



# Elite ePPO (DC) Coverage Schedule

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

Annual Deductible	In-Network	• Deductible is combined for all services for each calendar year per adult Member – maximum \$75 for adult Members.
Amount	\$25	
Max Per Family	\$75	
Applies to all Benefits	No, waived on Class I	
Maximums	In-Network	• Annual Maximum applies to Class I, Class II and Class III Benefits.
Annual	\$1,500	
Lifetime Ortho	N/A	
Waiting Periods	In-Network	
Class I	None	
Class II	None	
Class III	None	
Class IV	N/A	

If course of treatment is to exceed \$300, prior review is requested

ADA CODE	MEMBER DESCRIPTION	COPAYMENT(S)
<b>Class I - Diagnostic/Preventive</b>		
D0120	Periodic oral eval - established patient.....	0
D0140	Limited oral eval - problem focused.....	0
D0145	Oral eval for a patient under 3 years of age .....	0
D0150	Comprehensive oral eval - new or established patient.....	0
D0160	Detailed and extensive oral eval - problem focused.....	0
D0170	Re-evaluation - limited, problem focused .....	0
D0180	Comp. periodontal eval - new or established patient.....	0
D0210	Intraoral - complete series (including bitewings).....	0
D0220	Intraoral - periapical first film.....	0
D0230	Intraoral - periapical each add. film.....	0
D0240	Intraoral - occlusal film.....	0
D0250	Extraoral - first film and each add. film .....	0
D0260	Extraoral - first film and each add. film .....	0
D0270	Bitewing x-rays - 1 to 4 films.....	0
D0272	Bitewing x-rays - 1 to 4 films.....	0
D0274	Bitewing x-rays - 1 to 4 films.....	0
D0273	Bitewing x-rays - 1 to 4 films.....	0
D0277	Vertical bitewings - 7 to 8 films .....	0
D0290	Posterior/anterior or lateral skull and facial bone survey film (when dentally necessary).....	0
D0330	Panoramic film .....	0
D0460	Pulp vitality tests.....	0
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office).....	0
D1110	Prophylaxis (cleaning) - adult .....	0
D1110*	Additional cleaning (expecting mothers and diabetics) ...	40
D1120	Prophylaxis (cleaning) - child.....	0
D1206	Topical fluoride varnish for mod/high risk caries patients ...	0
D1208	Topical application of fluoride .....	0
D1351	Sealant - per tooth .....	17
D1510	Space maintainer - fixed/removable - unilateral .....	95
D1520	Space maintainer - fixed/removable - unilateral .....	95
D1515	Space maintainer - fixed/removable - bilateral .....	105
D1525	Space maintainer - fixed/removable - bilateral .....	115
D1550	Re-cementation of space maintainer.....	30
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14).....	30
<b>Class II - Restorative (Fillings)</b>		
D2140	Amalgam - one surface, prim. or perm. ....	20
D2150	Amalgam - two surfaces, prim. or perm.....	30

ADA CODE	MEMBER DESCRIPTION	COPAYMENT(S)
D2160	Amalgam - three surfaces, prim. or perm. ....	40
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	55
D2330	Resin-based composite - one surface, anterior.....	32
D2331	Resin-based composite - two surfaces, anterior.....	42
D2332	Resin-based composite - three surfaces, anterior.....	52
D2335	Resin-based composite - >=4 surfaces, anterior.....	100
D2390	Resin-based composite crown, anterior .....	70
D2391	Resin-based composite - one surface, posterior .....	45
D2392	Resin-based composite - two surfaces, posterior.....	55
D2393	Resin-based composite - three surfaces, posterior .....	65
D2394	Resin-based composite - >=4 surfaces, posterior .....	115
<b>Class III - Crown &amp; Bridge*</b>		
D2940	Sedative filling.....	30
D2951	Pin retention - per tooth, in addition to restoration.....	28
D2510	Inlay - metallic - one surface.....	261
D2520	Inlay - metallic - two surfaces .....	336
D2530	Inlay - metallic - three or more surfaces .....	375
D2542	Onlay - metallic-two surfaces.....	355
D2543	Onlay - metallic-three surfaces.....	375
D2544	Onlay - metallic-four or more surfaces.....	391
D2610	Inlay - porcelain/ceramic - one surface.....	317
D2620	Inlay - porcelain/ceramic - two surfaces .....	331
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	374
D2642	Onlay - porcelain/ceramic - two surfaces.....	375
D2643	Onlay - porcelain/ceramic - three surfaces .....	391
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	393
D2650	Inlay - resin-based composite - one surface.....	317
D2651	Inlay - resin-based composite - two surfaces .....	331
D2652	Inlay - resin-based composite - >=3 surfaces.....	374
D2662	Onlay - resin-based composite - two surfaces.....	375
D2663	Onlay - resin-based composite - three surfaces.....	391
D2664	Onlay - resin-based composite - >=4 surfaces .....	393
D2710	Crown - resin based composite (indirect) .....	433
D2712	Crown - 3/4 resin-based composite (indirect).....	433
D2720	Crown - resin with metal .....	465
D2721	Crown - resin with metal .....	450
D2722	Crown - resin with metal .....	450
D2740	Crown - porcelain/ceramic substrate .....	545
D2750	Crown - porcelain fused metal .....	570
D2780	Crown - 3/4 cast with metal .....	393
D2751	Crown - porcelain fused metal .....	520
D2781	Crown - 3/4 cast with metal .....	368
D2752	Crown - porcelain fused metal.....	520

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D2782	Crown - 3/4 cast with metal .....	391
D2783	Crown - 3/4 porcelain/ceramic .....	400
D2790	Crown - full cast metal .....	507
D2791	Crown - full cast metal .....	455
D2792	Crown - full cast metal .....	473
D2794	Crown - titanium.....	530
D2910	Recement inlay, onlay/crown or partial coverage rest. ....	34
D2915	Recement cast of prefabricated post and core (once in a lifetime).....	34
D2920	Recement inlay, onlay/crown or partial coverage rest. ....	27
D2930	Prefab. stainless steel crown - prim. tooth.....	90
D2931	Prefab. stainless steel crown - perm. tooth.....	90
D2932	Prefabricated resin crown.....	66
D2933	Prefabricated stainless steel crown with resin window. Open face stainless steel crown with aesthetic resin facing or veneer (once every 24 months on anterior primary tooth).....	84
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth).....	84
D2950	Core buildup, including any pins.....	100
D2952	Cast post and core in addition to crown .....	141
D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated .....	77
D2954	Prefab. post and core in addition to crown .....	105
D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months) .....	285
D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months).....	436
D2970	Temporary crown (fractured tooth).....	104
D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months).....	54
D2980	Crown repair, by report .....	85

**Class III - Endodontics**

D3110	Pulp cap - direct/indirect (excl. final restoration).....	13
D3120	Pulp cap - direct/indirect (excl. final restoration).....	13
D3220	Therapeutic pulpotomy (excl. final restor.).....	100
D3221	Pulpal debridement, prim. and perm. teeth .....	100
D3222	Therapeutic pulpotomy (once per permanent tooth per lifetime for patients under 19 years) .....	100
D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor).....	90
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	102
D3310	Endodontic therapy, anterior tooth.....	550
D3320	Endodontic therapy, bicuspid tooth.....	640
D3330	Endodontic therapy, molar .....	780
D3331	Treatment of root canal obstruction; non-surgical access .....	127
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	234
D3333	Internal root repair of perforation defects .....	119
D3346	Retreat of prev. root canal therapy, anterior .....	569
D3347	Retreat of prev. root canal therapy, bicuspid .....	658
D3348	Retreat of prev. root canal therapy, molar.....	776
D3351	Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal.....	170
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal) .....	83
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)....	179
D3410	Apicoectomy/periradicular surgery, anterior .....	414
D3421	Apicoectomy/periradicular surgery, bicuspid (first root) ..	446
D3425	Apicoectomy/periradicular surgery, molar (first root) .....	543
D3426	Apicoectomy/periradicular surgery (each add. root).....	145
D3430	Retrograde filling - per root.....	138
D3450	Root amputation - per root.....	258
D3920	Hemisection, not inc. root canal therapy.....	194

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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<b>Class III - Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad...	198
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	368
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months).....	379
D4260	Osseous surgery - >3 cont. teeth, per quad .....	600
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360
D4263	Bone replacement graft - first site in quadrant (once per site per 36 months).....	230
D4264	Bone replacement graft - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months).....	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months).....	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)..	341
D4267	Guided tissue regeneration - non-resorbable barrier, per site, (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months) .....	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	401
D4273	Subepithelial connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	626
D4274	Distal or proximal wedge procedure .....	194
D4275	Soft tissue allograft, per site (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months).....	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft...	381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site.....	30
D4341	Perio scaling and root planing - >3 cont teeth, per quad..	97
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	52
D4355	Full mouth debridement.....	60
D4381	Localized delivery of chemotherapeutic agents.....	42
D4910	Periodontal maintenance .....	75
D4920	Unscheduled dressing change (by someone other than treating dentist) .....	49

**Class III - Prosthetics (Dentures)**

D5110	Complete denture - maxillary/mandibular .....	560
D5120	Complete denture - maxillary/mandibular .....	560
D5130	Immediate denture - maxillary/mandibular.....	565
D5140	Immediate denture - maxillary/mandibular.....	565
D5211	Maxillary/mandibular partial denture - resin base .....	375
D5212	Maxillary/mandibular partial denture - resin base .....	375
D5213	Maxillary/mandibular partial denture - cast metal .....	625
D5214	Maxillary/mandibular partial denture - cast metal .....	625
D5225	Maxillary/mandibular partial denture - flexible base .....	625
D5226	Maxillary/mandibular partial denture - flexible base .....	625
D5281	Rem. unilateral partial denture - one piece cast metal ...	318
D5410	Adjust complete denture - maxillary/mandibular .....	20
D5411	Adjust complete denture - maxillary/mandibular .....	20
D5421	Adjust partial denture - maxillary/mandibular.....	20
D5422	Adjust partial denture - maxillary/mandibular .....	20
D5510	Repair broken denture base (complete/resin) .....	59
D5610	Repair broken denture base (complete/resin) .....	59
D5520	Replace missing or broken teeth - complete denture .....	65
D5620	Repair cast framework.....	59
D5630	Clasp repaired, replaced or added .....	59
D5640	Replace broken teeth - per tooth .....	65
D5650	Add tooth to existing partial denture .....	65
D5660	Clasp repaired, replaced or added .....	70
D5670	Replace all teeth and acrylic on cast metal framework... 245	
D5671	Replace all teeth and acrylic on cast metal framework... 245	
D5710	Rebase complete maxillary/mandibular denture .....	185
D5711	Rebase complete maxillary/mandibular denture .....	185
D5720	Rebase maxillary/mandibular partial denture .....	110
D5721	Rebase maxillary/mandibular partial denture .....	110
D5730	Reline complete maxillary/mandibular denture (chairside)... 93	
D5731	Reline complete maxillary/mandibular denture (chairside)... 93	
D5740	Reline maxillary/mandibular partial denture (chairside)... 93	

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D5741	Reline maxillary/mandibular partial denture (chairside).....	93
D5750	Reline complete maxillary/mandibular denture (lab).....	134
D5751	Reline complete maxillary/mandibular denture (lab).....	134
D5760	Reline maxillary/mandibular partial denture (lab).....	134
D5761	Reline maxillary/mandibular partial denture (lab).....	134
D5820	Interim partial denture - maxillary/mandibular.....	228
D5821	Interim partial denture - maxillary/mandibular.....	228
D5850	Tissue conditioning - maxillary/mandibular.....	41
D5851	Tissue conditioning - maxillary/mandibular.....	41
D5863	Overdenture - complete maxillary.....	600
D5864	Overdenture - partial maxillary.....	565
D5865	Overdenture - complete mandibular.....	600
D5866	Overdenture - partial mandibular.....	565

**Class III - Implant Services**

D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months).....	1360
D6056	Prefabricated abutment (includes placement).....	468
D6057	Custom abutment (includes placement).....	560
D6058	Abutment supported porcelain/ceramic crown.....	705
D6059	Abutment supported porcelain fused to metal crown (high noble).....	665
D6060	Abutment supported porcelain fused to metal crown (base metal).....	600
D6061	Abutment supported porcelain fused to metal crown (noble metal).....	640
D6062	Abutment supported cast metal crown (high noble).....	632
D6063	Abutment supported cast metal crown (base metal).....	600
D6064	Abutment supported cast metal crown (noble metal).....	620
D6065	Implant supported porcelain/ceramic crown.....	705
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).....	665
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).....	665
D6094	Abutment supported crown (titanium).....	640
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth).....	76
D6092	Recement implant/abutment supported crown (once per tooth after 6 months from initial placement).....	24
D6093	Recement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement).....	35
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140
D6100	Implant removal, by report (once per tooth).....	116

**Class III - Bridge & Pontics\***

D6205	Pontic - indirect resin based composite.....	520
D6210	Pontic - metal.....	510
D6211	Pontic - metal.....	463
D6212	Pontic - metal.....	473
D6214	Pontic - titanium.....	520
D6240	Pontic - porcelain fused metal.....	570
D6241	Pontic - porcelain fused metal.....	520
D6242	Pontic - porcelain fused metal.....	520
D6245	Pontic - porcelain/ceramic.....	500
D6250	Pontic - resin with metal.....	552
D6251	Pontic - resin with metal.....	442
D6252	Pontic - resin with metal.....	508
D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D6602	Inlay - cast high noble metal, two surfaces.....	344
D6603	Inlay - cast high noble metal, >=3 surfaces.....	379
D6604	Inlay - cast predominantly base metal, two surfaces.....	394
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	379
D6606	Inlay - cast noble metal, two surfaces.....	394
D6607	Inlay - cast noble metal, >=3 surfaces.....	379
D6610	Onlay - cast high noble metal, two surfaces.....	415
D6611	Onlay - cast high noble metal, >=3 surfaces.....	401
D6612	Onlay - cast predominantly base metal, two surfaces.....	415
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	401
D6614	Onlay - cast noble metal, two surfaces.....	415
D6615	Onlay - cast noble metal, >=3 surfaces.....	401
D6624	Inlay - titanium.....	401
D6634	Onlay - titanium.....	401
D6710	Crown - indirect resin based composite.....	502
D6720	Crown - resin with metal.....	446
D6721	Crown - resin with metal.....	425
D6722	Crown - resin with metal.....	425
D6740	Crown - porcelain/ceramic.....	506

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D6750	Crown - porcelain fused metal.....	520
D6751	Crown - porcelain fused metal.....	475
D6752	Crown - porcelain fused metal.....	475
D6780	Crown - 3/4 cast high noble metal.....	410
D6781	Crown - 3/4 cast predominantly base metal.....	375
D6782	Crown - 3/4 cast noble metal.....	404
D6790	Crown - full cast metal.....	512
D6791	Crown - full cast metal.....	446
D6792	Crown - full cast metal.....	473
D6793	Provisional retainer crown (if used at least 6 months during multistage care).....	156
D6794	Crown - titanium.....	502
D6930	Recement fixed partial denture.....	50
D6980	Fixed partial denture repair, by report.....	100
D6985	Pediatric partial denture - fixed (once per arch per 60 months).....	375

**Class III - Oral Surgery**

D7111	Extraction, coronal remnants - deciduous tooth.....	40
D7140	Extraction, erupted tooth or exposed root.....	50
D7210	Surgical rem. of erupted tooth req. bone cut.....	104
D7220	Removal of impacted tooth - soft tissue.....	130
D7230	Removal of impacted tooth - partially bony.....	190
D7240	Removal of impacted tooth - completely bony.....	225
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	235
D7250	Surgical removal of residual tooth roots.....	120
D7260	Oroantral fistula closure.....	689
D7261	Primary closure of a sinus perforation.....	200
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	414
D7285	Biopsy of oral tissue - hard (bone, tooth).....	253
D7286	Biopsy of oral tissue - soft.....	259
D7287	Exfoliative cytological sample collection.....	50
D7288	Brush biopsy - transepithelial sample collection.....	40
D7310	Alveoloplasty, per quad.....	201
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant).....	132
D7320	Alveoloplasty, per quad.....	276
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant).....	228
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).....	690
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).....	1322
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	322
D7963	Frenuoplasty (once per site).....	322
D7970	Excision of hyperplastic tissue - per arch.....	322
D7971	Excision of pericoronal gingiva.....	106
D7980	Sialolithotomy.....	644
D7981	Excision of salivary gland, by report.....	2300
D7982	Sialodochoplasty.....	1380
D7983	Closure of salivary fistula.....	1196

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain.....	35
D9120	Fixed partial denture sectioning (once per tooth).....	35
D9210	Local anesthesia.....	14
D9223	Deep sedation/general anesthesia - each 15 min. increment.....	80
D9243	Intravenous conscious sedation/analgesia - each 15 min. increment.....	57
D9248	Non-intravenous conscious sedation.....	89
D9310	Consultation (diagnostic service by nontreating dentist).....	40
D9940	Occlusal guard, by report (one appliance (night guards) per 5 years within 6 months of osseous surgery).....	220
D9942	Repair or reline of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement).....	82

**Class IV - Orthodontics - Not Covered**

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

**Rollover Benefits:** A Member may be eligible for a rollover of a portion of his or her unused Annual Maximum for Class I, II and III Services. If a Member submits at least one claim for Class I covered services during a Calendar Year and, in that Calendar Year, receives Benefits that are in excess of any deductible or co-pay fees, and that, in total, do not exceed the Rollover Benefit Threshold, he or she may be entitled to Rollover Benefits. Rollover Benefits can accrue and are tracked by the Plan. If a Member reaches his or her Annual Maximum for Class I, II and III Services, Plan will pay Benefits up to the Rollover Maximum. The amount of Rollover Benefits may not be greater than the Rollover Maximum. A Member's Rollover Benefits may be eliminated, and the accrued benefit lost, if there is a break in coverage of any length of time, for any reason, or if the Rollover Benefit Threshold is exceeded in any given Calendar Year. Under this Contract, the Rollover Benefit Threshold and Rollover Maximum are as follows:

Rollover Benefit Threshold.....	\$750
(Calculated at 50% of Annual Maximum)	
Rollover Maximum.....	\$1,875
(Calculated at 125% of Annual Maximum)	

Rollover Benefit is calculated at 50% of Annual Maximum less Benefits paid.

**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.
- Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
- Oral surgery requiring the setting of fractures and dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
- Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
- Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- Services not listed as covered.
- Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
- Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
- Procedures that in the opinion of the Plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
- Treatment of cleft palate, malignancies or neoplasms.
- Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

**Plan Limitations:**

**Class I. Diagnostic and Preventive Services:**

- Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months
- One emergency or problem focused exam (D0140) per Calendar Year
- One full mouth or panoramic x-ray per 60 months
- Periapical x-rays
- Bitewing x-rays, 2 per Calendar Year
- Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year
- One topical fluoride per Calendar Year, to age 16

- One sealant per tooth per lifetime, to age 16 (limited to permanent 1st and 2nd molars)
- Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)

**Class II. Basic Services:**

- Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months

**Class III. Major Services:**

- Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter
- Restoration services, limited to:
  - Gold or porcelain inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
  - Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially place or last replaced
  - Stainless steel crowns up to age 14 (one per tooth per lifetime)
  - Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
- Crown build-up for non-vital teeth
- Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
  - Pulpotomy
  - Root canal therapy (not covered if pulp chamber was opened before effective date of coverage)
  - Apicoectomy
  - Retrograde fillings, per root per lifetime
- Periodontic services, limited to:
  - Gingivectomy
  - Osseous surgery including flap entry and closure
  - One pedicle or free soft tissue graft per site per lifetime
  - One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
  - One full mouth debridement per lifetime
  - Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
- Prosthetic services, limited to:
  - Initial placement of removable dentures or fixed bridges
  - Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
  - Addition of teeth to existing partial denture
  - One relining or rebasing of existing removable dentures per 24 months
- One repair of dentures or fixed bridgework per 24 months
- General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery or implant placement procedures

**Class IV. Orthodontia Services: Not Covered**

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy. One study model per 36 months.



# Elite ePPO (MD) Coverage Schedule

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

Annual Deductible	In-Network	• Deductible is combined for all services for each calendar year per adult Member – maximum \$75 for adult Members.
Amount	\$25	
Max Per Family	\$75	
Applies to all Benefits	No, waived on Class I	
Maximums	In-Network	• Annual Maximum applies to Class I, Class II and Class III Benefits.
Annual	\$1,500	
Lifetime Ortho	N/A	
Waiting Periods	In-Network	
Class I	None	
Class II	None	
Class III	None	
Class IV	N/A	

If course of treatment is to exceed \$300, prior review is requested

ADA CODE	MEMBER DESCRIPTION	COPAYMENT(S)
<b>Class I - Diagnostic/Preventive</b>		
D0120	Periodic oral eval - established patient.....	0
D0140	Limited oral eval - problem focused.....	0
D0145	Oral eval for a patient under 3 years of age .....	0
D0150	Comprehensive oral eval - new or established patient.....	0
D0160	Detailed and extensive oral eval - problem focused.....	0
D0170	Re-evaluation - limited, problem focused .....	0
D0180	Comp. periodontal eval - new or established patient.....	0
D0210	Intraoral - complete series (including bitewings).....	0
D0220	Intraoral - periapical first film.....	0
D0230	Intraoral - periapical each add. film.....	0
D0240	Intraoral - occlusal film.....	0
D0250	Extraoral - first film and each add. film .....	0
D0260	Extraoral - first film and each add. film .....	0
D0270	Bitewing x-rays - 1 to 4 films.....	0
D0272	Bitewing x-rays - 1 to 4 films.....	0
D0274	Bitewing x-rays - 1 to 4 films.....	0
D0273	Bitewing x-rays - 1 to 4 films.....	0
D0277	Vertical bitewings - 7 to 8 films .....	0
D0290	Posterior/anterior or lateral skull and facial bone survey film (when dentally necessary).....	0
D0330	Panoramic film .....	0
D0460	Pulp vitality tests.....	0
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office).....	0
D1110	Prophylaxis (cleaning) - adult .....	0
D1110*	Additional cleaning (expecting mothers and diabetics) ...	40
D1120	Prophylaxis (cleaning) - child.....	0
D1206	Topical fluoride varnish for mod/high risk caries patients ...	0
D1208	Topical application of fluoride .....	0
D1351	Sealant - per tooth .....	17
D1510	Space maintainer - fixed/removable - unilateral .....	95
D1520	Space maintainer - fixed/removable - unilateral .....	95
D1515	Space maintainer - fixed/removable - bilateral .....	105
D1525	Space maintainer - fixed/removable - bilateral .....	115
D1550	Re-cementation of space maintainer.....	30
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14).....	30
<b>Class II - Restorative (Fillings)</b>		
D2140	Amalgam - one surface, prim. or perm. ....	20
D2150	Amalgam - two surfaces, prim. or perm.....	30

ADA CODE	MEMBER DESCRIPTION	COPAYMENT(S)
D2160	Amalgam - three surfaces, prim. or perm. ....	40
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	55
D2330	Resin-based composite - one surface, anterior.....	32
D2331	Resin-based composite - two surfaces, anterior.....	42
D2332	Resin-based composite - three surfaces, anterior.....	52
D2335	Resin-based composite - >=4 surfaces, anterior.....	100
D2390	Resin-based composite crown, anterior .....	70
D2391	Resin-based composite - one surface, posterior .....	45
D2392	Resin-based composite - two surfaces, posterior.....	55
D2393	Resin-based composite - three surfaces, posterior .....	65
D2394	Resin-based composite - >=4 surfaces, posterior .....	115
<b>Class III - Crown &amp; Bridge*</b>		
D2940	Sedative filling.....	30
D2951	Pin retention - per tooth, in addition to restoration.....	28
D2510	Inlay - metallic - one surface.....	261
D2520	Inlay - metallic - two surfaces .....	336
D2530	Inlay - metallic - three or more surfaces .....	375
D2542	Onlay - metallic-two surfaces.....	355
D2543	Onlay - metallic-three surfaces.....	375
D2544	Onlay - metallic-four or more surfaces.....	391
D2610	Inlay - porcelain/ceramic - one surface.....	317
D2620	Inlay - porcelain/ceramic - two surfaces .....	331
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	374
D2642	Onlay - porcelain/ceramic - two surfaces.....	375
D2643	Onlay - porcelain/ceramic - three surfaces .....	391
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	393
D2650	Inlay - resin-based composite - one surface.....	317
D2651	Inlay - resin-based composite - two surfaces .....	331
D2652	Inlay - resin-based composite - >=3 surfaces.....	374
D2662	Onlay - resin-based composite - two surfaces.....	375
D2663	Onlay - resin-based composite - three surfaces.....	391
D2664	Onlay - resin-based composite - >=4 surfaces .....	393
D2710	Crown - resin based composite (indirect) .....	433
D2712	Crown - 3/4 resin-based composite (indirect).....	433
D2720	Crown - resin with metal .....	465
D2721	Crown - resin with metal .....	450
D2722	Crown - resin with metal .....	450
D2740	Crown - porcelain/ceramic substrate .....	545
D2750	Crown - porcelain fused metal .....	570
D2780	Crown - 3/4 cast with metal .....	393
D2751	Crown - porcelain fused metal .....	520
D2781	Crown - 3/4 cast with metal .....	368
D2752	Crown - porcelain fused metal.....	520

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D2782	Crown - 3/4 cast with metal .....	391
D2783	Crown - 3/4 porcelain/ceramic .....	400
D2790	Crown - full cast metal .....	507
D2791	Crown - full cast metal .....	455
D2792	Crown - full cast metal .....	473
D2794	Crown - titanium.....	530
D2910	Recement inlay, onlay/crown or partial coverage rest. ....	34
D2915	Recement cast of prefabricated post and core (once in a lifetime).....	34
D2920	Recement inlay, onlay/crown or partial coverage rest. ....	27
D2930	Prefab. stainless steel crown - prim. tooth.....	90
D2931	Prefab. stainless steel crown - perm. tooth.....	90
D2932	Prefabricated resin crown.....	66
D2933	Prefabricated stainless steel crown with resin window. Open face stainless steel crown with aesthetic resin facing or veneer (once every 24 months on anterior primary tooth).....	84
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth).....	84
D2950	Core buildup, including any pins.....	100
D2952	Cast post and core in addition to crown .....	141
D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated .....	77
D2954	Prefab. post and core in addition to crown .....	105
D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months) .....	285
D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months).....	436
D2970	Temporary crown (fractured tooth).....	104
D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months).....	54
D2980	Crown repair, by report .....	85

**Class III - Endodontics**

D3110	Pulp cap - direct/indirect (excl. final restoration).....	13
D3120	Pulp cap - direct/indirect (excl. final restoration).....	13
D3220	Therapeutic pulpotomy (excl. final restor.).....	100
D3221	Pulpal debridement, prim. and perm. teeth .....	100
D3222	Therapeutic pulpotomy (once per permanent tooth per lifetime for patients under 19 years) .....	100
D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor).....	90
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	102
D3310	Endodontic therapy, anterior tooth.....	550
D3320	Endodontic therapy, bicuspid tooth.....	640
D3330	Endodontic therapy, molar .....	780
D3331	Treatment of root canal obstruction; non-surgical access .....	127
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	234
D3333	Internal root repair of perforation defects .....	119
D3346	Retreat of prev. root canal therapy, anterior .....	569
D3347	Retreat of prev. root canal therapy, bicuspid .....	658
D3348	Retreat of prev. root canal therapy, molar.....	776
D3351	Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal.....	170
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal) .....	83
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)....	179
D3410	Apicoectomy/periradicular surgery, anterior .....	414
D3421	Apicoectomy/periradicular surgery, bicuspid (first root) ..	446
D3425	Apicoectomy/periradicular surgery, molar (first root) .....	543
D3426	Apicoectomy/periradicular surgery (each add. root).....	145
D3430	Retrograde filling - per root.....	138
D3450	Root amputation - per root.....	258
D3920	Hemisection, not inc. root canal therapy.....	194

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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**Class III - Periodontics**

D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad... 198	
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. .... 100	
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	368
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months).....	379
D4260	Osseous surgery - >3 cont. teeth, per quad .....	600
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360
D4263	Bone replacement graft - first site in quadrant (once per site per 36 months).....	230
D4264	Bone replacement graft - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months).....	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months).....	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)..	341
D4267	Guided tissue regeneration - non-resorbable barrier, per site, (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months) .....	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	401
D4273	Subepithelial connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	626
D4274	Distal or proximal wedge procedure .....	194
D4275	Soft tissue allograft, per site (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months).....	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft... 381	
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site.....	30
D4341	Perio scaling and root planing - >3 cont teeth, per quad.. 97	
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	52
D4355	Full mouth debridement.....	60
D4381	Localized delivery of chemotherapeutic agents.....	42
D4910	Periodontal maintenance .....	75
D4920	Unscheduled dressing change (by someone other than treating dentist) .....	49

**Class III - Prosthetics (Dentures)**

D5110	Complete denture - maxillary/mandibular .....	560
D5120	Complete denture - maxillary/mandibular .....	560
D5130	Immediate denture - maxillary/mandibular.....	565
D5140	Immediate denture - maxillary/mandibular.....	565
D5211	Maxillary/mandibular partial denture - resin base .....	375
D5212	Maxillary/mandibular partial denture - resin base .....	375
D5213	Maxillary/mandibular partial denture - cast metal .....	625
D5214	Maxillary/mandibular partial denture - cast metal .....	625
D5225	Maxillary/mandibular partial denture - flexible base .....	625
D5226	Maxillary/mandibular partial denture - flexible base .....	625
D5281	Rem. unilateral partial denture - one piece cast metal ... 318	
D5410	Adjust complete denture - maxillary/mandibular .....	20
D5411	Adjust complete denture - maxillary/mandibular .....	20
D5421	Adjust partial denture - maxillary/mandibular.....	20
D5422	Adjust partial denture - maxillary/mandibular .....	20
D5510	Repair broken denture base (complete/resin) .....	59
D5610	Repair broken denture base (complete/resin) .....	59
D5520	Replace missing or broken teeth - complete denture .....	65
D5620	Repair cast framework.....	59
D5630	Clasp repaired, replaced or added .....	59
D5640	Replace broken teeth - per tooth .....	65
D5650	Add tooth to existing partial denture .....	65
D5660	Clasp repaired, replaced or added .....	70
D5670	Replace all teeth and acrylic on cast metal framework... 245	
D5671	Replace all teeth and acrylic on cast metal framework... 245	
D5710	Rebase complete maxillary/mandibular denture .....	185
D5711	Rebase complete maxillary/mandibular denture .....	185
D5720	Rebase maxillary/mandibular partial denture .....	110
D5721	Rebase maxillary/mandibular partial denture .....	110
D5730	Reline complete maxillary/mandibular denture (chairside)... 93	
D5731	Reline complete maxillary/mandibular denture (chairside)... 93	
D5740	Reline maxillary/mandibular partial denture (chairside).... 93	

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D5741	Reline maxillary/mandibular partial denture (chairside).....	93
D5750	Reline complete maxillary/mandibular denture (lab).....	134
D5751	Reline complete maxillary/mandibular denture (lab).....	134
D5760	Reline maxillary/mandibular partial denture (lab).....	134
D5761	Reline maxillary/mandibular partial denture (lab).....	134
D5820	Interim partial denture - maxillary/mandibular.....	228
D5821	Interim partial denture - maxillary/mandibular.....	228
D5850	Tissue conditioning - maxillary/mandibular.....	41
D5851	Tissue conditioning - maxillary/mandibular.....	41
D5863	Overdenture - complete maxillary.....	600
D5864	Overdenture - partial maxillary.....	565
D5865	Overdenture - complete mandibular.....	600
D5866	Overdenture - partial mandibular.....	565

**Class III - Implant Services**

D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months).....	1360
D6056	Prefabricated abutment (includes placement).....	468
D6057	Custom abutment (includes placement).....	560
D6058	Abutment supported porcelain/ceramic crown.....	705
D6059	Abutment supported porcelain fused to metal crown (high noble).....	665
D6060	Abutment supported porcelain fused to metal crown (base metal).....	600
D6061	Abutment supported porcelain fused to metal crown (noble metal).....	640
D6062	Abutment supported cast metal crown (high noble).....	632
D6063	Abutment supported cast metal crown (base metal).....	600
D6064	Abutment supported cast metal crown (noble metal).....	620
D6065	Implant supported porcelain/ceramic crown.....	705
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).....	665
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).....	665
D6094	Abutment supported crown (titanium).....	640
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth).....	76
D6092	Recement implant/abutment supported crown (once per tooth after 6 months from initial placement).....	24
D6093	Recement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement).....	35
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140
D6100	Implant removal, by report (once per tooth).....	116

**Class III - Bridge & Pontics\***

D6205	Pontic - indirect resin based composite.....	520
D6210	Pontic - metal.....	510
D6211	Pontic - metal.....	463
D6212	Pontic - metal.....	473
D6214	Pontic - titanium.....	520
D6240	Pontic - porcelain fused metal.....	570
D6241	Pontic - porcelain fused metal.....	520
D6242	Pontic - porcelain fused metal.....	520
D6245	Pontic - porcelain/ceramic.....	500
D6250	Pontic - resin with metal.....	552
D6251	Pontic - resin with metal.....	442
D6252	Pontic - resin with metal.....	508
D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D6602	Inlay - cast high noble metal, two surfaces.....	344
D6603	Inlay - cast high noble metal, >=3 surfaces.....	379
D6604	Inlay - cast predominantly base metal, two surfaces.....	394
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	379
D6606	Inlay - cast noble metal, two surfaces.....	394
D6607	Inlay - cast noble metal, >=3 surfaces.....	379
D6610	Onlay - cast high noble metal, two surfaces.....	415
D6611	Onlay - cast high noble metal, >=3 surfaces.....	401
D6612	Onlay - cast predominantly base metal, two surfaces.....	415
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	401
D6614	Onlay - cast noble metal, two surfaces.....	415
D6615	Onlay - cast noble metal, >=3 surfaces.....	401
D6624	Inlay - titanium.....	401
D6634	Onlay - titanium.....	401
D6710	Crown - indirect resin based composite.....	502
D6720	Crown - resin with metal.....	446
D6721	Crown - resin with metal.....	425
D6722	Crown - resin with metal.....	425
D6740	Crown - porcelain/ceramic.....	506

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D6750	Crown - porcelain fused metal.....	520
D6751	Crown - porcelain fused metal.....	475
D6752	Crown - porcelain fused metal.....	475
D6780	Crown - 3/4 cast high noble metal.....	410
D6781	Crown - 3/4 cast predominantly base metal.....	375
D6782	Crown - 3/4 cast noble metal.....	404
D6790	Crown - full cast metal.....	512
D6791	Crown - full cast metal.....	446
D6792	Crown - full cast metal.....	473
D6793	Provisional retainer crown (if used at least 6 months during multistage care).....	156
D6794	Crown - titanium.....	502
D6930	Recement fixed partial denture.....	50
D6980	Fixed partial denture repair, by report.....	100
D6985	Pediatric partial denture - fixed (once per arch per 60 months).....	375

**Class III - Oral Surgery**

D7111	Extraction, coronal remnants - deciduous tooth.....	40
D7140	Extraction, erupted tooth or exposed root.....	50
D7210	Surgical rem. of erupted tooth req. bone cut.....	104
D7220	Removal of impacted tooth - soft tissue.....	130
D7230	Removal of impacted tooth - partially bony.....	190
D7240	Removal of impacted tooth - completely bony.....	225
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	235
D7250	Surgical removal of residual tooth roots.....	120
D7260	Oroantral fistula closure.....	689
D7261	Primary closure of a sinus perforation.....	200
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	414
D7285	Biopsy of oral tissue - hard (bone, tooth).....	253
D7286	Biopsy of oral tissue - soft.....	259
D7287	Exfoliative cytological sample collection.....	50
D7288	Brush biopsy - transepithelial sample collection.....	40
D7310	Alveoloplasty, per quad.....	201
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant).....	132
D7320	Alveoloplasty, per quad.....	276
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant).....	228
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).....	690
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).....	1322
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	322
D7963	Frenuoplasty (once per site).....	322
D7970	Excision of hyperplastic tissue - per arch.....	322
D7971	Excision of pericoronal gingiva.....	106
D7980	Sialolithotomy.....	644
D7981	Excision of salivary gland, by report.....	2300
D7982	Sialodochoplasty.....	1380
D7983	Closure of salivary fistula.....	1196

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain.....	35
D9120	Fixed partial denture sectioning (once per tooth).....	35
D9210	Local anesthesia.....	14
D9223	Deep sedation/general anesthesia - each 15 min. increment.....	80
D9243	Intravenous conscious sedation/analgesia - each 15 min. increment.....	57
D9248	Non-intravenous conscious sedation.....	89
D9310	Consultation (diagnostic service by nontreating dentist).....	40
D9940	Occlusal guard, by report (one appliance (night guards) per 5 years within 6 months of osseous surgery).....	220
D9942	Repair or reline of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement).....	82

**Class IV - Orthodontics - Not Covered**

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

**Rollover Benefits:** A Member may be eligible for a rollover of a portion of his or her unused Annual Maximum for Class I, II and III Services. If a Member submits at least one claim for Class I covered services during a Calendar Year and, in that Calendar Year, receives Benefits that are in excess of any deductible or co-pay fees, and that, in total, do not exceed the Rollover Benefit Threshold, he or she may be entitled to Rollover Benefits. Rollover Benefits can accrue and are tracked by the Plan. If a Member reaches his or her Annual Maximum for Class I, II and III Services, Plan will pay Benefits up to the Rollover Maximum. The amount of Rollover Benefits may not be greater than the Rollover Maximum. A Member's Rollover Benefits may be eliminated, and the accrued benefit lost, if there is a break in coverage of any length of time, for any reason, or if the Rollover Benefit Threshold is exceeded in any given Calendar Year. Under this Contract, the Rollover Benefit Threshold and Rollover Maximum are as follows:

Rollover Benefit Threshold.....	\$750
(Calculated at 50% of Annual Maximum)	
Rollover Maximum.....	\$1,875
(Calculated at 125% of Annual Maximum)	

Rollover Benefit is calculated at 50% of Annual Maximum less Benefits paid.

**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.
- Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
- Oral surgery requiring the setting of fractures and dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
- Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
- Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- Services not listed as covered.
- Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
- Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
- Procedures that in the opinion of the Plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
- Treatment of cleft palate, malignancies or neoplasms.
- Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.
- Maryland policyholders only: Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

**Plan Limitations:**

**Class I. Diagnostic and Preventive Services:**

- Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months
- One emergency or problem focused exam (D0140) per Calendar Year
- One full mouth or panoramic x-ray per 60 months

- Periapical x-rays
- Bitewing x-rays, 2 per Calendar Year
- Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year
- One topical fluoride per Calendar Year, to age 16
- One sealant per tooth per lifetime, to age 16 (limited to permanent 1st and 2nd molars)
- Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)

**Class II. Basic Services:**

- Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months

**Class III. Major Services:**

- Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter
- Restoration services, limited to:
  - Gold or porcelain inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
  - Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially place or last replaced
  - Stainless steel crowns up to age 14 (one per tooth per lifetime)
  - Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
- Crown build-up for non-vital teeth
- Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
  - Pulpotomy
  - Root canal therapy (not covered if pulp chamber was opened before effective date of coverage)
  - Apicoectomy
  - Retrograde fillings, per root per lifetime
- Periodontic services, limited to:
  - Gingivectomy
  - Osseous surgery including flap entry and closure
  - One pedicle or free soft tissue graft per site per lifetime
  - One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
  - One full mouth debridement per lifetime
  - Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
- Prosthetic services, limited to:
  - Initial placement of removable dentures or fixed bridges
  - Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
  - Addition of teeth to existing partial denture
  - One relining or rebasing of existing removable dentures per 24 months
- One repair of dentures or fixed bridgework per 24 months
- General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery or implant placement procedures

**Class IV. Orthodontia Services: Not Covered**

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy. One study model per 36 months.





# Elite ePPO (PA) Coverage Schedule

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

Annual Deductible	In-Network	• Deductible is combined for all services for each calendar year per adult Member – maximum \$75 for adult Members.
Amount	\$25	
Max Per Family	\$75	
Applies to all Benefits	No, waived on Class I	
Maximums	In-Network	• Annual Maximum applies to Class I, Class II and Class III Benefits.
Annual	\$1,500	
Lifetime Ortho	N/A	
Waiting Periods	In-Network	
Class I	None	
Class II	None	
Class III	None	
Class IV	N/A	

If course of treatment is to exceed \$300, prior review is requested

ADA CODE	MEMBER DESCRIPTION	COPAYMENT(S)
<b>Class I - Diagnostic/Preventive</b>		
D0120	Periodic oral eval - established patient.....	0
D0140	Limited oral eval - problem focused.....	0
D0145	Oral eval for a patient under 3 years of age .....	0
D0150	Comprehensive oral eval - new or established patient.....	0
D0160	Detailed and extensive oral eval - problem focused.....	0
D0170	Re-evaluation - limited, problem focused .....	0
D0180	Comp. periodontal eval - new or established patient.....	0
D0210	Intraoral - complete series (including bitewings).....	0
D0220	Intraoral - periapical first film.....	0
D0230	Intraoral - periapical each add. film.....	0
D0240	Intraoral - occlusal film.....	0
D0250	Extraoral - first film and each add. film .....	0
D0260	Extraoral - first film and each add. film .....	0
D0270	Bitewing x-rays - 1 to 4 films.....	0
D0272	Bitewing x-rays - 1 to 4 films.....	0
D0274	Bitewing x-rays - 1 to 4 films.....	0
D0273	Bitewing x-rays - 1 to 4 films.....	0
D0277	Vertical bitewings - 7 to 8 films .....	0
D0290	Posterior/anterior or lateral skull and facial bone survey film (when dentally necessary).....	0
D0330	Panoramic film .....	0
D0460	Pulp vitality tests.....	0
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office).....	0
D1110	Prophylaxis (cleaning) - adult .....	0
D1110*	Additional cleaning (expecting mothers and diabetics) ...	40
D1120	Prophylaxis (cleaning) - child.....	0
D1206	Topical fluoride varnish for mod/high risk caries patients ...	0
D1208	Topical application of fluoride .....	0
D1351	Sealant - per tooth .....	17
D1510	Space maintainer - fixed/removable - unilateral .....	95
D1520	Space maintainer - fixed/removable - unilateral .....	95
D1515	Space maintainer - fixed/removable - bilateral .....	105
D1525	Space maintainer - fixed/removable - bilateral .....	115
D1550	Re-cementation of space maintainer.....	30
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14).....	30
<b>Class II - Restorative (Fillings)</b>		
D2140	Amalgam - one surface, prim. or perm. ....	20
D2150	Amalgam - two surfaces, prim. or perm.....	30

ADA CODE	MEMBER DESCRIPTION	COPAYMENT(S)
D2160	Amalgam - three surfaces, prim. or perm. ....	40
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	55
D2330	Resin-based composite - one surface, anterior.....	32
D2331	Resin-based composite - two surfaces, anterior.....	42
D2332	Resin-based composite - three surfaces, anterior.....	52
D2335	Resin-based composite - >=4 surfaces, anterior.....	100
D2390	Resin-based composite crown, anterior .....	70
D2391	Resin-based composite - one surface, posterior .....	45
D2392	Resin-based composite - two surfaces, posterior.....	55
D2393	Resin-based composite - three surfaces, posterior .....	65
D2394	Resin-based composite - >=4 surfaces, posterior .....	115
<b>Class III - Crown &amp; Bridge*</b>		
D2940	Sedative filling.....	30
D2951	Pin retention - per tooth, in addition to restoration.....	28
D2510	Inlay - metallic - one surface.....	261
D2520	Inlay - metallic - two surfaces .....	336
D2530	Inlay - metallic - three or more surfaces .....	375
D2542	Onlay - metallic-two surfaces.....	355
D2543	Onlay - metallic-three surfaces.....	375
D2544	Onlay - metallic-four or more surfaces.....	391
D2610	Inlay - porcelain/ceramic - one surface.....	317
D2620	Inlay - porcelain/ceramic - two surfaces .....	331
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	374
D2642	Onlay - porcelain/ceramic - two surfaces.....	375
D2643	Onlay - porcelain/ceramic - three surfaces .....	391
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	393
D2650	Inlay - resin-based composite - one surface.....	317
D2651	Inlay - resin-based composite - two surfaces .....	331
D2652	Inlay - resin-based composite - >=3 surfaces.....	374
D2662	Onlay - resin-based composite - two surfaces.....	375
D2663	Onlay - resin-based composite - three surfaces.....	391
D2664	Onlay - resin-based composite - >=4 surfaces .....	393
D2710	Crown - resin based composite (indirect) .....	433
D2712	Crown - 3/4 resin-based composite (indirect).....	433
D2720	Crown - resin with metal .....	465
D2721	Crown - resin with metal .....	450
D2722	Crown - resin with metal .....	450
D2740	Crown - porcelain/ceramic substrate .....	545
D2750	Crown - porcelain fused metal .....	570
D2780	Crown - 3/4 cast with metal .....	393
D2751	Crown - porcelain fused metal .....	520
D2781	Crown - 3/4 cast with metal .....	368
D2752	Crown - porcelain fused metal.....	520

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D2782	Crown - 3/4 cast with metal .....	391
D2783	Crown - 3/4 porcelain/ceramic .....	400
D2790	Crown - full cast metal .....	507
D2791	Crown - full cast metal .....	455
D2792	Crown - full cast metal .....	473
D2794	Crown - titanium.....	530
D2910	Recement inlay, onlay/crown or partial coverage rest. ....	34
D2915	Recement cast of prefabricated post and core (once in a lifetime).....	34
D2920	Recement inlay, onlay/crown or partial coverage rest. ....	27
D2930	Prefab. stainless steel crown - prim. tooth.....	90
D2931	Prefab. stainless steel crown - perm. tooth.....	90
D2932	Prefabricated resin crown.....	66
D2933	Prefabricated stainless steel crown with resin window. Open face stainless steel crown with aesthetic resin facing or veneer (once every 24 months on anterior primary tooth).....	84
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth).....	84
D2950	Core buildup, including any pins.....	100
D2952	Cast post and core in addition to crown .....	141
D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated .....	77
D2954	Prefab. post and core in addition to crown .....	105
D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months) .....	285
D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months).....	436
D2970	Temporary crown (fractured tooth).....	104
D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months).....	54
D2980	Crown repair, by report .....	85

**Class III - Endodontics**

D3110	Pulp cap - direct/indirect (excl. final restoration).....	13
D3120	Pulp cap - direct/indirect (excl. final restoration).....	13
D3220	Therapeutic pulpotomy (excl. final restor.).....	100
D3221	Pulpal debridement, prim. and perm. teeth .....	100
D3222	Therapeutic pulpotomy (once per permanent tooth per lifetime for patients under 19 years) .....	100
D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor).....	90
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	102
D3310	Endodontic therapy, anterior tooth.....	550
D3320	Endodontic therapy, bicuspid tooth.....	640
D3330	Endodontic therapy, molar .....	780
D3331	Treatment of root canal obstruction; non-surgical access .....	127
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	234
D3333	Internal root repair of perforation defects .....	119
D3346	Retreat of prev. root canal therapy, anterior .....	569
D3347	Retreat of prev. root canal therapy, bicuspid .....	658
D3348	Retreat of prev. root canal therapy, molar.....	776
D3351	Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal.....	170
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal) .....	83
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)....	179
D3410	Apicoectomy/periradicular surgery, anterior .....	414
D3421	Apicoectomy/periradicular surgery, bicuspid (first root) ..	446
D3425	Apicoectomy/periradicular surgery, molar (first root) .....	543
D3426	Apicoectomy/periradicular surgery (each add. root).....	145
D3430	Retrograde filling - per root.....	138
D3450	Root amputation - per root.....	258
D3920	Hemisection, not inc. root canal therapy.....	194

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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<b>Class III - Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad...	198
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ....	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	368
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months).....	379
D4260	Osseous surgery - >3 cont. teeth, per quad .....	600
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360
D4263	Bone replacement graft - first site in quadrant (once per site per 36 months).....	230
D4264	Bone replacement graft - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months).....	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months).....	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)..	341
D4267	Guided tissue regeneration - non-resorbable barrier, per site, (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months) .....	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	401
D4273	Subepithelial connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	626
D4274	Distal or proximal wedge procedure .....	194
D4275	Soft tissue allograft, per site (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months).....	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft...	381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site.....	30
D4341	Perio scaling and root planing - >3 cont teeth, per quad..	97
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	52
D4355	Full mouth debridement.....	60
D4381	Localized delivery of chemotherapeutic agents.....	42
D4910	Periodontal maintenance .....	75
D4920	Unscheduled dressing change (by someone other than treating dentist) .....	49

**Class III - Prosthetics (Dentures)**

D5110	Complete denture - maxillary/mandibular .....	560
D5120	Complete denture - maxillary/mandibular .....	560
D5130	Immediate denture - maxillary/mandibular.....	565
D5140	Immediate denture - maxillary/mandibular.....	565
D5211	Maxillary/mandibular partial denture - resin base .....	375
D5212	Maxillary/mandibular partial denture - resin base .....	375
D5213	Maxillary/mandibular partial denture - cast metal .....	625
D5214	Maxillary/mandibular partial denture - cast metal .....	625
D5225	Maxillary/mandibular partial denture - flexible base .....	625
D5226	Maxillary/mandibular partial denture - flexible base .....	625
D5281	Rem. unilateral partial denture - one piece cast metal ...	318
D5410	Adjust complete denture - maxillary/mandibular .....	20
D5411	Adjust complete denture - maxillary/mandibular .....	20
D5421	Adjust partial denture - maxillary/mandibular.....	20
D5422	Adjust partial denture - maxillary/mandibular .....	20
D5510	Repair broken denture base (complete/resin) .....	59
D5610	Repair broken denture base (complete/resin) .....	59
D5520	Replace missing or broken teeth - complete denture .....	65
D5620	Repair cast framework.....	59
D5630	Clasp repaired, replaced or added .....	59
D5640	Replace broken teeth - per tooth .....	65
D5650	Add tooth to existing partial denture .....	65
D5660	Clasp repaired, replaced or added .....	70
D5670	Replace all teeth and acrylic on cast metal framework... 245	
D5671	Replace all teeth and acrylic on cast metal framework... 245	
D5710	Rebase complete maxillary/mandibular denture .....	185
D5711	Rebase complete maxillary/mandibular denture .....	185
D5720	Rebase maxillary/mandibular partial denture .....	110
D5721	Rebase maxillary/mandibular partial denture .....	110
D5730	Reline complete maxillary/mandibular denture (chairside)... 93	
D5731	Reline complete maxillary/mandibular denture (chairside)... 93	
D5740	Reline maxillary/mandibular partial denture (chairside)... 93	

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D5741	Reline maxillary/mandibular partial denture (chairside).....	93
D5750	Reline complete maxillary/mandibular denture (lab).....	134
D5751	Reline complete maxillary/mandibular denture (lab).....	134
D5760	Reline maxillary/mandibular partial denture (lab).....	134
D5761	Reline maxillary/mandibular partial denture (lab).....	134
D5820	Interim partial denture - maxillary/mandibular.....	228
D5821	Interim partial denture - maxillary/mandibular.....	228
D5850	Tissue conditioning - maxillary/mandibular.....	41
D5851	Tissue conditioning - maxillary/mandibular.....	41
D5863	Overdenture - complete maxillary.....	600
D5864	Overdenture - partial maxillary.....	565
D5865	Overdenture - complete mandibular.....	600
D5866	Overdenture - partial mandibular.....	565

**Class III - Implant Services**

D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months).....	1360
D6056	Prefabricated abutment (includes placement).....	468
D6057	Custom abutment (includes placement).....	560
D6058	Abutment supported porcelain/ceramic crown.....	705
D6059	Abutment supported porcelain fused to metal crown (high noble).....	665
D6060	Abutment supported porcelain fused to metal crown (base metal).....	600
D6061	Abutment supported porcelain fused to metal crown (noble metal).....	640
D6062	Abutment supported cast metal crown (high noble).....	632
D6063	Abutment supported cast metal crown (base metal).....	600
D6064	Abutment supported cast metal crown (noble metal).....	620
D6065	Implant supported porcelain/ceramic crown.....	705
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).....	665
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).....	665
D6094	Abutment supported crown (titanium).....	640
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth).....	76
D6092	Recement implant/abutment supported crown (once per tooth after 6 months from initial placement).....	24
D6093	Recement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement).....	35
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140
D6100	Implant removal, by report (once per tooth).....	116

**Class III - Bridge & Pontics\***

D6205	Pontic - indirect resin based composite.....	520
D6210	Pontic - metal.....	510
D6211	Pontic - metal.....	463
D6212	Pontic - metal.....	473
D6214	Pontic - titanium.....	520
D6240	Pontic - porcelain fused metal.....	570
D6241	Pontic - porcelain fused metal.....	520
D6242	Pontic - porcelain fused metal.....	520
D6245	Pontic - porcelain/ceramic.....	500
D6250	Pontic - resin with metal.....	552
D6251	Pontic - resin with metal.....	442
D6252	Pontic - resin with metal.....	508
D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D6602	Inlay - cast high noble metal, two surfaces.....	344
D6603	Inlay - cast high noble metal, >=3 surfaces.....	379
D6604	Inlay - cast predominantly base metal, two surfaces.....	394
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	379
D6606	Inlay - cast noble metal, two surfaces.....	394
D6607	Inlay - cast noble metal, >=3 surfaces.....	379
D6610	Onlay - cast high noble metal, two surfaces.....	415
D6611	Onlay - cast high noble metal, >=3 surfaces.....	401
D6612	Onlay - cast predominantly base metal, two surfaces.....	415
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	401
D6614	Onlay - cast noble metal, two surfaces.....	415
D6615	Onlay - cast noble metal, >=3 surfaces.....	401
D6624	Inlay - titanium.....	401
D6634	Onlay - titanium.....	401
D6710	Crown - indirect resin based composite.....	502
D6720	Crown - resin with metal.....	446
D6721	Crown - resin with metal.....	425
D6722	Crown - resin with metal.....	425
D6740	Crown - porcelain/ceramic.....	506

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D6750	Crown - porcelain fused metal.....	520
D6751	Crown - porcelain fused metal.....	475
D6752	Crown - porcelain fused metal.....	475
D6780	Crown - 3/4 cast high noble metal.....	410
D6781	Crown - 3/4 cast predominantly base metal.....	375
D6782	Crown - 3/4 cast noble metal.....	404
D6790	Crown - full cast metal.....	512
D6791	Crown - full cast metal.....	446
D6792	Crown - full cast metal.....	473
D6793	Provisional retainer crown (if used at least 6 months during multistage care).....	156
D6794	Crown - titanium.....	502
D6930	Recement fixed partial denture.....	50
D6980	Fixed partial denture repair, by report.....	100
D6985	Pediatric partial denture - fixed (once per arch per 60 months).....	375

**Class III - Oral Surgery**

D7111	Extraction, coronal remnants - deciduous tooth.....	40
D7140	Extraction, erupted tooth or exposed root.....	50
D7210	Surgical rem. of erupted tooth req. bone cut.....	104
D7220	Removal of impacted tooth - soft tissue.....	130
D7230	Removal of impacted tooth - partially bony.....	190
D7240	Removal of impacted tooth - completely bony.....	225
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	235
D7250	Surgical removal of residual tooth roots.....	120
D7260	Oroantral fistula closure.....	689
D7261	Primary closure of a sinus perforation.....	200
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	414
D7285	Biopsy of oral tissue - hard (bone, tooth).....	253
D7286	Biopsy of oral tissue - soft.....	259
D7287	Exfoliative cytological sample collection.....	50
D7288	Brush biopsy - transepithelial sample collection.....	40
D7310	Alveoloplasty, per quad.....	201
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant).....	132
D7320	Alveoloplasty, per quad.....	276
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant).....	228
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).....	690
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).....	1322
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	322
D7963	Frenuoplasty (once per site).....	322
D7970	Excision of hyperplastic tissue - per arch.....	322
D7971	Excision of pericoronal gingiva.....	106
D7980	Sialolithotomy.....	644
D7981	Excision of salivary gland, by report.....	2300
D7982	Sialodochoplasty.....	1380
D7983	Closure of salivary fistula.....	1196

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain.....	35
D9120	Fixed partial denture sectioning (once per tooth).....	35
D9210	Local anesthesia.....	14
D9223	Deep sedation/general anesthesia - each 15 min. increment.....	80
D9243	Intravenous conscious sedation/analgesia - each 15 min. increment.....	57
D9248	Non-intravenous conscious sedation.....	89
D9310	Consultation (diagnostic service by nontreating dentist).....	40
D9940	Occlusal guard, by report (one appliance (night guards) per 5 years within 6 months of osseous surgery).....	220
D9942	Repair or reline of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement).....	82

**Class IV - Orthodontics - Not Covered**

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

**Rollover Benefits:** A Member may be eligible for a rollover of a portion of his or her unused Annual Maximum for Class I, II and III Services. If a Member submits at least one claim for Class I covered services during a Calendar Year and, in that Calendar Year, receives Benefits that are in excess of any deductible or co-pay fees, and that, in total, do not exceed the Rollover Benefit Threshold, he or she may be entitled to Rollover Benefits. Rollover Benefits can accrue and are tracked by the Plan. If a Member reaches his or her Annual Maximum for Class I, II and III Services, Plan will pay Benefits up to the Rollover Maximum. The amount of Rollover Benefits may not be greater than the Rollover Maximum. A Member's Rollover Benefits may be eliminated, and the accrued benefit lost, if there is a break in coverage of any length of time, for any reason, or if the Rollover Benefit Threshold is exceeded in any given Calendar Year. Under this Contract, the Rollover Benefit Threshold and Rollover Maximum are as follows:

Rollover Benefit Threshold.....	\$750
(Calculated at 50% of Annual Maximum)	
Rollover Maximum.....	\$1,875
(Calculated at 125% of Annual Maximum)	

Rollover Benefit is calculated at 50% of Annual Maximum less Benefits paid.

**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.
- Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
- Oral surgery requiring the setting of fractures and dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
- Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
- Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- Services not listed as covered.
- Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
- Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
- Procedures that in the opinion of the Plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
- Treatment of cleft palate, malignancies or neoplasms.
- Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

**Plan Limitations:**

**Class I. Diagnostic and Preventive Services:**

- Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months
- One emergency or problem focused exam (D0140) per Calendar Year
- One full mouth or panoramic x-ray per 60 months
- Periapical x-rays
- Bitewing x-rays, 2 per Calendar Year
- Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year
- One topical fluoride per Calendar Year, to age 16

- One sealant per tooth per lifetime, to age 16 (limited to permanent 1st and 2nd molars)
- Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)

**Class II. Basic Services:**

- Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesio Buccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months

**Class III. Major Services:**

- Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter
- Restoration services, limited to:
  - Gold or porcelain inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
  - Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially place or last replaced
  - Stainless steel crowns up to age 14 (one per tooth per lifetime)
  - Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
- Crown build-up for non-vital teeth
- Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
  - Pulpotomy
  - Root canal therapy (not covered if pulp chamber was opened before effective date of coverage)
  - Apicoectomy
  - Retrograde fillings, per root per lifetime
- Periodontic services, limited to:
  - Gingivectomy
  - Osseous surgery including flap entry and closure
  - One pedicle or free soft tissue graft per site per lifetime
  - One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
  - One full mouth debridement per lifetime
  - Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
- Prosthetic services, limited to:
  - Initial placement of removable dentures or fixed bridges
  - Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
  - Addition of teeth to existing partial denture
  - One relining or rebasing of existing removable dentures per 24 months
- One repair of dentures or fixed bridgework per 24 months
- General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery or implant placement procedures

**Class IV. Orthodontia Services: Not Covered**

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy. One study model per 36 months.



# Elite ePPO (VA) Coverage Schedule

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

Annual Deductible	In-Network	• Deductible is combined for all services for each calendar year per adult Member – maximum \$75 for adult Members.
Amount	\$25	
Max Per Family	\$75	
Applies to all Benefits	No, waived on Class I	
Maximums	In-Network	• Annual Maximum applies to Class I, Class II and, Class III Benefits.
Annual	\$1,500	
Lifetime Ortho	N/A	
Waiting Periods	In-Network	
Class I	None	
Class II	None	
Class III	None	
Class IV	N/A	

If course of treatment is to exceed \$300, prior review is requested

ADA CODE	MEMBER DESCRIPTION	COPAYMENT(S)
<b>Class I - Diagnostic/Preventive</b>		
D0120	Periodic oral eval - established patient.....	0
D0140	Limited oral eval - problem focused.....	0
D0145	Oral eval for a patient under 3 years of age .....	0
D0150	Comprehensive oral eval - new or established patient.....	0
D0160	Detailed and extensive oral eval - problem focused.....	0
D0170	Re-evaluation - limited, problem focused .....	0
D0180	Comp. periodontal eval - new or established patient.....	0
D0210	Intraoral - complete series (including bitewings).....	0
D0220	Intraoral - periapical first film.....	0
D0230	Intraoral - periapical each add. film.....	0
D0240	Intraoral - occlusal film.....	0
D0250	Extraoral - first film and each add. film .....	0
D0260	Extraoral - first film and each add. film .....	0
D0270	Bitewing x-rays - 1 to 4 films.....	0
D0272	Bitewing x-rays - 1 to 4 films.....	0
D0274	Bitewing x-rays - 1 to 4 films.....	0
D0273	Bitewing x-rays - 1 to 4 films.....	0
D0277	Vertical bitewings - 7 to 8 films .....	0
D0290	Posterior/anterior or lateral skull and facial bone survey film (when dentally necessary).....	0
D0330	Panoramic film .....	0
D0460	Pulp vitality tests.....	0
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office).....	0
D1110	Prophylaxis (cleaning) - adult .....	0
D1110*	Additional cleaning (expecting mothers and diabetics) ...	40
D1120	Prophylaxis (cleaning) - child.....	0
D1206	Topical fluoride varnish for mod/high risk caries patients ...	0
D1208	Topical application of fluoride .....	0
D1351	Sealant - per tooth .....	17
D1510	Space maintainer - fixed/removable - unilateral .....	95
D1520	Space maintainer - fixed/removable - unilateral .....	95
D1515	Space maintainer - fixed/removable - bilateral .....	105
D1525	Space maintainer - fixed/removable - bilateral .....	115
D1550	Re-cementation of space maintainer.....	30
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14).....	30
<b>Class II - Restorative (Fillings)</b>		
D2140	Amalgam - one surface, prim. or perm. ....	20
D2150	Amalgam - two surfaces, prim. or perm.....	30

ADA CODE	MEMBER DESCRIPTION	COPAYMENT(S)
D2160	Amalgam - three surfaces, prim. or perm. ....	40
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	55
D2330	Resin-based composite - one surface, anterior.....	32
D2331	Resin-based composite - two surfaces, anterior.....	42
D2332	Resin-based composite - three surfaces, anterior.....	52
D2335	Resin-based composite - >=4 surfaces, anterior.....	100
D2390	Resin-based composite crown, anterior .....	70
D2391	Resin-based composite - one surface, posterior .....	45
D2392	Resin-based composite - two surfaces, posterior.....	55
D2393	Resin-based composite - three surfaces, posterior .....	65
D2394	Resin-based composite - >=4 surfaces, posterior .....	115
<b>Class III - Crown &amp; Bridge*</b>		
D2940	Sedative filling.....	30
D2951	Pin retention - per tooth, in addition to restoration.....	28
D2510	Inlay - metallic - one surface.....	261
D2520	Inlay - metallic - two surfaces .....	336
D2530	Inlay - metallic - three or more surfaces .....	375
D2542	Onlay - metallic-two surfaces.....	355
D2543	Onlay - metallic-three surfaces.....	375
D2544	Onlay - metallic-four or more surfaces.....	391
D2610	Inlay - porcelain/ceramic - one surface.....	317
D2620	Inlay - porcelain/ceramic - two surfaces .....	331
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	374
D2642	Onlay - porcelain/ceramic - two surfaces.....	375
D2643	Onlay - porcelain/ceramic - three surfaces .....	391
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	393
D2650	Inlay - resin-based composite - one surface.....	317
D2651	Inlay - resin-based composite - two surfaces .....	331
D2652	Inlay - resin-based composite - >=3 surfaces.....	374
D2662	Onlay - resin-based composite - two surfaces.....	375
D2663	Onlay - resin-based composite - three surfaces.....	391
D2664	Onlay - resin-based composite - >=4 surfaces .....	393
D2710	Crown - resin based composite (indirect) .....	433
D2712	Crown - 3/4 resin-based composite (indirect).....	433
D2720	Crown - resin with metal .....	465
D2721	Crown - resin with metal .....	450
D2722	Crown - resin with metal .....	450
D2740	Crown - porcelain/ceramic substrate .....	545
D2750	Crown - porcelain fused metal .....	570
D2780	Crown - 3/4 cast with metal .....	393
D2751	Crown - porcelain fused metal .....	520
D2781	Crown - 3/4 cast with metal .....	368
D2752	Crown - porcelain fused metal.....	520

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D2782	Crown - 3/4 cast with metal .....	391
D2783	Crown - 3/4 porcelain/ceramic .....	400
D2790	Crown - full cast metal .....	507
D2791	Crown - full cast metal .....	455
D2792	Crown - full cast metal .....	473
D2794	Crown - titanium .....	530
D2910	Recement inlay, onlay/crown or partial coverage rest. ....	34
D2915	Recement cast of prefabricated post and core (once in a lifetime).....	34
D2920	Recement inlay, onlay/crown or partial coverage rest. ....	27
D2930	Prefab. stainless steel crown - prim. tooth.....	90
D2931	Prefab. stainless steel crown - perm. tooth.....	90
D2932	Prefabricated resin crown .....	66
D2933	Prefabricated stainless steel crown with resin window. Open face stainless steel crown with aesthetic resin facing or veneer (once every 24 months on anterior primary tooth).....	84
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth).....	84
D2950	Core buildup, including any pins.....	100
D2952	Cast post and core in addition to crown .....	141
D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated .....	77
D2954	Prefab. post and core in addition to crown .....	105
D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months) .....	285
D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months).....	436
D2970	Temporary crown (fractured tooth).....	104
D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months).....	54
D2980	Crown repair, by report .....	85

**Class III - Endodontics**

D3110	Pulp cap - direct/indirect (excl. final restoration).....	13
D3120	Pulp cap - direct/indirect (excl. final restoration).....	13
D3220	Therapeutic pulpotomy (excl. final restor.).....	100
D3221	Pulpal debridement, prim. and perm. teeth .....	100
D3222	Therapeutic pulpotomy (once per permanent tooth per lifetime for patients under 19 years) .....	100
D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor).....	90
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor) .....	102
D3310	Endodontic therapy, anterior tooth.....	550
D3320	Endodontic therapy, bicuspid tooth.....	640
D3330	Endodontic therapy, molar .....	780
D3331	Treatment of root canal obstruction; non-surgical access .....	127
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	234
D3333	Internal root repair of perforation defects .....	119
D3346	Retreat of prev. root canal therapy, anterior .....	569
D3347	Retreat of prev. root canal therapy, bicuspid .....	658
D3348	Retreat of prev. root canal therapy, molar.....	776
D3351	Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal.....	170
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal) .....	83
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)....	179
D3410	Apicoectomy/periradicular surgery, anterior .....	414
D3421	Apicoectomy/periradicular surgery, bicuspid (first root) ..	446
D3425	Apicoectomy/periradicular surgery, molar (first root) .....	543
D3426	Apicoectomy/periradicular surgery (each add. root).....	145
D3430	Retrograde filling - per root.....	138
D3450	Root amputation - per root.....	258
D3920	Hemisection, not inc. root canal therapy.....	194

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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<b>Class III - Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad... 198	
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. .... 100	
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	368
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months).....	379
D4260	Osseous surgery - >3 cont. teeth, per quad .....	600
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	360
D4263	Bone replacement graft - first site in quadrant (once per site per 36 months).....	230
D4264	Bone replacement graft - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months).....	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months).....	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)..	341
D4267	Guided tissue regeneration - non-resorbable barrier, per site, (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months) .....	358
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	401
D4273	Subepithelial connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	626
D4274	Distal or proximal wedge procedure .....	194
D4275	Soft tissue allograft, per site (once per tooth per 36 months, not to exceed 2 teeth per 36 months) .....	405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months).....	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft... 381	
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site.....	30
D4341	Perio scaling and root planing - >3 cont teeth, per quad.. 97	
D4342	Perio scaling and root planing - <= 3 teeth, per quad..... 52	
D4355	Full mouth debridement.....	60
D4381	Localized delivery of chemotherapeutic agents.....	42
D4910	Periodontal maintenance .....	75
D4920	Unscheduled dressing change (by someone other than treating dentist) .....	49

**Class III - Prosthetics (Dentures)**

D5110	Complete denture - maxillary/mandibular .....	560
D5120	Complete denture - maxillary/mandibular .....	560
D5130	Immediate denture - maxillary/mandibular.....	565
D5140	Immediate denture - maxillary/mandibular.....	565
D5211	Maxillary/mandibular partial denture - resin base .....	375
D5212	Maxillary/mandibular partial denture - resin base .....	375
D5213	Maxillary/mandibular partial denture - cast metal .....	625
D5214	Maxillary/mandibular partial denture - cast metal .....	625
D5225	Maxillary/mandibular partial denture - flexible base .....	625
D5226	Maxillary/mandibular partial denture - flexible base .....	625
D5281	Rem. unilateral partial denture - one piece cast metal ... 318	
D5410	Adjust complete denture - maxillary/mandibular .....	20
D5411	Adjust complete denture - maxillary/mandibular .....	20
D5421	Adjust partial denture - maxillary/mandibular.....	20
D5422	Adjust partial denture - maxillary/mandibular .....	20
D5510	Repair broken denture base (complete/resin) .....	59
D5610	Repair broken denture base (complete/resin) .....	59
D5520	Replace missing or broken teeth - complete denture .....	65
D5620	Repair cast framework.....	59
D5630	Clasp repaired, replaced or added .....	59
D5640	Replace broken teeth - per tooth .....	65
D5650	Add tooth to existing partial denture .....	65
D5660	Clasp repaired, replaced or added .....	70
D5670	Replace all teeth and acrylic on cast metal framework... 245	
D5671	Replace all teeth and acrylic on cast metal framework... 245	
D5710	Rebase complete maxillary/mandibular denture .....	185
D5711	Rebase complete maxillary/mandibular denture .....	185
D5720	Rebase maxillary/mandibular partial denture .....	110
D5721	Rebase maxillary/mandibular partial denture .....	110
D5730	Reline complete maxillary/mandibular denture (chairside)... 93	
D5731	Reline complete maxillary/mandibular denture (chairside)... 93	
D5740	Reline maxillary/mandibular partial denture (chairside).... 93	

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D5741	Reline maxillary/mandibular partial denture (chairside).....	93
D5750	Reline complete maxillary/mandibular denture (lab).....	134
D5751	Reline complete maxillary/mandibular denture (lab).....	134
D5760	Reline maxillary/mandibular partial denture (lab).....	134
D5761	Reline maxillary/mandibular partial denture (lab).....	134
D5820	Interim partial denture - maxillary/mandibular.....	228
D5821	Interim partial denture - maxillary/mandibular.....	228
D5850	Tissue conditioning - maxillary/mandibular.....	41
D5851	Tissue conditioning - maxillary/mandibular.....	41
D5863	Overdenture - complete maxillary.....	600
D5864	Overdenture - partial maxillary.....	565
D5865	Overdenture - complete mandibular.....	600
D5866	Overdenture - partial mandibular.....	565

**Class III - Implant Services**

D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months).....	1360
D6056	Prefabricated abutment (includes placement).....	468
D6057	Custom abutment (includes placement).....	560
D6058	Abutment supported porcelain/ceramic crown.....	705
D6059	Abutment supported porcelain fused to metal crown (high noble).....	665
D6060	Abutment supported porcelain fused to metal crown (base metal).....	600
D6061	Abutment supported porcelain fused to metal crown (noble metal).....	640
D6062	Abutment supported cast metal crown (high noble).....	632
D6063	Abutment supported cast metal crown (base metal).....	600
D6064	Abutment supported cast metal crown (noble metal).....	620
D6065	Implant supported porcelain/ceramic crown.....	705
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).....	665
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).....	665
D6094	Abutment supported crown (titanium).....	640
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth).....	76
D6092	Recement implant/abutment supported crown (once per tooth after 6 months from initial placement).....	24
D6093	Recement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement).....	35
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140
D6100	Implant removal, by report (once per tooth).....	116

**Class III - Bridge & Pontics\***

D6205	Pontic - indirect resin based composite.....	520
D6210	Pontic - metal.....	510
D6211	Pontic - metal.....	463
D6212	Pontic - metal.....	473
D6214	Pontic - titanium.....	520
D6240	Pontic - porcelain fused metal.....	570
D6241	Pontic - porcelain fused metal.....	520
D6242	Pontic - porcelain fused metal.....	520
D6245	Pontic - porcelain/ceramic.....	500
D6250	Pontic - resin with metal.....	552
D6251	Pontic - resin with metal.....	442
D6252	Pontic - resin with metal.....	508
D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	251
D6602	Inlay - cast high noble metal, two surfaces.....	344
D6603	Inlay - cast high noble metal, >=3 surfaces.....	379
D6604	Inlay - cast predominantly base metal, two surfaces.....	394
D6605	Inlay - cast predominantly base metal, >=3 surfaces.....	379
D6606	Inlay - cast noble metal, two surfaces.....	394
D6607	Inlay - cast noble metal, >=3 surfaces.....	379
D6610	Onlay - cast high noble metal, two surfaces.....	415
D6611	Onlay - cast high noble metal, >=3 surfaces.....	401
D6612	Onlay - cast predominantly base metal, two surfaces.....	415
D6613	Onlay - cast predominantly base metal, >=3 surfaces.....	401
D6614	Onlay - cast noble metal, two surfaces.....	415
D6615	Onlay - cast noble metal, >=3 surfaces.....	401
D6624	Inlay - titanium.....	401
D6634	Onlay - titanium.....	401
D6710	Crown - indirect resin based composite.....	502
D6720	Crown - resin with metal.....	446
D6721	Crown - resin with metal.....	425
D6722	Crown - resin with metal.....	425
D6740	Crown - porcelain/ceramic.....	506

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D6750	Crown - porcelain fused metal.....	520
D6751	Crown - porcelain fused metal.....	475
D6752	Crown - porcelain fused metal.....	475
D6780	Crown - 3/4 cast high noble metal.....	410
D6781	Crown - 3/4 cast predominantly base metal.....	375
D6782	Crown - 3/4 cast noble metal.....	404
D6790	Crown - full cast metal.....	512
D6791	Crown - full cast metal.....	446
D6792	Crown - full cast metal.....	473
D6793	Provisional retainer crown (if used at least 6 months during multistage care).....	156
D6794	Crown - titanium.....	502
D6930	Recement fixed partial denture.....	50
D6980	Fixed partial denture repair, by report.....	100
D6985	Pediatric partial denture - fixed (once per arch per 60 months).....	375

**Class III - Oral Surgery**

D7111	Extraction, coronal remnants - deciduous tooth.....	40
D7140	Extraction, erupted tooth or exposed root.....	50
D7210	Surgical rem. of erupted tooth req. bone cut.....	104
D7220	Removal of impacted tooth - soft tissue.....	130
D7230	Removal of impacted tooth - partially bony.....	190
D7240	Removal of impacted tooth - completely bony.....	225
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	235
D7250	Surgical removal of residual tooth roots.....	120
D7260	Oroantral fistula closure.....	689
D7261	Primary closure of a sinus perforation.....	200
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	414
D7285	Biopsy of oral tissue - hard (bone, tooth).....	253
D7286	Biopsy of oral tissue - soft.....	259
D7287	Exfoliative cytological sample collection.....	50
D7288	Brush biopsy - transepithelial sample collection.....	40
D7310	Alveoloplasty, per quad.....	201
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant).....	132
D7320	Alveoloplasty, per quad.....	276
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant (once per quadrant).....	228
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).....	690
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).....	1322
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	322
D7963	Frenuoplasty (once per site).....	322
D7970	Excision of hyperplastic tissue - per arch.....	322
D7971	Excision of pericoronal gingiva.....	106
D7980	Sialolithotomy.....	644
D7981	Excision of salivary gland, by report.....	2300
D7982	Sialodochoplasty.....	1380
D7983	Closure of salivary fistula.....	1196

**ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain.....	35
D9120	Fixed partial denture sectioning (once per tooth).....	35
D9210	Local anesthesia.....	14
D9223	Deep sedation/general anesthesia - each 15 min. increment.....	80
D9243	Intravenous conscious sedation/analgesia - each 15 min. increment.....	57
D9248	Non-intravenous conscious sedation.....	89
D9310	Consultation (diagnostic service by nontreating dentist).....	40
D9940	Occlusal guard, by report (one appliance (night guards) per 5 years within 6 months of osseous surgery).....	220
D9942	Repair or reline of an occlusal guard (only when D9940 has been benefited and after 6 months of initial placement).....	82

**Class IV - Orthodontics - Not Covered**

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

**Rollover Benefits:** A Member may be eligible for a rollover of a portion of his or her unused Annual Maximum for Class I, II and III Services. If a Member submits at least one claim for Class I covered services during a Calendar Year and, in that Calendar Year, receives Benefits that are in excess of any deductible or co-pay fees, and that, in total, do not exceed the Rollover Benefit Threshold, he or she may be entitled to Rollover Benefits. Rollover Benefits can accrue and are tracked by the Plan. If a Member reaches his or her Annual Maximum for Class I, II and III Services, Plan will pay Benefits up to the Rollover Maximum. The amount of Rollover Benefits may not be greater than the Rollover Maximum. A Member's Rollover Benefits may be eliminated, and the accrued benefit lost, if there is a break in coverage of any length of time, for any reason, or if the Rollover Benefit Threshold is exceeded in any given Calendar Year. Under this Contract, the Rollover Benefit Threshold and Rollover Maximum are as follows:

Rollover Benefit Threshold.....	\$750
(Calculated at 50% of Annual Maximum)	
Rollover Maximum.....	\$1,875
(Calculated at 125% of Annual Maximum)	

Rollover Benefit is calculated at 50% of Annual Maximum less Benefits paid.

**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.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where 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 while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
12. Services not listed as covered.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that in the opinion of the Plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

**Plan Limitations:**

**Class I. Diagnostic and Preventive Services:**

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months
2. One emergency or problem focused exam (D0140) per Calendar Year
3. One full mouth or panoramic x-ray per 60 months
4. Periapical x-rays
5. Bitewing x-rays, 2 per Calendar Year
6. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year
7. One topical fluoride per Calendar Year, to age 16

8. One sealant per tooth per lifetime, to age 16 (limited to permanent 1st and 2nd molars)
9. Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)

**Class II. Basic Services:**

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months

**Class III. Major Services:**

1. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter
2. Restoration services, limited to:
  - a. Gold or porcelain inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
  - b. Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially place or last replaced
  - c. Stainless steel crowns up to age 14 (one per tooth per lifetime)
  - d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
3. Crown build-up for non-vital teeth
4. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
  - a. Pulpotomy
  - b. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage)
  - c. Apicoectomy
  - d. Retrograde fillings, per root per lifetime
5. Periodontic services, limited to:
  - a. Gingivectomy
  - b. Osseous surgery including flap entry and closure
  - c. One pedicle or free soft tissue graft per site per lifetime
  - d. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
  - e. One full mouth debridement per lifetime
  - f. Two periodontal maintenance visits, following surgery per Calendar Year (D4341 is not considered surgery)
6. Prosthetic services, limited to:
  - a. Initial placement of removable dentures or fixed bridges
  - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
  - c. Addition of teeth to existing partial denture
  - d. One relining or rebasing of existing removable dentures per 24 months
7. One repair of dentures or fixed bridgework per 24 months
8. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery or implant placement procedures

**Class IV. Orthodontia Services: Not Covered**

Diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy. One study model per 36 months.