

Description of Benefits and Member Copayments

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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE					
D9439	Office visit	10	D2620	Inlay - porcelain/ceramic - two surfaces.....	410
D0120	Periodic oral eval - established patient	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	427
D0140	Limited oral eval - problem focused	0	D2642	Onlay - porcelain/ceramic - two surfaces	439
D0145	Oral eval for a patient under 3 years of age.....	0	D2643	Onlay - porcelain/ceramic - three surfaces	459
D0150	Comprehensive oral eval - new or established patient	0	D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
D0160	Detailed and extensive oral eval - problem focused	0	D2650	Inlay - resin-based composite - one surface	425
D0170	Re-evaluation - limited, problem focused.....	0	D2651	Inlay - resin-based composite - two surfaces.....	425
D0210	Intraoral - complete series (including bitewings).....	26	D2652	Inlay - resin-based composite - >=3 surfaces	425
D0220	Intraoral - periapical first film.....	0	D2662	Onlay - resin-based composite - two surfaces.....	429
D0230	Intraoral - periapical each add. film.....	0	D2663	Onlay - resin-based composite - three surfaces	429
D0240	Intraoral - occlusal film	0	D2664	Onlay - resin-based composite - >=4 surfaces	429
D0250/60	Extraoral - first film and each add. film.....	0	D2710	Crown - resin based composite (indirect)	259
D0270-74	Bitewing x-rays - 1 to 4 films	0	D2712	Crown - 3/4 resin-based composite (indirect)	450
D0277	Vertical bitewings - 7 to 8 films.....	0	D2720/21/22	Crown - resin with metal	470
D0330	Panoramic film	30	D2740	Crown - porcelain/ceramic substrate	531
D0340	Cephalometric Film	0	D2750/51/52	Crown - porcelain fused metal	495
D0350	Oral/facial photographic images	0	D2780/81/82	Crown - 3/4 cast with metal.....	457
D0460	Pulp vitality tests	0	D2783	Crown - 3/4 porcelain/ceramic	469
D0470	Diagnostic casts	0	D2790/91/92	Crown - full cast metal	481
D1110	Prophylaxis (cleaning) - adult.....	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41
D1110*	Additional cleaning (expecting mothers or Diabetics) ..	0	D2930	Prefab. stainless steel crown - prim. tooth.....	105
D1120	Prophylaxis (cleaning) - child	0	D2931	Prefab. stainless steel crown - perm. tooth.....	119
D1203	Topical application of fluoride - child	0	D2932	Prefabricated resin crown	135
D1204	Topical application of fluoride - adult.....	0	D2950	Core buildup, including any pins	120
D1206	Topical fluoride varnish for mod/high risk caries patients.....	0	D2952	Cast post and core in addition to crown.....	181
D1310	Nutritional counseling for control of dental disease	0	D2954	Prefab. post and core in addition to crown.....	148
D1320/30	Oral hygiene instructions	0	D2955	Post removal (not in conj. with endo. therapy).....	101
D1351	Sealant - per tooth	18	D2970	Temporary crown (fractured tooth).....	0
D1352	Prev resin rest. mod/high caries risk - perm. tooth....	18	D2980	Crown repair, by report	93
SPACE MAINTAINERS					
D1510/20	Space maintainer - fixed/removable - unilateral.....	136	PROSTHETICS (DENTURES)		
D1515/25	Space maintainer - fixed/removable - bilateral.....	184	D5110/20	Complete denture - maxillary/mandibular	664
D1550	Re-cementation of space maintainer	33	D5130/40	Immediate denture - maxillary/mandibular.....	708
RESTORATIVE DENTISTRY (FILLINGS)					
AMALGAM RESTORATIONS (SILVER)					
D2140	Amalgam - one surface, prim. or perm.	37	D5211/12	Maxillary/mandibular partial denture - resin base	613
D2150	Amalgam - two surfaces, prim. or perm.	46	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D2160	Amalgam - three surfaces, prim. or perm.	58	D5225/26	Maxillary/mandibular partial denture - flexible base.....	722
D2161	Amalgam - >=4 surfaces, prim. or perm.	69	D5281	Rem. unilateral partial denture - one piece cast metal.....	397
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)					
D2330	Resin-based composite - one surface, anterior	64	D5410/11	Adjust complete denture - maxillary/mandibular	35
D2331	Resin-based composite - two surfaces, anterior.....	76	D5421/22	Adjust partial denture - maxillary/mandibular.....	35
D2332	Resin-based composite - three surfaces, anterior	90	D5510/5610	Repair broken denture base (complete/resin).....	84
D2335	Resin-based composite - >=4 surfaces, anterior	109	D5520	Replace missing or broken teeth - complete denture	84
D2391	Resin-based composite - one surface, posterior	68	D5620	Repair cast framework	84
D2392	Resin-based composite - two surfaces, posterior	80	D5630/60	Clasp repaired, replaced or added.....	112
D2393	Resin-based composite - three surfaces, posterior	93	D5640	Replace broken teeth - per tooth	84
D2394	Resin-based composite - >=4 surfaces, posterior	112	D5650	Add tooth to existing partial denture	84
D2940	Sedative filling.....	37	D5670/71	Replace all teeth and acrylic on cast metal framework	263
D2951	Pin retention - per tooth, in addition to restoration	22	D5710/11	Rebase complete maxillary/mandibular denture.....	253
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	28	D5720/21	Rebase maxillary/mandibular partial denture.....	253
CROWN & BRIDGE*					
D2390	Resin-based composite crown, anterior.....	175	D5730/31	Reline complete maxillary/mandibular denture (chairside).....	152
D2510	Inlay - metallic - one surface	390	D5740/41	Reline maxillary/mandibular partial denture (chairside).....	152
D2520	Inlay - metallic - two surfaces.....	390	D5750/51	Reline complete maxillary/mandibular denture (lab).....	214
D2530	Inlay - metallic - three or more surfaces.....	407	D5760/61	Reline maxillary/mandibular partial denture (lab).....	214
D2542	Onlay - metallic-two surfaces.....	423	D5810/11	Interim complete denture - maxillary/mandibular	333
D2543	Onlay - metallic-three surfaces	511	D5820/21	Interim partial denture - maxillary/mandibular	333
D2544	Onlay - metallic-four or more surfaces.....	511	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2610	Inlay - porcelain/ceramic - one surface	410	BRIDGE & PONTICS*		
BRIDGE & PONTICS*					
D6010	Surgical placement of a dental implant into the jawbone.....	507	D6010	Surgical placement of a dental implant into the jawbone.....	507
D6013	Surgical placement of a mini dental implant into the jawbone.....	706	D6013	Surgical placement of a mini dental implant into the jawbone.....	706
D6040	Surgical placement, eposteal implant	2190	D6040	Surgical placement, eposteal implant	2190
D6050	Surgical placement, transosteal implant	2346	D6050	Surgical placement, transosteal implant	2346

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D6055	Dental implant supported connecting bar	782	D6604	Inlay - cast predominantly base metal, two surfaces	390
D6056	Prefabricated abutment – includes modification and placement.	250	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D6057	Custom fabricated abutment – includes placement	249	D6606	Inlay - cast noble metal, two surfaces	390
D6058	Abutment supported porcelain/ceramic crown	772	D6607	Inlay - cast noble metal, >=3 surfaces	407
D6059	Abutment supported porcelain fused to metal crown - high noble metal	695	D6608	Onlay -porc./ceramic, two surfaces	439
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	648	D6609	Onlay - porc./ceramic, three or more surfaces	459
D6061	Abutment supported porcelain fused to metal crown - noble metal	702	D6610	Onlay - cast high noble metal, two surfaces	423
D6062	Abutment supported cast metal crown - high noble metal	713	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D6063	Abutment supported cast metal crown - predominantly based metal	635	D6612	Onlay - cast predominantly base metal, two surfaces	423
D6064	Abutment supported cast metal crown - noble metal	708	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D6065	Implant supported porcelain/ceramic crown	764	D6614	Onlay - cast noble metal, two surfaces	423
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal	766	D6615	Onlay - cast noble metal, >=3 surfaces	511
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal	810	D6720/21/22	Crown - resin with metal	470
D6068	Abutment supported retainer for porc/ceramic	728	D6740	Crown - porcelain/ceramic	531
D6069	Abutment supp. retainer for porc/high noble	714	D6750/51/52	Crown - porcelain fused metal	495
D6070	Abutment supp. retainer for porc/pred. base	648	D6780	Crown - 3/4 cast high noble metal	457
D6071	Abutment supp. retainer for porc/noble	694	D6781	Crown - 3/4 cast predominantly base metal	457
D6072	Abutment supp retainer for cast high noble	721	D6782	Crown - 3/4 cast noble metal	457
D6073	Abutment supp. retainer for cast high noble	640	D6783	Crown - 3/4 porc./ceramic	469
D6074	Abutment supp. retainer for cast noble metal	691	D6790/91/92	Crown - full cast metal	481
D6075	Implant supported retainer for ceramic FPD	770	D6930	Recement fixed partial denture	66
D6076	Implant supported retainer for porc/metal FPD	749	D6970	Post and core in addition to fixed part. dent. ret	180
D6077	Implant supported retainer for cast metal FPD	802	D6972	Prefab post and core in addition to fixed part. dent. ret	148
D6080	Implant maintenance procedures	72	D6973	Core build up for retainer, including any pins	119
D6090	Repair implant supported prosthesis	405	D6975	Coping - metal	298
D6091	Replacement of precision attachment	162	D6976	Each add. indirectly fabricated post - same tooth	119
D6092	Re-cement implant/abutment supp. crown	51	D6977	Each add. prefab post - same tooth	55
D6093	Re-cement impl/abutment supp. fixed par	78	D6980	Fixed partial denture repair, by report	157
D6094	Abutment supported crown - titanium	782	ADJUNCTIVE GENERAL SERVICES		
D6095	Repair implant abutment, by report	390	D9110	Palliative (emergency) treatment of dental pain	43
D6100	Implant removal, by report	190	D9210/15	Local anesthesia	0
D6101	Cleaning of an implant defect surrounding a single implant	115	D9211	Regional block anesthesia	0
D6102	Cleaning and osseous contouring of an implant defect(s) surrounding a single implant	157	D9212	Trigeminal division block anesthesia	0
D6110	Implant / abut supp rem dent for edentulous arch - maxillary	1376	D9220	Deep sedation/general anesthesia - first 30 min	205
D6111	Implant / abut supp rem dent for edentulous arch - mandibular	1376	D9221	Deep sedation/general anesthesia - each add. 15 min.	103
D6112	Implant / abut supp rem dent for partially edentulous arch - maxillary	1376	D9241	Intravenous conscious sedation/analgesia - first 30 min.	205
D6113	Implant / abut supp rem dent for partially edentulous arch - mandibular	1376	D9242	IV conscious sedation/analgesia - each add. 15 min.	103
D6114	Implant / abut supp fixed dent for edentulous arch - maxillary	2363	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	37
D6115	Implant / abut supp fixed dent for edentulous arch - mandibular	2363	D9310	Consultation (diagnostic service by nontreating dentist)	42
D6116	Implant / abut supp fixed dent for partially edentulous arch - maxillary	1460	D9910	Application of desensitizing medicament	31
D6117	Implant / abut supp fixed dent for partially edentulous arch - mandibular	1460	D9930	Treatment of complications (post-surgical)	43
D6190	Radiographic surgical implant index, by report	147	D9972-D9975	INTERNAL/EXTERNAL BLEACHING - 15% DISCOUNT	
D6194	Abutment supported retainer crown	894	D9990	Broken office appointment	50
D6199	Unspecified implant procedure, by report	50	ENDODONTICS¹		
D6210/11/12	Pontic - metal	481	D3220	Therapeutic pulpotomy (excl. final restor.)	81/89
D6240/41/42	Pontic - porcelain fused metal	495	D3221	Pulpal debridement, prim. and perm. teeth	87/96
D6245	Pontic - porcelain/ceramic	531	D3310	Endodontic therapy, anterior tooth	325/358
D6250/51/52	Pontic - resin with metal	470	D3320	Endodontic therapy, bicuspid tooth	395/435
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233	D3330	Endodontic therapy, molar	488/537
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364	D3333	Internal root repair of perforation defects	96/106
D6600	Inlay - porc./ceramic, two surfaces	410	D3346	Retreat of prev. root canal therapy, anterior	356/392
D6601	Inlay - porc./ceramic, >=3 surfaces	427	D3347	Retreat of prev. root canal therapy, bicuspid	418/460
D6602	Inlay - cast high noble metal, two surfaces	390	D3348	Retreat of prev. root canal therapy, molar	527/580
D6603	Inlay - cast high noble metal, >=3 surfaces	407	D3410	Apicoectomy/periradicular surgery, anterior	310/341
			D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	333/366
			D3425	Apicoectomy/periradicular surgery, molar (first root)	379/417
			D3426	Apicoectomy/periradicular surgery (each add. root)	148/163
			D3430	Retrograde filling - per root	113/124
			D3450	Root amputation - per root	202/222
			D3920	Hemisection, not inc. root canal therapy	202/222
			D3950	Canal prep/fitting of preformed dowel or post	125/138

♦All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
PERIODONTICS¹		
D0180	Comp. periodontal eval - new or established patient.....	36/40
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265/292
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94/103
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	324/356
D4241	Gingival flap proc., inc. root planing - <=3 cont. teeth, per quad.....	90/99
D4260	Osseous surgery - >3 cont. teeth, per quad.....	485/534
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	360/396
D4268	Surgical revision proc., per tooth.....	329/362
D4274	Distal or proximal wedge procedure.....	308/339
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105/116
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57/63
D4355	Full mouth debridement.....	77/85
D4381	Localized delivery of chemotherapeutic agents.....	90/99
D4910	Periodontal maintenance.....	66/73
D9940	Occlusal guard, by report.....	298/328
D9950	Occlusion analysis - mounted case.....	81/89
D9951	Occlusal adjustment - limited.....	62/68
D9952	Occlusal adjustment - complete.....	255/281
ORAL SURGERY¹		
D7111	Extraction, coronal remnants - deciduous tooth.....	45/50
D7140	Extraction, erupted tooth or exposed root.....	63/69
D7210	Surgical rem. of erupted tooth req. bone cut.....	127/140
D7220	Removal of impacted tooth - soft tissue.....	144/158
D7230	Removal of impacted tooth - partially bony.....	189/208
D7240	Removal of impacted tooth - completely bony.....	227/250
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181/199
D7250	Surgical removal of residual tooth roots.....	136/150
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211/232
D7280	Surgical access of an unerupted tooth.....	111/122
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41/45
D7310/20	Alveoloplasty, per quad.....	135/149
D7510	Incision and drainage of abscess - intraoral soft tissue.....	91/100
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	256/282

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
ORTHODONTICS²		
INVISALIGN - 15% DISCOUNT		
D8660	Pre-orthodontic treatment visit.....	413/454
D8070	Comp. ortho. treatment - transitional dentition.....	3304/3634
D8080	Comp. ortho. treatment - adolescent dentition.....	3422/3764
D8090	Comp. ortho. treatment - adult dentition.....	3658/4024
D8670	Periodic ortho. treatment visit (as part of contract).....	118/130
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413/454

¹ Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. Referrals to a specialist must be made by a member's Participating General Dentist. If the listed procedure contains a (/), the second listed fee represents the copayment due to the specialist after referral. See Plan Exclusion #13.

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.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
Plan Exclusions		
1.	Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).	
2.	Services which, in the opinion of the attending dentist, are not 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, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of the Participating Dentist, such services should not be performed in a dental office.	
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 Dominion National (with the exception of out-of-area emergency dental services).	
12.	Services related to the treatment of TMD (Temporomandibular Disorder).	
13.	Services performed by a Plan Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). A referral form is only required in Maryland. Participating dentists should refer to Specialty Care Referral Guidelines.	
14.	Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.	
15.	The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.	
Plan Limitations		
1.	Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.	
2.	One (1) problem focused exam is covered per calendar year.	
3.	Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).	
4.	One (1) topical fluoride or fluoride varnish is covered per calendar year.	
5.	Two (2) bitewing x-rays are covered per calendar year.	
6.	One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.	
7.	One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1 st and 2 nd molars).	
8.	Replacement of a filling is covered if it is more than two (2) years from the date of original placement.	
9.	Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.	
10.	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%.	
11.	Relining and rebasing of dentures is covered once every 24 months.	
12.	Retreatment of root canal is covered if it is more than two (2) years from the original treatment.	
13.	Root planing or scaling is covered once every 24 months per quadrant.	
14.	Full mouth debridement is covered once per lifetime.	
15.	Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.	
16.	Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.	
17.	Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.	