



## A Better Path to Benefits



Dominion National recognizes that you're a unique individual and we've designed plans and programs that work for you. We seek a better way to serve you through customized plans and exceptional service so that you can focus on what makes you extraordinary and fulfilled.

## WE WORK FOR THE BENEFIT OF OUR MEMBERS, DELIVERING:

### EXTENSIVE NETWORKS<sup>2</sup>

Choice PPO network offers access to over 350,000 dentists nationally.<sup>1,3</sup>

Elite PPO and Elite ePPO networks provide unmatched flexibility and lower out-of-pocket costs.

Select Plan network is one of the largest in the Mid-Atlantic region.<sup>3,4</sup>

To find a participating provider, please visit **DominionNational.com**.

### SECURE ONLINE ACCESS

Access your digital ID card, find a provider and more through secure online resources.



#### MEMBER PORTAL

[DominionMembers.com](https://DominionMembers.com)



#### GO MOBILE COMMUNICATION SERVICE

Register at [DominionNational.com/go](https://DominionNational.com/go) or by calling 888.596.0716



#### LIVE CHAT SUPPORT

Visit [DominionNational.com](https://DominionNational.com) to chat with a live agent.



**TOLL-FREE, 24 HOUR ACCESS at 888.518.5338**

Eligibility and claim information are available for members, benefit administrators and dentists.

### VALUE-ADDED BENEFITS

#### HEARING DISCOUNT PROGRAM

[amplifonusa.com/dn](https://amplifonusa.com/dn)

Access to discounts on hearing aids and services.<sup>5</sup>

#### DIGIBITE TELEDENTISTRY APP

[DominionNational.com/teledentistry](https://DominionNational.com/teledentistry)

Receive a dental consultation without leaving your home or office!

#### Z DENTAL DISCOUNT

[Myzsonic.com/DN](https://Myzsonic.com/DN)

Access exclusive discounts on premium oral care products and accessories offered by Z Dental.

1 Dominion National Internal Performance Report, 2022.

2 Networks and products vary by state. Check availability on your state marketplace.

3 Participating providers are subject to change.

4 Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2023. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

5 Visit [amplifonusa.com/dn](https://amplifonusa.com/dn) for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.



**Select Plan Premium Kids 706s (DC)**  
**Description of Services, Member Copayments, Exclusions**  
**and Limitations for Pediatric Services**

- Coverage continues through end of the year in which the Member turns 19 -

**Plan Highlights**

- This plan has fixed copayments.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist). See exclusion 11.
- Annual Out-of-Pocket Maximum: \$400 per child per calendar year for medically necessary treatment (maximum of \$800 for policy covering two or more children).
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, prior review is recommended.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
<b>Diagnostic/Preventive</b>					
	Office visit.....	0	D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
D0120	Periodic oral eval - established patient .....	0	D0701	Panoramic radiographic image – image capture only ..	0
D0140	Limited oral eval - problem focused.....	0	D0702	2-D cephalometric radiographic image – image capture only .....	0
D0145	Oral eval for a patient under 3 years of age .....	0	D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0150	Comprehensive oral eval - new or established patient	0	D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0160	Detailed and extensive oral eval - problem focused....	0	D0706	Intraoral – occlusal radiographic image – image capture only .....	0
D0170	Re-evaluation - limited, problem focused .....	0	D0707	Intraoral – periapical radiographic image – image capture only .....	0
D0180	Comp. periodontal eval - new or established patient ..	0	D0708	Intraoral – bitewing radiographic image – image capture only .....	0
D0210	Intraoral – comprehensive series of radiographic images .....	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0220	Intraoral - periapical first radiographic image .....	0	D1110	Prophylaxis (cleaning) - adult .....	0
D0230	Intraoral - periapical each add. radiographic image .....	0	D1120	Prophylaxis (cleaning) - child .....	0
D0240	Intraoral - occlusal radiographic image .....	0	D1206	Topical application of fluoride varnish.....	0
D0250	Extra-oral - 2D projection radiographic image .....	0	D1208	Topical application of fluoride - excluding varnish .....	0
D0270	Bitewing - single radiographic image.....	0	D1310	Nutritional counseling for control of dental disease ...	0
D0272	Bitewings - two radiographic images.....	0	D1320	Tobacco counseling for control of prev. oral disease....	0
D0273	Bitewings - three radiographic images .....	0	D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .....	0
D0274	Bitewings - four radiographic images .....	0	D1330	Oral hygiene instructions.....	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D1351	Sealant - per tooth .....	0
D0330	Panoramic radiographic image .....	0	D1352	Prev resin rest. mod/high caries risk – perm. tooth .....	0
D0340	2D cephalometric radiographic image .....	0	D1354	Application of caries arresting medicament - per tooth.....	0
D0350	2D oral/facial photographic images (intraoral/extraoral) .....	0	D1355	Caries preventive medicament application – per tooth.....	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	26	D1510	Space maintainer - fixed, unilateral - per quadrant.....	0
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D1516	Space maintainer - fixed - bilateral, maxillary .....	0
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D1517	Space maintainer - fixed - bilateral, mandibular .....	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D1520	Space maintainer - removable, unilateral - per quadrant.....	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D1526	Space maintainer - removable - bilateral, maxillary .....	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D1527	Space maintainer - removable - bilateral, mandibular ..	0
D0391	Interpretation of diagnostic image only .....	0	D1551	Re-cement or re-bond bilateral space maintainer – maxillary .....	0
D0460	Pulp vitality tests .....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular .....	0
D0470	Diagnostic casts .....	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0			
D0601	Caries risk assessment & documentation, with a finding of low risk.....	0			
D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	0
<b>Restorative (Fillings)</b>		
D2140	Amalgam - one surface, prim. or perm. ....	21
D2150	Amalgam - two surfaces, prim. or perm.....	26
D2160	Amalgam - three surfaces, prim. or perm. ....	32
D2161	Amalgam - >=4 surfaces, prim. or perm. ....	39
D2330	Resin-based composite - one surface, anterior .....	35
D2331	Resin-based composite - two surfaces, anterior .....	42
D2332	Resin-based composite - three surfaces, anterior.....	50
D2335	Resin-based composite - >=4 surfaces, anterior.....	60
D2390	Resin-based composite crown, anterior.....	96
D2391	Resin-based composite - one surface, posterior .....	37
D2392	Resin-based composite - two surfaces, posterior.....	44
D2393	Resin-based composite - three surfaces, posterior .....	51
D2394	Resin-based composite - >=4 surfaces, posterior.....	62
<b>Crown &amp; Bridge</b>		
D2510	Inlay - metallic - one surface.....	204
D2520	Inlay - metallic - two surfaces.....	204
D2530	Inlay - metallic - three or more surfaces.....	213
D2542	Onlay - metallic-two surfaces .....	229
D2543	Onlay - metallic - three surfaces.....	262
D2544	Onlay - metallic - four or more surfaces .....	262
D2610	Inlay - porcelain/ceramic - one surface .....	214
D2620	Inlay - porcelain/ceramic - two surfaces.....	214
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223
D2642	Onlay - porcelain/ceramic - two surfaces .....	240
D2643	Onlay - porcelain/ceramic - three surfaces.....	250
D2644	Onlay - porcelain/ceramic - >=4 surfaces .....	250
D2650	Inlay - resin-based composite - one surface.....	220
D2651	Inlay - resin-based composite - two surfaces .....	220
D2652	Inlay - resin-based composite - >=3 surfaces.....	220
D2662	Onlay - resin-based composite - two surfaces.....	222
D2663	Onlay - resin-based composite - three surfaces .....	222
D2664	Onlay - resin-based composite - >=4 surfaces .....	222
D2710	Crown - resin based composite (indirect).....	136
D2712	Crown - 3/4 resin-based composite (indirect).....	243
D2720	Crown - resin with high noble metal .....	248
D2721	Crown - resin with predominantly base metal .....	248
D2722	Crown - resin with noble metal .....	248
D2740	Crown - porcelain/ceramic .....	280
D2750	Crown - porcelain fused to high noble metal .....	262
D2751	Crown - porcelain fused to predominantly base metal .....	262
D2752	Crown - porcelain fused to noble metal .....	262
D2753	Crown - porcelain fused to titanium and titanium alloys .....	262
D2780	Crown - 3/4 cast high noble metal .....	239
D2781	Crown - 3/4 cast predominantly base metal .....	239
D2782	Crown - 3/4 cast noble metal .....	239
D2783	Crown - 3/4 porcelain/ceramic.....	256
D2790	Crown - full cast high noble metal.....	248
D2791	Crown - full cast predominately base metal.....	248
D2792	Crown - full cast noble metal.....	248
D2794	Crown - titanium and titanium alloys.....	248
D2910	Recement inlay.....	22
D2920	Recement crown .....	22
D2928	Prefab. porcelain/ceramic crown – permanent tooth..	280
D2929	Prefab. porcelain/ceramic crown - prim. tooth .....	280
D2930	Prefab. stainless steel crown - prim. tooth.....	55
D2931	Prefab. stainless steel crown - perm. tooth.....	61
D2932	Prefabricated resin crown.....	70
D2940	Protective restoration.....	20
D2941	Interim therapeutic restoration, primary dentition.....	16
D2949	Restorative foundation for an indirect restoration.....	0
D2950	Core buildup, including any pins .....	63

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2951	Pin retention - per tooth, in addition to restoration ....	11
D2952	Post and core in addition to crown .....	93
D2954	Prefab. post and core in addition to crown .....	77
D2955	Post removal (not in conj. with endo. therapy).....	53
D2970	Temporary crown (fractured tooth) .....	0
D2980	Crown repair necessitated by restorative material failure .....	51
D2981	Inlay repair necessitated by restorative material failure .....	51
D2982	Onlay repair necessitated by restorative material failure.....	51
D2983	Veneer repair necessitated by restorative material failure .....	51
D2990	Resin infiltration lesion.....	21
<b>Endodontics<sup>1</sup></b>		
D3110	Pulp cap - direct (excl. final restoration).....	16
D3120	Pulp cap - indirect (excl. final restoration).....	16
D3220	Therapeutic pulpotomy (excl. final restor.).....	41
D3221	Pulpal debridement, prim. and perm. teeth .....	47
D3222	Partial pulpotomy for apexogenesis .....	80
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	256
D3333	Internal root repair of perforation defects.....	53
D3346	Retreat of prev. root canal therapy, anterior.....	194
D3347	Retreat of prev root canal therapy - premolar .....	233
D3348	Retreat of prev. root canal therapy - molar .....	279
D3351	Apexification/recalcification - initial visit.....	101
D3352	Apexification/recalcification - interim med. repl.....	295
D3353	Apexification/recalcification - final visit .....	225
D3355	Pulpal regeneration - initial visit.....	101
D3356	Pulpal regeneration - interim medication replacement .....	295
D3357	Pulpal regeneration - completion of treatment .....	225
D3410	Apicoectomy - anterior.....	162
D3421	Apicoectomy - premolar (first root).....	182
D3425	Apicoectomy - molar (first root).....	209
D3426	Apicoectomy (each add. root) .....	76
D3430	Retrograde filling - per root.....	60
D3450	Root amputation - per root .....	117
D3471	Surgical repair of root resorption - anterior .....	162
D3472	Surgical repair of root resorption – premolar .....	182
D3473	Surgical repair of root resorption – molar .....	209
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior....	162
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar ..	182
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar .....	209
D3920	Hemisection, not inc. root canal therapy.....	117
D3921	Decoronation or submergence of an erupted tooth ...	100
D3950	Canal prep/fitting of preformed dowel or post .....	68
<b>Periodontics<sup>1</sup></b>		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad...	50
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	20

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173	D5630	Repair or replace broken retentive/clasping material - per tooth .....	58
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53	D5640	Replace broken teeth - per tooth .....	44
D4249	Clinical crown lengthening - hard tissue.....	288	D5650	Add tooth to existing partial denture .....	44
D4260	Osseous surgery - >3 cont. teeth, per quad .....	250	D5660	Add clasp to existing partial denture -per tooth .....	58
D4261	Osseous surgery - <=3 cont. teeth, per quad .....	196	D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	144
D4268	Surgical revision proc., per tooth .....	179	D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	144
D4270	Pedicle soft tissue graft procedure .....	322	D5710	Rebase complete maxillary denture .....	130
D4273	Autogenous connective tissue graft proc. ....	400	D5711	Rebase complete mandibular denture .....	130
D4274	Mesial/distal wedge procedure, single tooth.....	154	D5720	Rebase maxillary partial denture.....	130
D4277	Free soft tissue graft, per tooth.....	327	D5721	Rebase mandibular partial denture.....	130
D4278	Free soft tissue graft, each add. tooth.....	50	D5725	Rebase hybrid prosthesis.....	130
D4286	Removal of non-resorbable barrier .....	90	D5730	Reline complete maxillary denture (direct) .....	80
D4341	Perio scaling and root planing - >3 cont teeth, per quad. ....	55	D5731	Reline complete mandibular denture (direct).....	80
D4342	Perio scaling and root planing - <= 3 teeth, per quad ..	32	D5740	Reline maxillary partial denture (direct).....	78
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	23	D5741	Reline mandibular partial denture (direct).....	78
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	45	D5750	Reline complete maxillary denture (indirect).....	112
D4381	Localized delivery of antimicrobial agents.....	49	D5751	Reline complete mandibular denture (indirect).....	112
D4910	Periodontal maintenance .....	37	D5760	Reline maxillary partial denture (indirect).....	112
D4921	Gingival irrigation with a medicinal agent – per quadrant.....	0	D5761	Reline mandibular partial denture (indirect).....	112
			D5765	Soft liner for complete or partial removable denture – indirect .....	50
			D5810	Interim complete denture - maxillary.....	181
			D5811	Interim complete denture - mandibular.....	181
			D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	181
			D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular .....	181
			D5850	Tissue conditioning - maxillary .....	40
			D5851	Tissue conditioning - mandibular .....	40
<b>Prosthetics (Dentures)</b>			<b>Implant Services</b>		
D5110	Complete denture - maxillary.....	349	D6010	Surgical placement of implant body, endosteal .....	858
D5120	Complete denture - mandibular .....	349	D6011	Second stage implant surgery .....	100
D5130	Immediate denture - maxillary .....	361	D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant .....	891
D5140	Immediate denture - mandibular .....	361	D6013	Surgical placement of mini implant.....	286
D5211	Maxillary partial denture - resin base.....	325	D6040	Surgical placement, eposteal implant .....	1782
D5212	Mandibular partial denture - resin base.....	325	D6050	Surgical placement, transosteal implant .....	2228
D5213	Maxillary partial denture - cast metal .....	375	D6055	Dental implant supported connecting bar .....	806
D5214	Mandibular partial denture - cast metal .....	375	D6056	Prefabricated abutment .....	228
D5221	Immediate maxillary partial denture - resin base .....	325	D6058	Abutment supported porcelain/ceramic crown .....	280
D5222	Immediate mandibular partial denture - resin base.....	325	D6059	Abutment supported porcelain fused to metal crown - high noble metal .....	262
D5223	Immediate maxillary partial denture - cast metal .....	375	D6060	Abutment supported porcelain fused to metal crown - predominantly based metal .....	262
D5224	Immediate mandibular partial denture - cast metal ...	375	D6061	Abutment supported porcelain fused to metal crown - noble metal .....	262
D5225	Maxillary partial denture - flexible base.....	375	D6062	Abutment supported cast metal crown - high noble metal .....	248
D5226	Mandibular partial denture - flexible base.....	375	D6063	Abutment supported cast metal crown - predominantly based metal .....	248
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	375	D6064	Abutment supported cast metal crown - noble metal ..	248
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	375	D6065	Implant supported porcelain/ceramic crown.....	280
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary .....	210	D6066	Implant supported crown – porcelain fused to high noble alloys .....	262
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular .....	210	D6067	Implant supported crown – high noble alloys .....	262
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....	210	D6068	Abutment supp. retainer for porc/ceramic FPD .....	394
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	210	D6069	Abutment supp. retainer for porc/high noble FPD.....	422
D5410	Adjust complete denture - maxillary .....	19	D6070	Abutment supp. retainer for porc/pred. base FPD.....	348
D5411	Adjust complete denture - mandibular .....	19	D6071	Abutment supp. retainer for porc/noble FPD .....	352
D5421	Adjust partial denture - maxillary.....	19	D6072	Abutment supp. retainer for cast high noble FPD .....	394
D5422	Adjust partial denture - mandibular.....	19	D6073	Abutment supp. retainer for cast high noble FPD .....	375
D5511	Repair broken complete denture base, mandibular....	44	D6074	Abutment supp. retainer for cast noble metal FPD.....	379
D5512	Repair broken complete denture base, maxillary.....	44	D6075	Implant supported retainer for ceramic FPD.....	437
D5520	Replace missing or broken teeth - complete denture ..	44			
D5611	Repair resin partial denture base, mandibular.....	44			
D5612	Repair resin partial denture base, maxillary.....	44			
D5621	Repair cast partial framework, mandibular .....	44			
D5622	Repair cast partial framework, maxillary.....	44			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys .....	412	D6607	Retainer inlay - cast noble metal, >=3 surfaces .....	213
D6077	Implant supported retainer for metal FPD – high noble alloys .....	436	D6608	Retainer onlay - porc./ceramic, two surfaces .....	240
D6080	Implant maintenance procedures .....	31	D6609	Retainer onlay - porc./ceramic, three or more surfaces .....	250
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.....	32	D6610	Retainer onlay - cast high noble metal, two surfaces...	229
D6082	Implant supported crown – porcelain fused to predominantly base alloys.....	262	D6611	Retainer onlay - cast high noble metal, >=3 surfaces ...	262
D6083	Implant supported crown – porcelain fused to noble alloys .....	262	D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	229
D6086	Implant supported crown – predominantly base alloys .....	248	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces .....	262
D6087	Implant supported crown – noble alloys.....	248	D6614	Retainer onlay - cast noble metal, two surfaces.....	229
D6090	Repair implant supported prosthesis .....	181	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	262
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment .....	17	D6720	Retainer crown - resin with high noble metal .....	248
D6095	Repair implant abutment, by report .....	196	D6721	Retainer crown - resin with predominantly base metal .....	248
D6098	Implant supported retainer – porcelain fused to predominantly base alloys .....	348	D6722	Retainer crown - resin with noble metal .....	248
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys .....	422	D6740	Retainer crown - porcelain/ceramic .....	280
D6100	Surgical removal of implant body.....	121	D6750	Retainer crown - porcelain fused to high noble metal .	262
D6101	Debridement peri-implant defect .....	45	D6751	Retainer crown - porcelain fused to predominately base metal.....	262
D6102	Debridement and osseous contouring periimplant defect .....	90	D6752	Retainer crown - porcelain fused to noble metal .....	262
D6103	Bone graft repair peri-implant defect.....	300	D6780	Retainer crown - 3/4 cast high noble metal .....	235
D6104	Bone graft at time of implant placement .....	300	D6781	Retainer crown - 3/4 cast predominantly base metal ..	235
D6105	Removal of implant body not requiring bone removal or flap elevation .....	61	D6782	Retainer crown - 3/4 cast noble metal.....	235
D6121	Implant supported retainer for metal FPD – predominantly base alloys .....	375	D6783	Retainer crown - 3/4 porc./ceramic .....	256
D6122	Implant supported retainer for metal FPD – noble alloys .....	379	D6790	Retainer crown - full cast high noble metal.....	248
D6190	Radiographic surgical implant index, by report.....	0	D6791	Retainer crown - full cast predominately base metal...	248
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	35	D6792	Retainer crown - full cast noble metal.....	248
<b>Bridge &amp; Pontics</b>			D6930	Recement or rebond fixed partial denture.....	35
D6210	Pontic - cast high noble metal .....	248	D6980	Fixed partial denture repair, by report .....	86
D6211	Pontic - cast predominately base metal .....	248	<b>Oral Surgery<sup>1</sup></b>		
D6212	Pontic - cast noble metal .....	248	D7111	Extraction, coronal remnants - primary tooth .....	28
D6214	Pontic - titanium and titanium alloys .....	248	D7140	Extraction, erupted tooth or exposed root .....	35
D6240	Pontic - porcelain fused to high noble metal.....	262	D7210	Extraction, erupted tooth req elev, etc .....	67
D6241	Pontic - porcelain fused to predominately base metal.	262	D7220	Removal of impacted tooth - soft tissue .....	76
D6242	Pontic - porcelain fused to noble metal .....	262	D7230	Removal of impacted tooth - partially bony .....	98
D6243	Pontic – porcelain fused to titanium and titanium alloys .....	248	D7240	Removal of impacted tooth - completely bony .....	121
D6245	Pontic - porcelain/ceramic.....	280	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications .....	109
D6250	Pontic - resin with high noble metal.....	248	D7250	Removal of residual tooth roots.....	71
D6251	Pontic - resin with predominately base metal.....	248	D7251	Coronectomy – intentional partial tooth removal, impacted teeth only .....	109
D6252	Pontic - resin with noble metal.....	248	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	113
D6545	Ret. - cast metal for resin bonded fixed prosthesis .....	126	D7280	Exposure of an unerupted tooth .....	77
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis .....	197	D7291	Transseptal fiberotomy/supra crestral fiberotomy, by report .....	30
D6549	Resin retainer for resin bonded fixed prosthesis.....	126	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ...	71
D6600	Retainer inlay - porc./ceramic, two surfaces .....	214	D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....	71
D6601	Retainer inlay - porc./ceramic, >=3 surfaces .....	223	D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad. ....	71
D6602	Retainer inlay - cast high noble metal, two surfaces ...	204	D7471	Removal of lateral exostosis .....	176
D6603	Retainer inlay - cast high noble metal, >=3 surfaces ...	213	D7509	Marsupialization of odontogenic cyst .....	360
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	204	D7510	Incision and drainage of abscess - intraoral soft tissue.	48
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces .....	213	D7910	Suture of recent small wounds up to 5 cm.....	30
D6606	Retainer inlay - cast noble metal, two surfaces.....	204	D7921	Collection application of blood concentrate .....	20
			D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	25
			D7961	Buccal/labial frenectomy (frenulectomy).....	132
			D7962	Lingual frenectomy (frenulectomy).....	132
			D7971	Excision of pericoronal gingiva .....	66
			D7979	Non-surgical sialolithotomy.....	22
			<b>Orthodontics<sup>2</sup></b>		
			D8010	Limited ortho. treatment of the primary dentition .....	3304

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8020	Limited ortho. treatment of the transitional dentition	3304
D8030	Limited ortho treatment - adolescent dentition .....	3422
D8070	Comp. ortho. treatment - transitional dentition .....	3304
D8080	Comp. ortho. treatment - adolescent dentition .....	3422
D809	Comp. ortho. treatment - adult dentition.....	3658
D8210	Removable appliance therapy .....	770
D8220	Fixed appliance therapy .....	783
D8660	Pre-orthodontic treatment visit .....	413
D8670	Periodic ortho. treatment visit (as part of contract) ....	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s)).....	413
D8701	Repair of fixed retainer, includes reattachment – maxillary .....	174
D8702	Repair of fixed retainer, includes reattachment – mandibular .....	174

### Adjunctive General Services

D9110	Palliative treatment of dental pain – per visit .....	22
D9210	Local anesthesia not in conj. w/ operative/surg. procedures .....	0
D9211	Regional block anesthesia .....	0
D9212	Trigeminal division block anesthesia .....	0
D9215	Local anesthesia in conj. w/ operative/surg. procedures .....	0
D9219	Evaluation for deep sedation or general anesthesia ....	0
D9222	Deep sedation/general anesthesia - first 15 minutes...	52
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	52
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	52
D9310	Consultation (diagnostic service by nontreating dentist) .....	22
D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190
D9910	Application of desensitizing medicament .....	16
D9930	Treatment of complications (post-surgical) .....	22
D9944	Occlusal guard – hard appliance, full arch.....	136
D9945	Occlusal guard – soft appliance, full arch .....	136
D9946	Occlusal guard – hard appliance, partial arch .....	136
D9950	Occlusion analysis - mounted case .....	52
D9951	Occlusal adjustment - limited.....	33
D9952	Occlusal adjustment - complete .....	133
D9953	Reline custom sleep apnea appliance (indirect).....	158
D9986	Missed appointment .....	50
D9995	Teledentistry – synchronous; real-time encounter (when available) .....	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review (when available) .....	0
D9997	Dental case management – patients with special health care needs .....	50

- 1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.
- 2 See exclusion #15 and limitation #29 for additional coverage information.

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

### Plan Exclusions

Please refer to the section in your Certificate of Coverage titled "State-Specific Exclusions" for additional exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia is not a covered benefit under this policy. A discount is provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #29 concerning medically necessary orthodontia.

### Plan Limitations

1. One evaluation (D0120, D0140, D0145, D0150, D0160, D0180) is covered once per six months, per patient. D0150 limited to once in 12 months.
2. One (1) teeth cleaning (D1110 or D1120) per 6 months, per patient.
3. One (1) fluoride application every 6 months, per patient.
4. One (1) set of bitewing x-rays are covered per six (6) months, per patient starting at age two.
5. One (1) set of full mouth x-rays or panoramic film is covered every five (5) years. Panoramic x-rays are limited to ages 6-18. No more than one set of x-rays are covered per visit.
6. One (1) sealant per tooth is covered per 36 months, per patient up to age 18 (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
8. One (1) space maintainer (D1510, D1516, D1517, D1520, D1526 or D1527) is covered per 24 months per patient, per arch. D1575 limited to once per lifetime.
9. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
10. Replacement of a primary stainless steel crown (under age 15), crown, denture, or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement.

11. 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%.
12. Relining and rebasing of dentures is covered once per 24 months, per patient.
13. Root canal treatment is covered once per lifetime.
14. Periodontal scaling and root planing (D4341 or D4342), limited to one (1) per 24 months, per patient, per quadrant.
15. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
16. Osseous surgery (D4260 or D4261), gingival flap procedure (D4240), and gingivectomy or gingivoplasty (D4210 - D4212) are limited to one (1) per 36 months.
17. Full mouth debridement is covered once per lifetime, per patient.
18. 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.
19. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
20. Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within 24 months after definitive periodontal therapy.
21. Denture rebase and denture relines is limited to 1 in a 36 month period 6 months after initial placement.
22. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
23. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
24. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9239 or D9243. Intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Nonintravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9222, D9223, D9239 or D9243.
25. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular dysfunction (TMD). Occlusal guards are limited to one per 12 consecutive month period.
26. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
27. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are only covered if deemed necessary by the Plan.
28. Onlays, crowns, and posts and cores for members 12 years of age or younger are only covered if deemed necessary by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
29. Orthodontics is only covered if medically necessary as determined by the Plan. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
30. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.