



DOMINION NATIONAL

DENTAL

Select Plan Premium 705x (DC)

Description of Benefits and Member Copayments

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE			PROSTHETICS (DENTURES)		
D9439	Office visit	10	D2740	Crown - porcelain/ceramic substrate	531
D0120	Periodic oral eval - established patient	0	D2750/51/52	Crown - porcelain fused metal	495
D0140	Limited oral eval - problem focused	0	D2780/81/82	Crown - 3/4 cast with metal	457
D0145	Oral eval for a patient under 3 years of age	0	D2783	Crown - 3/4 porcelain/ceramic	469
D0150	Comprehensive oral eval - new or established patient	0	D2790/91/92	Crown - full cast metal	481
D0160	Detailed and extensive oral eval - problem focused	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41
D0170	Re-evaluation - limited, problem focused	0	D2930	Prefab. stainless steel crown - prim. tooth	105
D0210	Intraoral - complete series (including bitewings)	26	D2931	Prefab. stainless steel crown - perm. tooth	119
D0220	Intraoral - periapical first film	0	D2932	Prefabricated resin crown	135
D0230	Intraoral - periapical each add. film	0	D2950	Core buildup, including any pins	120
D0240	Intraoral - occlusal film	0	D2952	Cast post and core in addition to crown	181
D0250	Extraoral - first film and each add. film	0	D2954	Prefab. post and core in addition to crown	148
D0270-74	Bitewing x-rays - 1 to 4 films	0	D2955	Post removal (not in conj. with endo. therapy)	101
D0277	Vertical bitewings - 7 to 8 films	0	D2980	Crown repair, by report	93
D0330	Panoramic film	30	BRIDGE & PONTICS*		
D0340	Cephalometric Film	0	D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT		
D0350	Oral/facial photographic images	0	(incl D0360-D0363 cone beam imaging w/ implants)		
D0351	3D photographic image	0	D6081	Scaling and debridement in the presence of inflammation or	
D0460	Pulp vitality tests	0	mucositis of a single implant, including cleaning of the		
D0470	Diagnostic casts	0	implant surfaces, without flap entry and closure		
D1110	Prophylaxis (cleaning) - adult	0	D6210/11/12	Pontic - metal	481
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D6240/41/42	Pontic - porcelain fused metal	495
D1120	Prophylaxis (cleaning) - child	0	D6245	Pontic - porcelain/ceramic	531
D1206	Topical application of fluoride varnish	0	D6250/51/52	Pontic - resin with metal	470
D1208	Topical application of fluoride - excluding varnish	0	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D1310	Nutritional counseling for control of dental disease	0	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D1320/30	Oral hygiene instructions	0	D6549	Resin retainer - for resin bonded fixed prosthesis	233
D1351	Sealant - per tooth	18	D6600	Inlay - porc./ceramic, two surfaces	410
D1352	Prev resin rest. mod/high caries risk - perm. tooth	18	D6601	Inlay - porc./ceramic, >=3 surfaces	427
SPACE MAINTAINERS			D6602	Inlay - cast high noble metal, two surfaces	390
D1510/20	Space maintainer - fixed/removable - unilateral	136	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D1515/25	Space maintainer - fixed/removable - bilateral	184	D6604	Inlay - cast predominantly base metal, two surfaces	390
D1550	Re-cementation of space maintainer	33	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
RESORATIVE DENTISTRY (FILLINGS)			D6606	Inlay - cast noble metal, two surfaces	390
AMALGAM RESTORATIONS (SILVER)			D6607	Inlay - cast noble metal, >=3 surfaces	407
D2140	Amalgam - one surface, prim. or perm.	37	D6608	Onlay -porc./ceramic, two surfaces	439
D2150	Amalgam - two surfaces, prim. or perm.	46	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2160	Amalgam - three surfaces, prim. or perm.	58	D6610	Onlay - cast high noble metal, two surfaces	423
D2161	Amalgam - >=4 surfaces, prim. or perm.	69	D6611	Onlay - cast high noble metal, >=3 surfaces	511
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D6612	Onlay - cast predominantly base metal, two surfaces	423
D2330	Resin-based composite - one surface, anterior	64	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2331	Resin-based composite - two surfaces, anterior	76	D6614	Onlay - cast noble metal, two surfaces	423
D2332	Resin-based composite - three surfaces, anterior	90	D6615	Onlay - cast noble metal, >=3 surfaces	511
D2335	Resin-based composite - >=4 surfaces, anterior	109	D6720/21/22	Crown - resin with metal	470
D2390	Resin-based composite crown, anterior	175	D6740	Crown - porcelain/ceramic	531
D2391	Resin-based composite - one surface, posterior	68	D6750/51/52	Crown - porcelain fused metal	495
D2392	Resin-based composite - two surfaces, posterior	80	D6780	Crown - 3/4 cast high noble metal	457
D2393	Resin-based composite - three surfaces, posterior	93	CROWN & BRIDGE*		
D2394	Resin-based composite - >=4 surfaces, posterior	112	D2390	Resin-based composite crown, anterior	175
D2940	Protective restoration	37	D2510	Inlay - metallic - one surface	390
D2951	Pin retention - per tooth, in addition to restoration	22	D2520	Inlay - metallic - two surfaces	390
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D2530	Inlay - metallic - three or more surfaces	407
CROWN & BRIDGE*			D2542	Onlay - metallic-two surfaces	423
D2390	Resin-based composite crown, anterior	175	D2543	Onlay - metallic-three surfaces	511
D2510	Inlay - metallic - one surface	390	D2544	Onlay - metallic-four or more surfaces	511
D2520	Inlay - metallic - two surfaces	390	D2610	Inlay - porcelain/ceramic - one surface	410
D2530	Inlay - metallic - three or more surfaces	407	D2620	Inlay - porcelain/ceramic - two surfaces	410
D2542	Onlay - metallic-two surfaces	423	D2630	Inlay - porcelain/ceramic - >=3 surfaces	427
D2543	Onlay - metallic-three surfaces	511	D2642	Onlay - porcelain/ceramic - two surfaces	439
D2544	Onlay - metallic-four or more surfaces	511	D2643	Onlay - porcelain/ceramic - three surfaces	459
D2610	Inlay - porcelain/ceramic - one surface	410	D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
D2620	Inlay - porcelain/ceramic - two surfaces	410	D2650	Inlay - resin-based composite - one surface	425
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D2651	Inlay - resin-based composite - two surfaces	425
D2642	Onlay - porcelain/ceramic - two surfaces	439	D2652	Inlay - resin-based composite - >=3 surfaces	425
D2643	Onlay - porcelain/ceramic - three surfaces	459	D2662	Onlay - resin-based composite - two surfaces	429
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D2663	Onlay - resin-based composite - three surfaces	429
D2650	Inlay - resin-based composite - one surface	425	D2664	Onlay - resin-based composite - >=4 surfaces	429
D2651	Inlay - resin-based composite - two surfaces	425	D2710	Crown - resin based composite (indirect)	259
D2652	Inlay - resin-based composite - >=3 surfaces	425	D2712	Crown - 3/4 resin-based composite (indirect)	450
D2662	Onlay - resin-based composite - two surfaces	429	D2720/21/22	Crown - resin with metal	470
D2663	Onlay - resin-based composite - three surfaces	429			

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6781	Crown - 3/4 cast predominantly base metal.....	457
D6782	Crown - 3/4 cast noble metal.....	457
D6783	Crown - 3/4 porc./ceramic.....	469
D6790/91/92	Crown - full cast metal.....	481
D6930	Recement fixed partial denture.....	66
D6980	Fixed partial denture repair, by report.....	157

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15-minute increment.....	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15-minute increment.....	103
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9986	Missed appointment.....	50
D9995	Teledentistry - synchronous; real-time encounter (when available).....	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	87
D3310	Endodontic therapy, anterior tooth.....	325
D3320	Endodontic therapy, bicuspid tooth.....	395
D3330	Endodontic therapy, molar.....	488
D3333	Internal root repair of perforation defects.....	96
D3346	Retreat of prev. root canal therapy, anterior.....	356
D3347	Retreat of prev. root canal therapy, bicuspid.....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy - anterior.....	310
D3421	Apicoectomy - bicuspid (first root).....	333
D3425	Apicoectomy - molar (first root).....	379
D3426	Apicoectomy - (each add. root).....	148
D3430	Retrograde filling - per root.....	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, not inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

PERIODONTICS¹

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

ORAL SURGERY¹

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
ORTHODONTICS²		
D8660	Pre-orthodontic treatment visit.....	413
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

2 Phase I Treatment (D0810 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

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

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.
- Full mouth debridement is covered once per lifetime.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.
- Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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



DENTAL

Select Plan Premium 705x (DE)

Description of Benefits and Member Copayments

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE					
D9439	Office visit	10	D2740	Crown - porcelain/ceramic substrate	531
D0120	Periodic oral eval - established patient	0	D2750/51/52	Crown - porcelain fused metal	495
D0140	Limited oral eval - problem focused	0	D2780/81/82	Crown - 3/4 cast with metal	457
D0145	Oral eval for a patient under 3 years of age	0	D2783	Crown - 3/4 porcelain/ceramic	469
D0150	Comprehensive oral eval - new or established patient	0	D2790/91/92	Crown - full cast metal	481
D0160	Detailed and extensive oral eval - problem focused	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41
D0170	Re-evaluation - limited, problem focused	0	D2930	Prefab. stainless steel crown - prim. tooth	105
D0210	Intraoral - complete series (including bitewings)	26	D2931	Prefab. stainless steel crown - perm. tooth	119
D0220	Intraoral - periapical first film	0	D2932	Prefabricated resin crown	135
D0230	Intraoral - periapical each add. film	0	D2950	Core buildup, including any pins	120
D0240	Intraoral - occlusal film	0	D2952	Cast post and core in addition to crown	181
D0250	Extraoral - first film and each add. film	0	D2954	Prefab. post and core in addition to crown	148
D0270-74	Bitewing x-rays - 1 to 4 films	0	D2955	Post removal (not in conj. with endo. therapy)	101
D0277	Vertical bitewings - 7 to 8 films	0	D2980	Crown repair, by report	93
D0330	Panoramic film	30	PROSTHETICS (DENTURES)		
D0340	Cephalometric Film	0	D5110/20	Complete denture - maxillary/mandibular	664
D0350	Oral/facial photographic images	0	D5130/40	Immediate denture - maxillary/mandibular	708
D0351	3D photographic image	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D0460	Pulp vitality tests	0	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D0470	Diagnostic casts	0	D5221	Immediate maxillary partial denture - resin base	613
D1110	Prophylaxis (cleaning) - adult	0	D5222	Immediate mandibular partial denture - resin base	613
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5223	Immediate maxillary partial denture - cast metal framework	722
D1120	Prophylaxis (cleaning) - child	0	D5224	Immediate mandibular partial denture - cast metal framework	722
D1206	Topical application of fluoride varnish	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D1208	Topical application of fluoride - excluding varnish	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D1310	Nutritional counseling for control of dental disease	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D1320/30	Oral hygiene instructions	0	D5421/22	Adjust partial denture - maxillary/mandibular	35
D1351	Sealant - per tooth	18	D5510/5610	Repair broken denture base (complete/resin)	84
D1352	Prev resin rest. mod/high caries risk - perm. tooth	18	D5520	Replace missing or broken teeth - complete denture	84
SPACE MAINTAINERS					
D1510/20	Space maintainer - fixed/removable - unilateral	136	D5620	Repair cast framework	84
D1515/25	Space maintainer - fixed/removable - bilateral	184	D5630/60	Clasp repaired, replaced or added	112
D1550	Re-cementation of space maintainer	33	D5640	Replace broken teeth - per tooth	84
RESORATIVE DENTISTRY (FILLINGS)					
AMALGAM RESTORATIONS (SILVER)					
D2140	Amalgam - one surface, prim. or perm.	37	D5650	Add tooth to existing partial denture	84
D2150	Amalgam - two surfaces, prim. or perm.	46	D5660	Add clasp to existing partial denture	112
D2160	Amalgam - three surfaces, prim. or perm.	58	D5670/71	Replace all teeth and acrylic on cast metal framework	263
D2161	Amalgam - >=4 surfaces, prim. or perm.	69	D5710/11	Rebase complete maxillary/mandibular denture	253
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)					
D2330	Resin-based composite - one surface, anterior	64	D5720/21	Rebase maxillary/mandibular partial denture	253
D2331	Resin-based composite - two surfaces, anterior	76	D5730/31	Reline complete maxillary/mandibular denture (chairside)	152
D2332	Resin-based composite - three surfaces, anterior	90	D5740/41	Reline maxillary/mandibular partial denture (chairside)	152
D2335	Resin-based composite - >=4 surfaces, anterior	109	D5750/51	Reline complete maxillary/mandibular denture (lab)	214
D2390	Resin-based composite crown, anterior	175	D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D2391	Resin-based composite - one surface, posterior	68	D5810/11	Interim complete denture - maxillary/mandibular	333
D2392	Resin-based composite - two surfaces, posterior	80	D5820/21	Interim partial denture - maxillary/mandibular	333
D2393	Resin-based composite - three surfaces, posterior	93	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2394	Resin-based composite - >=4 surfaces, posterior	112	BRIDGE & PONTICS*		
D2940	Protective restoration	37	D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT (incl D0360-D0363 cone beam imaging w/ implants)		
D2951	Pin retention - per tooth, in addition to restoration	22	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	57
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6210/11/12	Pontic - metal	481
CROWN & BRIDGE*					
D2390	Resin-based composite crown, anterior	175	D6240/41/42	Pontic - porcelain fused metal	495
D2510	Inlay - metallic - one surface	390	D6245	Pontic - porcelain/ceramic	531
D2520	Inlay - metallic - two surfaces	390	D6250/51/52	Pontic - resin with metal	470
D2530	Inlay - metallic - three or more surfaces	407	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D2542	Onlay - metallic-two surfaces	423	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D2543	Onlay - metallic-three surfaces	511	D6549	Resin retainer - for resin bonded fixed prosthesis	233
D2544	Onlay - metallic-four or more surfaces	511	D6600	Inlay - porc./ceramic, two surfaces	410
D2610	Inlay - porcelain/ceramic - one surface	410	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6602	Inlay - cast high noble metal, two surfaces	390
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6606	Inlay - cast noble metal, two surfaces	390
D2650	Inlay - resin-based composite - one surface	425	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2651	Inlay - resin-based composite - two surfaces	425	D6608	Onlay -porc./ceramic, two surfaces	439
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2662	Onlay - resin-based composite - two surfaces	429	D6610	Onlay - cast high noble metal, two surfaces	423
D2663	Onlay - resin-based composite - three surfaces	429	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2710	Crown - resin based composite (indirect)	259	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6614	Onlay - cast noble metal, two surfaces	423
D2720/21/22	Crown - resin with metal	470	D6615	Onlay - cast noble metal, >=3 surfaces	511
			D6720/21/22	Crown - resin with metal	470
			D6740	Crown - porcelain/ceramic	531
			D6750/51/52	Crown - porcelain fused metal	495
			D6780	Crown - 3/4 cast high noble metal	457

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6781	Crown - 3/4 cast predominantly base metal.....	457
D6782	Crown - 3/4 cast noble metal	457
D6783	Crown - 3/4 porc./ceramic.....	469
D6790/91/92	Crown - full cast metal	481
D6930	Recement fixed partial denture	66
D6980	Fixed partial denture repair, by report.....	157

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15-minute increment.....	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15-minute increment.....	103
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9986	Missed appointment.....	50
D9995	Teledentistry - synchronous; real-time encounter (when available).....	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	87
D3310	Endodontic therapy, anterior tooth.....	325
D3320	Endodontic therapy, bicuspid tooth.....	395
D3330	Endodontic therapy, molar.....	488
D3333	Internal root repair of perforation defects.....	96
D3346	Retreat of prev. root canal therapy, anterior.....	356
D3347	Retreat of prev. root canal therapy, bicuspid.....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy - anterior.....	310
D3421	Apicoectomy - bicuspid (first root).....	333
D3425	Apicoectomy - molar (first root).....	379
D3426	Apicoectomy - (each add. root).....	148
D3430	Retrograde filling - per root.....	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, not inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

PERIODONTICS¹

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

ORAL SURGERY¹

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
ORTHODONTICS²		
D8660	Pre-orthodontic treatment visit.....	413
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

2 Phase I Treatment (D0810 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

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

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.
- Full mouth debridement is covered once per lifetime.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.
- Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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

Select Plan Premium 705x (MD)

Description of Benefits and Member Copayments

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE					
D9439	Office visit	10	D2710	Crown - resin based composite (indirect)	259
D0120	Periodic oral eval - established patient	0	D2712	Crown - 3/4 resin-based composite (indirect)	450
D0140	Limited oral eval - problem focused	0	D2720/21/22	Crown - resin with metal	470
D0145	Oral eval for a patient under 3 years of age	0	D2740	Crown - porcelain/ceramic substrate	531
D0150	Comprehensive oral eval - new or established patient	0	D2750/51/52	Crown - porcelain fused metal	495
D0160	Detailed and extensive oral eval - problem focused	0	D2780/81/82	Crown - 3/4 cast with metal	457
D0170	Re-evaluation - limited, problem focused	0	D2783	Crown - 3/4 porcelain/ceramic	469
D0210	Intraoral - complete series (including bitewings)	26	D2790/91/92	Crown - full cast metal	481
D0220	Intraoral - periapical first film	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41
D0230	Intraoral - periapical each add. film	0	D2930	Prefab. stainless steel crown - prim. tooth	105
D0240	Intraoral - occlusal film	0	D2931	Prefab. stainless steel crown - perm. tooth	119
D0250	Extraoral - first film and each add. film	0	D2932	Prefabricated resin crown	135
D0270-74	Bitewing x-rays - 1 to 4 films	0	D2950	Core buildup, including any pins	120
D0277	Vertical bitewings - 7 to 8 films	0	D2952	Cast post and core in addition to crown	181
D0330	Panoramic film	30	D2954	Prefab. post and core in addition to crown	148
D0340	Cephalometric Film	0	D2955	Post removal (not in conj. with endo. therapy)	101
D0350	Oral/facial photographic images	0	D2980	Crown repair, by report	93
D0351	3D photographic image	0	PROSTHETICS (DENTURES)		
D0460	Pulp vitality tests	0	D5110/20	Complete denture - maxillary/mandibular	664
D0470	Diagnostic casts	0	D5130/40	Immediate denture - maxillary/mandibular	708
D1110	Prophylaxis (cleaning) - adult	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D1120	Prophylaxis (cleaning) - child	0	D5221	Immediate maxillary partial denture - resin base	613
D1206	Topical application of fluoride varnish	0	D5222	Immediate mandibular partial denture - resin base	613
D1208	Topical application of fluoride - excluding varnish	0	D5223	Immediate maxillary partial denture - cast metal framework	722
D1310	Nutritional counseling for control of dental disease	0	D5224	Immediate mandibular partial denture - cast metal framework	722
D1320/30	Oral hygiene instructions	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D1351	Sealant - per tooth	18	D5281	Rem. unilateral partial denture - one piece cast metal	397
D1352	Prev resin rest. mod/high caries risk - perm. tooth	18	D5410/11	Adjust complete denture - maxillary/mandibular	35
SPACE MAINTAINERS			D5421/22	Adjust partial denture - maxillary/mandibular	35
D1510/20	Space maintainer - fixed/removable - unilateral	136	D5510/5610	Repair broken denture base (complete/resin)	84
D1515/25	Space maintainer - fixed/removable - bilateral	184	D5520	Replace missing or broken teeth - complete denture	84
D1550	Re-cementation of space maintainer	33	D5620	Repair cast framework	84
RESORATIVE DENTISTRY (FILLINGS)			D5630/60	Clasp repaired, replaced or added	112
AMALGAM RESTORATIONS (SILVER)			D5640	Replace broken teeth - per tooth	84
D2140	Amalgam - one surface, prim. or perm.	37	D5650	Add tooth to existing partial denture	84
D2150	Amalgam - two surfaces, prim. or perm.	46	D5660	Add clasp to existing partial denture	112
D2160	Amalgam - three surfaces, prim. or perm.	58	D5670/71	Replace all teeth and acrylic on cast metal framework	263
D2161	Amalgam - >=4 surfaces, prim. or perm.	69	D5710/11	Rebase complete maxillary/mandibular denture	253
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5720/21	Rebase maxillary/mandibular partial denture	253
D2330	Resin-based composite - one surface, anterior	64	D5730/31	Reline complete maxillary/mandibular denture (chairside) ..	152
D2331	Resin-based composite - two surfaces, anterior	76	D5740/41	Reline maxillary/mandibular partial denture (chairside) ..	152
D2332	Resin-based composite - three surfaces, anterior	90	D5750/51	Reline complete maxillary/mandibular denture (lab)	214
D2335	Resin-based composite - >=4 surfaces, anterior	109	D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D2390	Resin-based composite crown, anterior	175	D5810/11	Interim complete denture - maxillary/mandibular	333
D2391	Resin-based composite - one surface, posterior	68	D5820/21	Interim partial denture - maxillary/mandibular	333
D2392	Resin-based composite - two surfaces, posterior	80	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2393	Resin-based composite - three surfaces, posterior	93	BRIDGE & PONTICS*		
D2394	Resin-based composite - >=4 surfaces, posterior	112	D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT		
D2940	Protective restoration	37	(incl D0360-D0363 cone beam imaging w/ implants)		
D2951	Pin retention - per tooth, in addition to restoration	22	D6210/11/12	Pontic - metal	481
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6240/41/42	Pontic - porcelain fused metal	495
CROWN & BRIDGE*			D6245	Pontic - porcelain/ceramic	531
D2390	Resin-based composite crown, anterior	175	D6250/51/52	Pontic - resin with metal	470
D2510	Inlay - metallic - one surface	390	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D2520	Inlay - metallic - two surfaces	390	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D2530	Inlay - metallic - three or more surfaces	407	D6549	Resin retainer - for resin bonded fixed prosthesis	233
D2542	Onlay - metallic-two surfaces	423	D6600	Inlay - porc./ceramic, two surfaces	410
D2543	Onlay - metallic-three surfaces	511	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2544	Onlay - metallic-four or more surfaces	511	D6602	Inlay - cast high noble metal, two surfaces	390
D2610	Inlay - porcelain/ceramic - one surface	410	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6606	Inlay - cast noble metal, two surfaces	390
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6608	Onlay - porc./ceramic, two surfaces	439
D2650	Inlay - resin-based composite - one surface	425	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2651	Inlay - resin-based composite - two surfaces	425	D6610	Onlay - cast high noble metal, two surfaces	423
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2662	Onlay - resin-based composite - two surfaces	429	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2663	Onlay - resin-based composite - three surfaces	429	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6614	Onlay - cast noble metal, two surfaces	423
			D6615	Onlay - cast noble metal, >=3 surfaces	511
			D6720/21/22	Crown - resin with metal	470

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6740	Crown - porcelain/ceramic	531
D6750/51/52	Crown - porcelain fused metal	495
D6780	Crown - 3/4 cast high noble metal	457
D6781	Crown - 3/4 cast predominantly base metal.....	457
D6782	Crown - 3/4 cast noble metal	457
D6783	Crown - 3/4 porc./ceramic.....	469
D6790/91/92	Crown - full cast metal	481
D6930	Recement fixed partial denture	66
D6980	Fixed partial denture repair, by report.....	157

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15-minute increment	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15-minute increment	103
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9986	Missed appointment.....	50

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	87
D3310	Endodontic therapy, anterior tooth	325
D3320	Endodontic therapy, bicuspid tooth	395
D3330	Endodontic therapy, molar	488
D3333	Internal root repair of perforation defects.....	96
D3346	Retreat of prev. root canal therapy, anterior.....	356
D3347	Retreat of prev. root canal therapy, bicuspid.....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy - anterior	310
D3421	Apicoectomy - bicuspid (first root)	333
D3425	Apicoectomy - molar (first root)	379
D3426	Apicoectomy - (each add. root).....	148
D3430	Retrograde filling - per root	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, not inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad....	265
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	324
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	90
D4260	Osseous surgery - >3 cont. teeth, per quad.....	485
D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D4268	Surgical revision proc., per tooth	329
D4274	Mesial/distal wedge procedure, single tooth	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad....	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D4355	Full mouth debridement	77
D4381	Localized delivery of chemotherapeutic agents	90
D4910	Periodontal maintenance	66
D9940	Occlusal guard, by report.....	298
D9950	Occlusion analysis - mounted case	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255

ORAL SURGERY¹

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
ORTHODONTICS²		
D8660	Pre-orthodontic treatment visit	413
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8670	Periodic ortho. treatment visit (as part of contract)	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413

2 Phase I Treatment (D0810 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

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

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Full mouth debridement is covered once per lifetime.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

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DOMINION NATIONAL

DENTAL

Select Plan Premium 705x (PA)

Description of Benefits and Member Copayments

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE					
D9439	Office visit	10	D2740	Crown - porcelain/ceramic substrate	531
D0120	Periodic oral eval - established patient	0	D2750/51/52	Crown - porcelain fused metal	495
D0140	Limited oral eval - problem focused	0	D2780/81/82	Crown - 3/4 cast with metal	457
D0145	Oral eval for a patient under 3 years of age	0	D2783	Crown - 3/4 porcelain/ceramic	469
D0150	Comprehensive oral eval - new or established patient	0	D2790/91/92	Crown - full cast metal	481
D0160	Detailed and extensive oral eval - problem focused	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41
D0170	Re-evaluation - limited, problem focused	0	D2930	Prefab. stainless steel crown - prim. tooth	105
D0210	Intraoral - complete series (including bitewings)	26	D2931	Prefab. stainless steel crown - perm. tooth	119
D0220	Intraoral - periapical first film	0	D2932	Prefabricated resin crown	135
D0230	Intraoral - periapical each add. film	0	D2950	Core buildup, including any pins	120
D0240	Intraoral - occlusal film	0	D2952	Cast post and core in addition to crown	181
D0250	Extraoral - first film and each add. film	0	D2954	Prefab. post and core in addition to crown	148
D0270-74	Bitewing x-rays - 1 to 4 films	0	D2955	Post removal (not in conj. with endo. therapy)	101
D0277	Vertical bitewings - 7 to 8 films	0	D2980	Crown repair, by report	93
D0330	Panoramic film	30	PROSTHETICS (DENTURES)		
D0340	Cephalometric Film	0	D5110/20	Complete denture - maxillary/mandibular	664
D0350	Oral/facial photographic images	0	D5130/40	Immediate denture - maxillary/mandibular	708
D0351	3D photographic image	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D0460	Pulp vitality tests	0	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D0470	Diagnostic casts	0	D5221	Immediate maxillary partial denture - resin base	613
D1110	Prophylaxis (cleaning) - adult	0	D5222	Immediate mandibular partial denture - resin base	613
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5223	Immediate maxillary partial denture - cast metal framework	722
D1120	Prophylaxis (cleaning) - child	0	D5224	Immediate mandibular partial denture - cast metal framework	722
D1206	Topical application of fluoride varnish	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D1208	Topical application of fluoride - excluding varnish	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D1310	Nutritional counseling for control of dental disease	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D1320/30	Oral hygiene instructions	0	D5421/22	Adjust partial denture - maxillary/mandibular	35
D1351	Sealant - per tooth	18	D5510/5610	Repair broken denture base (complete/resin)	84
D1352	Prev resin rest. mod/high caries risk - perm. tooth	18	D5520	Replace missing or broken teeth - complete denture	84
SPACE MAINTAINERS					
D1510/20	Space maintainer - fixed/removable - unilateral	136	D5620	Repair cast framework	84
D1515/25	Space maintainer - fixed/removable - bilateral	184	D5630/60	Clasp repaired, replaced or added	112
D1550	Re-cementation of space maintainer	33	D5640	Replace broken teeth - per tooth	84
RESORATIVE DENTISTRY (FILLINGS)					
AMALGAM RESTORATIONS (SILVER)					
D2140	Amalgam - one surface, prim. or perm.	37	D5650	Add tooth to existing partial denture	84
D2150	Amalgam - two surfaces, prim. or perm.	46	D5660	Add clasp to existing partial denture	112
D2160	Amalgam - three surfaces, prim. or perm.	58	D5670/71	Replace all teeth and acrylic on cast metal framework	263
D2161	Amalgam - >=4 surfaces, prim. or perm.	69	D5710/11	Rebase complete maxillary/mandibular denture	253
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)					
D2330	Resin-based composite - one surface, anterior	64	D5720/21	Rebase maxillary/mandibular partial denture	253
D2331	Resin-based composite - two surfaces, anterior	76	D5730/31	Reline complete maxillary/mandibular denture (chairside)	152
D2332	Resin-based composite - three surfaces, anterior	90	D5740/41	Reline maxillary/mandibular partial denture (chairside)	152
D2335	Resin-based composite - >=4 surfaces, anterior	109	D5750/51	Reline complete maxillary/mandibular denture (lab)	214
D2390	Resin-based composite crown, anterior	175	D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D2391	Resin-based composite - one surface, posterior	68	D5810/11	Interim complete denture - maxillary/mandibular	333
D2392	Resin-based composite - two surfaces, posterior	80	D5820/21	Interim partial denture - maxillary/mandibular	333
D2393	Resin-based composite - three surfaces, posterior	93	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2394	Resin-based composite - >=4 surfaces, posterior	112	BRIDGE & PONTICS*		
D2940	Protective restoration	37	D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT (incl D0360-D0363 cone beam imaging w/ implants)		
D2951	Pin retention - per tooth, in addition to restoration	22	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	57
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6210/11/12	Pontic - metal	481
CROWN & BRIDGE*					
D2390	Resin-based composite crown, anterior	175	D6240/41/42	Pontic - porcelain fused metal	495
D2510	Inlay - metallic - one surface	390	D6245	Pontic - porcelain/ceramic	531
D2520	Inlay - metallic - two surfaces	390	D6250/51/52	Pontic - resin with metal	470
D2530	Inlay - metallic - three or more surfaces	407	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D2542	Onlay - metallic-two surfaces	423	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D2543	Onlay - metallic-three surfaces	511	D6549	Resin retainer - for resin bonded fixed prosthesis	233
D2544	Onlay - metallic-four or more surfaces	511	D6600	Inlay - porc./ceramic, two surfaces	410
D2610	Inlay - porcelain/ceramic - one surface	410	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6602	Inlay - cast high noble metal, two surfaces	390
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6606	Inlay - cast noble metal, two surfaces	390
D2650	Inlay - resin-based composite - one surface	425	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2651	Inlay - resin-based composite - two surfaces	425	D6608	Onlay -porc./ceramic, two surfaces	439
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2662	Onlay - resin-based composite - two surfaces	429	D6610	Onlay - cast high noble metal, two surfaces	423
D2663	Onlay - resin-based composite - three surfaces	429	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2710	Crown - resin based composite (indirect)	259	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6614	Onlay - cast noble metal, two surfaces	423
D2720/21/22	Crown - resin with metal	470	D6615	Onlay - cast noble metal, >=3 surfaces	511
			D6720/21/22	Crown - resin with metal	470
			D6740	Crown - porcelain/ceramic	531
			D6750/51/52	Crown - porcelain fused metal	495
			D6780	Crown - 3/4 cast high noble metal	457

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6781	Crown - 3/4 cast predominantly base metal.....	457
D6782	Crown - 3/4 cast noble metal.....	457
D6783	Crown - 3/4 porc./ceramic.....	469
D6790/91/92	Crown - full cast metal.....	481
D6930	Recement fixed partial denture.....	66
D6980	Fixed partial denture repair, by report.....	157

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15-minute increment.....	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15-minute increment.....	103
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9986	Missed appointment.....	50
D9995	Teledentistry - synchronous; real-time encounter (when available).....	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	87
D3310	Endodontic therapy, anterior tooth.....	325
D3320	Endodontic therapy, bicuspid tooth.....	395
D3330	Endodontic therapy, molar.....	488
D3333	Internal root repair of perforation defects.....	96
D3346	Retreat of prev. root canal therapy, anterior.....	356
D3347	Retreat of prev. root canal therapy, bicuspid.....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy - anterior.....	310
D3421	Apicoectomy - bicuspid (first root).....	333
D3425	Apicoectomy - molar (first root).....	379
D3426	Apicoectomy - (each add. root).....	148
D3430	Retrograde filling - per root.....	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, not inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

PERIODONTICS¹

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

ORAL SURGERY¹

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
ORTHODONTICS²		
D8660	Pre-orthodontic treatment visit.....	413
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

2 Phase I Treatment (D0810 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

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

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- [One (1)] sealant or preventative resin restoration per tooth is covered per lifetime, up to age [16] (limited to permanent 1st and 2nd molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.
- Full mouth debridement is covered once per lifetime.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.
- Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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

Select Plan Premium 705x (VA)

Description of Benefits and Member Copayments

DENTAL

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE					
D9439	Office visit	10	D2720/21/22	Crown - resin with metal	470
D0120	Periodic oral eval - established patient	0	D2740	Crown - porcelain/ceramic substrate	531
D0140	Limited oral eval - problem focused	0	D2750/51/52	Crown - porcelain fused metal	495
D0145	Oral eval for a patient under 3 years of age	0	D2780/81/82	Crown - 3/4 cast with metal	457
D0150	Comprehensive oral eval - new or established patient	0	D2783	Crown - 3/4 porcelain/ceramic	469
D0160	Detailed and extensive oral eval - problem focused	0	D2790/91/92	Crown - full cast metal	481
D0170	Re-evaluation - limited, problem focused	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41
D0210	Intraoral - complete series (including bitewings)	26	D2930	Prefab. stainless steel crown - prim. tooth	105
D0220	Intraoral - periapical first film	0	D2931	Prefab. stainless steel crown - perm. tooth	119
D0230	Intraoral - periapical each add. film	0	D2932	Prefabricated resin crown	135
D0240	Intraoral - occlusal film	0	D2950	Core buildup, including any pins	120
D0250	Extraoral - first film and each add. film	0	D2952	Cast post and core in addition to crown	181
D0270-74	Bitewing x-rays - 1 to 4 films	0	D2954	Prefab. post and core in addition to crown	148
D0277	Vertical bitewings - 7 to 8 films	0	D2955	Post removal (not in conj. with endo. therapy)	101
D0330	Panoramic film	30	D2980	Crown repair, by report	93
D0340	Cephalometric Film	0	PROSTHETICS (DENTURES)		
D0350	Oral/facial photographic images	0	D5110/20	Complete denture - maxillary/mandibular	664
D0351	3D photographic image	0	D5130/40	Immediate denture - maxillary/mandibular	708
D0460	Pulp vitality tests	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D0470	Diagnostic casts	0	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D1110	Prophylaxis (cleaning) - adult	0	D5221	Immediate maxillary partial denture - resin base	613
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5222	Immediate mandibular partial denture - resin base	613
D1120	Prophylaxis (cleaning) - child	0	D5223	Immediate maxillary partial denture - cast metal framework	722
D1206	Topical application of fluoride varnish	0	D5224	Immediate mandibular partial denture - cast metal framework	722
D1208	Topical application of fluoride - excluding varnish	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D1310	Nutritional counseling for control of dental disease	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D1320/30	Oral hygiene instructions	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D1351	Sealant - per tooth	18	D5421/22	Adjust partial denture - maxillary/mandibular	35
D1352	Prev resin rest. mod/high caries risk - perm. tooth	18	D5510/5610	Repair broken denture base (complete/resin)	84
SPACE MAINTAINERS			D5520	Replace missing or broken teeth - complete denture	84
D1510/20	Space maintainer - fixed/removable - unilateral	136	D5620	Repair cast framework	84
D1515/25	Space maintainer - fixed/removable - bilateral	184	D5630/60	Clasp repaired, replaced or added	112
D1550	Re-cementation of space maintainer	33	D5640	Replace broken teeth - per tooth	84
RESORATIVE DENTISTRY (FILLINGS)			D5650	Add tooth to existing partial denture	84
AMALGAM RESTORATIONS (SILVER)			D5660	Add clasp to existing partial denture	112
D2140	Amalgam - one surface, prim. or perm.	37	D5670/71	Replace all teeth and acrylic on cast metal framework	263
D2150	Amalgam - two surfaces, prim. or perm.	46	D5710/11	Rebase complete maxillary/mandibular denture	253
D2160	Amalgam - three surfaces, prim. or perm.	58	D5720/21	Rebase maxillary/mandibular partial denture	253
D2161	Amalgam - >=4 surfaces, prim. or perm.	69	D5730/31	Reline complete maxillary/mandibular denture (chairside)	152
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5740/41	Reline maxillary/mandibular partial denture (chairside)	152
D2330	Resin-based composite - one surface, anterior	64	D5750/51	Reline complete maxillary/mandibular denture (lab)	214
D2331	Resin-based composite - two surfaces, anterior	76	D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D2332	Resin-based composite - three surfaces, anterior	90	D5810/11	Interim complete denture - maxillary/mandibular	333
D2335	Resin-based composite - >=4 surfaces, anterior	109	D5820/21	Interim partial denture - maxillary/mandibular	333
D2390	Resin-based composite crown, anterior	175	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2391	Resin-based composite - one surface, posterior	68	BRIDGE & PONTICS*		
D2392	Resin-based composite - two surfaces, posterior	80	D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT		
D2393	Resin-based composite - three surfaces, posterior	93	(incl D0360-D0363 cone beam imaging w/ implants)		
D2394	Resin-based composite - >=4 surfaces, posterior	112	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	57
D2940	Protective restoration	37	D6210/11/12	Pontic - metal	481
D2951	Pin retention - per tooth, in addition to restoration	22	D6240/41/42	Pontic - porcelain fused metal	495
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6245	Pontic - porcelain/ceramic	531
CROWN & BRIDGE*			D6250/51/52	Pontic - resin with metal	470
D2390	Resin-based composite crown, anterior	175	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D2510	Inlay - metallic - one surface	390	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D2520	Inlay - metallic - two surfaces	390	D6549	Resin retainer - for resin bonded fixed prosthesis	233
D2530	Inlay - metallic - three or more surfaces	407	D6600	Inlay - porc./ceramic, two surfaces	410
D2542	Onlay - metallic-two surfaces	423	D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2543	Onlay - metallic-three surfaces	511	D6602	Inlay - cast high noble metal, two surfaces	390
D2544	Onlay - metallic-four or more surfaces	511	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2610	Inlay - porcelain/ceramic - one surface	410	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6606	Inlay - cast noble metal, two surfaces	390
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6608	Onlay - porc./ceramic, two surfaces	439
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2650	Inlay - resin-based composite - one surface	425	D6610	Onlay - cast high noble metal, two surfaces	423
D2651	Inlay - resin-based composite - two surfaces	425	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2662	Onlay - resin-based composite - two surfaces	429	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2663	Onlay - resin-based composite - three surfaces	429	D6614	Onlay - cast noble metal, two surfaces	423
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6615	Onlay - cast noble metal, >=3 surfaces	511
D2710	Crown - resin based composite (indirect)	259	D6720/21/22	Crown - resin with metal	470
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6740	Crown - porcelain/ceramic	531

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6750/51/52	Crown - porcelain fused metal	495
D6780	Crown - 3/4 cast high noble metal	457
D6781	Crown - 3/4 cast predominantly base metal.....	457
D6782	Crown - 3/4 cast noble metal	457
D6783	Crown - 3/4 porc./ceramic.....	469
D6790/91/92	Crown - full cast metal	481
D6930	Recement fixed partial denture.....	66
D6980	Fixed partial denture repair, by report.....	157

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia.....	0
D9223	Deep sedation/general anesthesia - each 15-minute increment	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9243	Intravenous conscious sedation/analgesia - each 15-minute increment	103
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9910	Application of desensitizing medicament.....	41
D9930	Treatment of complications (post-surgical).....	33
D9986	Missed appointment.....	50
D9995	Teledentistry - synchronous; real-time encounter (when available).....	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	87
D3310	Endodontic therapy, anterior tooth.....	325
D3320	Endodontic therapy, bicuspid tooth.....	395
D3330	Endodontic therapy, molar	488
D3333	Internal root repair of perforation defects.....	96
D3346	Retreat of prev. root canal therapy, anterior.....	356
D3347	Retreat of prev. root canal therapy, bicuspid.....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy - anterior	310
D3421	Apicoectomy - bicuspid (first root)	333
D3425	Apicoectomy - molar (first root)	379
D3426	Apicoectomy - (each add. root).....	148
D3430	Retrograde filling - per root	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, not inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

PERIODONTICS¹

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

ORAL SURGERY¹

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

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
ORTHODONTICS²		
D8660	Pre-orthodontic treatment visit	413
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413

² Phase I Treatment (D0810 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

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

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- [One (1)] sealant or preventative resin restoration per tooth is covered per lifetime, up to age [16] (limited to permanent 1st and 2nd molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.
- Full mouth debridement is covered once per lifetime.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.
- Coronectomy - intentional partial tooth removal, once per lifetime.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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