



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 NETWORKS²

Choice PPO network offers access to over 350,000 dentists nationally.^{1,3}

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.^{3,4}

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

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GO MOBILE COMMUNICATION SERVICE

Register at DominionNational.com/go or by calling 888.596.0716



LIVE CHAT SUPPORT

Visit 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

Access to discounts on hearing aids and services.⁵

DIGIBITE TELEDENTISTRY APP

DominionNational.com/teledentistry

Receive a dental consultation without leaving your home or office!

Z DENTAL DISCOUNT

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 for full details. Hearing services are administered by Amplifon Hearing Health Care Corp.

The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as “Dominion”).



Select Plan Basic Pediatric 702xs (NJ)
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 Member Copayments.
- This plan requires Members to use Participating Dentists except for out-of-area emergency dental services and/or for services provided when a Member is referred to an out-of-network specialist. See exclusion 7.
- Annual Out-of-Pocket Maximum: \$400 per Member per calendar year for Necessary and Appropriate Dental Services treatment (maximum of \$800 for policy covering two or more Members). The Member shall only be responsible for the Member Copayment listed in the Member Copayment column.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- If course of treatment is to exceed \$300, pre-authorization is required.

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Diagnostic/Preventive			D0381	Cone beam CT image capture one arch (mandibular/ maxillary).....	98
	Office visit.....	10	D0382	Cone beam CT image capture one arch (mandibular/ maxillary).....	98
D0120	Periodic oral eval - established patient	0	D0383	Cone beam CT image capture both jaws	156
D0140	Limited oral eval - problem focused.....	0	D0384	Cone beam CT image capture- TMJ.....	97
D0145	Oral eval for a patient under 3 years of age	0	D0385	Maxillofacial MRI/ultrasound image capture	164
D0150	Comprehensive oral eval - new or established patient.....	0	D0386	Maxillofacial MRI/ultrasound image capture	164
D0160	Detailed and extensive oral eval - problem focused....	0	D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0
D0170	Re-evaluation - limited, problem focused	0	D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0
D0171	Re-evaluation - post-operative office visit.....	41	D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0
D0180	Comp. periodontal eval - new or established patient .	0	D0391	Interpretation of diagnostic image only	0
D0210	Intraoral – comprehensive series of radiographic images	26	D0414	Lab processing of microbial specimen to include culture & sensitivity studies	29
D0220	Intraoral - periapical first radiographic image	0	D0415	Collection of microorganisms for culture and sensitivity	29
D0230	Intraoral - periapical each add. radiographic image	0	D0416	Viral culture	35
D0240	Intraoral - occlusal radiographic image	0	D0417	Collection/Prep of saliva sample for lab.....	26
D0250	Extra-oral - 2D projection radiographic image	0	D0418	Analysis of saliva sample	32
D0251	Extra-oral posterior dental radiographic image.....	44	D0422	Collection and preparation of genetic sample material for lab analysis and report	50
D0270	Bitewing - single radiographic image.....	0	D0423	Genetic test for susceptibility to diseases	75
D0272	Bitewings - two radiographic images.....	0	D0425	Caries susceptibility tests	27
D0273	Bitewings - three radiographic images	0	D0431	Adjunctive pre-diagnostic.....	49
D0274	Bitewings - four radiographic images	0	D0460	Pulp vitality tests	0
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D0470	Diagnostic casts	0
D0310	Sialography	370	D0472	Accession of tissue, gross exam, prep, transm	114
D0320	Temporomandibular joint arthrogram, incl. injection .	370	D0473	Accession of tissue, gross and micro. exam., prep, transm	156
D0321	Other temporomandibular joint radiographic images, by report.....	120	D0474	Accession of tissue, gross and micro. exam., prep, transm	53
D0322	Tomographic survey	0	D0480	Accession of exfoliative cytologic smears, micro. exam., prep, transm	52
D0330	Panoramic radiographic image.....	30	D0486	Lab accession trans cytologic sample, micro. exam., prep, transm	0
D0340	2D cephalometric radiographic image	0	D0502	Other oral pathology procedures, by report	0
D0350	2D oral/facial photographic images (intraoral/ extraoral)	0	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring abnormalities incl premalignant and malignant lesions	0
D0364	Cone Beam CT limited view-less than one jaw.....	98	D0601	Caries risk assessment & documentation, with a finding of low risk	0
D0365	Cone Beam CT one full dental arch (mandibular/ maxillary).....	164	D0602	Caries risk assessment & documentation, with a finding of moderate risk	0
D0366	Cone Beam CT one full dental arch (mandibular/ maxillary).....	164	D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
D0367	Cone Beam CT both jaws.....	164			
D0368	Cone Beam CT- TMJ.....	96			
D0369	Maxillofacial MRI/ultrasound	164			
D0370	Maxillofacial MRI/ultrasound	164			
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26			
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0			
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0			
D0380	Cone beam CT image capture-less than one jaw	98			

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ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D0701	Panoramic radiographic image – image capture only .	0
D0702	2-D cephalometric radiographic image – image capture only	0
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only.....	0
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0
D0706	Intraoral – occlusal radiographic image – image capture only	0
D0707	Intraoral – periapical radiographic image – image capture only	0
D0708	Intraoral – bitewing radiographic image – image capture only	0
D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D1110	Prophylaxis (cleaning) - adult	0
D1120	Prophylaxis (cleaning) - child	0
D1206	Topical application of fluoride varnish.....	0
D1208	Topical application of fluoride - excluding varnish	0
D1310	Nutritional counseling for control of dental disease ...	0
D1320	Tobacco counseling for control of prev. oral disease...	0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0
D1330	Oral hygiene instructions.....	0
D1351	Sealant - per tooth	21
D1352	Prev resin rest. mod/high caries risk – perm. tooth	21
D1354	Application of caries arresting medicament - per tooth.....	0
D1355	Caries preventive medicament application – per tooth.....	21
D1510	Space maintainer – fixed, unilateral – per quadrant ...	143
D1516	Space maintainer - fixed - bilateral, maxillary	198
D1517	Space maintainer - fixed - bilateral, mandibular	198
D1520	Space maintainer – removable, unilateral – per quadrant.....	143
D1526	Space maintainer - removable - bilateral, maxillary	198
D1527	Space maintainer - removable - bilateral, mandibular	198
D1551	Re-cement or re-bond bilateral space maintainer – maxillary.....	34
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	34
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.....	34
D1556	Removal of fixed unilateral space maintainer – per quadrant.....	44
D1557	Removal of fixed bilateral space maintainer – maxillary.....	44
D1558	Removal of fixed bilateral space maintainer – mandibular	44
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.....	143
Restorative (Fillings)		
D2140	Amalgam - one surface, prim. or perm.	41
D2150	Amalgam - two surfaces, prim. or perm.....	51
D2160	Amalgam - three surfaces, prim. or perm.	64
D2161	Amalgam - >=4 surfaces, prim. or perm.	78
D2330	Resin-based composite - one surface, anterior	69
D2331	Resin-based composite - two surfaces, anterior	83
D2332	Resin-based composite - three surfaces, anterior.....	99
D2335	Resin-based composite - >=4 surfaces, anterior.....	119
D2390	Resin-based composite crown, anterior.....	192
D2391	Resin-based composite - one surface, posterior	73
D2392	Resin-based composite - two surfaces, posterior.....	87
D2393	Resin-based composite - three surfaces, posterior	102
D2394	Resin-based composite - >=4 surfaces, posterior.....	123
D2410	Gold foil - one surface	168
D2420	Gold foil - two surfaces.....	198
D2430	Gold foil - three surfaces	268

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
Crown & Bridge		
D2510	Inlay- metallic - one surface	400
D2520	Inlay- metallic - two surfaces.....	400
D2530	Inlay - metallic - three or more surfaces.....	400
D2542	Onlay - metallic-two surfaces	400
D2543	Onlay - metallic - three surfaces.....	400
D2544	Onlay - metallic - four or more surfaces	400
D2610	Inlay - porcelain/ceramic - one surface	400
D2620	Inlay - porcelain/ceramic - two surfaces.....	400
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	400
D2642	Onlay - porcelain/ceramic - two surfaces.....	400
D2643	Onlay - porcelain/ceramic - three surfaces.....	400
D2644	Onlay - porcelain/ceramic - >=4 surfaces	400
D2650	Inlay - resin-based composite - one surface	400
D2651	Inlay - resin-based composite - two surfaces	400
D2652	Inlay - resin-based composite - >=3 surfaces.....	400
D2662	Onlay - resin-based composite - two surfaces.....	400
D2663	Onlay - resin-based composite - three surfaces	400
D2664	Onlay - resin-based composite - >=4 surfaces.....	400
D2710	Crown - resin based composite (indirect).....	272
D2712	Crown - 3/4 resin-based composite (indirect).....	400
D2720	Crown - resin with high noble metal	400
D2721	Crown - resin with predominantly base metal	400
D2722	Crown - resin with noble metal	400
D2740	Crown - porcelain/ceramic	400
D2750	Crown - porcelain fused to high noble metal	400
D2751	Crown - porcelain fused to predominantly base metal	400
D2752	Crown - porcelain fused to noble metal.....	400
D2753	Crown - porcelain fused to titanium and titanium alloys	400
D2780	Crown - 3/4 cast high noble metal	400
D2781	Crown - 3/4 cast predominantly base metal	400
D2782	Crown - 3/4 cast noble metal	400
D2783	Crown - 3/4 porcelain/ceramic.....	400
D2790	Crown - full cast high noble metal.....	400
D2791	Crown - full cast predominately base metal.....	400
D2792	Crown - full cast noble metal.....	400
D2910	Recement inlay.....	43
D2915	Recement cast or prefab. post and core.....	82
D2920	Recement crown	43
D2928	Prefab. porcelain/ceramic crown – permanent tooth .	400
D2929	Prefab. porcelain/ceramic crown - prim. tooth	400
D2930	Prefab. stainless steel crown - prim. tooth.....	110
D2931	Prefab. stainless steel crown - perm. tooth.....	121
D2932	Prefabricated resin crown	140
D2933	Prefab. stainless steel crown w/ resin window	271
D2934	Prefab. esthetic coated primary tooth	296
D2940	Protective restoration	39
D2950	Core buildup, including any pins	125
D2951	Pin retention - per tooth, in addition to restoration ...	22
D2952	Post and core in addition to crown	186
D2953	Each add. indirectly fabricated post - same tooth.....	50
D2954	Prefab. post and core in addition to crown	154
D2955	Post removal (not in conj. with endo. therapy).....	105
D2957	Each add. prefab post - same tooth	40
D2970	Temporary crown (fractured tooth)	0
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.....	73
D2975	Coping	225
D2980	Crown repair necessitated by restorative material failure.....	102
D2981	Inlay repair necessitated by restorative material failure	102
D2982	Onlay repair necessitated by restorative material failure	102
Endodontics¹		
D3110	Pulp cap - direct (excl. final restoration).....	32
D3120	Pulp cap - indirect (excl. final restoration).....	32

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	D4263	Bone replacement graft - retained natural tooth - first site in quad.	400
D3221	Pulpal debridement, prim. and perm. teeth	94	D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	400
D3222	Partial pulpotomy for apexogenesis	160	D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	400
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	160	D4266	Guided tissue regen. - resorb. barrier, per site.....	400
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	164	D4267	Guided tissue regen. - non-resorb. barrier, per site	400
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	341	D4268	Surgical revision proc., per tooth	358
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	400	D4270	Pedicle soft tissue graft procedure	400
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	400	D4273	Autogenous connective tissue graft proc.	400
D3331	Treatment of root canal obstr. non-surgical	207	D4274	Mesial/distal wedge procedure, single tooth.....	308
D3332	Incomp. endo. therapy-inop. or fractured tooth.....	183	D4275	Non-autogenous connective tissue graft (including recipient site and donor material).....	400
D3333	Internal root repair of perforation defects	105	D4276	Comb. connec. tissue/double and pedicle graft, per tooth.....	400
D3346	Retreat of prev. root canal therapy, anterior	387	D4277	Free soft tissue graft, per tooth.....	400
D3347	Retreat of prev root canal therapy - premolar	400	D4278	Free soft tissue graft, each add. tooth.....	100
D3348	Retreat of prev. root canal therapy, molar	400	D4286	Removal of non-resorbable barrier	100
D3351	Apexification/recalcification - initial visit.....	202	D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	400
D3352	Apexification/recalcification - interim med. repl.....	350	D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	377
D3353	Apexification/recalcification - final visit	350	D4341	Perio scaling and root planing - >3 cont teeth, per quad	109
D3355	Pulpal regeneration - initial visit.....	202	D4342	Perio scaling and root planing - <= 3 teeth, per quad .	63
D3356	Pulpal regeneration - interim medication replacement	350	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	45
D3357	Pulpal regeneration - completion of treatment	350	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	89
D3410	Apicoectomy - anterior.....	323	D4381	Localized delivery of antimicrobial agents.....	98
D3421	Apicoectomy - premolar (first root).....	364	D4910	Periodontal maintenance	74
D3425	Apicoectomy - molar (first root).....	400	Prosthetics (Dentures)		
D3426	Apicoectomy/periradicular surgery (each add. root) ..	152	D5110	Complete denture - maxillary.....	400
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	400	D5120	Complete denture - mandibular.....	400
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	400	D5130	Immediate denture - maxillary.....	400
D3430	Retrograde filling - per root.....	119	D5140	Immediate denture - mandibular	400
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	400	D5211	Maxillary partial denture - resin base.....	400
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	400	D5212	Mandibular partial denture - resin base.....	400
D3450	Root amputation - per root	234	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	400
D3471	Surgical repair of root resorption - anterior	323	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	400
D3472	Surgical repair of root resorption – premolar	364	D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth).....	400
D3473	Surgical repair of root resorption – molar	400	D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth).....	400
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior ...	323	D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	400
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .	364	D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	400
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	400	D5225	Maxillary partial denture - flexible base.....	400
D3910	Surg. proc. for isol. of tooth w/ rubber dam	57	D5226	Mandibular partial denture - flexible base.....	400
D3920	Hemisection, not inc. root canal therapy	234	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	400
D3921	Decoronation or submergence of an erupted tooth ..	107	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	400
D3950	Canal prep/fitting of preformed dowel or post	136	D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	400
Periodontics'			D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	400
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279			
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad..	100			
D4212	Gingivectomy or gingivoplasty, rest., per tooth.....	40			
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	345			
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	106			
D4245	Apically positioned flap	186			
D4249	Clinical crown lengthening - hard tissue.....	400			
D4260	Osseous surgery - >3 cont. teeth, per quad	400			
D4261	Osseous surgery - <=3 cont. teeth, per quad	392			

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D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	400
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant.....	400
D5410	Adjust complete denture - maxillary	38
D5411	Adjust complete denture - mandibular	38
D5421	Adjust partial denture - maxillary.....	38
D5422	Adjust partial denture - mandibular.....	38
D5511	Repair broken complete denture base, mandibular....	87
D5512	Repair broken complete denture base, maxillary.....	87
D5520	Replace missing or broken teeth - complete denture .	87
D5611	Repair resin partial denture base, mandibular.....	87
D5612	Repair resin partial denture base, maxillary.....	87
D5621	Repair cast partial framework, mandibular	87
D5622	Repair cast partial framework, maxillary.....	87
D5630	Repair or replace broken retentive/clasping material - per tooth	115
D5640	Replace broken teeth - per tooth	87
D5650	Add tooth to existing partial denture	87
D5660	Add clasp to existing partial denture -per tooth	115
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	287
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	287
D5710	Rebase complete maxillary denture.....	260
D5711	Rebase complete mandibular denture.....	260
D5720	Rebase maxillary partial denture.....	260
D5721	Rebase mandibular partial denture.....	260
D5725	Rebase hybrid prosthesis.....	260
D5730	Reline complete maxillary denture (direct).....	159
D5731	Reline complete mandibular denture (direct).....	159
D5740	Reline maxillary partial denture (direct).....	155
D5741	Reline mandibular partial denture (direct).....	155
D5750	Reline complete maxillary denture (indirect).....	224
D5751	Reline complete mandibular denture (indirect).....	224
D5760	Reline maxillary partial denture (indirect).....	224
D5761	Reline mandibular partial denture (indirect).....	224
D5765	Soft liner for complete or partial removable denture – indirect	53
D5810	Interim complete denture - maxillary.....	362
D5811	Interim complete denture - mandibular.....	362
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	362
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	362
D5850	Tissue conditioning - maxillary	79
D5851	Tissue conditioning - mandibular	79
D5862	Precision attachment, by report.....	400
D5863	Overdenture - complete maxillary.....	400
D5864	Overdenture - partial maxillary	400
D5865	Overdenture - complete mandibular.....	400
D5866	Overdenture - partial mandibular	400
D5875	Mod. of remov prosthesis post implant surgery	41
D5911	Facial moulage (sectional)	147
D5912	Facial moulage (complete)	147
D5913	Nasal prosthesis	400
D5914	Auricular prosthesis.....	400
D5915	Orbital prosthesis	400
D5916	Ocular prosthesis.....	400
D5919	Facial prosthesis	388
D5922	Nasal septal prosthesis.....	388
D5923	Ocular prosthesis, interim	400
D5924	Cranial prosthesis	400
D5925	Facial augmentation implant prosthesis.....	400
D5926	Nasal prosthesis, replacement	169
D5927	Auricular prosthesis, replacement	400
D5928	Orbital prosthesis, replacement.....	400
D5929	Facial prosthesis, replacement	255

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5931	Obturator prosthesis, surgical	400
D5932	Obturator prosthesis, definitive	400
D5933	Obturator prosthesis, modification	400
D5934	Mandibular resection prosthesis w/ guide flange	400
D5935	Mandibular resection prosthesis w/o guide flange	400
D5936	Obturator prosthesis, interim.....	400
D5951	Feeding aid	400
D5952	Speech aid prosthesis.....	400
D5953	Speech aid prosthesis, adult.....	400
D5954	Palatal augmentation prosthesis	400
D5955	Palatal lift prosthesis, definitive	400
D5958	Palatal lift prosthesis, interim.....	400
D5959	Palatal lift prosthesis, modification	400
D5960	Speech aid prosthesis, modification.....	278
D5982	Surgical stent	87
D5983	Radiation carrier.....	400
D5984	Radiation shield	375
D5985	Radiation cone locator	375
D5986	Fluoride gel carrier	126
D5987	Commissure splint.....	400
D5988	Surgical splint	125
D5991	Topical medicament carrier.....	126
D5992	Adjustment of prosthetic appliance, by report	24
D5993	Cleaning and maintenance prosthetic appliance	18
D5994	Periodontal medicament carrier	150
Implant Services		
D6010	Surgical placement of implant body, endosteal	400
D6011	Second stage implant surgery	200
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	400
D6013	Surgical placement of mini implant.....	400
D6040	Surgical placement, epostal implant	400
D6050	Surgical placement, transosteal implant	400
D6051	Interim implant abutment placement	197
D6055	Dental implant supported connecting bar	400
D6056	Prefabricated abutment	400
D6057	Custom fabricated abutment	400
D6058	Abutment supported porcelain/ceramic crown	400
D6059	Abutment supported porcelain fused to metal crown - high noble metal	400
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	400
D6061	Abutment supported porcelain fused to metal crown - noble metal	400
D6062	Abutment supported cast metal crown - high noble metal	400
D6063	Abutment supported cast metal crown - predominantly based metal	400
D6064	Abutment supported cast metal crown - noble metal	400
D6065	Implant supported porcelain/ceramic crown.....	400
D6066	Implant supported crown – porcelain fused to high noble alloys	400
D6067	Implant supported crown – high noble alloys	400
D6068	Abutment supp. retainer for porc/ceramic FPD	400
D6069	Abutment supp. retainer for porc/high noble FPD.....	400
D6070	Abutment supp. retainer for porc/pred. base FPD.....	400
D6071	Abutment supp. retainer for porc/noble FPD	400
D6072	Abutment supp. retainer for cast high noble FPD	400
D6073	Abutment supp. retainer for cast high noble FPD	400
D6074	Abutment supp. retainer for cast noble metal FPD.....	400
D6080	Implant maintenance procedures	61

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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	D6720	Retainer crown - resin with high noble metal	400
D6090	Repair implant supported prosthesis	362	D6721	Retainer crown - resin with predominantly base metal	400
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	34	D6722	Retainer crown - resin with noble metal	400
D6092	Re-cement implant/abutment supp. crown	56	D6740	Retainer crown - porcelain/ceramic	400
D6093	Re-cement impl/abutment supp. fixed par	86	D6750	Retainer crown - porcelain fused to high noble metal	400
D6095	Repair implant abutment, by report	400	D6751	Retainer crown - porcelain fused to predominately base metal.....	400
D6110	Implant / abut supp rem dent for edentulous arch - maxillary	400	D6752	Retainer crown - porcelain fused to noble metal.....	400
D6111	Implant / abut supp rem dent for edentulous arch - mandibular	400	D6753	Retainer crown - porcelain fused to titanium and titanium alloys.....	400
D6112	Implant / abut supp rem dent for partially edentulous arch - maxillary	400	D6780	Retainer crown - 3/4 cast high noble metal	400
D6113	Implant / abut supp rem dent for partially edentulous arch - mandibular	400	D6781	Retainer crown - 3/4 cast predominantly base metal .	400
D6114	Implant / abut supp fixed dent for edentulous arch - maxillary	400	D6782	Retainer crown - 3/4 cast noble metal	400
D6115	Implant / abut supp fixed dent for edentulous arch - mandibular	400	D6783	Retainer crown - 3/4 porc./ceramic	400
D6116	Implant / abut supp fixed dent for partially edentulous arch - maxillary	400	D6784	Retainer crown - 3/4 titanium and titanium alloys.....	400
D6117	Implant / abut supp fixed dent for partially edentulous arch - mandibular	400	D6790	Retainer crown - full cast high noble metal.....	400
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	400	D6791	Retainer crown - full cast predominately base metal..	400
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.....	400
Bridge & Pontics			D6930	Recement or rebond fixed partial denture.....	69
D6205	Pontic - indirect resin based composite	400	D6950	Precision attachment.....	377
D6210	Pontic - cast high noble metal	400	D6980	Fixed partial denture repair, by report	172
D6211	Pontic - cast predominately base metal	400	D6985	Pediatric partial denture, fixed	400
D6212	Pontic - cast noble metal	400	Oral Surgery*		
D6240	Pontic - porcelain fused to high noble metal.....	400	D7111	Extraction, coronal remnants - primary tooth	56
D6241	Pontic - porcelain fused to predominately base metal	400	D7140	Extraction, erupted tooth or exposed root	69
D6242	Pontic - porcelain fused to noble metal	400	D7210	Extraction, erupted tooth req elev, etc	133
D6245	Pontic - porcelain/ceramic.....	400	D7220	Removal of impacted tooth - soft tissue	151
D6250	Pontic - resin with high noble metal.....	400	D7230	Removal of impacted tooth - partially bony.....	196
D6251	Pontic - resin with predominately base metal.....	400	D7240	Removal of impacted tooth - completely bony	241
D6252	Pontic - resin with noble metal.....	400	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217
D6545	Ret. - cast metal for resin bonded fixed prosthesis	251	D7250	Removal of residual tooth roots.....	141
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	217
D6549	Resin retainer - for resin bonded fixed prost.....	251	D7260	Oroantral fistula closure.....	400
D6600	Retainer inlay - porc./ceramic, two surfaces	400	D7261	Primary closure of a sinus perforation	400
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	400	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D6602	Retainer inlay - cast high noble metal, two surfaces	400	D7272	Tooth transplantation.....	400
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	400	D7280	Exposure of an unerupted tooth	153
D6604	Retainer inlay - cast predominantly base metal, two surfaces	400	D7282	Mobil. of erupted/malpositioned tooth to aid eruption.....	231
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	400	D7283	Place. of device to facilitate erupt. of impacted tooth	144
D6606	Retainer inlay - cast noble metal, two surfaces.....	400	D7285	Biopsy of oral tissue - hard (bone, tooth).....	375
D6607	Retainer inlay - cast noble metal, >=3 surfaces	400	D7286	Biopsy of oral tissue - soft (all others)	295
D6608	Retainer onlay - porc./ceramic, two surfaces.....	400	D7287	Exfoliative cytological sample collection	28
D6609	Retainer onlay - porc./ceramic, three or more surfaces	400	D7288	Brush biopsy - transepithelial sample collect.....	93
D6610	Retainer onlay - cast high noble metal, two surfaces..	400	D7290	Surgical repositioning of teeth	400
D6611	Retainer onlay - cast high noble metal, >=3 surfaces..	400	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D6612	Retainer onlay - cast predominantly base metal, two surfaces	400	D7292	Placement of temporary anchorage device (screw retained plate) requiring flap	400
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	400	D7293	Placement of temporary anchorage device requiring flap	400
D6614	Retainer onlay - cast noble metal, two surfaces.....	400	D7294	Placement of temporary anchorage device without flap	131
D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	400	D7295	Bone harvesting-autogenous grafting procedure.....	173
D6710	Retainer crown - indirect resin based composite.....	400	D7310	Alveoloplasty in conj. w/ extractions, >=4 per quad. ..	141
			D7311	Alveoloplasty in conj. w/ extractions, 1-3 per quad. ...	141
			D7320	Alveoloplasty not in conj. w/ extractions, >=4 per quad.	141
			D7321	Alveoloplasty not in conj. w/ extractions, 1-3 per quad.	141
			D7340	Vestibuloplasty - ridge ext. sec. epithel.....	400

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	400	D7876	Arthroscopy - surgical: discectomy.....	400
D7410	Excision of benign lesion up to 1.25 cm	278	D7877	Arthroscopy - surgical: debridement.....	400
D7411	Excision of benign lesion > 1.25 cm.....	225	D7880	Occlusal orthotic device, by report	272
D7412	Excision of benign lesion, complicated.....	313	D7910	Suture of recent small wounds up to 5 cm.....	59
D7413	Excision of malignant lesion up to 1.25 cm	400	D7911	Complicated suture, <= 5 cm.....	69
D7414	Excision of malignant lesion > 1.25 cm.....	400	D7912	Complicated suture, > 5 cm.....	79
D7415	Excision of malignant lesion, complicated.....	400	D7920	Skin graft - identify defect	400
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	400	D7921	Collection application of blood concentrate	40
D7441	Exc. of malignant tumor- lesion diam. >1.25cm	400	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	20
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	354	D7940	Osteoplasty - for orthognathic deformities	400
D7451	Removal of benign odon cyst/tumor - diam >1.25cm.	400	D7941	Osteotomy - mandibular rami	400
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm	400	D7943	Osteotomy - mandibular rami with bone graft.....	400
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.....	400	D7944	Osteotomy- segmented/ subapical-per sext/quad.....	400
D7465	Destruct. of lesion(s) by phys or chem method.....	300	D7945	Osteotomy - body of mandible.....	400
D7471	Removal of lateral exostosis	351	D7946	LeFort I (maxillary - total)	400
D7472	Removal of torus palatinus.....	400	D7947	LeFort I (maxillary - segmented).....	400
D7473	Removal of torus mandibularis	400	D7948	LeFort II or LeFort III	400
D7485	Surgical reduction of osseous tuberosity	400	D7949	LeFort II or LeFort III - with bone graft	400
D7490	Radical resection of maxilla or mandible	400	D7950	Osseous, osteoperiosteal, or cartilage graft	313
D7509	Marsupialization of odontogenic cyst	400	D7951	Sinus Augmentation via lateral approach.....	400
D7510	Incision and drainage of abscess - intraoral soft tissue	96	D7952	Sinus augmentation via vertical approach.....	319
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	112	D7955	Repair of maxillofacial soft and hard tissue.....	321
D7520	Incision/drainage of abscess - extra. soft tissue	116	D7961	Buccal/labial frenectomy (frenulectomy).....	263
D7521	Incision/drainage of abscess - extra. soft tissue, comp.....	120	D7962	Lingual frenectomy (frenulectomy).....	263
D7530	Foreign body rem from muc./skin/subcut tissue	87	D7963	Frenuloplasty.....	293
D7540	Reaction producing foreign bodies removal.....	400	D7970	Excision of hyperplastic tissue - per arch.....	233
D7550	Partial ostect/sequestrect non-vital bone rem.....	336	D7971	Excision of pericoronal gingiva	131
D7560	Max. sinusotomy for tooth fragment removal	400	D7972	Surgical reduction of fibrous tuberosity	400
D7610	Maxillary - open reduction (teeth immobilized).....	400	D7979	Non-surgical sialolithotomy.....	43
D7620	Maxillary - closed reduction (teeth immobilized).....	400	D7980	Surgical sialolithotomy	228
D7630	Mandible - open reduction (teeth immobilized)	400	D7981	Excision of salivary gland, by report	400
D7640	Mandible - closed reduction (teeth immobilize)	400	D7982	Sialodochoplasty	400
D7650	Malar and/or zygomatic arch - open reduction.....	400	D7983	Closure of salivary fi stula.....	400
D7660	Malar and/or zygomatic arch- closed reduction.....	400	D7990	Emergency tracheotomy	400
D7670	Alveolus - closed reduction	400	D7991	Coronoidectomy.....	400
D7671	Alveolus- open reduction(incl. teeth stabil.)	400	D7995	Synthetic graft - mandible or facial bones.....	270
D7680	Facial bones - complicated reduction.....	400	D7996	Implant-mandible for augmentation purposes	400
D7710	Maxillary - open reduction	400	D7997	Appliance removal (not by original dentist)	269
D7720	Maxillary - closed reduction	400	Orthodontics²		
D7730	Mandible - open reduction.....	400	D8010	Limited ortho. treatment of the primary dentition	400
D7740	Mandible - closed reduction.....	400	D8020	Limited ortho. treatment of the transitional dentition	400
D7750	Malar and/or zygomatic arch - open reduction.....	400	D8030	Limited ortho treatment - adolescent dentition	400
D7760	Malar and/or zygomatic arch- closed reduction.....	400	D8040	Limited ortho treatment - adult dentition.....	400
D7770	Alveolus - open reduction stabiliz. of teeth.....	400	D8070	Comp. ortho. treatment - transitional dentition	400
D7771	Alveolus, closed reduction stabiliz. of teeth.....	208	D8080	Comp. ortho. treatment - adolescent dentition	400
D7780	Facial bones - complicated reduction.....	400	D8090	Comp. ortho. treatment - adult dentition	400
D7810	Open reduction of dislocation	400	D8660	Pre-orthodontic treatment visit	400
D7820	Closed reduction of dislocation	342	D8670	Periodic ortho. treatment visit (as part of contract) ...	118
D7830	Manipulation under anesthesia	283	D8680	Orthodontic retainer (rem. of appl./placement of retainer(s)).....	400
D7840	Condylectomy.....	400	D8681	Removable orthodontic retainer adjustment.....	31
D7850	Surgical discectomy, with/without implant	400	D8696	Repair of orthodontic appliance – maxillary	100
D7854	Synovectomy	400	D8697	Repair of orthodontic appliance – mandibular	174
D7858	Joint reconstruction.....	400	D8698	Re-cement or re-bond fixed retainer – maxillary	174
D7860	Arthrotomy.....	400	D8699	Re-cement or re-bond fixed retainer – mandibular	174
D7865	Arthroplasty.....	400	D8701	Repair of fixed retainer, includes reattachment – maxillary	174
D7870	Arthrocentesis	158	D8702	Repair of fixed retainer, includes reattachment – mandibular	174
D7871	Non-arthroscopic lysis and lavage	400	D8703	Replacement of lost or broken retainer – maxillary	179
D7872	Arthroscopy - diagnosis, w/ or w/out biopsy	400	D8704	Replacement of lost or broken retainer – mandibular	179
D7873	Arthroscopy-surgical-lavage/lysis of adhesion	400	Adjunctive General Services		
D7874	Arthroscopy - surgical: disc reposit/stabiliz.....	400	D9110	Palliative treatment of dental pain – per visit	43
D7875	Arthroscopy - surgical: synovectomy.....	400	D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0
			D9211	Regional block anesthesia	0
			D9212	Trigeminal division block anesthesia	0

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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
D9248	Non-intravenous conscious sedation	145
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9410	House/extended care facility call	200
D9420	Hospital call	375
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	Office visit after regularly scheduled hours.....	90
D9450	Case presentation, subsequent to detailed and extensive treatment planning	43
D9610	Therapeutic parenteral drug, single admin.	26
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	70
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190
D9630	Drugs or medicaments dispensed in the office for home use.....	42
D9910	Application of desensitizing medicament	31
D9911	Appl. of desen. resin for cervical/root surf.....	38
D9920	Behavior management, by report	68
D9930	Treatment of complications (post-surgical)	43
D9941	Fabrication of athletic mouthguard.....	102
D9942	Repair and/or reline of occlusal guard	105
D9943	Occlusal guard adjustment.....	46
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
D9971	Odontoplasty 1 - 2 teeth	48
D9974	Internal bleaching - per tooth	163
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 Plan Specialist.
2. See limitation #12 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

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not Necessary and Appropriate Dental Services for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due

4. 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, with the exception of the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.
5. 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.
6. Procedures not listed as covered services under this Plan.
7. Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or the Plan (with the exception of out-of-area emergency dental services).

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150 or D0160) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One fluoride treatment per six (6) months, per patient.
4. Extraoral panoramic film/view and bitewings may be substituted for the full mouth series with the same frequency limit.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
6. Sealants, limited to one time application to all occlusal surfaces that are unfilled and caries free, in premolars and permanent molars. Replacement of sealants can be considered with pre-authorization.
7. Space maintainers to maintain space for eruption of permanent tooth/teeth, includes placement and removal.
8. Denture rebase following 12 months post denture insertion and subject to pre-authorization, denture rebase is covered and includes adjustments for first 6 months following service. Denture relines following 12 months post denture insertion denture relines are covered once a year without pre-authorization and includes adjustments for first 6 months following service.
9. One root scaling and planing (D4341, D4342 or D4346) per quadrant of mouth per six (6) months, subject to pre-authorization.
10. Periodontal maintenance following surgery, subject to pre-authorization.
11. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 2 hours of services is allowed for general anesthesia and intravenous conscious sedation. There is no maximum for 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. Non-intravenous conscious sedation is not covered with procedure codes D9222, D9223 or D9230. Analgesia (nitrous oxide) is not covered with procedure code D9222, D9223, D9239 or D9243.
12. Orthodontic treatment requires pre-authorization and is not considered for cosmetic purposes. Orthodontic consultation can be provided once annually as needed by the same provider. Pre-orthodontic treatment visit for completion of the HLD (NJ-Mod2) assessment form and diagnostic photographs and panoramic radiograph/views is required for consideration of services. Orthodontic cases that require extraction of permanent teeth must be approved for orthodontic treatment prior to extractions being provided. The orthodontic approval should be submitted with referral to oral surgeon or Participating Dentist providing the extractions and extractions should not be provided without proof of approval for orthodontic service. Initiation of treatment should take into consideration time needed to treat the case to ensure treatment is completed prior to 19th birthday. Periodic oral evaluation, preventive services and needed dental treatment must be provided prior to initiation of orthodontic treatment. The placement of the appliance represents the treatment start date. Reimbursement includes placement and removal of appliance. Removal can be requested by report as separate service for provider that did not start case and requires pre-authorization. Completion of treatment must be documented to include diagnostic photographs and panoramic radiograph/view of completed case and submitted when active treatment has ended and bands are removed. Date of service used is date of band removal.
13. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.