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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 Premium 705xa (VA)
Description of Services, Member Copayments, Exclusions
and Limitations for Adult Services Services (age 19 and over)**

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.
- 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)
Diagnostic/Preventive					
	Office visit.....	10	D0708	Intraoral – bitewing radiographic image – image capture only	0
D0120	Periodic oral eval - established patient	0	D0709	Intraoral – comprehensive series of radiographic images – image capture only.....	0
D0140	Limited oral eval - problem focused.....	0	D1110	Prophylaxis (cleaning) - adult	0
D0150	Comprehensive oral eval - new or established patient	0	D1110*	Additional cleaning (expecting mothers or Diabetics).....	40
D0160	Detailed and extensive oral eval - problem focused	0	D1206	Topical application of fluoride varnish.....	0
D0170	Re-evaluation - limited, problem focused	0	D1208	Topical application of fluoride - excluding varnish	0
D0180	Comp. periodontal eval - new or established patient.....	36	D1310	Nutritional counseling for control of dental disease.....	0
D0210	Intraoral – comprehensive series of radiographic images	26	D1320	Tobacco counseling for the control and prevention of oral disease	0
D0220	Intraoral - periapical first radiographic image	0	D1321	Perio scaling and root planing - <= 3 teeth, per quad	0
D0230	Intraoral - periapical each add. radiographic image.....	0	D1330	Oral hygiene instructions.....	0
D0240	Intraoral - occlusal radiographic image	0	Restorative (Fillings)		
D0250	Extra-oral - 2D projection radiographic image	0	D2140	Amalgam - one surface, prim. or perm.....	37
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	0	D2150	Amalgam - two surfaces, prim. or perm.....	46
D0277	Vertical bitewings - 7 to 8 radiographic images....	0	D2160	Amalgam - three surfaces, prim. or perm.	58
D0330	Panoramic radiographic image	30	D2161	Amalgam - >=4 surfaces, prim. or perm.	69
D0340	2D cephalometric radiographic image	0	D2330	Resin-based composite - one surface, anterior....	64
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	D2331	Resin-based composite - two surfaces, anterior ..	76
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	26	D2332	Resin-based composite - three surfaces, anterior	90
D0373	Intraoral tomosynthesis – bitewing radiographic image.....	0	D2335	Resin-based composite - >=4 surfaces, anterior...	109
D0374	Intraoral tomosynthesis – periapical radiographic image.....	0	D2390	Resin-based composite crown, anterior.....	175
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0	D2391	Resin-based composite - one surface, posterior ..	68
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2392	Resin-based composite - two surfaces, posterior.	80
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2393	Resin-based composite - three surfaces, posterior	93
D0460	Pulp vitality tests	0	D2394	Resin-based composite - >=4 surfaces, posterior.	112
D0470	Diagnostic casts	0	Crown & Bridge		
D0701	Panoramic radiographic image – image capture only.....	0	D2510	Inlay - metallic - one surface.....	390
D0702	2-D cephalometric radiographic image – image capture only	0	D2520	Inlay - metallic - two surfaces	390
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only..	0	D2530	Inlay - metallic - three or more surfaces.....	407
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic-two surfaces	423
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic-three surfaces.....	511
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic-four or more surfaces.....	511
			D2610	Inlay - porcelain/ceramic - one surface	410
			D2620	Inlay - porcelain/ceramic - two surfaces.....	410
			D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	427
			D2642	Onlay - porcelain/ceramic - two surfaces	439
			D2643	Onlay - porcelain/ceramic - three surfaces.....	459
			D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
			D2650	Inlay - resin-based composite - one surface	425
			D2651	Inlay - resin-based composite - two surfaces	425
			D2652	Inlay - resin-based composite - >=3 surfaces.....	425
			D2662	Onlay - resin-based composite - two surfaces.....	429

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2663	Onlay - resin-based composite - three surfaces ...	429	D3950	Canal prep/fitting of preformed dowel or post	125
D2664	Onlay - resin-based composite - >=4 surfaces.....	429			
D2710	Crown - resin based composite (indirect).....	259	Periodontics¹		
D2712	Crown - 3/4 resin-based composite (indirect).....	450	D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D2720/21/22	Crown - resin with metal	470	D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D2740	Crown - porcelain/ceramic	531	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	324
D2750/51/52	Crown - porcelain fused metal	495	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	90
D2753	Crown - porcelain fused to titanium and titanium alloys	495	D4260	Osseous surgery - >3 cont. teeth, per quad	485
D2780/81/82	Crown - 3/4 cast with metal	457	D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D2783	Crown - 3/4 porcelain/ceramic.....	469	D4263	Bone replacement graft - retained natural tooth - first site in quad.....	502
D2790/91/92	Crown - full cast metal.....	481	D4264	Bone replacement graft - retained natural tooth - each additional site in quad	393
D2794	Crown - titanium and titanium alloys.....	495	D4265	Biological materials to aid in soft and osseous tissue regeneration, per site.....	275
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41	D4268	Surgical revision proc., per tooth	329
D2931	Prefab. stainless steel crown	119	D4270	Pedicle soft tissue graft procedure.....	434
D2932	Prefabricated resin crown	135	D4273	Autogenous connective tissue graft procedure, first tooth.....	540
D2940	Protective restoration	37	D4274	Mesial/distal wedge procedure, single tooth.....	308
D2950	Core buildup, including any pins	120	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	576
D2951	Pin retention - per tooth, in addition to restoration.....	22	D4277	Free soft tissue graft procedure, first tooth	441
D2952	Post and core in addition to crown	181	D4278	Free soft tissue graft procedure, each add. tooth	68
D2954	Prefab. post and core in addition to crown	148	D4286	Removal of non-resorbable barrier	90
D2955	Post removal (not in conj. with endo. therapy)....	101	D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105
D2980	Crown repair necessitated by restorative material failure	93	D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D2981	Inlay repair necessitated by restorative material failure	93	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
D2982	Onlay repair necessitated by restorative material failure	93	D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.....	77
Endodontics¹			D4381	Localized delivery of antimicrobial agents.....	90
D3110/20	Pulp cap - direct/indirect (excl. final restoration). ..	28	D4910	Periodontal maintenance	66
D3220	Therapeutic pulpotomy (excl. final restor.).....	81	Prosthetics (Dentures)		
D3221	Pulpal debridement.....	87	D5110/20	Complete denture - maxillary/mandibular.....	664
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	70	D5130/40	Immediate denture - maxillary/mandibular	708
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	120	D5211/12	Maxillary/mandibular partial denture - resin base.....	613
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	325	D5213/14	Maxillary/mandibular partial denture - cast metal framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395	D5221	Immediate maxillary partial denture - resin base (incl. retentive/clasing materials, rests and teeth)	613
D3330	Endodontic therapy, molar tooth (excl. final restor.)	488	D5222	Immediate mandibular partial denture - resin base (incl. retentive/clasing materials, rests and teeth).....	613
D3333	Internal root repair of perforation defects.....	96	D5223	Immediate maxillary partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth)	722
D3346	Retreat of prev. root canal therapy, anterior.....	356	D5224	Immediate mandibular partial denture - cast metal framework framework with resin denture bases (incl. retentive/clasing materials, rests and teeth).....	722
D3347	Retreat of prev. root canal therapy, premolar	418	D5225/26	Maxillary/mandibular partial denture - flexible base.....	722
D3348	Retreat of prev. root canal therapy, molar	527			
D3410	Apicoectomy - anterior	310			
D3421	Apicoectomy - premolar (first root)	333			
D3425	Apicoectomy - molar (first root)	379			
D3426	Apicoectomy - (each add. root).....	148			
D3430	Retrograde filling - per root.....	113			
D3450	Root amputation - per root	202			
D3471	Surgical repair of root resorption - anterior	310			
D3472	Surgical repair of root resorption - premolar	333			
D3473	Surgical repair of root resorption - molar.....	379			
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	310			
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	333			
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	379			
D3920	Hemisection, not inc. root canal therapy	202			
D3921	Decoronation or submergence of an erupted tooth	100			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth).....	722	D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	397	D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant.....	397	D6606	Retainer inlay - cast noble metal, two surfaces....	390
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant.....	397	D6607	Retainer inlay - cast noble metal, >=3 surfaces	407
D5410/11	Adjust complete denture - maxillary/mandibular	35	D6608	Retainer onlay - porc./ceramic, two surfaces.....	439
D5421/22	Adjust partial denture - maxillary/mandibular.....	35	D6609	Retainer onlay - porc./ceramic, three or more surfaces	459
D5511	Repair broken complete denture base, mandibular	84	D6610	Retainer onlay - cast high noble metal, two surfaces	423
D5512	Repair broken complete denture base, maxillary.	84	D6611	Retainer onlay - cast high noble metal, >=3 surfaces	511
D5520	Replace missing or broken teeth - complete denture.....	84	D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D5611	Repair resin partial denture base, mandibular.....	84	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D5612	Repair resin partial denture base, maxillary.....	84	D6614	Retainer onlay - cast noble metal, two surfaces...	423
D5621	Repair cast partial framework, mandibular.....	84	D6615	Retainer onlay - cast noble metal, >=3 surfaces ...	511
D5622	Repair cast partial framework, maxillary.....	84	D6720/21/22	Retainer crown - resin with metal	470
D5630/60	Clasp repaired, replaced or added	112	D6740	Retainer crown - porcelain/ceramic	531
D5640	Replace broken teeth - per tooth	84	D6750/51/52	Retainer crown - porcelain fused metal	495
D5650	Add tooth to existing partial denture	84	D6753	Retainer crown - porcelain fused to titanium and titanium alloys	495
D5670/71	Replace all teeth and acrylic on cast metal framework.....	263	D6780	Retainer crown - 3/4 cast high noble metal	457
D5710/11	Rebase complete maxillary/mandibular denture.	253	D6781	Retainer crown - 3/4 cast predominantly base metal	457
D5720/21	Rebase maxillary/mandibular partial denture.....	253	D6782	Retainer crown - 3/4 cast noble metal	457
D5725	Rebase hybrid prosthesis.....	253	D6783	Retainer crown - 3/4 porc./ceramic	469
D5730/31	Reline complete maxillary/mandibular denture (direct).....	152	D6784	Retainer crown - 3/4 titanium and titanium alloys	495
D5740/41	Reline maxillary/mandibular partial denture (direct).....	152	D6790/91/92	Retainer crown - full cast metal.....	481
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	214	D6794	Retainer crown - titanium	495
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	214	D6930	Recement or rebond fixed partial denture.....	66
D5765	Soft liner for complete or partial removable denture - indirect.....	50	D6980	Fixed partial denture repair, by report	157
D5810/11	Interim complete denture - maxillary/mandibular	333	Oral Surgery¹		
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	333	D7111	Extraction, coronal remnants - primary tooth.....	45
D5850/51	Tissue conditioning - maxillary/mandibular	75	D7140	Extraction, erupted tooth or exposed root	63
Bridge & Pontics			D7210	Extraction, erupted tooth req elev, etc	127
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		D7220	Removal of impacted tooth - soft tissue	144
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.....	57	D7230	Removal of impacted tooth - partially bony.....	189
D6210/11/12	Pontic - metal	481	D7240	Removal of impacted tooth - completely bony	227
D6240/41/42	Pontic - porcelain fused metal.....	495	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D6243	Pontic - porcelain fused to titanium and titanium alloys	495	D7250	Removal of residual tooth roots.....	136
D6245	Pontic - porcelain/ceramic.....	531	D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	181
D6250/51/52	Pontic - resin with metal.....	470	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D7280	Exposure of an unerupted tooth	111
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D6549	Resin retainer - for resin bonded fixed prosthesis	233	D7310/20	Alveoloplasty, per quad	135
D6600	Retainer inlay - porc./ceramic, two surfaces	410	D7509	Marsupialization of odontogenic cyst	360
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	427	D7510	Incision and drainage of abscess - intraoral soft tissue	91
D6602	Retainer inlay - cast high noble metal, two surfaces	390	D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site....	25
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407	D7961	Buccal/labial frenectomy (frenulectomy).....	256
			D7962	Lingual frenectomy (frenulectomy).....	256
			D7979	Non-surgical sialolithotomy.....	43
			Orthodontics²		
			D8090	Comp. ortho. treatment - adult dentition	3658
			D8660	Pre-orthodontic treatment visit	413
			D8670	Periodic ortho. treatment visit (as part of contract)	118

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413	9.	Replacement due to loss or theft of prosthetic appliance.	
Adjunctive General Services			10.	Procedures not listed as covered benefits under this Plan.	
D9110	Palliative treatment of dental pain – per visit	43	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).	
D9210/15	Local anesthesia	0	12.	Services related to the treatment of TMD (Temporomandibular Disorder).	
D9211	Regional block anesthesia	0	13.	Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.	
D9212	Trigeminal division block anesthesia	0	14.	Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.	
D9219	Evaluation for deep sedation or general anesthesia	0	15.	The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.	
D9222	Deep sedation/general anesthesia - first 15 minutes	103	Plan Limitations		
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	103	1.	Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis..	37	2.	One (1) problem focused exam is covered per calendar year per patient.	
D9239	Intravenous moderate sedation/analgesia – first 15 minutes.....	103	3.	Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).	
D9243	Intravenous moderate sedation/analgesia- each subsequent 15 min	103	4.	One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.	
D9310	Consultation (diagnostic service by nontreating dentist)	42	5.	Two (2) bitewing x-rays are covered per calendar year per patient.	
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190	6.	One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.	
D9910	Application of desensitizing medicament	31	7.	Replacement of a filling is covered if it is more than two (2) years from the date of original placement.	
D9930	Treatment of complications (post-surgical)	43	8.	Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.	
D9944	Occlusal guard – hard appliance, full arch.....	298	9.	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%.	
D9945	Occlusal guard – soft appliance, full arch	298	10.	Relining and rebasing of dentures is covered once every 24 months per patient.	
D9946	Occlusal guard – hard appliance, partial arch	298	11.	Retreatment of root canal is covered if it is more than two (2) years from the original treatment.	
D9950	Occlusion analysis - mounted case.....	81	12.	Root planing or scaling is covered once every 24 months per quadrant per patient.	
D9951	Occlusal adjustment - limited.....	62	13.	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.	
D9952	Occlusal adjustment - complete.....	255	14.	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	
D9953	Reline custom sleep apnea appliance (indirect)...	158	15.	Full mouth debridement is covered once per lifetime per patient.	
D9986	Missed appointment	50	16.	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 per patient. Must have pocket depths of five (5) millimeters or greater.	
D9995	Teledentistry – synchronous; real-time encounter	0	17.	Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.	
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.	0	18.	Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.	
D9997	Dental case management – patients with special health care needs.....	50	19.	Coronectomy - intentional partial tooth removal, once per lifetime.	
1.	As performed by a Participating General Dentist. See Plan Exclusion #13.		20.	Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.	
2.	Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.		21.	Orthodontia treatment is limited to once per lifetime.	

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 Individual Dental Policy titled "State-Specific Exclusions or Exceptions" for additional exclusions and/or exceptions to the following exclusions, if applicable.

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting 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.



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

- Coverage continues through end of 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). The member shall only be responsible for the copayment listed in Member Copayment

column. Any procedure listed that has a Member Copayment above the annual out-of-pocket maximum may apply as these procedures are not considered medically necessary and are included as additional benefits. The Plan is responsible for the difference between the Actual Copayment and the Member Copayment for all medically necessary treatment.

- 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)	ACTUAL COPAYMENT(S)
Diagnostic/Preventive			
	Office visit	0	0
D0120	Periodic oral eval - established patient	0.....	0
D0140	Limited oral eval - problem focused.....	0.....	0
D0145	Oral eval for a patient under 3 years of age	0.....	0
D0150	Comprehensive oral eval - new or established patient	0.....	0
D0160	Detailed and extensive oral eval - problem focused.....	0.....	0
D0170	Re-evaluation - limited, problem focused	0.....	0
D0210	Intraoral - comprehensive series of radiographic images.....	0.....	0
D0220/30	Intraoral - periapical first film and each additional	0.....	0
D0240	Intraoral - occlusal film	0.....	0
D0250	Extraoral - first film	0.....	0
D0270-74	Bitewing x-rays - 1-4 films.....	0.....	0
D0277	Vertical bitewings - 7 to 8 films	0.....	0
D0330	Panoramic film	0.....	0
D0340	Cephalometric film	0.....	0
D0350	Oral/facial photographic images	0.....	0
D0351	3D photographic image	0.....	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	0.....	0
D0373	Intraoral tomosynthesis – bitewing radiographic image	0.....	0
D0374	Intraoral tomosynthesis – periapical radiographic image	0.....	0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only.....	0.....	0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only.....	0.....	0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only.....	0.....	0
D0460	Pulp vitality tests	0.....	0
D0470	Diagnostic casts	0.....	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0.....	0
D0601/02/03	Caries risk assessment & documentation, with a finding of low/moderate/high risk.....	0.....	0
D0701-09	Image capture only procedures.....	0.....	0
D1110	Prophylaxis (cleaning) - adult	0.....	0
D1120	Prophylaxis (cleaning) - child	0.....	0
D1206	Topical application of fluoride varnish.....	0.....	0
D1208	Topical application of fluoride - excluding varnish	0.....	0
D1310/20/21/30	Oral hygiene instructions.....	0.....	0
D1351	Sealant - per tooth	0.....	0
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth.....	0.....	0
D1354	Application of caries arresting medicament - per tooth.....	0.....	0
D1355	Caries preventive medicament application – per tooth	0.....	0
D1510/20	Space maintainer - fixed/removable, unilateral - per quadrant	0.....	0
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular	0.....	0

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular	0.....	0
D1551/52/53	Re-cement/re-bond bilateral/unilateral space maintainer – maxillary/mandibular	0.....	0
D1556/57/58	Removal of fixed bilateral/unilateral space maintainer – maxillary/mandibular	0.....	0
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	0.....	0
Restorative (Fillings)			
D2140	Amalgam - one surface, prim. or perm.	21.....	21
D2150	Amalgam - two surfaces, prim. or perm.	26.....	26
D2160	Amalgam - three surfaces, prim. or perm.	32.....	32
D2161	Amalgam - >=4 surfaces, prim. or perm.	39.....	39
D2330	Resin-based composite - one surface, anterior	35.....	35
D2331	Resin-based composite - two surfaces, anterior	42.....	42
D2332	Resin-based composite - three surfaces, anterior	50.....	50
D2335	Resin-based composite - >=4 surfaces, anterior.....	60.....	60
D2390	Resin-based composite crown, anterior.....	96.....	96
D2391	Resin-based composite - one surface, posterior	37.....	37
D2392	Resin-based composite - two surfaces, posterior.....	44.....	44
D2393	Resin-based composite - three surfaces, posterior	51.....	51
D2394	Resin-based composite - >=4 surfaces, posterior.....	62.....	62
Crown & Bridge			
D2510/20	Inlay- metallic - one to two surfaces.....	204.....	204
D2530	Inlay - metallic - three or more surfaces.....	213.....	213
D2542	Onlay - metallic-two surfaces	229.....	229
D2543/44	Onlay - metallic - three or more surfaces	262.....	262
D2610/20	Inlay - porcelain/ceramic - one to two surfaces	214.....	214
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	223.....	223
D2642	Onlay - porcelain/ceramic - two surfaces	240.....	240
D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	250.....	250
D2650/51/52	Inlay - resin-based composite - >=1 surface(s)	220.....	220
D2662/63/64	Onlay - resin-based composite - >=2 surfaces	222.....	222
D2710	Crown - resin based composite (indirect).....	136.....	136
D2712	Crown - 3/4 resin-based composite (indirect).....	243.....	243
D2720/21/22	Crown - resin with metal	248.....	248
D2740	Crown - porcelain/ceramic	280.....	280
D2750/51/52/53	Crown - porcelain fused to metal	262.....	262
D2780/81/82	Crown - 3/4 cast with metal	239.....	239
D2783	Crown - 3/4 porcelain/ceramic.....	256.....	256
D2790-94	Crown - full cast metal.....	248.....	248
D2910/20	Recement inlay, onlay/crown or partial coverage rest	22.....	22
D2915	Recement cast or prefab. post and core.....	41.....	41
D2928/29	Prefab. porcelain/ceramic crown - prim. or perm. tooth	280.....	280
D2930	Prefab. stainless steel crown - prim. tooth.....	55.....	55
D2931	Prefab. stainless steel crown - perm. tooth.....	61.....	61
D2932	Prefabricated resin crown	70.....	70
D2933	Prefab. stainless steel crown w/ resin window	136.....	136
D2934	Prefab. esthetic coated primary tooth	148.....	148
D2940	Protective restoration	20.....	20
D2941	Interim therapeutic restoration, primary dentition.....	16.....	16
D2950	Core buildup, including any pins	63.....	63
D2951	Pin retention - per tooth, in addition to restoration	11.....	11
D2952	Post and core in addition to crown	93.....	93
D2954	Prefab. post and core in addition to crown	77.....	77
D2955	Post removal (not in conj. with endo. therapy).....	53.....	53
D2962	Labial veneer (porcelain laminate) - laboratory	225.....	225
D2970	Temporary crown (fractured tooth)	0.....	0
D2980/81/82/83	Crown, inlay, onlay or veneer repair.....	51.....	51
Endodontics'			
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	16.....	16
D3220	Therapeutic pulpotomy (excl. final restor.).....	41.....	41
D3221	Pulpal debridement, prim. and perm. teeth	47.....	47
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth.....	80.....	80
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth.....	82.....	82
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	171.....	171
D3320	Endodontic therapy, premolar tooth (excluding final restoration).....	209.....	209
D3330	Endodontic therapy, molar tooth (excluding final restoration)	256.....	256
D3333	Internal root repair of perforation defects	53.....	53

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D3346	Retreat of prev. root canal therapy, anterior	194.....	194
D3347	Retreat of prev root canal therapy - premolar	233.....	233
D3348	Retreat of prev. root canal therapy, molar	279.....	279
D3351	Apexification/recalcification - initial visit.....	101.....	101
D3352	Apexification/recalcification - interim med. repl.....	295.....	295
D3353	Apexification/recalcification - final visit	225.....	225
D3355	Pulpal regeneration - initial visit.....	101.....	101
D3356	Pulpal regeneration - interim medication replacement	295.....	295
D3357	Pulpal regeneration - completion of treatment	225.....	225
D3410	Apicoectomy - anterior	162.....	162
D3421	Apicoectomy - premolar (first root).....	182.....	182
D3425	Apicoectomy - molar (first root)	209.....	209
D3426	Apicoectomy - (each add. root).....	76.....	76
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	372.....	372
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	291.....	291
D3430	Retrograde filling - per root.....	60.....	60
D3450	Root amputation - per root	117.....	117
D3471	Surgical repair of root resorption - anterior	162.....	162
D3472	Surgical repair of root resorption – premolar	182.....	182
D3473	Surgical repair of root resorption – molar	209.....	209
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	162.....	162
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	182.....	182
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	209.....	209
D3920	Hemisection, not inc. root canal therapy	117.....	117
D3921	Decoronation or submergence of an erupted tooth	100.....	100
D3950	Canal prep/fitting of preformed dowel or post	68.....	68
Periodontics¹			
D0180	Comp. periodontal eval - new or established patient	0.....	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	140.....	140
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	50.....	50
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	173.....	173
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	53.....	53
D4249	Clinical crown lengthening - hard tissue.....	288.....	288
D4260	Osseous surgery - >3 cont. teeth, per quad	250.....	250
D4261	Osseous surgery - <=3 cont. teeth, per quad	196.....	196
D4263	Bone replacement graft, first site in quad.....	372.....	372
D4264	Bone replacement graft, each add. site in quad.....	291.....	291
D4268	Surgical revision proc., per tooth	179.....	179
D4270	Pedicle soft tissue graft procedure	322.....	322
D4273	Autogenous connective tissue graft proc.	375.....	400
D4274	Mesial/distal wedge procedure, single tooth.....	154.....	154
D4277	Free soft tissue graft, per tooth.....	327.....	327
D4278	Free soft tissue graft, each add. tooth.....	50.....	50
D4286	Removal of non-resorbable barrier.....	90.....	90
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	214.....	214
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	189.....	189
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	55.....	55
D4342	Perio scaling and root planing - <= 3 teeth, per quad	32.....	32
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	23.....	23
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	45.....	45
D4381	Localized delivery of antimicrobial agents.....	49.....	49
D4910	Periodontal maintenance	37.....	37
Prosthetics (Dentures)			
D5110/20	Complete denture - maxillary/mandibular.....	349.....	349
D5130/40	Immediate denture - maxillary/mandibular	361.....	361
D5211/12	Maxillary/mandibular partial denture - resin base.....	325.....	325
D5213/14	Maxillary/mandibular partial denture - cast metal framework	375.....	375
D5221/22	Immediate maxillary/mandibular partial denture.....	325.....	325
D5223/24	Immediate maxillary/mandibular partial denture.....	375.....	375
D5225/26	Maxillary/mandibular partial denture - flexible base.....	375.....	375

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	375.....	375
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	375.....	375
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	210.....	210
D5284/86	Rem. unilateral partial denture – one piece flexible/resin base.....	210.....	210
D5410/11	Adjust complete denture - maxillary/mandibular	19.....	19
D5421/22	Adjust partial denture - maxillary/mandibular	19.....	19
D5511/12	Repair broken complete denture base, maxillary/mandibular.....	44.....	44
D5520	Replace missing or broken teeth - complete denture	44.....	44
D5611/12	Repair resin partial denture base, maxillary/mandibular.....	44.....	44
D5621/22	Repair cast partial framework, maxillary/mandibular.....	44.....	44
D5630/60	Clasp repaired, replaced or added	58.....	58
D5640/50	Replace broken tooth/add tooth to existing partial denture	44.....	44
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular).....	144.....	144
D5710/11	Rebase complete maxillary/mandibular denture.....	130.....	130
D5720/21	Rebase maxillary/mandibular partial denture.....	130.....	130
D5725	Rebase hybrid prosthesis.....	130.....	130
D5730/31	Reline complete maxillary/mandibular denture (direct).....	80.....	80
D5740/41	Reline maxillary/mandibular partial denture (direct).....	78.....	78
D5750/51	Reline complete maxillary/mandibular denture (indirect).....	112.....	112
D5760/61	Reline maxillary/mandibular partial denture (indirect).....	112.....	112
D5765	Soft liner for complete or partial removable denture – indirect	50.....	50
D5810/11	Interim complete denture - maxillary/mandibular.....	181.....	181
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	181.....	181
D5850/51	Tissue conditioning - maxillary/mandibular	40.....	40
D5951	Feeding aid	400.....	698
Bridge & Pontics			
D6205	Pontic - indirect resin based composite	223.....	223
D6210-14	Pontic - metal	248.....	248
D6240/41/42	Pontic - porcelain fused to metal	262.....	262
D6243	Pontic – porcelain fused to titanium and titanium alloys.....	248.....	248
D6245	Pontic - porcelain/ceramic.....	280.....	280
D6250/51/52	Pontic - resin with metal.....	248.....	248
D6545	Ret. - cast metal for resin bonded fixed prosthesis	126.....	126
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	197.....	197
D6549	Resin retainer - for resin bonded fixed prosthesis.....	126.....	126
D6600	Retainer inlay - porc./ceramic, two surfaces	214.....	214
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	223.....	223
D6602	Retainer inlay - cast high noble metal, two surfaces	204.....	204
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	213.....	213
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	204.....	204
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	213.....	213
D6606	Retainer inlay - cast noble metal, two surfaces.....	204.....	204
D6607	Retainer inlay - cast noble metal, >=3 surfaces	213.....	213
D6608	Retainer onlay - porc./ceramic, two surfaces.....	240.....	240
D6609	Retainer onlay - porc./ceramic, three or more surfaces.....	250.....	250
D6610	Retainer onlay - cast high noble metal, two surfaces.....	229.....	229
D6611	Retainer onlay - cast high noble metal, >=3 surfaces.....	262.....	262
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	229.....	229
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces.....	262.....	262
D6614	Retainer onlay - cast noble metal, two surfaces.....	229.....	229
D6615	Retainer onlay - cast noble metal, >=3 surfaces	262.....	262
D6710	Retainer crown - indirect resin based composite.....	223.....	223
D6720/21/22	Retainer crown - resin with metal	248.....	248
D6740	Retainer crown - porcelain/ceramic	280.....	280
D6750/51/52	Retainer crown - porcelain fused to metal	262.....	262
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	248.....	248
D6780/81/82	Retainer crown - 3/4 cast metal	235.....	235
D6783	Retainer crown - 3/4 porc./ceramic	256.....	256
D6784	Retainer crown – 3/4 titanium and titanium alloys.....	248.....	248
D6790-94	Retainer crown - full cast metal.....	248.....	248
D6930	Recement or rebond fixed partial denture.....	35.....	35
D6980	Fixed partial denture repair, by report	86.....	86

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
Oral Surgery¹			
D7111	Extraction, coronal remnants - primary tooth	28.....	28
D7140	Extraction, erupted tooth or exposed root	35.....	35
D7210	Extraction, erupted tooth req. bone cut	67.....	67
D7220	Removal of impacted tooth - soft tissue	76.....	76
D7230	Removal of impacted tooth - partially bony	98.....	98
D7240	Removal of impacted tooth - completely bony	121.....	121
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	109.....	109
D7250	Removal of residual tooth roots	71.....	71
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	109.....	109
D7260	Oroantral fistula closure	289.....	289
D7261	Primary closure of a sinus perforation	233.....	233
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	113.....	113
D7280	Exposure of an unerupted tooth	77.....	77
D7282	Mobil. of erupted/malpositioned tooth to aid eruption	116.....	116
D7283	Place. of device to facilitate erupt. of impacted tooth	72.....	72
D7285	Biopsy of oral tissue - hard (bone, tooth).....	194.....	194
D7286	Biopsy of oral tissue - soft (all others)	148.....	148
D7288	Brush biopsy - transepithelial sample collect.....	47.....	47
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	30.....	30
D7310/20	Alveoloplasty, per quadrant	71.....	71
D7311/21	Alveoloplasty in conj. with/out extractions.....	71.....	71
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	177.....	177
D7451	Removal of benign odon cyst/tumor - diam >1.25cm	272.....	272
D7471	Removal of lateral exostosis	176.....	176
D7472/73	Removal of torus palatinus/mandibularis	240.....	240
D7485	Surgical reduction of osseous tuberosity	284.....	284
D7509	Marsupialization of odontogenic cyst.....	360.....	360
D7510	Incision and drainage of abscess - intraoral soft tissue	48.....	48
D7511	Incision/drainage of abscess - intra. soft tissue, comp.....	56.....	56
D7880	Occlusal orthotic device for TMJ, by report	136.....	136
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	25.....	25
D7961/62	Buccal/labial or lingual frenectomy (frenulectomy)	132.....	132
D7963	Frenuloplasty.....	147.....	147
D7970	Excision of hyperplastic tissue - per arch.....	117.....	117
D7971	Excision of pericoronal gingiva	66.....	66
D7972	Surgical reduction of fibrous tuberosity	261.....	261
D7979	Non-surgical sialolithotomy.....	22.....	22
Orthodontics²			
D8020	Limited ortho. treatment of the transitional dentition	400.....	3304
D8030	Limited ortho treatment - adolescent dentition	400.....	3422
D8040	Limited ortho treatment - adult dentition.....	400.....	3658
D8070	Comp. ortho. treatment - transitional dentition	400.....	3304
D8080	Comp. ortho. treatment - adolescent dentition	400.....	3422
D8090	Comp. ortho. treatment - adult dentition	400.....	3658
D8210	Removable appliance therapy (including appliances for thumb sucking and tongue thrusting).....	400.....	770
D8220	Fixed appliance therapy (including appliances for thumb sucking and tongue thrusting).....	400.....	783
D8660	Pre-orthodontic treatment visit	400.....	413
D8670	Periodic ortho. treatment visit (as part of contract)	118.....	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))	400.....	413
D8701/02	Repair of fixed retainer, includes reattachment – maxillary/mandibular	174.....	174
D8703/04	Replacement of lost or broken retainer – maxillary/mandibular	179.....	179
D8999	Unspecified orthodontic procedure, by report	0.....	0
Adjunctive General Services			
D9110	Palliative treatment of dental pain – per visit	22.....	22
D9210/15	Local anesthesia	0.....	0
D9211/12	Regional block anesthesia	0.....	0
D9219	Evaluation for deep sedation or general anesthesia	0.....	0
D9222/23	Deep sedation/general anesthesia - each 15 minute increment.....	52.....	52
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis.....	19.....	19
D9239/43	Intravenous moderate sedation/analgesia – each 15 minute increment	52.....	52
D9248	Non-intravenous conscious sedation	73.....	73
D9310	Consultation (diagnostic service by nontreating dentist).....	22.....	22
D9420	Hospital call	175.....	175

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ACTUAL COPAYMENT(S)
D9440	Office visit after regularly scheduled hours.....	45.....	45
D9610	Therapeutic parenteral drug, single admin.	13.....	13
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.....	35.....	35
D9613	Infiltration of sustained release therapeutic drug, per quadrant.....	190.....	190
D9630	Drugs or medicaments dispensed in the office for home use.....	21.....	21
D9910	Application of desensitizing medicament	16.....	16
D9920	Behavior management, by report	34.....	34
D9930	Treatment of complications (post-surgical).....	22.....	22
D9944/45/46	Occlusal guard – hard/soft appliance, full/partial arch	136.....	136
D9950	Occlusion analysis - mounted case.....	52.....	52
D9951	Occlusal adjustment - limited.....	33.....	33
D9952	Occlusal adjustment - complete.....	133.....	133
D9953	Reline custom sleep apnea appliance (indirect).....	158.....	158
D9986	Missed appointment	50.....	50
D9995/96	Teledentistry - synchronous/asynchronous.....	0.....	0
D9997	Dental case management – patients with special health care needs...	50.....	50

- 1 Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. See Plan Exclusion #13.
- 2 See limitation #23 for additional coverage information.

Plan Exclusions

Please refer to the section in your Individual Dental Policy titled “State-Specific Exclusions or Exceptions” for additional exclusions and/or exceptions to the following exclusions, if applicable.

1. Services which are covered under worker’s compensation or employer’s liability laws.
2. Services which are not medically necessary for the patient’s dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting 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 or an occlusal orthotic device, by report, for temporomandibular pain, dysfunction or associated musculature.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics and palliative emergency pain treatment). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review.
15. Non-medically necessary orthodontia are not covered benefits under this policy. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #23 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145 or D0150) per six (6) months, per patient.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride treatment is covered per six (6) months, per patient.
4. One (1) sealant per tooth, per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
5. One (1) application of caries arresting medicament per primary tooth is covered per lifetime

6. One (1) space maintainer (D1510, D1516, D1517, D1520, D1526 or D1527) is covered per 12 months, per quadrant (unilateral) or per arch (bilateral), per patient; one (1) distal shoe space maintainer (D1575), fixed, unilateral per 24 months.
7. Replacement of a filling is covered if it is more than 12 months from the date of original placement.
8. Replacement of a onlay (porcelain/ceramic, four or more surfaces), crown, denture or labial veneer is covered if it is more than five (5) years from the date of original placement.
9. Replacement of a primary stainless steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
10. Relining and rebasing of dentures is covered once per tooth per 24 months, per patient, only after six (6) months of initial placement.
11. Root canal treatment is covered once per tooth, per lifetime, per patient. Retreatment of previous root canal therapy is covered once per tooth, per lifetime, per patient.
12. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per quadrant, per patient.
13. 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.
14. Full mouth debridement is covered once per 12 months, per patient.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months, per patient. Must have pocket depths of five (5) millimeters or greater.
16. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site, per patient.
17. Periodontal maintenance after active therapy is covered four (4) times per 12 months, per patient.
18. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. General anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 150 minutes or 10 units of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment.
21. Occlusal guard, by report (for grinding and clenching of teeth)
22. Apexification, apicoectomy and clinical crown lengthening are each covered once per tooth, per provider, per lifetime.
23. Orthodontics is only covered if medically necessary and is limited to once per lifetime. Patient copayments will apply to the routine orthodontic appliance portion of services only, including pre-orthodontic visit, radiographs, treatment plan, records, diagnostic models, initial banding, debanding, one set of retainers and 12 months of retainer adjustments. Additional costs incurred will become the patient’s responsibility.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.