



## 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 Basic Kids 702xs (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.....   | 10                  | D0602    | Caries risk assessment & documentation, with a finding of moderate risk .....  | 0                   |
| D0120                        | Periodic oral eval - established patient .....  | 0                   | D0603    | Caries risk assessment & documentation, with a finding of high risk .....  | 0                   |
| D0140                        | Limited oral eval - problem focused .....   | 0                   | D0701    | Panoramic radiographic image – image capture only .....  | 0                   |
| D0145                        | Oral eval for a patient under 3 years of age .....  | 0                   | D0702    | 2-D cephalometric radiographic image – image capture only .....  | 0                   |
| D0150                        | Comprehensive oral eval - new or established patient .....  | 0                   | D0703    | 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....   | 0                   |
| D0160                        | Detailed and extensive oral eval - problem focused....  | 0                   | D0705    | Extra-oral posterior dental radiographic image – image capture only.....   | 0                   |
| D0170                        | Re-evaluation - limited, problem focused .....  | 0                   | D0706    | Intraoral – occlusal radiographic image – image capture only .....   | 0                   |
| D0180                        | Comp. periodontal eval - new or established patient .....   | 0                   | D0707    | Intraoral – periapical radiographic image – image capture only .....   | 0                   |
| D0210                        | Intraoral – comprehensive series of radiographic images .....   | 26                  | D0708    | Intraoral – bitewing radiographic image – image capture only .....   | 0                   |
| D0220                        | Intraoral - periapical first radiographic image .....   | 0                   | D0709    | Intraoral – comprehensive series of radiographic images – image capture only.....  | 0                   |
| D0230                        | Intraoral - periapical each add. radiographic image ....  | 0                   | D1110    | Prophylaxis (cleaning) - adult .....   | 13                  |
| D0240                        | Intraoral - occlusal radiographic image .....   | 0                   | D1120    | Prophylaxis (cleaning) - child .....   | 10                  |
| D0250                        | Extra-oral - 2D projection radiographic image .....   | 0                   | D1206    | Topical application of fluoride varnish.....   | 0                   |
| D0270                        | Bitewing - single radiographic image.....   | 0                   | D1208    | Topical application of fluoride - excluding varnish .....  | 0                   |
| D0272                        | Bitewings - two radiographic images.....  | 0                   | D1310    | Nutritional counseling for control of dental disease ...   | 0                   |
| D0273                        | Bitewings - three radiographic images .....   | 0                   | D1320    | Tobacco counseling for control of prev. oral disease...  | 0                   |
| D0274                        | Bitewings - four 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                   |
| D0277                        | Vertical bitewings - 7 to 8 radiographic images.....  | 0                   | D1330    | Oral hygiene instructions.....   | 0                   |
| D0330                        | Panoramic radiographic image .....  | 30                  | D1351    | Sealant - per tooth .....  | 21                  |
| D0340                        | 2D cephalometric radiographic image .....   | 0                   | D1352    | Prev resin rest. mod/high caries risk – perm. tooth ....   | 21                  |
| D0350                        | 2D oral/facial photographic images (intraoral/extraoral) .....  | 0                   | D1354    | Application of caries arresting medicament - per tooth.....  | 0                   |
| D0372                        | Intraoral tomosynthesis – comprehensive series of radiographic images .....   | 26                  | D1355    | Caries preventive medicament application – per tooth.....  | 21                  |
| D0373                        | Intraoral tomosynthesis – bitewing radiographic image.....  | 0                   | D1510    | Space maintainer - fixed, unilateral - per quadrant....  | 143                 |
| D0374                        | Intraoral tomosynthesis – periapical radiographic image.....  | 0                   | D1516    | Space maintainer - fixed - bilateral, maxillary .....  | 198                 |
| D0387                        | Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....   | 0                   | D1517    | Space maintainer - fixed - bilateral, mandibular .....   | 198                 |
| D0388                        | Intraoral tomosynthesis – bitewing radiographic image – image capture only .....  | 0                   | D1520    | Space maintainer - removable, unilateral - per quadrant .....  | 143                 |
| D0389                        | Intraoral tomosynthesis – periapical radiographic image – image capture only .....  | 0                   | D1526    | Space maintainer - removable - bilateral, maxillary....  | 198                 |
| D0391                        | Interpretation of diagnostic image only .....   | 0                   | D1527    | Space maintainer - removable - bilateral, mandibular .....   | 198                 |
| D0460                        | Pulp vitality tests .....   | 0                   | D1551    | Re-cement or re-bond bilateral space maintainer – mandibular.....  | 34                  |
| D0470                        | Diagnostic casts .....  | 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                   |          |  |                     |

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|-------------------------------|--|---------------------|----------------------|---|---------------------|
| D1552                         | Re-cement or re-bond bilateral space maintainer – maxillary.....     | 34                  | D2940                | Protective restoration.....   | 39                  |
| D1553                         | Re-cement or re-bond unilateral space maintainer – per quadrant..... | 34                  | D2941                | Interim therapeutic restoration, primary dentition.....   | 31                  |
| D1575                         | Distal shoe space maintainer – fixed, unilateral – per quadrant..... | 143                 | D2949                | Restorative foundation for an indirect restoration.....   | 0                   |
| <b>Restorative (Fillings)</b> |  |                     | D2950                | Core buildup, including any pins .....  | 125                 |
| D2140                         | Amalgam - one surface, prim. or perm. ....                           | 41                  | D2951                | Pin retention - per tooth, in addition to restoration ...   | 22                  |
| D2150                         | Amalgam - two surfaces, prim. or perm. ....                          | 51                  | D2952                | Post and core in addition to crown .....  | 186                 |
| D2160                         | Amalgam - three surfaces, prim. or perm. ....                        | 64                  | D2954                | Prefab. post and core in addition to crown .....  | 154                 |
| D2161                         | Amalgam - >=4 surfaces, prim. or perm. ....                          | 78                  | D2955                | Post removal (not in conj. with endo. therapy).....   | 105                 |
| D2330                         | Resin-based composite - one surface, anterior .....                  | 69                  | D2970                | Temporary crown (fractured tooth) .....   | 0                   |
| D2331                         | Resin-based composite - two surfaces, anterior .....                 | 83                  | D2980                | Crown repair necessitated by restorative material failure .....                                   | 102                 |
| D2332                         | Resin-based composite - three surfaces, anterior.....                | 99                  | D2981                | Inlay repair necessitated by restorative material failure.....                                    | 102                 |
| D2335                         | Resin-based composite - >=4 surfaces, anterior.....                  | 119                 | D2982                | Onlay repair necessitated by restorative material failure .....                                   | 102                 |
| D2390                         | Resin-based composite crown, anterior.....                           | 192                 | D2983                | Veneer repair necessitated by restorative material failure .....                                  | 102                 |
| D2391                         | Resin-based composite - one surface, posterior .....                 | 73                  | D2990                | Resin infiltration lesion.....  | 41                  |
| D2392                         | Resin-based composite - two surfaces, posterior.....                 | 87                  | <b>Endodontics'</b>  |   |                     |
| D2393                         | Resin-based composite - three surfaces, posterior .....              | 102                 | D3110                | Pulp cap - direct (excl. final restoration).....  | 32                  |
| D2394                         | Resin-based composite - >=4 surfaces, posterior.....                 | 123                 | D3120                | Pulp cap - indirect (excl. final restoration).....  | 32                  |
| <b>Crown &amp; Bridge</b>     |  |                     | D3220                | Therapeutic pulpotomy (excl. final restor.).....  | 81                  |
| D2510                         | Inlay - metallic - one surface.....                                  | 407                 | D3221                | Pulpal debridement, prim. and perm. teeth .....   | 94                  |
| D2520                         | Inlay - metallic - two surfaces.....                                 | 407                 | D3222                | Partial pulpotomy for apexogenesis .....  | 160                 |
| D2530                         | Inlay - metallic - three or more surfaces.....                       | 425                 | D3230                | Pulpal therapy - resorbable filling, anterior, primary tooth.....                                 | 160                 |
| D2542                         | Onlay - metallic - two surfaces .....                                | 458                 | D3240                | Pulpal therapy - resorbable filling, posterior, primary tooth.....                                | 164                 |
| D2543                         | Onlay - metallic - three surfaces.....                               | 524                 | D3310                | Endodontic therapy, anterior tooth (excluding final restoration).....                             | 341                 |
| D2544                         | Onlay - metallic - four or more surfaces .....                       | 524                 | D3320                | Endodontic therapy, premolar tooth (excluding final restoration).....                             | 418                 |
| D2610                         | Inlay - porcelain/ceramic - one surface .....                        | 427                 | D3330                | Endodontic therapy, molar tooth (excluding final restoration).....                                | 512                 |
| D2620                         | Inlay - porcelain/ceramic - two surfaces.....                        | 427                 | D3333                | Internal root repair of perforation defects.....  | 105                 |
| D2630                         | Inlay - porcelain/ceramic - >=3 surfaces.....                        | 445                 | D3346                | Retreat of prev. root canal therapy, anterior .....   | 387                 |
| D2642                         | Onlay - porcelain/ceramic - two surfaces.....                        | 479                 | D3347                | Retreat of prev root canal therapy - premolar .....   | 465                 |
| D2643                         | Onlay - porcelain/ceramic - three surfaces.....                      | 499                 | D3348                | Retreat of prev. root canal therapy - molar .....   | 558                 |
| D2644                         | Onlay - porcelain/ceramic - >=4 surfaces .....                       | 499                 | D3351                | Apexification/recalcification - initial visit.....  | 202                 |
| D2650                         | Inlay - resin-based composite - one surface .....                    | 440                 | D3352                | Apexification/recalcification - interim med. repl. ....   | 589                 |
| D2651                         | Inlay - resin-based composite - two surfaces .....                   | 440                 | D3353                | Apexification/recalcification - final visit .....   | 449                 |
| D2652                         | Inlay - resin-based composite - >=3 surfaces.....                    | 440                 | D3355                | Pulpal regeneration - initial visit.....  | 202                 |
| D2662                         | Onlay - resin-based composite - two surfaces.....                    | 444                 | D3356                | Pulpal regeneration - interim medication replacement .....  | 589                 |
| D2663                         | Onlay - resin-based composite - three surfaces .....                 | 444                 | D3357                | Pulpal regeneration - completion of treatment .....   | 449                 |
| D2664                         | Onlay - resin-based composite - >=4 surfaces.....                    | 444                 | D3410                | Apicoectomy - anterior.....   | 323                 |
| D2710                         | Crown - resin based composite (indirect).....                        | 272                 | D3421                | Apicoectomy - premolar (first root) .....   | 364                 |
| D2712                         | Crown - 3/4 resin-based composite (indirect).....                    | 485                 | D3425                | Apicoectomy - molar (first root) .....  | 418                 |
| D2720                         | Crown - resin with high noble metal .....                            | 495                 | D3426                | Apicoectomy (each add. root).....   | 152                 |
| D2721                         | Crown - resin with predominantly base metal .....                    | 495                 | D3430                | Retrograde filling - per root.....  | 119                 |
| D2722                         | Crown - resin with noble metal .....                                 | 495                 | D3450                | Root amputation - per root .....  | 234                 |
| D2740                         | Crown - porcelain/ceramic .....                                      | 560                 | D3471                | Surgical repair of root resorption - anterior .....   | 323                 |
| D2750                         | Crown - porcelain fused to high noble metal .....                    | 523                 | D3472                | Surgical repair of root resorption – premolar .....   | 364                 |
| D2751                         | Crown - porcelain fused to predominantly base metal .....            | 523                 | D3473                | Surgical repair of root resorption – molar .....  | 418                 |
| D2752                         | Crown - porcelain fused to noble metal.....                          | 523                 | D3501                | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ... | 323                 |
| D2753                         | Crown - porcelain fused to titanium and titanium alloys .....        | 523                 | D3502                | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .   | 364                 |
| D2780                         | Crown - 3/4 cast high noble metal .....                              | 478                 | D3503                | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar .....  | 418                 |
| D2781                         | Crown - 3/4 cast predominantly base metal .....                      | 478                 | D3920                | Hemisection, not inc. root canal therapy.....   | 234                 |
| D2782                         | Crown - 3/4 cast noble metal .....                                   | 478                 | D3921                | Decoronation or submergence of an erupted tooth   | 107                 |
| D2783                         | Crown - 3/4 porcelain/ceramic.....                                   | 511                 | D3950                | Canal prep/fitting of preformed dowel or post .....   | 136                 |
| D2790                         | Crown - full cast high noble metal.....                              | 495                 | <b>Periodontics'</b> |   |                     |
| D2791                         | Crown - full cast predominately base metal.....                      | 495                 | D4210                | Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. ....                                    | 279                 |
| D2792                         | Crown - full cast noble metal.....                                   | 495                 |                      |   |                     |
| D2794                         | Crown - titanium and titanium alloys .....                           | 495                 |                      |   |                     |
| D2910                         | Recement inlay .....   | 43                  |                      |   |                     |
| D2920                         | Recement crown .....   | 43                  |                      |   |                     |
| D2928                         | Prefab. porcelain/ceramic crown – permanent tooth.                   | 560                 |                      |   |                     |
| D2929                         | Prefab. porcelain/ceramic crown - prim. tooth .....                  | 560                 |                      |   |                     |
| D2930                         | Prefab. stainless steel crown - prim. tooth.....                     | 110                 |                      |   |                     |
| D2931                         | Prefab. stainless steel crown - perm. tooth.....                     | 121                 |                      |   |                     |
| D2932                         | Prefabricated resin crown .....                                      | 140                 |                      |   |                     |

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|-------------------------------|---|---------------------|-------------------------|--|---------------------|
| D4211                         | Gingivectomy or gingivoplasty - <=3 teeth, per quad..   | 100                 | D5622                   | Repair cast partial framework, maxillary.....  | 87                  |
| D4212                         | Gingivectomy or gingivoplasty, rest., per tooth.....  | 40                  | D5630                   | Repair or replace broken retentive/clasping material - per tooth .....                               | 115                 |
| D4240                         | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant..... | 345                 | D5640                   | Replace broken teeth - per tooth .....   | 87                  |
| D4241                         | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant..... | 106                 | D5650                   | Add tooth to existing partial denture .....  | 87                  |
| D4249                         | Clinical crown lengthening - hard tissue.....   | 576                 | D5660                   | Add clasp to existing partial denture -per tooth .....   | 115                 |
| D4260                         | Osseous surgery - >3 cont. teeth, per quad .....  | 499                 | D5670                   | Replace all teeth and acrylic on cast metal framework (maxillary).....                               | 287                 |
| D4261                         | Osseous surgery - <=3 cont. teeth, per quad .....   | 392                 | D5671                   | Replace all teeth and acrylic on cast metal framework (mandibular).....                              | 287                 |
| D4268                         | Surgical revision proc., per tooth .....  | 358                 | D5710                   | Rebase complete maxillary denture.....   | 260                 |
| D4270                         | Pedicle soft tissue graft procedure .....   | 643                 | D5711                   | Rebase complete mandibular denture .....   | 260                 |
| D4273                         | Autogenous connective tissue graft proc. ....   | 800                 | D5720                   | Rebase maxillary partial denture.....  | 260                 |
| D4274                         | Mesial/distal wedge procedure, single tooth.....  | 308                 | D5721                   | Rebase mandibular partial denture.....   | 260                 |
| D4277                         | Free soft tissue graft, per tooth.....  | 654                 | D5725                   | Rebase hybrid prosthesis.....  | 260                 |
| D4278                         | Free soft tissue graft, each add. tooth.....  | 100                 | D5730                   | Reline complete maxillary denture (direct).....  | 159                 |
| D4286                         | Removal of non-resorbable barrier .....   | 100                 | D5731                   | Reline complete mandibular denture (direct).....   | 159                 |
| D4341                         | Perio scaling and root planing - >3 cont teeth, per quad. ....  | 109                 | D5740                   | Reline maxillary partial denture (direct).....   | 155                 |
| D4342                         | Perio scaling and root planing - <= 3 teeth, per quad .   | 63                  | D5741                   | Reline mandibular partial denture (direct).....  | 155                 |
| D4346                         | Perio scaling and root planing - <= 3 teeth, per quad .   | 45                  | D5750                   | Reline complete maxillary denture (indirect).....  | 224                 |
| D4355                         | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....         | 89                  | D5751                   | Reline complete mandibular denture (indirect).....   | 224                 |
| D4381                         | Localized delivery of antimicrobial agents.....   | 98                  | D5760                   | Reline maxillary partial denture (indirect).....   | 224                 |
| D4910                         | Periodontal maintenance .....   | 74                  | D5761                   | Reline mandibular partial denture (indirect).....  | 224                 |
| D4921                         | Gingival irrigation with a medicinal agent – per quadrant.....  | 0                   | D5765                   | Soft liner for complete or partial removable denture – indirect .....                                | 53                  |
| <b>Prosthetics (Dentures)</b> |   |                     | D5810                   | Interim complete denture - maxillary.....  | 362                 |
| D5110                         | Complete denture - maxillary.....   | 697                 | D5811                   | Interim complete denture - mandibular.....   | 362                 |
| D5120                         | Complete denture - mandibular.....  | 697                 | D5820                   | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....  | 362                 |
| D5130                         | Immediate denture - maxillary.....  | 722                 | D5821                   | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular ..... | 362                 |
| D5140                         | Immediate denture - mandibular .....  | 722                 | D5850                   | Tissue conditioning - maxillary .....  | 79                  |
| D5211                         | Maxillary partial denture - resin base.....   | 649                 | D5851                   | Tissue conditioning - mandibular .....   | 79                  |
| D5212                         | Mandibular partial denture - resin base.....  | 649                 | <b>Implant Services</b> |  |                     |
| D5213                         | Maxillary partial denture - cast metal .....  | 750                 | D6010                   | Surgical placement of implant body, endosteal .....  | 1716                |
| D5214                         | Mandibular partial denture - cast metal .....   | 750                 | D6011                   | Second stage implant surgery .....   | 200                 |
| D5221                         | Immediate maxillary partial denture - resin base .....  | 649                 | D6012                   | Surgical placement of interim implant body for transitional prosthesis: endosteal implant .....      | 1782                |
| D5222                         | Immediate mandibular partial denture - resin base....   | 649                 | D6013                   | Surgical placement of mini implant.....  | 572                 |
| D5223                         | Immediate maxillary partial denture - cast metal .....  | 750                 | D6040                   | Surgical placement, eposteal implant .....   | 3564                |
| D5224                         | Immediate mandibular partial denture - cast metal ...   | 750                 | D6050                   | Surgical placement, transosteal implant .....  | 4455                |
| D5225                         | Maxillary partial denture - flexible base.....  | 750                 | D6055                   | Dental implant supported connecting bar .....  | 1611                |
| D5226                         | Mandibular partial denture - flexible base.....   | 750                 | D6056                   | Prefabricated abutment .....   | 456                 |
| D5227                         | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....                          | 750                 | D6058                   | Abutment supported porcelain/ceramic crown.....  | 560                 |
| D5228                         | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....                         | 750                 | D6059                   | Abutment supported porcelain fused to metal crown - high noble metal .....                           | 523                 |
| D5282                         | Rem. unilateral partial denture - one piece cast metal, maxillary.....  | 419                 | D6060                   | Abutment supported porcelain fused to metal crown - predominantly based metal .....                  | 523                 |
| D5283                         | Rem. unilateral partial denture - one piece cast metal, mandibular .....  | 419                 | D6061                   | Abutment supported porcelain fused to metal crown - noble metal .....                                | 523                 |
| D5284                         | Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant .....               | 419                 | D6062                   | Abutment supported cast metal crown - high noble metal .....   | 495                 |
| D5286                         | Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....                        | 419                 | D6063                   | Abutment supported cast metal crown - predominantly based metal .....                                | 495                 |
| D5410                         | Adjust complete denture - maxillary .....   | 38                  | D6064                   | Abutment supported cast metal crown - noble metal .....  | 495                 |
| D5411                         | Adjust complete denture - mandibular .....  | 38                  | D6065                   | Implant supported porcelain/ceramic crown.....   | 560                 |
| D5421                         | Adjust partial denture - maxillary.....   | 38                  | D6066                   | Implant supported crown – porcelain fused to high noble alloys .....                                 | 523                 |
| D5422                         | Adjust partial denture - mandibular.....  | 38                  | D6067                   | Implant supported crown – high noble alloys .....  | 523                 |
| D5511                         | Repair broken complete denture base, mandibular....   | 87                  | D6068                   | Abutment supp. retainer for porc/ceramic FPD .....   | 788                 |
| D5512                         | Repair broken complete denture base, maxillary.....   | 87                  | D6069                   | Abutment supp. retainer for porc/high noble FPD.....   | 843                 |
| D5520                         | Replace missing or broken teeth - complete denture .  | 87                  | D6070                   | Abutment supp. retainer for porc/pred. base FPD.....   | 695                 |
| D5611                         | Repair resin partial denture base, mandibular.....  | 87                  | D6071                   | Abutment supp. retainer for porc/noble FPD .....   | 704                 |
| D5612                         | Repair resin partial denture base, maxillary.....   | 87                  | D6072                   | Abutment supp. retainer for cast high noble FPD .....  | 788                 |
| D5621                         | Repair cast partial framework, mandibular.....  | 87                  | D6073                   | Abutment supp. retainer for cast high noble FPD .....  | 749                 |
|                               |   |                     | D6074                   | Abutment supp. retainer for cast noble metal FPD.....  | 758                 |



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|-----------------------------|---|---------------------|----------------------|--|---------------------|
| D6075                       | Implant supported retainer for ceramic FPD.....   | 874                 | D6606                | Retainer inlay - cast noble metal, two surfaces.....   | 407                 |
| D6076                       | Implant supported retainer for FPD – porcelain fused to high noble alloys .....   | 823                 | D6607                | Retainer inlay - cast noble metal, >=3 surfaces .....  | 425                 |
| D6077                       | Implant supported retainer for metal FPD – high noble alloys .....  | 872                 | D6608                | Retainer onlay - porc./ceramic, two surfaces.....  | 479                 |
| D6080                       | Implant maintenance procedures .....  | 61                  | D6609                | Retainer onlay - porc./ceramic, three or more surfaces .....   | 499                 |
| 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..... | 63                  | D6610                | Retainer onlay - cast high noble metal, two surfaces..   | 458                 |
| D6082                       | Implant supported crown – porcelain fused to predominantly base alloys.....   | 523                 | D6611                | Retainer onlay - cast high noble metal, >=3 surfaces..   | 524                 |
| D6083                       | Implant supported crown – porcelain fused to noble alloys .....   | 523                 | D6612                | Retainer onlay - cast predominantly base metal, two surfaces .....                                       | 458                 |
| D6086                       | Implant supported crown – predominantly base alloys .....   | 495                 | D6613                | Retainer onlay - cast predominantly base metal, >=3 surfaces .....                                       | 524                 |
| D6087                       | Implant supported crown – noble alloys.....   | 495                 | D6614                | Retainer onlay - cast noble metal, two surfaces.....   | 458                 |
| D6090                       | Repair implant supported prosthesis .....   | 362                 | D6615                | Retainer onlay - cast noble metal, >=3 surfaces.....   | 524                 |
| D6091                       | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment .....                                  | 34                  | D6720                | Retainer crown - resin with high noble metal .....   | 495                 |
| D6095                       | Repair implant abutment, by report .....  | 391                 | D6721                | Retainer crown - resin with predominantly base metal .....   | 495                 |
| D6098                       | Implant supported retainer – porcelain fused to predominantly base alloys .....   | 695                 | D6722                | Retainer crown - resin with noble metal .....  | 495                 |
| D6099                       | Implant supported retainer for FPD – porcelain fused to noble alloys .....  | 843                 | D6740                | Retainer crown - porcelain/ceramic .....   | 560                 |
| D6100                       | Surgical removal of implant body .....  | 241                 | D6750                | Retainer crown - porcelain fused to high noble metal   | 523                 |
| D6101                       | Debridement peri-implant defect .....   | 90                  | D6751                | Retainer crown - porcelain fused to predominately base metal.....  | 523                 |
| D6102                       | Debridement and osseous contouring peri-implant defect .....  | 180                 | D6752                | Retainer crown - porcelain fused to noble metal.....   | 523                 |
| D6103                       | Bone graft repair peri-implant defect.....  | 600                 | D6780                | Retainer crown - 3/4 cast high noble metal .....   | 470                 |
| D6104                       | Bone graft at time of implant placement .....   | 600                 | D6781                | Retainer crown - 3/4 cast predominantly base metal .   | 470                 |
| D6105                       | Removal of implant body not requiring bone removal or flap elevation .....  | 121                 | D6782                | Retainer crown - 3/4 cast noble metal.....   | 470                 |
| D6121                       | Implant supported retainer for metal FPD – predominantly base alloys .....  | 749                 | D6783                | Retainer crown - 3/4 porc./ceramic .....   | 511                 |
| D6122                       | Implant supported retainer for metal FPD – noble alloys .....   | 758                 | D6790                | Retainer crown - full cast high noble metal.....   | 495                 |
| D6190                       | Radiographic surgical implant index, by report.....   | 0                   | D6791                | Retainer crown - full cast predominately base metal..  | 495                 |
| D6197                       | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....                                   | 69                  | D6792                | Retainer crown - full cast noble metal.....  | 495                 |
| <b>Bridge &amp; Pontics</b> |   |                     | <b>Oral Surgery*</b> |  |                     |
| D6210                       | Pontic - cast high noble metal .....  | 495                 | D7111                | Extraction, coronal remnants - primary tooth.....  | 56                  |
| D6211                       | Pontic - cast predominately base metal .....  | 495                 | D7140                | Extraction, erupted tooth or exposed root .....  | 69                  |
| D6212                       | Pontic - cast noble metal .....   | 495                 | D7210                | Extraction, erupted tooth req elev, etc .....  | 133                 |
| D6214                       | Pontic - titanium and titanium alloys .....   | 495                 | D7220                | Removal of impacted tooth - soft tissue .....  | 151                 |
| D6240                       | Pontic - porcelain fused to high noble metal.....   | 523                 | D7230                | Removal of impacted tooth - partially bony .....   | 196                 |
| D6241                       | Pontic - porcelain fused to predominately base metal  | 523                 | D7240                | Removal of impacted tooth - completely bony .....  | 241                 |
| D6242                       | Pontic - porcelain fused to noble metal .....   | 523                 | D7241                | Removal of imp. tooth - completely bony, with unusual surg. complications .....                          | 217                 |
| D6243                       | Pontic – porcelain fused to titanium and titanium alloys .....  | 495                 | D7250                | Removal of residual tooth roots.....   | 141                 |
| D6245                       | Pontic - porcelain/ceramic.....   | 560                 | D7251                | Coronectomy – intentional partial tooth removal, impacted teeth only .....                               | 217                 |
| D6250                       | Pontic - resin with high noble metal.....   | 495                 | D7270                | Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth .....   | 226                 |
| D6251                       | Pontic - resin with predominately base metal.....   | 495                 | D7280                | Exposure of an unerupted tooth .....   | 153                 |
| D6252                       | Pontic - resin with noble metal.....  | 495                 | D7291                | Transseptal fiberotomy/supra crestal fiberotomy, by report .....   | 60                  |
| D6545                       | Ret. - cast metal for resin bonded fixed prosthesis ....  | 251                 | D7310                | Alveoloplasty in conj. w/ extractions, >=4 per quad. ..  | 141                 |
| D6548                       | Ret. - porc./ceramic for resin bonded fixed prosthesis  | 393                 | D7320                | Alveoloplasty not in conj. w/ extractions, >=4 per quad. ....  | 141                 |
| D6549                       | Resin retainer for resin bonded fixed prosthesis.....   | 251                 | D7321                | Alveoloplasty not in conj. w/ extractions, 1-3 per quad .....  | 141                 |
| D6600                       | Retainer inlay - porc./ceramic, two surfaces .....  | 427                 | D7471                | Removal of lateral exostosis .....   | 351                 |
| D6601                       | Retainer inlay - porc./ceramic, >=3 surfaces .....  | 445                 | D7509                | Marsupialization of odontogenic cyst .....   | 400                 |
| D6602                       | Retainer inlay - cast high noble metal, two surfaces ...  | 407                 | D7510                | Incision and drainage of abscess - intraoral soft tissue   | 96                  |
| D6603                       | Retainer inlay - cast high noble metal, >=3 surfaces ...  | 425                 | D7910                | Suture of recent small wounds up to 5 cm.....  | 59                  |
| D6604                       | Retainer inlay - cast predominantly base metal, two surfaces .....  | 407                 | D7921                | Collection application of blood concentrate .....  | 40                  |
| D6605                       | Retainer inlay - cast predominantly base metal, >=3 surfaces .....  | 425                 | D7922                | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site ..... | 25                  |
|                             |   |                     | D7961                | Buccal/labial frenectomy (frenulectomy).....   | 263                 |
|                             |   |                     | D7962                | Lingual frenectomy (frenulectomy).....   | 263                 |
|                             |   |                     | D7971                | Excision of pericoronal gingiva .....  | 131                 |
|                             |   |                     | D7979                | Non-surgical sialolithotomy.....   | 43                  |

| ADA CODE | DESCRIPTION | MEMBER COPAYMENT(S) |
|----------|-------------|---------------------|
|----------|-------------|---------------------|

**Orthodontics<sup>2</sup>**

|       |  |      |
|-------|--|------|
| D8010 | Limited ortho. treatment of the primary dentition .....            | 3304 |
| D8020 | Limited ortho. treatment of the transitional dentition .....       | 3304 |
| D8030 | Limited ortho treatment - adolescent dentition .....               | 3422 |
| D8070 | Comp. ortho. treatment - transitional dentition .....              | 3304 |
| D8080 | Comp. ortho. treatment - adolescent dentition .....                | 3422 |
| D8090 | Comp. ortho. treatment - adult dentition.....                      | 3658 |
| D8210 | Removable appliance therapy .....                                  | 770  |
| D8220 | Fixed appliance therapy .....                                      | 783  |
| D8660 | Pre-orthodontic treatment visit .....                              | 413  |
| D8670 | Periodic ortho. treatment visit (as part of contract) ...          | 118  |
| D8680 | 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 .....  | 43  |
| 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..  | 103 |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment.....  | 103 |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis.....   | 37  |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....  | 103 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....                         | 103 |
| D9310 | Consultation (diagnostic service by nontreating dentist) .....   | 43  |
| D9613 | Infiltration of sustained release therapeutic drug, per quadrant.....  | 190 |
| D9910 | Application of desensitizing medicament .....  | 31  |
| D9930 | Treatment of complications (post-surgical) .....   | 43  |
| D9944 | Occlusal guard – hard appliance, full arch.....  | 272 |
| D9945 | Occlusal guard – soft appliance, full arch.....  | 272 |
| D9946 | Occlusal guard – hard appliance, partial arch .....  | 272 |
| D9950 | Occlusion analysis - mounted case.....   | 104 |
| D9951 | Occlusal adjustment - limited.....   | 66  |
| D9952 | Occlusal adjustment - complete .....   | 266 |
| D9953 | Reline custom sleep apnea appliance (indirect).....  | 175 |
| 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.