

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.

DIAGNOSTIC/PREVENTIVE	ADA		MEMBER	ADA		MEMBER
Description	CODE	BENEFIT	COPAYMENT(S)	CODE	BENEFIT C	OPAYMENT(S)
Description	DIAGNOSTI	C/PREVENTIVE		D2031	Prefah stainless steel crown	110
Description			10			
D0150						
2935 Comprehensive oral eval - new or established patient 0 0 0 0 0 0 0 0 0					Cast post and core in addition to crown	181
Detailed and extensive oral eval - problem focused					Prefab. post and core in addition to crown.	148
D0280	D0160			D2955		
PROSTHETICS DENTIFIES DENTIFIES	D0170	Re-evaluation - limited, problem focuse	d 0	D2980	Crown repair, by report	
D0230 Intracral - perhapital each add, film.				l		
D0250		Intraoral - periapical first film	0			
D0250		Intraoral - periapical each add. film	0		Complete denture - maxillary/mandibular	664
D0277 Vertical blewings - 79 to 8 films		Intraoral - occlusal film	0			
D02271 Vertical bitewings - 7 to 9 films		Extraoral - first film and each add. film .	0		Maxillary/mandibular partial denture - resin	Dase 613
D0340 Caphalometre Film		Vertical bitowings 7 to 9 films	0			
D0540 Cephalometric Film.		Panoramic film	30			
D3550 Oralifocial photographic images						
D351 3D photographic image						
DASCRIPTION		3D photographic image	0			
D1110 Prophylaxis (cleaning) - adult	D0460	Pulp vitality tests	0	D5421/22		
D1110 Additional cleaning (expecting mothers or Diabetics)	D0470	Diagnostic casts	0	D5511/12	Repair broken complete denture base - maxil	lary/mandibular 84
D1208 Topical application of fluoride varnish 0 D5630/E0					Replace missing or broken teeth - complete	edenture 84
D1208		Additional cleaning (expecting mothers	or Diabetics)40		Repair resin partial denture base - maxillary	/mandibular 84
D1310		Topical application of fluoride varnish	0			
D3520/30 Oral hygiene instructions D3560 Add tooth to existing partial denture 84 D5670/R1 Replace all tenha ad acrylic or cast metal framework 263 D5670/R1 Replace all tenha and acrylic or cast metal framework 263 D5670/R1 Replace all tenha and acrylic or cast metal framework 263 D5670/R1 Replace all tenha and acrylic or cast metal framework 263 D5670/R1 Rebase monity mandibular partial denture 253 D5760/R1 Rebase monity mandibular partial denture 253 D5760/R1 Rebase monity mandibular partial denture Chairside 152 D5760/R1 Reline complete maxillary/mandibular 274 D5870/R1 Reline complete maxillary/mandibular 274 D5870/R1 Reline complete maxillary/mandibular 274 D5870/R1 Reline maxillary/mandibular 275 D5760/R1 Reli		Topical application of fluoride - excluding	g varnish0		Clasp repaired, replaced or added	112
D5670/71 Replace all teeth and acrylic on cast metal framework. 263 Reserved maxillary/mandibular denture (chairside) 15710/11 Replace only composite maxillary/mandibular partial denture. 263 D5730/31 Reline complete maxillary/mandibular partial denture. 263 D5730/31 Reline complete maxillary/mandibular partial denture (chairside) 152 D5730/31					Add tooth to existing partial depture	84
Amalgam - one surface 37	D 1320/30	Oral Hygierie ilistructions	0			
D5720/21 Rebase maxillarymandibular partial denture 253	RESTORAT	VE DENTISTRY (FILLINGS)				
D2140	REGIONAL)			
D2150	D2140	Amalgam - one surface	' 37		Reline complete maxillary/mandibular denture	e (chairside) 152
D21610	D2150	Amalgam - two surfaces	46	D5740/41		
DS810/II Interim complete denture - maxillary/mandibular	D2160	Amalgam - three surfaces	58	D5750/51	Reline complete maxillary/mandibular denture	e (lab) 214
RESINCOMPOSITE RESTORATIONS (TOOTH COLORED)	D2161	Amalgam - >=4 surfaces	69	D5760/61	Reline maxillary/mandibular partial denture (la	ab)214
D850/51 Tissue conditioning - maxillary/mandibular. 75						
D2331 Resin-based composite - two surfaces, anterior 90 2335 Resin-based composite - >=4 surfaces, anterior 90 2335 Resin-based composite - >=4 surfaces, anterior 175 2391 Resin-based composite - two surfaces, posterior 80 2392 Resin-based composite - two surfaces, posterior 80 2393 Resin-based composite - two surfaces, posterior 80 2393 Resin-based composite - two surfaces, posterior 80 2393 Resin-based composite - three surfaces, posterior 80 2393 Resin-based composite - two surfaces, posterior 93 2394 Protective restoration 24 25 25 25 25 25 25 25						
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D2390 Resin-based composite crown, anterior 175 Resin-based composite - one surface, posterior 88 D2392 Resin-based composite - two surfaces, posterior 80 D2393 Resin-based composite - two surfaces, posterior 80 D2393 Resin-based composite - two surfaces, posterior 112 D2394 Resin-based composite - two surfaces, posterior 112 D2394 Resin-based composite - two surfaces, posterior 112 D2394 Protective restoration 22 D240 Protective restoration 22 D2391 Protective restoration 22 D2501 Pulp cap - direct/indirect (excl. final restoration) 28 D2505 D2505						INT
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D2392 Resin-based composite - two surfaces, posterior 93				D6081	Scaling and debridement in the presence of it	nflammation
D2393 Resin-based composite - three surfaces, posterior 93 D2394 Resin-based composite - ≥4 surfaces, posterior 121 D6210/11/12 Pontic - metal 481 Pontic - porcelain fused metal 485 D6240 Protective restoration 37 D6240/41/42 Pontic - porcelain fused metal 495 D6240 Pontic - porcelain fused metal 495 D6250 Pontic - porcelain fused metal 495 D6250 Pontic - porcelain fused metal 495 D6250/61/52 Pontic - porcelain fu				2000.		
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D2712 Crown - 3/4 resin-based composite (indirect) 450 D6780 Crown - 3/4 cast high noble metal 457 D2720/21/22 Crown - resin with metal 470 D6781 Crown - 3/4 cast predominantly base metal 457 D2740 Crown - porcelain/ceramic 531 D6782 Crown - 3/4 cast noble metal 457 D2750/51/52 Crown - porcelain fused metal 495 D6783 Crown - 3/4 porc./ceramic 469 D2780/81/82 Crown - 3/4 porcelain/ceramic 469 D6790/91/92 Crown - full cast metal 481 D2780/91/92 Crown - full cast metal 481 D6980 Fixed partial denture repair, by report 157		Onlay - resin-based composite - >=4 su	ırfaces 429	D6740	Crown - porcelain/ceramic	531
D2720/21/22 Crown - resin with metal 470 D6781 Crown - 3/4 cast predominantly base metal 457 D2740 Crown - porcelain/ceramic 531 D6782 Crown - 3/4 cast noble metal 457 D2750/51/52 Crown - porcelain fused metal 495 D6783 Crown - 3/4 porc./ceramic 469 D2780/81/82 Crown - 3/4 cast with metal 457 D6790/91/92 Crown - full cast metal 481 D2780/91/92 Crown - full cast metal 481 D6980 Fixed partial denture repair, by report 157						
D2740 Crown - porcelain/ceramic 531 D6782 Crown - 3/4 cast noble metal 457 D2750/51/52 Crown - porcelain fused metal 495 D6783 Crown - 3/4 porc./ceramic 469 D2780/81/82 Crown - 3/4 cast with metal 457 D6790/91/92 Crown - full cast metal 481 D2783 Crown - 3/4 porcelain/ceramic 469 D6930 Recement fixed partial denture 66 D2790/91/92 Crown - full cast metal 481 D6980 Fixed partial denture repair, by report 157						
D2750/51/52 Crown - porcelain fused metal 495 D2780/81/82 Crown - 3/4 cast with metal 457 D2783 Crown - 3/4 porcelain/ceramic 469 D2790/91/92 Crown - full cast metal 469 D6790/91/92 Crown - full cast metal 481 D6930 Recement fixed partial denture 66 D6980 Fixed partial denture repair, by report 157						
D2780/81/82 Crown - 3/4 cast with metal 457 D2783 Crown - 3/4 porcelain/ceramic 469 D2790/91/92 Crown - full cast metal 481 D6930 Recement fixed partial denture 66 D6980 Fixed partial denture repair, by report 157		Crown - porcelain/ceramic	531			
D2783 Crown - 3/4 porcelain/ceramic 469 D6930 Recement fixed partial denture 66 D2790/91/92 Crown - full cast metal 481 D6980 Fixed partial denture repair, by report 157						
D2790/91/92 Crown - full cast metal						

ADA CODE	MEMBER BENEFIT COPAYMENT(S)	AI C
AD ILINCTIV	VE GENERAL SERVICES	Р
D9110	Palliative (emergency) treatment of dental pain	1.
D9210/15	Local anesthesia0	
D9211	Regional block anesthesia 0 Trigeminal division block anesthesia 0	_
D9212 D9222	Deep sedation/general anesthesia - first 15 min	2.
D9223	Deep sedation/general anesthesia - each subsequent 15 min 103	3.
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	
D9239 D9243	Intravenous moderate sedation/analgesia – first 15 min 103	4. 5.
D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min103	٠.
D9310	Consultation (diagnostic service by nontreating dentist) 42	
D9910	Application of desensitizing medicament	6.
D9930 D9986	Treatment of complications (post-surgical)	7.
D9995	Teledentistry – synchronous: real-time encounter	8.
	(when available)20	
D9996	Teledentistry – asynchronous; information stored and	9.
	forwarded to dentist for subsequent review (when available)20	10
	(Wildin divalidate)	11
ENDODON.		
D3220 D3221	Therapeutic pulpotomy (excl. final restor.)	12
D3221	Endodontic therapy, anterior tooth (excl. final restor.) 325	13
D3320	Endodontic therapy, premolar tooth (excl. final restor.) 395	
D3330	Endodontic therapy, molar tooth (excl. final restor.)	
D3333 D3346	Internal root repair of perforation defects	
D3347	Retreat of prev. root canal therapy, arterior	
D3348	Retreat of prev. root canal therapy, molar	
D3410	Apicoectomy - anterior	
D3421 D3425	Apicoectomy - premolar (first root)	14
D3426	Apicoectomy - (each add. root)	1:
D3430	Retrograde filling - per root	
D3450 D3920	Root amputation - per root	
D3950	Canal prep/fitting of preformed dowel or post	
		P
PERIODON D0180	-	1.
D4210	Comp. periodontal eval - new or established patient	2.
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad 94	3.
D4240	Gingival flap proc., inc. root planing -	
D4241	>3 cont. teeth, per quad	4.
5 12 11	<=3 cont. teeth, per quad90	
D4260	Osseous surgery - >3 cont. teeth, per quad	5. 6.
D4261 D4268	Osseous surgery - <=3 cont. teeth, per quad	0.
D4274	Mesial/distal wedge procedure, single tooth	7.
D4341	Perio scaling and root planing - >3 cont teeth, per quad 105	۰
D4342 D4346	Perio scaling and root planing - <= 3 teeth, per quad	8.
D4340	gingival inflammation - full mouth, after oral evaluation 39	9.
D4355	Full mouth debridement	
D4381	Localized delivery of chemotherapeutic agents	
D4910 D9940	Periodontal maintenance	10
D9950	Occlusion analysis - mounted case	
D9951	Occlusal adjustment - limited62	11
D9952	Occlusal adjustment - complete255	12
ORAL SUR	GERY ¹	
D7111	Extraction, coronal remnants - primary tooth	13
D7140	Extraction, erupted tooth or exposed root	ı
D7210 D7220	Extraction, erupted tooth req elev, etc	14
D7230	Removal of impacted tooth - partially bony	
D7240	Removal of impacted tooth - completely bony227	15
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	16
D7250	Removal of residual tooth roots	
D7251	Coronectomy - intentional partial tooth removal	
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth211	17
D7280 D7291	Exposure of an unerupted tooth Transseptal fiberotomy/supra crestal fiberotomy, by report 41	18
D7310/20	Alveoloplasty, per quad135	l '
D7510	Incision and drainage of abscess - intraoral soft tissue 91	19
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc 256	20
D7979	Non-surgical sialolithotomy43	ı
ORTHODO		0
D8660	Pre-orthodontic treatment visit	C
D8090 D8670	Periodic ortho. treatment visit (as part of contract)118	1.
D8680	Orthodontic retention (rem. of appl. and placement	2
	of retainer(s))413	

Plan Exclusions

DA

ODE

Services which are covered under worker's compensation, employer's liability laws or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).

MEMBE

COPAYMENT(S

Services which are not necessary for the patient's dental health as determined by the Plan.

BENEFIT

- 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) yèars 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.

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



Select Plan Premium 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	vat of 1 concentrational from policy of the pro-	MEMBER	ADA	nt (maximum of \$700 for policy covering two c	MEMBER
CODE	BENEFIT	COPAYMENT(S)	CODE	BENEFIT	COPAYMENT(S)
D9439	Office visit	0	D2950	Core buildup, including any pins	63
			D2951	Pin retention - per tooth, in addition to	restoration11
	C/PREVENTIVE		D3110/20	Pulp cap - direct/indirect (excl. final res	storation)16
D0120	Periodic oral eval - established pa				
D0140	Limited oral eval - problem focuse		CROWNS & I		204
D0145 D0150	Oral eval for a patient under 3 year Comprehensive oral eval - new or		D2510/20 D2530	Inlay- metallic - 1-2 surfaces	
D0160	Detailed and extensive oral eval -	·	D2542	Inlay - metallic - three or more surface Onlay - metallic-two surfaces	
D0170	Re-evaluation - limited, problem for		D2543/44	Onlay - metallic - three or more surface	
D0210	Intraoral - complete series (includi		D2610/11	Inlay - porcelain/ceramic - 1-2 surface:	
D0220/30	Intraoral - periapical first film and		D2630	Inlay - porcelain/ceramic - >=3 surface	
D0240	Intraoral - occlusal film		D2642	Onlay - porcelain/ceramic - two surface	
D0250	Extraoral film	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfac	es250
D0270-74	Bitewing x-rays - 1-4 films		D2650/51/52	Inlay - resin-based composite - >=1 su	ırface(s)220
D0277	Vertical bitewings - 7 to 8 films		D2662/63/64	Onlay - resin-based composite - >=2 s	
D0330	Panoramic film		D2710	Crown - resin based composite (indire	*
D0340	2D cephalometric radiographic im		D2712	Crown - 3/4 resin-based composite (in	•
D0350	2D oral/facial photographic image		D2720/21/22	Crown - resin with metal	
D0351 D0391	3D photographic imageInterpretation of diagnostic image		D2740 D2750/51/52	Crown - porcelain/ceramic	
D0391 D0460	Pulp vitality tests	-	D2780/81/82	Crown - porcelain fused metal Crown - 3/4 cast with metal	
D0470	Diagnostic casts		D2783	Crown - 3/4 cast with metal	
D1110	Prophylaxis (cleaning) - adult		D2790/91/92	Crown - full cast metal	
D1120	Prophylaxis (cleaning) - child		D2794	Crown - titanium	
D1206	Topical fluoride varnish for mod/hi		D2910/20	Recement inlay/crown	
D1208	Topical application of fluoride		D2929	Procelain/cermaic crown - prim. tooth	
D1310	Nutritional counseling for control of	f dental disease0	D2930	Prefab. stainless steel crown - prim. to	
D1320	Tobacco counseling for control of		D2931	Prefab. stainless steel crown - perm. to	ooth61
D1330	Oral hygiene instructions		D2932	Prefabricated resin crown	
D1351	Sealant - per tooth		D2941	Interim therapeutic restoration, primary	
D1352	Prev resin rest. mod/high caries ri	sk – perm. tooth0	D2952	Cast post and core in addition to crown	
	SPACE MAINTAINERS		D2954 D2955	Prefab. post and core in addition to cro	
D1510/20	Space maintainer - fixed/removab	le - unilateral 0	D2955 D2970	Post removal (not in conj. with endo. the Temporary crown (fractured tooth)	
D1515/25	Space maintainer - fixed/removab		D2970	Crown repair, by report	
D1550	Re-cementation of space maintain		D2981/82/83	Inlay, only or veneer repair	
D1575	Distal shoe space maintainer - fixe		D2990	Resin infitration lesion	
	·				
	VE DENTISTRY (FILLINGS)			CS (DENTURES)	lan 040
D2140 D2150	Amalgam - one surface, prim. or p Amalgam - two surfaces, prim. or		D5110/20 D5130/40	Complete denture - maxillary/mandibu Immediate denture - maxillary/mandibu	
D2160	Amalgam - three surfaces, prim. or		D5130/40 D5211/12	Maxillary/mandibular partial denture -	
D2161	Amalgam - >=4 surfaces, prim. or		D5213/14	Maxillary/mandibular partial denture - o	
	· · · · · · · · · · · · · · · · · · ·		D5221/22	Immediate maxillary/mandibular partia	
	RESIN/COMPOSITE RESTORATION	NS (TOOTH COLORED)		- resin base	
D2330	Resin-based composite - one surf	The state of the s	D5223/24	Immediate maxillary/mandibular partia	I denture
D2331	Resin-based composite - two surfa	aces, anterior42		- cast metal	
D2332	Resin-based composite - three su		D5225/26	Maxillary/mandibular partial denture - t	
D2335	Resin-based composite - >=4 surf		D5281	Rem. unilateral partial denture - one p	
D2390	Resin-based composite crown, an		D5410/11	Adjust complete denture - maxillary/ma	
D2391 D2392	Resin-based composite - one surf	•	D5421/22	Adjust partial denture - maxillary/mano	
D2392 D2393	Resin-based composite - two surfaces based composite - three sur	-	D5511/12	Repair broken complete denture base	
D2393 D2394	Resin-based composite - three su Resin-based composite - >=4 surf	-	D5520	- maxillary/mandibular Replace missing or broken teeth - comp	
D2007	1 Con Pasca composite - 2 4 Sun	4000, posterior02	D5611/12	Repair resin partial denture base - maxil	
D2940	Protective restoration	20	D5621/22	Repair cast partial framework - maxillary	=
D2949	Restorative foundation for an indir	ect restoration0	D5630/60	Clasp repaired, replaced or added	
				• • •	

ADA CODE	BENEFIT	MEMBER Copayment(s)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D5640	Replace broken teeth - per tooth	44	D6602	Inlay - cast high noble metal, two sur	faces204
D5650	Add tooth to existing partial dentur		D6603	Inlay - cast high noble metal, >=3 su	
D5670/71	Replace all teeth and acrylic on ca	st metal framework	D6604	Inlay - cast predominantly base meta	al, two surfaces204
	(maxillary/mandibular)		D6605	Inlay - cast predominantly base meta	
D5710/11	Rebase complete maxillary/mandi		D6606	Inlay - cast noble metal, two surfaces	
D5720/21	Rebase maxillary/mandibular parti		D6607	Inlay - cast noble metal, >=3 surface	
D5730/31 D5740/41	Reline complete maxillary/mandibula Reline maxillary/mandibular partia		D6608 D6609	Onlay -porc./ceramic, two surfaces Onlay - porc./ceramic, three or more	
D5750/51	Reline complete maxillary/mandibi		D6610	Onlay - cast high noble metal, two su	
D5760/61	Reline maxillary/mandibular partia	` ,	D6611	Onlay - cast high noble metal, >=3 si	
D5810/11	Interim complete denture - maxilla		D6612	Onlay - cast predominantly base met	
D5820/21	Interim partial denture - maxillary/r	-	D6613	Onlay - cast predominantly base met	
D5850/51	Tissue conditioning - maxillary/ma	ndibular40	D6614	Onlay - cast noble metal, two surface	
			D6615	Onlay - cast noble metal, >=3 surface	
BRIDGES & I			D6720/21/22	Crown - resin with metal	
D6010 D6011	Surgical placement of implant bod Second stage implant surgery		D6740 D6750/51/52	Crown - porcelain/ceramic	
D6011	Surgical placement of interim impla		D6780/81/82	Crown - porcelain fused to metal Crown - 3/4 cast metal	
D6012	Surgical placement of mini implant	-	D6783	Crown - 3/4 porc./ceramic	
D6040	Surgical placement, eposteal impla		D6790/91/92	Crown - full cast metal	
D6050	Surgical placement, transosteal im		D6930	Recement fixed partial denture	35
D6055	Dental implant supported connecti	ng bar806	D6980	Fixed partial denture repair, by repor	t86
D6056	Prefabricated abutment				
D6058	Abutment supported porcelain/cera			GENERAL SERVICES	
D6059/60/61	Abutment supported porcelain fuse		D9110	Palliative (emergency) treatment of c	•
D6062/63/64	metal Abutment supported cast metal cro		D9210/15 D9211/12	Local anesthesia	
D6065	Implant supported porcelain/ceram		D9217/12 D9222	Regional block anesthesia Deep sedation/general anesthesia -	
D6066	Implant supported porcelain fused		D9223	Deep sedation/general anesthesia - e	
2000	- titanium, titanium allow, high		2022	subsequent 15 min. increment	
D6067	Implant supported metal crown - ti		D9230	Analgesia, anxiolysis, inhalation of n	
	alloy, high noble metal	262	D9239	Intravenous moderate sedation/analge	esia – first 15 min 52
D6068	Abutment supported retainer for po		D9243	Intravenous conscious sedation/analge	
D6069	Abutment supp. retainer for porc/h	_	D0040	subsequent 15 min. increment	
D6070 D6071	Abutment supp. retainer for porc/p		D9310 D9910	Consultation (diagnostic service by n	• ,
D6071 D6072	Abutment supp. retainer for porc/n Abutment supp retainer for cast high		D9930	Application of desensitizing medicar Treatment of complications (post-sur	
D6072	Abutment supp. retainer for cast his	_	D9940	Occlusal guard, by report	
D6074	Abutment supp. retainer for cast n		D9950	Occlusion analysis - mounted case	
D6075	Implant supported retainer for cera	amic FPD437	D9951	Occlusal adjustment - limited	
D6076	Implant supported retainer for porc		D9952	Occlusal adjustment - complete	
D6077	Implant supported retainer for cast		D9986	Missed appointment	
D6080	Implant maintenance procedures .		D9995	Teledentistry – synchronous; real-tim	
D6081	Scaling and debridement in the pres or mucositis of a single implant		D9996	(when available) Teledentistry – asynchronous; inform	
	the implant surfaces, without fla		D9990	and forwarded to dentist for sub-	
D6090	Repair implant supported prosthes	-		(when available)	•
D6091	Replacement of Precision Attachm				
D6095	Repair implant abutment, by repor		ENDODONTI	CS ¹	
D6100	Implant removal, by report	121	D3220	Therapeutic pulpotomy (excl. final re	
D6101	Debribement periimplant defect		D3221	Pulpal debridement, prim. and perm.	
D6102	Deridement and osseous contouring		D3222	Partial pulpotomy for apexogenesis	
D6103 D6104	Bone graft repair perrimplant defections before graft at time of implant place		D3230 D3240	Pulpal therapy - resorbable filling, an	
D6190	Radiographic surgical implant inde		D3310	Pulpal therapy - resorbable filling, po Endodontic therapy, anterior tooth	
D6210	Pontic - cast high noble metal		D3320	Endodontic therapy, anterior tooth	
D6211	Pontic - cast predominately base r		50020	(excluding final restoration)	209
D6212	Pontic - cast noble metal		D3330	Endodontic therapy, molar tooth	
D6214	Pontic - titanium			(excluding final restoration)	
D6240/41/42	Pontic - porcelain fused to metal		D3333	Internal root repair of perforation defe	
D6245	Pontic - porcelain/ceramic		D3346	Retreat of prev. root canal therapy, a	
D6250/51/52	Portic - resin with metal		D3347	Retreat of prev. root canal therapy, p	
D6545 D6548	Ret cast metal for resin bonded		D3348 D3351	Retreat of prev. root canal therapy, m	
D6548 D6549	Ret porc./ceramic for resin bond Resin retainer - for resin bonded fi	-	D3351	Apexification/recalcification - initial vi Apexification/recalcification - interim	
D6600	Inlay - porc./ceramic, two surfaces		D3353	Apexification/recalcification - final vis	=
D6601	Inlay - porc./ceramic, >=3 surfaces		D3355	Pulpal regeneration - initial visit	
	- •				-

D3366	ADA		MEMBER
D3357 Pulpal regeneration - completion of treatment .225 D3410 Apicoectomy - anterior .162 D3425 Apicoectomy - premolar (first root) .209 D3426 Apicoectomy (each add root) .76 D3427 Periradicular surgery w/o apicoectomy .133 D3430 Retrograde filling - per root .60 D3450 Root amputation - per root .117 D3950 Canal prep/fitting of preformed dowel or post .66 PERIODONTICS¹ Canal prep/fitting of preformed dowel or post .68 PERIODONTICS¹ O1080 Comp. periodontal eval - new or established patient .0 D4210 Gingivectomy or gingivoplasty - >3 cont. teeth, per quad .140 D4211 Gingivectomy or gingivoplasty - >3 cont. teeth, per quad .50 D4212 Gingivectomy or gingivoplasty, rest, per tooth .20 D4211 Gingivectomy or gingivoplasty - >3 cont. teeth, per quad .50 D4212 Gingivectomy or gingivoplasty - >3 cont. teeth, per quad .50 D4212 Gingivectomy or gingivoplasty	CODE	BENEFIT	COPAYMENT(S)
D3410			
D3421 Apicoectomy - premolar (first root) .820 D3426 Apicoectomy - molar (first root) .209 D3427 Periradicular surgery w/o apicoectomy .133 D3430 Retrograde filling - per root .60 D3450 Root amputation - per root .117 D3920 Hemisection, not inc. root canal therapy .117 D3930 Canal prep/fitting of preformed dowel or post .68 PERIODONTICS¹ D0180 Comp. periodontal eval - new or established patient .0 D4210 Gingivectomy or gingivoplasty 3 cont. teeth, per quad .140 D4211 Gingivectomy or gingivoplasty 3 teeth, per quad .50 D4211 Gingivectomy or gingivoplasty, rest., per tooth .20 D4211 Gingivectomy or gingivoplasty, rest., per tooth .20 D4212 Gingivectomy or gingivoplasty, rest., per tooth .20 D4212 Gingivectomy or gingivoplasty, rest., per tooth .73 D4240 Gingival flap proc., inc. root planing			
D3425 Apicoectomy (each add. root)			
D3426			
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ADA

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

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the
- 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) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
- 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.
- 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

- One evaluation (D0120, D0140, D0145, D0150, D0160, D0180) is covered once per six months, per patient. D0150 limited to once in 12
- One (1) teeth cleaning (D1110 or D1120) per 6 months, per patient.
- One (1) fluoride application every 6 months, per patient.
- One (1) set of bitewing x-rays are covered per six (6) months, per patient starting at age two.
- 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.
- One (1) sealant per tooth is covered per 36 months, per patient up to age 18 (limited to occlusal surfaces of posterior permanent teeth 6.
- without restorations or decay).
 One (1) space maintainer (D1510, D1520, D1515 or D1525) is covered per 24 months per patient, per arch. D1575 limited to once per lifetime.
- Replacement of a filling is covered if it is more than three (3) years from the date of original placement.

 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.
- 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 per 24 months, per patient.
- Root canal treatment is covered once per lifetime.
- Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
- 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.
 Osseous surgery (D4260 or D4261), gingival flap procedure (D4240), and gingivectomy or gingivoplasy (D4210 - D4212) are limited to one
- (1) per 36 months.
- 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. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
- Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal
- 20. Denture rebase and denture reline is limited to 1 in a 36 month period 6 months after initial placement.
- 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.
- Coronectomy, intentional partial tooth removal, one (1) per lifetime.
- 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
- 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.
- Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the
- 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.

 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.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).