

FEDVIP Select Standard - 704xs

Description of Benefits & Member Copayments

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D9439	Office visit	10
DIAGNOSTIC/PREVENTIVE		
Prevention Reward: Each family member enrolled with Dominion who receives cleanings during the plan year will be reimbursed for their \$10 office visit copayments made to the dentist at the time of service (up to two cleanings per plan year – a total reimbursement of up to \$20). Dominion will submit a check for the reimbursement(s) to the primary subscriber at the end of the plan year.		
D0120	Periodic oral eval - established patient	0
D0140	Limited oral eval - problem focused	0
D0145	Oral eval for a patient under 3 years of age.....	0
D0150	Comprehensive oral eval - new or established patient	0
D0160	Detailed and extensive oral eval - problem focused	30
D0180	Comp. periodontal eval - new or established patient	0
D0210	Intraoral - complete series (including bitewings).....	0
D0220	Intraoral - periapical first film	0
D0230	Intraoral - periapical each add. film	0
D0240	Intraoral - occlusal film	0
D0250	Extraoral - first film	0
D0270-74	Bitewing x-rays - 1 to 4 films	0
D0277	Vertical bitewings - 7 to 8 films.....	0
D0330	Panoramic film	0
D0425	Caries susceptibility tests.....	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum.....	0
D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0602	Caries risk assessment & documentation, with a finding of moderate risk	0
D0603	Caries risk assessment & documentation, with a finding of high risk	0
D1110	Prophylaxis (cleaning) - adult.....	0
D1110*	Additional cleaning all members	40
D1120	Prophylaxis (cleaning) - child	0
D1206	Topical fluoride varnish for mod/high risk caries patients.....	0
D1208	Topical application of fluoride.....	0
D1351	Sealant - per tooth	0
D1352	Prev resin rest. mod/high caries risk – perm. tooth.....	0
SPACE MAINTAINERS		
D1510/20	Space maintainer - fixed/removable - unilateral.....	0
D1515/25	Space maintainer - fixed/removable - bilateral.....	0
D1550	Re-cementation of space maintainer	0
D1575	Distal shoe space maintainer – fixed – unilateral.....	0
RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (SILVER)		
D2140	Amalgam - one surface, prim. or perm.	48
D2150	Amalgam - two surfaces, prim. or perm.	62
D2160	Amalgam - three surfaces, prim. or perm.	76
D2161	Amalgam - >=4 surfaces, prim. or perm.	90
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		
D2330	Resin-based composite - one surface, anterior	55
D2331	Resin-based composite - two surfaces, anterior	68
D2332	Resin-based composite - three surfaces, anterior	81
D2335	Resin-based composite - >=4 surfaces, anterior	83
D2391	Resin-based composite - one surface, posterior	61
D2392	Resin-based composite - two surfaces, posterior	78
D2393	Resin-based composite - three surfaces, posterior	96
D2394	Resin-based composite - >=4 surfaces, posterior	110
D2951	Pin retention - per tooth, in addition to restoration	18
CROWN & BRIDGE*		
D2510	Inlay - metallic - one surface	385
D2520	Inlay - metallic - two surfaces.....	444
D2530	Inlay - metallic - three or more surfaces.....	487
D2542	Onlay - metallic-two surfaces.....	497
D2543	Onlay - metallic-three surfaces	544
D2544	Onlay - metallic-four or more surfaces.....	559
D2740	Crown - porcelain/ceramic	609
D2750/51/52	Crown - porcelain fused metal	555
D2780/81/82	Crown - 3/4 cast with metal.....	519
D2783	Crown - 3/4 porcelain/ceramic	549

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D2790-94	Crown - full cast high noble metal.....	543
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	38
D2930/31	Prefab. stainless steel crown - prim./perm. tooth.....	100
D2941	Interim therapeutic restoration, primary dentition	24
D2950	Core buildup, including any pins	133
D2954	Prefab. post and core in addition to crown.....	164
D2980-83	Crown, inlay, onlay or veneer repair.....	107
D2990	Resin infiltration/smooth surface.....	28
PROSTHETICS (DENTURES)		
D5110/20	Complete denture - maxillary/mandibular	702
D5130/40	Immediate denture - maxillary/mandibular.....	758
D5211/12	Maxillary/mandibular partial denture - resin base	477
D5213/14	Maxillary/mandibular partial denture - cast metal	802
D5281	Rem. unilateral partial denture - one piece cast metal.....	428
D5410/11	Adjust complete denture - maxillary/mandibular	30
D5421/22	Adjust partial denture - maxillary/mandibular	30
D5511/12	Repair broken complete denture base - maxillary/mandibular ..	56
D5520	Replace missing or broken teeth - complete denture	56
D5611/12	Repair resin partial denture base - maxillary/mandibular.....	56
D5621/22	Repair cast partial framework - maxillary/mandibular.....	56
D5630	Repair or replace broken clasp	81
D5640	Replace broken teeth - per tooth	56
D5650/60	Add tooth or clasp to existing partial denture.....	56
D5670/71	Replace all teeth and acrylic on cast metal framework - maxillary/mandibular	326
D5710/11	Rebase complete maxillary/mandibular denture.....	184
D5720/21	Rebase maxillary/mandibular partial denture.....	184
D5730/31	Reline complete maxillary/mandibular denture (chairside) ..	111
D5740/41	Reline maxillary/mandibular partial denture (chairside) ..	111
D5750/51	Reline complete maxillary/mandibular denture (lab).....	165
D5760/61	Reline maxillary/mandibular partial denture (lab).....	165
D5850/51	Tissue conditioning - maxillary/mandibular	56
BRIDGE/PONTICS*		
D6010	Endosteal implant - surgical placement	1292
D6011	Second stage implant surgery	200
D6013	Surgical placement of mini implant	431
D6055	Connecting bar - implant or abutment supported.....	1213
D6056	Prefabr. abutment - incl. modification and placement.....	343
D6057	Custom fabricated abutment - incl.modification/placement ..	491
D6058	Abutment supported porcelain/ceramic crown.....	851
D6059	Abutment porc/metal crown-high noble metal.....	846
D6060	Abutment porc/metal crown-pred. base metal	754
D6061	Abutment porc/metal crown- noble metal	796
D6062	Abutment supp. cast high noble metal crown	834
D6063	Abutment supp. cast predom. metal crown.....	742
D6064	Abutment supp. cast noble metal crown	776
D6065	Implant supp. porcelain/ceramic crown.....	891
D6066	Implant porc/metal crown-titanium/alloy/noble.....	895
D6067	Implant supp. metal crown - titanium/titanium alloy/high noble metal	865
D6068	Abutment supp. retainer for porc./ceramic FPD.....	788
D6069	Abutment supp. retainer for porc. fused to high noble metal FPD	843
D6070	Abutment supp. retainer for porc. fused to predom. base metal FPD	695
D6071	Abutment supp. retainer for porc. fused to noble metal FPD ..	704
D6072	Abutment supp. retainer for cast high noble metal FPD.....	788
D6073	Abutment supp. retainer for cast predom. base metal FPD..	749
D6074	Abutment supp. retainer for cast noble metal FPD	758
D6075	Implant supp. retainer for ceramic FPD	874
D6076	Implant supp. retainer for porcelain fused to titanium/titanium alloy/high noble metal FPD.....	823
D6077	Implant supp. retainer for cast titanium/titanium alloy/high noble metal FPD.....	872
D6080	Implant maintenance procedures.....	61
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.....	71
D6090	Repair implant prosthesis	362
D6091	Replacement of semi-precision or precision attachment	34
D6094	Abutment supp. crown - titanium	553
D6095	Repair implant abutment.....	391
D6100	Implant removal	241
D6194	Abutment supp. retainer crown for FPD - titanium.....	741
D6210-14	Pontic - cast metal	543

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

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D6240/41/42	Pontic - porcelain fused metal.....	555
D6245	Pontic - porcelain/ceramic.....	609
D6545	Retainer - cast metal for resin bonded fixed prosthesis... 260	
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis... 396	
D6601	Inlay - porc./ceramic, >=3 surfaces.....	354
D6604	Inlay - cast predominantly base metal, two surfaces.....	236
D6605	Inlay - cast predominantly base metal, >=3 surfaces... 302	
D6613	Onlay - cast predominantly base metal, >=3 surfaces... 332	
D6740	Crown - porcelain/ceramic.....	609
D6750/51/52	Crown - porcelain fused metal.....	555
D6780/81/82	Crown - 3/4 cast metal.....	519
D6783	Crown - 3/4 porc./ceramic.....	549
D6790-94	Crown - full cast metal.....	543
D6930	Recement fixed partial denture.....	58
D6980	Fixed partial denture repair, by report.....	172

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9222	Deep sedation/general anesthesia - first 15 minutes....	119
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	119
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.....	114
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute.....	114
D9310	Consultation (diagnostic service by nontreating dentist)...	0
D9440	Office visit - after regularly scheduled hours.....	10
D9610	Therapeutic drug injection, by report.....	31
D9612	Therapeutic parenteral drugs, 2 or more adminis., diff. meds. .	49
D9930	Treatment of complications (post-surgical).....	43
D9941	Fabrication of athletic mouthguard.....	65
D9972/73/75	INTERNAL/EXTERNAL BLEACHING - 15% DISCOUNT FROM PARTICIPATING DENTIST'S UCR FEE	
D9974	Internal bleaching - per tooth.....	131
D9986	Missed appointment.....	50
D9995	Teledentistry - synchronous; real-time encounter (when available).....	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20
D9999	Unspecified adjunctive procedure, by report.....	0

ENDODONTICS¹

D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	29
D3220	Therapeutic pulpotomy (excl. final restor.).....	72
D3221	Pulpal debridement, prim. and perm. teeth.....	76
D3222	Partial pulp. for apexogenesis - perm. teeth w/ incompl. root develop.....	96
D3230/40	Pulpal therapy - anterior/posterior, prim. tooth (excl. final rest.).....	96
D3310	Endodontic therapy, anterior tooth.....	391
D3320	Endodontic therapy, premolar tooth.....	467
D3330	Endodontic therapy, molar.....	587
D3346	Retreat of prev. root canal therapy, anterior.....	493
D3347	Retreat of prev. root canal therapy, premolar.....	569
D3348	Retreat of prev. root canal therapy, molar.....	686
D3351	Apexification/recalcification - initial visit.....	170
D3352	Apexification/recalcification - interim med. replacement.....	496
D3353	Apexification/recalcification - final visit.....	378
D3355	Pulpal regeneration - initial visit.....	170
D3356	Pulpal regeneration - interim medication replacement.....	496
D3357	Pulpal regeneration - completion of treatment.....	200
D3410	Apicoectomy, anterior.....	416
D3421	Apicoectomy, premolar (first root).....	454
D3425	Apicoectomy, molar (first root).....	511
D3426	Apicoectomy - (each add. root).....	167
D3427	Periradicular surgery w/o apicoectomy.....	344
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site.....	574
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site.....	449
D3430	Retrograde filling - per root.....	123
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.....	294
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.....	590
D3450	Root amputation - per root.....	264
D3920	Hemisection, not inc. root canal therapy.....	226

PERIODONTICS¹

D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. .	351
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	120

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D4212	Gingivectomy or gingivoplasty - w/ rest. proc., per tooth ...	40
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	373
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	234
D4249	Clinical crown lengthening-hard tissue.....	531
D4260	Osseous surgery - >3 cont. teeth, per quad.....	632
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	531
D4268	Surgical revision proc., per tooth.....	522
D4270	Pedicle soft tissue graft procedure.....	592
D4273	Subepithelial connective tissue graft proc. (incl. donor site surgery).....	738
D4275	Soft tissue allograft.....	613
D4276	Comb. connective tissue/double pedicle graft, per tooth ...	672
D4277	Free soft tissue graft procedure, first or edentulous tooth position in a graft.....	654
D4278	Free soft tissue graft procedure, each add. contiguous or edentulous tooth position in a graft site.....	100
D4341	Perio scaling and root planing - >3 cont teeth, per quad. .	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	71
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation ..	48
D4355	Full mouth debridement.....	95
D4381	Localized delivery of chemotherapeutic agents.....	25
D4910	Periodontal maintenance.....	56
D9940	Occlusal guard, by report.....	285

ORAL SURGERY¹

D7111	Extraction, coronal remnants - primary tooth.....	45
D7140	Extraction, erupted tooth or exposed root.....	58
D7210	Erupted tooth req. bone cut.....	107
D7220	Removal of impacted tooth - soft tissue.....	132
D7230	Removal of impacted tooth - partially bony.....	170
D7240	Removal of impacted tooth - completely bony.....	200
D7241	Removal of impacted tooth - completely bony, with unusual surg. complications ...	220
D7250	Removal of residual tooth roots.....	112
D7251	Coronectomy - intentional partial tooth removal.....	112
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth ..	171
D7280	Exposure of an unerupted tooth.....	182
D7310	Alveoplasty in conj. with ext. - 4 or more teeth, per quad... 96	
D7311	Alveoplasty in conj. w/ extractions - 1 - 3 teeth/tooth spaces, per quad.....	82
D7320	Alveoplasty not in conj. with extractions - 4 or more teeth, per quad.....	114
D7321	Alveoplasty not in conj. w/ extractions - 1 - 3 teeth/tooth spaces, per quad.....	93
D7471	Removal of exostosis.....	206
D7510	Incision and drainage of abscess - intraoral soft tissue	82
D7910	Suture of recent small wounds up to 5 cm.....	34
D7921	Collect - apply autologous product.....	40
D7971	Excision of pericoronal gingiva.....	77
D7979	Non-surgical sialolithotomy.....	43
D7999	Unspecified oral surgery procedure, by report.....	0

ORTHODONTICS

D8010	Limited ortho. treatment - primary dentition.....	1045
D8020	Limited ortho. treatment - transitional dentition.....	1236
D8030	Limited ortho. treatment - adolescent dentition.....	1664
D8050	Interceptive ortho. treatment - primary dentition.....	1568
D8060	Interceptive ortho. treatment - transitional dentition.....	1508
D8070*	Comp. ortho. treatment - transitional dentition.....	3304
D8080*	Comp. ortho. treatment - adolescent dentition.....	3422
D8090*	Comp. ortho. treatment - adult dentition.....	3658
D8210	Removable appliance therapy.....	620
D8220	Fixed appliance therapy.....	630
D8660	Pre-orthodontic treatment visit.....	78
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Ortho. retention (rem. of appl. and placement of retainer(s))... 157	
D8690	Ortho. treatment (alternative billing to a contract fee)....	504

* Invisalign - 15% discount from participating dentist's UCR fee.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc.

Current Dental Terminology © American Dental Association.

¹Specialty 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. See Plan Exclusion #13.

Plan Exclusions

1. Services which are covered under Medicare, worker's compensation or employer's liability laws.
 2. Services which are not necessary for the patient's dental health as determined by the Plan.
 3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
 4. Oral surgery requiring the setting of fractures or dislocations.
 5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
 6. Dispensing of drugs.
 7. Hospitalization for any dental procedure.
 8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared.
 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).
 13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of orthodontics).
 14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
 15. Plaque control programs, oral hygiene instruction, and dietary instructions.
 16. Nitrous oxide and oral sedation.
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Plan Limitations

1. Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation. All oral evaluations will be considered integral when provided on the same date of service by the same dentist.
2. One (1) problem focused exam is covered per calendar year, per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year, per patient (one (1) additional cleaning is covered for all members at the listed copayment. Periodontal scaling in the presence of gingival inflammation is considered to be a routine prophylaxis and paid as such.
4. Two (2) topical fluorides or fluoride varnishes are covered per calendar year, per patient.
5. Two (2) bitewing x-rays are covered per calendar year, per patient.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years, per patient.
7. One (1) sealant per tooth is covered per 36 months, up to age 18 (limited to permanent 1st and 2nd molars). Sealants with a restoration on same date of service are considered integral.
8. Distal shoe space maintainer limited to once per lifetime.
9. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
10. Replacement of a bridge, crown or denture is covered if it is more than five (5) years from the date of original placement.
11. Crown, implant and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown, implant or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
12. One (1) relining and rebasing of dentures is covered every 36 months, per patient.
13. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
14. Pulpotomies are considered integral when performed by the same dentist within a 45-day period prior to the completion of root canal therapy.
15. One (1) root planing or scaling is covered every 24 months per quadrant, per patient. Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing, or periodontal surgical procedures, in the same area of the mouth is not covered.
16. 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.
17. One (1) full mouth debridement is covered per lifetime, per patient.
18. 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. Must have pocket depths of five (5) millimeters or greater.
19. One (1) periodontal surgery of any type, including any associated material, is covered every 36 months per quadrant or surgical site.
20. Periodontal maintenance after active therapy is covered two (2) times per calendar year, within 24 months after definitive periodontal therapy.
21. Stainless steel crowns (D2930, D2931) are covered through age 14, or when placed as a result of accidental injury and one per tooth, per lifetime.
22. Onlays, crowns, and posts and cores for members 12 years of age or younger are excluded from coverage, unless pre-approved by Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
23. Fixed partial dentures, buildups and posts and cores for members under 16 years of age are not covered unless approved by Plan.
24. Surgical periodontal procedures or scaling and root planing in the same area of the mouth within 24 months of a gingival flap procedure are not covered.
25. Osseous surgery is not covered when provided within 24 months of osseous surgery in the same area of the mouth.
26. Surgical revision procedure (D4268) is considered integral to all other periodontal procedures.
27. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
28. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
29. Removal of impacted third molars in patients under age 15 and over age 30 is not covered unless approved by the Plan.
30. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions
31. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular joint dysfunction (TMJD). Occlusal guards are limited to one (1) per 12 consecutive month period.
32. Athletic mouth guards are limited to one (1) per 12 consecutive month period.
33. The Invisalign system is a discounted benefit that applies to D8070, D8080 and D8090. Additional costs incurred will become the patient's responsibility.
34. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two (2) per calendar year (when available).