Abutment supp. retainer for porc/high noble.....   | 843                 | D9239                              | Intravenous moderate sedation/analgesia – first 15 min....  | 103                 |
| D6070                         | Abutment supp. retainer for porc/pred. base.....   | 695                 | D9243                              | Intravenous conscious sedation/analgesia - each<br>subsequent 15 min. increment.....  | 103                 |
| D6071                         | Abutment supp. retainer for porc/noble.....  | 704                 | D9310                              | Consultation (diagnostic service by nontreating dentist)...   | 43                  |
| D6072                         | Abutment supp retainer for cast high noble.....  | 788                 | D9910                              | Application of desensitizing medicament.....  | 31                  |
| D6073                         | Abutment supp. retainer for cast high noble.....   | 749                 | D9930                              | Treatment of complications (post-surgical).....   | 43                  |
| D6074                         | Abutment supp. retainer for cast noble metal.....  | 758                 | D9940                              | Occlusal guard, by report.....  | 272                 |
| D6075                         | Implant supported retainer for ceramic FPD.....  | 874                 | D9950                              | Occlusion analysis - mounted case.....  | 104                 |
| D6076                         | Implant supported retainer for porc/metal FPD.....   | 823                 | D9951                              | Occlusal adjustment - limited.....  | 66                  |
| D6077                         | Implant supported retainer for cast metal FPD.....   | 872                 | D9952                              | Occlusal adjustment - complete.....   | 266                 |
| D6080                         | Implant maintenance procedures.....  | 61                  | D9986                              | Missed appointment.....   | 50                  |
| D6081                         | Scaling and debridement in the presence of inflammation<br>or mucositis of a single implant, including cleaning of<br>the implant surfaces, without flap entry and closure.... | 63                  | D9995                              | Teledentistry – synchronous; real-time encounter<br>(when available).....   | 20                  |
| D6090                         | Repair implant supported prosthesis.....   | 362                 | D9996                              | Teledentistry – asynchronous; information stored<br>and forwarded to dentist for subsequent review<br>(when available)..... | 20                  |
| D6091                         | Replacement of Precision Attachment.....   | 34                  | <b>ENDODONTICS<sup>1</sup></b>     |   |                     |
| D6095                         | Repair implant abutment, by report.....  | 391                 | D3220                              | Therapeutic pulpotomy (excl. final restor.).....  | 81                  |
| D6100                         | Implant removal, by report.....  | 241                 | D3221                              | Pulpal debridement, prim. and perm. teeth.....  | 94                  |
| D6101                         | Debridement periimplant defect.....  | 90                  | D3222                              | Partial pulpotomy for apexogenesis.....   | 160                 |
| D6102                         | Deridement and osseous contouring periimplant defect...  | 180                 | D3230                              | Pulpal therapy - resorbable filling, anterior.....  | 160                 |
| D6103                         | Bone graft repair perrimplant defect.....  | 600                 | D3240                              | Pulpal therapy - resorbable filling, posterior.....   | 164                 |
| D6104                         | Bone graft at time of implant placement.....   | 600                 | D3310                              | Endodontic therapy, anterior tooth<br>(excluding final restoration).....  | 341                 |
| D6190                         | Radiographic surgical implant index, by report.....  | 0                   | D3320                              | Endodontic therapy, premolar tooth<br>(excluding final restoration).....  | 418                 |
| D6210-14                      | Pontic - metal.....  | 495                 | D3330                              | Endodontic therapy, molar tooth<br>(excluding final restoration).....   | 512                 |
| D6240/41/42                   | Pontic - porcelain fused to metal.....   | 523                 | D3333                              | Internal root repair of perforation defects.....  | 105                 |
| D6245                         | Pontic - porcelain/ceramic.....  | 560                 | D3346                              | Retreat of prev. root canal therapy, anterior.....  | 387                 |
| D6250/51/52                   | Pontic - resin with metal.....   | 495                 | D3347                              | Retreat of prev. root canal therapy, premolar.....  | 465                 |
| D6545                         | Ret. - cast metal for resin bonded fixed prosthesis.....   | 251                 | D3348                              | Retreat of prev. root canal therapy, molar.....   | 558                 |
| D6548                         | Ret. - porc./ceramic for resin bonded fixed prosthesis....   | 393                 | D3351                              | Apexification/recalcification - initial visit.....  | 202                 |
| D6549                         | Resin retainer - for resin bonded fixed prosthesis.....  | 251                 | D3352                              | Apexification/recalcification - interim med. repl.....  | 589                 |
| D6600                         | Inlay - porc./ceramic, two surfaces.....   | 427                 | D3353                              | Apexification/recalcification - final visit.....  | 449                 |
| D6601                         | Inlay - porc./ceramic, >=3 surfaces.....   | 445                 |                                    |   |                     |
| D6602                         | Inlay - cast high noble metal, two surfaces.....   | 407                 |                                    |   |                     |
| D6603                         | Inlay - cast high noble metal, >=3 surfaces.....   | 425                 |                                    |   |                     |
| D6604                         | Inlay - cast predominantly base metal, two surfaces....  | 407                 |                                    |   |                     |

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

| ADA CODE | BENEFIT | MEMBER COPAYMENT(S) |
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|       |  |     |
|-------|--|-----|
| D3355 | Pulpal regeneration - initial visit.....                 | 202 |
| D3356 | Pulpal regeneration - interim medication replacement.... | 589 |
| D3357 | Pulpal regeneration - completion of treatment .....      | 449 |
| D3410 | Apicoectomy - anterior .....                             | 323 |
| D3421 | Apicoectomy - premolar (first root).....                 | 364 |
| D3425 | Apicoectomy - molar (first root) .....                   | 418 |
| D3426 | Apicoectomy (each add. root) .....                       | 152 |
| D3427 | Periradicular surgery w/o apicoectomy .....              | 266 |
| D3430 | Retrograde filling - per root.....                       | 119 |
| D3450 | Root amputation - per root .....                         | 234 |
| D3920 | Hemisection, not inc. root canal therapy .....           | 234 |
| D3950 | Canal prep/fitting of preformed dowel or post .....      | 136 |

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

|       |  |     |
|-------|--|-----|
| D0180 | Comp. periodontal eval - new or established patient .....  | 0   |
| D4210 | Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ...  | 279 |
| D4211 | Gingivectomy or gingivoplasty - <=3 teeth, per quad. .   | 100 |
| D4212 | Gingivectomy or gingivoplasty, rest., per tooth.....   | 40  |
| D4240 | Gingival flap proc., inc. root planing -<br>>3 cont. teeth, per quad.....  | 345 |
| D4241 | Gingival flap proc, inc. root planing -<br><=3 cont. teeth, per quad.....  | 106 |
| D4249 | Clinical crown lengthening - hard tissue.....  | 576 |
| D4260 | Osseous surgery - >3 cont. teeth, per quad.....  | 499 |
| D4261 | Osseous surgery - <=3 cont. teeth, per quad.....   | 392 |
| D4268 | Surgical revision proc., per tooth.....  | 358 |
| D4270 | Pedicle soft tissue graft procedure .....  | 643 |
| D4273 | Subepithelial connective tissue graft proc. ....   | 800 |
| D4274 | Mesial/distal wedge procedure, single tooth .....  | 308 |
| D4277 | Free soft tissue graft, per tooth .....  | 654 |
| D4278 | Free soft tissue graft, each add. tooth.....   | 100 |
| D4341 | Perio scaling and root planing - >3 cont teeth, per quad. ...  | 109 |
| D4342 | Perio scaling and root planing - <= 3 teeth, per quad ...  | 63  |
| D4346 | Scaling in presence of generalized moderate or<br>severe gingival inflammation - full mouth,<br>after oral evaluation..... | 45  |
| D4355 | Full mouth debridement.....  | 89  |
| D4381 | Localized delivery of chemotherapeutic agents .....  | 98  |
| D4910 | Periodontal maintenance.....   | 74  |
| D4921 | Gingival irrigation, per quadrant .....  | 0   |

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

|          |  |     |
|----------|--|-----|
| D7111    | Extraction, coronal remnants - primary tooth .....                                 | 56  |
| D7140    | Extraction, erupted tooth or exposed root .....                                    | 69  |
| D7210    | Extraction, erupted tooth req elev, etc .....                                      | 133 |
| D7220    | Removal of impacted tooth - soft tissue .....                                      | 151 |
| D7230    | Removal of impacted tooth - partially bony .....                                   | 196 |
| D7240    | Removal of impacted tooth - completely bony .....                                  | 241 |
| D7241    | Removal of imp. tooth - completely bony,<br>with unusual surg. complications ..... | 217 |
| D7250    | Removal of residual tooth roots.....   | 141 |
| D7251    | Coronectomy-intentional partial tooth removal.....                                 | 217 |
| D7270    | Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth....                     | 226 |
| D7280    | Exposure of an unerupted tooth .....   | 153 |
| D7291    | Transseptal fiberotomy/supra crestal fiberotomy, by report....                     | 60  |
| D7310/20 | Alveoloplasty, >=4 per quad. ....  | 141 |
| D7321    | Alveoloplasty in conj. with extractions, 1-3 per quad.....                         | 141 |
| D7471    | Removal of lateral exostosis .....   | 351 |
| D7510    | Incision and drainage of abscess - intraoral soft tissue...96                      |     |
| D7910    | Suture of recent small wounds up to 5 cm .....                                     | 59  |
| D7921    | Collection application of blood concentrate.....                                   | 40  |
| D7960    | Frenulectomy (frenectomy/frenotomy) - separate proc. ...                           | 263 |
| D7971    | Excision of pericoronal gingiva.....   | 131 |
| D7979    | Non-surgical sialolithotomy .....  | 43  |

| ADA CODE | BENEFIT | MEMBER COPAYMENT(S) |
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**ORTHODONTICS<sup>2</sup> - PRE-AUTHORIZATION REQUIRED**

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

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

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

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

# Exclusions & Limitations

## Plan Exclusions

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

## Plan Limitations

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