

Plan Highlights

- 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.
- This plan has fixed copayments.
- There are no annual maximum dollar limits, no waiting periods and no deductibles.
- There is no out-of-network coverage (with the exception of out-of-area emergency dental services).

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D9439	Office Visit	10	D1516	Space maintainer - fixed - bilateral, maxillary	0
Diagnostic/Preventive			D1517	Space maintainer - fixed - bilateral, mandibular	0
D0120	Periodic oral evaluation	0	D1520	Space maintainer - removable, unilateral - per quadrant	0
D0140	Limited oral evaluation - problem focused	0	D1526	Space maintainer - removable - bilateral, maxillary	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D1527	Space maintainer - removable - bilateral, mandibular	0
D0150	Comprehensive oral evaluation – new or established patient	0	D1551	Re-cement or re-bond bilateral space maintainer, per quadrant	0
D0160	Detailed and extensive oral evaluation - problem focused, by report	30	D1552	Re-cement or re-bond bilateral space maintainer – mandibular	0
D0180	Comprehensive periodontal evaluation – new/established patient ..	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant...	0
D0210	Intraoral – complete series of radiographic images	0	D1556	Removal of fixed unilateral space maintainer - per quadrant	0
D0220	Intraoral - periapical first radiographic image	0	D1557	Removal of fixed bilateral space maintainer - maxillary.....	0
D0230	Intraoral - periapical - each additional radiographic images	0	D1558	Removal of fixed bilateral space maintainer - mandibular	0
D0240	Intraoral - occlusal radiographic images.....	0	D1575	Distal shoe space maintainer - fixed - unilateral.....	0
D0250	Extra-oral - 2D projection radiographic image	0	Restorative Dentistry (Fillings)		
D0251	Extraoral - Posterior Dental Radiographic Image.....	0	D2140	Amalgam - one surface, primary or permanent	48
D0270	Bitewing - single radiographic image.....	0	D2150	Amalgam - two surfaces, primary or permanent	62
D0272	Bitewings - two radiographic images.....	0	D2160	Amalgam - three surfaces, primary or permanent	76
D0273	Bitewings - three radiographic images	0	D2161	Amalgam - four or more surfaces, primary or permanent	90
D0274	Bitewings - four radiographic images	0	D2330	Resin-based composite - one surface, anterior	55
D0277	Vertical bitewings – 7 to 8 radiographic images.....	0	D2331	Resin-based composite - two surfaces, anterior	68
D0330	Panoramic radiographic image	0	D2332	Resin-based composite - three surfaces, anterior	81
D0340	Cephalometric film	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	83
D0350	Oral/facial images (including intra and extraoral images).....	0	D2390	Resin based composite crown - anterior	125
D0351	3D photographic image	0	D2391	Resin-based composite - one surface, posterior	61
D0425	Caries susceptibility tests	0	D2392	Resin-based composite - two surfaces, posterior.....	78
D0470	Diagnostic casts	0	D2393	Resin-based composite - three surfaces, posterior	96
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0	D2394	Resin-based composite – four or more surfaces, posterior.....	110
D0601	Caries risk assessment & documentation, with a finding of low risk ..	0	Crown & Bridge		
D0602	Caries risk assessment & documentation, with a finding of mod. risk ..	0	D2510	Inlay - metallic - one surface	385
D0603	Caries risk assessment & documentation, with a finding of high risk ..	0	D2520	Inlay - metallic - two surfaces	444
D0701	Panoramic radiographic image – image capture only	0	D2530	Inlay - metallic - three surfaces	487
D0702	2-D cephalometric radiographic image – image capture only.....	0	D2542	Onlay - metallic - two surfaces	497
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0	D2543	Onlay - metallic - three surfaces.....	544
D0704	3-D photographic image – image capture only	0	D2544	Onlay - metallic - four or more surfaces	559
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2610	Inlay – porcelain/ceramic, one surface.....	315
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2620	Inlay – porcelain/ceramic, two surfaces	288
D0707	Intraoral – periapical radiographic image – image capture only	0	D2630	Inlay – porcelain/ceramic, three or more surfaces.....	423
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2740	Crown - porcelain/ceramic	609
D0709	Intraoral – complete series of radiographic images – image capture only	0	D2750	Crown - porcelain fused to high noble metal	555
D1110	Prophylaxis – adult	0	D2751	Crown - porcelain fused to predominately base metal	555
D1110*	Third Prophylaxis in a Calendar Year for all members	40	D2752	Crown - porcelain fused to noble metal	555
D1120	Prophylaxis – child.....	0	D2780	Crown - 3/4 cast high noble metal	519
D1206	Topical application of fluoride - varnish	0	D2781	Crown - 3/4 cast predominately base metal	519
D1208	Topical application of fluoride - excluding varnish	0	D2782	Crown - 3/4 cast noble metal	519
D1351	Sealant - per tooth	0	D2783	Crown - 3/4 porcelain/ceramic.....	549
D1352	Preventive resin restoration in a moderate high caries risk patient – permanent tooth.....	0	D2790	Crown - full cast high noble metal.....	543
D1353	Sealant repair (per tooth).....	0	D2791	Crown - full cast predominately base metal.....	543
D1354	Interim caries arresting medicament application - per tooth	0	D2792	Crown - full cast noble metal.....	543
D1355	Caries preventive medicament application – per tooth.....	0	D2794	Crown - titanium and titanium alloys	543
D1510	Space maintainer - fixed, unilateral - per quadrant.....	0	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage rest... 38	
			D2915	Re-cement cast or prefab post and core	38
			D2920	Re-cement or re-bond crown	38
			D2921	Reattachment of tooth fragment - incisal edge or cusp	71
			D2930	Prefabricated stainless steel crown - primary tooth.....	100
			D2931	Prefabricated stainless steel crown - permanent tooth	100

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2941	Interim therapeutic restoration, primary dentition.....	24	D4275	Non-autogenous connective tissue graft procedures (including recipient site and donor material).....	613
D2950	Core buildup, including any pins	133	D4276	Combined connective tissue and double pedicle graft, per tooth	672
D2951	Pin retention - per tooth, in addition to restoration	18	D4277	Free soft tissue graft procedure, first tooth or edentulous tooth position in a graft	654
D2954	Prefabricated post and core, in addition to crown	164	D4278	Free soft tissue graft procedure, each additional contiguous tooth or edentulous tooth position in a graft site.....	100
D2980	Crown repair necessitated by restorative material failure	107	D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	475
D2981	Inlay repair necessitated by restorative material failure	107	D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each add. contiguous tooth, implant or edentulous tooth position in same graft site	427
D2982	Onlay repair necessitated by restorative material failure	107	D4341	Periodontal scaling and root planning-four or more teeth per quad.	105
D2983	Veneer repair necessitated by restorative material failure	107	D4342	Periodontal scaling and root planning-one to three teeth, per quad.	71
D2990	Resin infiltration/smooth surface	28	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	48
Endodontics¹			D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.....	95
D3110	Pulp cap - direct (excluding final restoration).....	29	D4381	Localized delivery of antimicrobial agents.....	25
D3120	Pulp cap – indirect (excluding final restoration).....	29	D4910	Periodontal maintenance	56
D3220	Therapeutic pulpotomy (excluding final restoration)	72	D4999	Periodontal procedure, unspecified by report	45
D3221	Pulpal debridement, primary and permanent teeth.....	76	Prosthetics (Dentures)		
D3222	Partial pulpotomy for apexogenesis - permanent teeth with incomplete root development.....	96	D5110	Complete denture - maxillary.....	702
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	96	D5120	Complete denture - mandibular.....	702
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth excluding final restoration).....	96	D5130	Immediate denture - maxillary	758
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	391	D5140	Immediate denture - mandibular	758
D3320	Endodontic therapy, premolar (excluding final restoration).....	467	D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	477
D3330	Endodontic therapy, molar (excluding final restoration).....	587	D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).....	477
D3346	Retreatment of previous root canal therapy-anterior.....	493	D5213	Maxillary partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth).....	802
D3347	Retreatment of previous root canal therapy-premolar	569	D5214	Mandibular partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth).....	802
D3348	Retreatment of previous root canal therapy-molar	686	D5221	Immediate maxillary partial denture - resin base	467
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.).....	170	D5222	Immediate mandibular partial denture - resin base.....	467
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)..	496	D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases	778
D3353	Apexification/recalcification - final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.).....	378	D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases	778
D3355	Pulpal regeneration - initial visit.....	170	D5225	Maxillary partial denture, flexible base (including retentive/clasping materials, rests, and teeth)	955
D3356	Pulpal regeneration - interim medication replacement	496	D5226	Mandibular partial denture, flexible base (including retentive/clasping materials, rests, and teeth).....	955
D3357	Pulpal regeneration - completion of treatment	200	D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary .	428
D3410	Apicoectomy - anterior.....	416	D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	428
D3421	Apicoectomy - premolar (first root).....	454	D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant.....	428
D3425	Apicoectomy - molar (first root).....	511	D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant.....	428
D3426	Apicoectomy (each additional root).....	167	D5410	Adjust complete denture - maxillary	30
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	574	D5411	Adjust complete denture - mandibular	30
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	449	D5421	Adjust partial denture - maxillary.....	30
D3430	Retrograde filling – per root.....	123	D5422	Adjust partial denture - mandibular	30
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	294	D5511	Repair broken complete denture base, mandibular.....	56
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	590	D5512	Repair broken complete denture base, maxillary.....	56
D3450	Root amputation (resection) - per root.....	264	D5520	Replace missing or broken teeth - complete denture (each tooth)....	56
D3471	Surgical repair of root resorption - anterior	416	D5611	Repair resin partial denture base, mandibular.....	56
D3472	Surgical repair of root resorption – premolar	454	D5612	Repair resin partial denture base, maxillary.....	56
D3473	Surgical repair of root resorption – molar.....	511	D5621	Repair cast partial framework, mandibular.....	56
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	416	D5622	Repair cast partial framework, maxillary.....	56
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	454	D5630	Repair or replace broken retentive/clasping material - per tooth.....	81
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	511	D5640	Replace broken teeth - per tooth	56
D3920	Hemisection (including any root removal) - not including root canal therapy	226	D5650	Add tooth to existing partial denture	56
Periodontics¹			D5660	Add clasps to existing partial denture -per tooth	56
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant	351	D5670	Replace all teeth and acrylic on cast metal framework, maxillary	326
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	120	D5671	Replace all teeth and acrylic on cast metal framework, mandibular ..	326
D4212	Gingivectomy or gingivoplasty - with restorative procedures, per tooth.....	40	D5710	Rebase complete maxillary denture	184
D4240	Gingival flap procedure, including root planing, four of more contiguous teeth or bounded teeth spaces per quadrant.....	373	D5711	Rebase complete mandibular denture.....	184
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant	234	D5720	Rebase maxillary partial denture.....	184
D4249	Clinical crown lengthening-hard tissue	531	D5721	Rebase mandibular partial denture.....	184
D4260	Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant.....	632	D5730	Reline complete maxillary denture (direct).....	111
D4261	Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant.....	531	D5731	Reline complete mandibular denture (direct).....	111
D4268	Surgical revision procedure, per tooth.....	522	D5740	Reline maxillary partial denture (direct).....	111
D4270	Pedicle soft tissue graft procedure	592			
D4273	Autogenous connective tissue graft procedures (including donor site surgery).....	738			

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D5741	Reline mandibular partial denture (direct).....	111	D6210	Pontic - cast high noble metal	543
D5750	Reline complete maxillary denture (indirect).....	165	D6211	Pontic - cast predominately base metal	543
D5751	Reline complete mandibular denture (indirect).....	165	D6212	Pontic - cast noble metal	543
D5760	Reline maxillary partial denture (indirect).....	165	D6214	Pontic - titanium and titanium alloys	543
D5761	Reline mandibular partial denture (indirect).....	165	D6240	Pontic - porcelain fused to high noble metal.....	555
D5850	Tissue conditioning (maxillary).....	56	D6241	Pontic - porcelain fused to predominately base metal.....	555
D5851	Tissue conditioning (mandibular).....	56	D6242	Pontic - porcelain fused to noble metal	555
D5876	Add metal substructure to acrylic full denture (per arch).....	58	D6245	Pontic - porcelain/ceramic.....	609
Bridge/Pontics			D6545	Retainer - cast metal for resin bonded fixed prosthesis	260
D6010	Endosteal implant - surgical placement	1292	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis.....	396
D6011	Surgical access to an implant body (second stage implant surgery) ..	200	D6601	Retainer inlay/onlay – porcelain/ceramic, three or more surfaces	354
D6013	Surgical placement of mini implant.....	431	D6604	Retainer inlay – cast predominately base metal, two surfaces	236
D6040	Subperiosteal implant	953	D6605	Retainer inlay – cast predominately base metal, three or more surfaces	302
D6050	Transosseous mandibular implant.....	1830	D6613	Retainer onlay – cast predominately base metal, three or more surfaces	332
D6055	Connecting Bar - implant supported or abutment supported.....	1213	D6740	Retainer crown - porcelain/ceramic	609
D6056	Prefabricated abutment - includes modification and placement.....	343	D6750	Retainer crown - porcelain fused to high noble metal	555
D6057	Custom fabricated abutment - incl. modification and placement.....	491	D6751	Retainer crown - porcelain fused to predominately base metal	555
D6058	Abutment supported porcelain/ceramic crown.....	851	D6752	Retainer crown - porcelain fused to noble metal	555
D6059	Abutment supported porcelain fused to metal crown - high noble metal	846	D6780	Retainer crown - 3/4 cast high noble metal	519
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	754	D6781	Retainer crown - 3/4 cast predominately base metal	519
D6061	Abutment supported porcelain fused to metal crown - noble metal.....	796	D6782	Retainer crown - 3/4 cast noble metal	519
D6062	Abutment supported cast metal crown - high noble metal	834	D6783	Retainer crown - 3/4 porcelain/ceramic.....	549
D6063	Abutment supported cast metal crown - predominantly based metal	742	D6790	Retainer crown - full cast high noble metal.....	543
D6064	Abutment supported cast metal crown - noble metal	776	D6791	Retainer crown - full cast predominately base metal.....	543
D6065	Implant supported porcelain/ceramic crown.....	891	D6792	Retainer crown - full cast noble metal.....	543
D6066	Implant supported crown - porcelain fused to high noble alloys	895	D6794	Crown - titanium – an alternate benefit will be provided on posterior teeth	543
D6067	Implant supported crown - high noble alloys metal.....	865	D6930	Recement or rebond fixed partial denture.....	58
D6068	Abutment supported retainer for porcelain/ceramic FPD.....	788	D6980	Fixed partial denture repair necessitated by restorative material failure	172
D6069	Abutment supported retainer for porcelain fused to metal FPD - high noble metal	843	Oral Surgery¹		
D6070	Abutment supported retainer for porcelain fused to metal FPD - predominantly base metal	695	D7111	Extraction, coronal remnants - primary tooth.....	45
D6071	Abutment supported retainer for porcelain fused to metal FPD - noble metal	704	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	58
D6072	Abutment supported retainer for cast metal FPD - high noble metal.....	788	D7210	Extraction, erupted tooth req. bone cut	107
D6073	Abutment supported retainer for cast metal FPD -predominantly base metal.....	749	D7220	Removal of impacted tooth - soft tissue	132
D6074	Abutment supported retainer for cast metal FPD - noble metal.....	758	D7230	Removal of impacted tooth - partially bony.....	170
D6075	Implant supported retainer for ceramic FPD.....	874	D7240	Removal of impacted tooth - completely bony	200
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	823	D7241	Removal of impacted tooth - completely bony - with unusual surgical complications	220
D6077	Implant supported retainer for metal FPD - high noble alloys	872	D7250	Removal of residual tooth roots.....	112
D6080	Implant maintenance procedures	61	D7251	Coronectomy – intentional partial tooth removal.....	112
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	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	171
D6090	Repair implant prosthesis.....	362	D7280	Exposure of an unerupted tooth	182
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	34	D7310	Alveoloplasty in conjunction with extractions - per quadrant.....	96
D6092	Re-cement Implant / Abutment supported crown.....	61	D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	82
D6093	Re-cement Implant / Abutment supported fixed partial denture	76	D7320	Alveoloplasty not in conjunction with extractions - per quadrant	114
D6094	Abutment supported crown - titanium and titanium alloys.....	553	D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or toothe spaces, per quadrant	93
D6095	Repair implant abutment	391	D7471	Removal of exostosis	206
D6100	Implant removal	241	D7510	Incision and drainage of abscess - intraoral soft tissue	82
D6102	Debridement of periimplant defect	477	D7910	Suture of recent small wounds up to 5 cm.....	34
D6104	Bone graft at the time of implant placement	281	D7921	Collect - apply autologous product	40
D6110	Implant/abutment supported removable denture for completely edentulous arch-maxillary.....	1346	D7971	Excision of pericoronal gingiva	77
D6111	Implant/abutment supported removable denture for completely edentulous arch-mandibular.....	1260	D7979	Non-surgical sialolithotomy.....	43
D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary.....	1238	D7999	Unspecified oral surgery procedure, by report	0
D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular	1162	Orthodontics		
D6114	Implant/abutment supported fixed denture for completely edentulous arch – maxillary	1346	D8010	Limited orthodontic treatment of the primary dentition.....	1045
D6115	Implant/abutment supported fixed denture for completely edentulous arch – mandibular	1260	D8020	Limited orthodontic treatment of the transitional dentition	1236
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	958	D8030	Limited orthodontic treatment of the adolescent dentition.....	1664
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	958	D8040	Limited orthodontic treatment of adult dentition	1664
D6191	Semi-precision abutment - placement.....	274	D8050	Interceptive orthodontic treatment of the primary dentition.....	1568
D6192	Semi-precision attachment - placement	274	D8060	Interceptive orthodontic treatment of the transitional dentition	1508
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys.....	741	D8070*	Comprehensive orthodontic treatment of the transitional dentition	3304
			D8080*	Comprehensive orthodontic treatment of the adolescent dentition.....	3422
			D8090*	Comprehensive orthodontic treatment of adult dentition	3658
			D8210	Removable appliance therapy	620
			D8220	Fixed appliance therapy	630
			D8660	Pre-orthodontic treatment visit	78
			D8670	Periodic orthodontic treatment visit (as part of contract)	118
			D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	157
			D8681	Removable orthodontic retainer adjustment.....	31

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D8690 Orthodontic treatment (alternative billing to a contract fee) 504

Adjunctive General Services

D9110	Palliative treatment of dental pain – minor procedure	43
D9219	Evaluation for deep sedation or general anesthesia	0
D9222	Deep sedation/general anesthesia - first 15 minutes.....	119
D9223	Deep sedation/general anesthesia - each sub. 15 min. increment	119
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	114
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 subsequent minute increment	114
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	0
D9311	Consultation with a medical health care professional.....	0
D9440	Office visit - after regularly scheduled hours.....	10
D9610	Therapeutic drug injection, by report	31
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	49
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	190
D9930	Treatment of complications (post-surgical) unusual circumstances, by report.....	43
D9931	Cleaning and inspection of a removable appliance.....	24
D9932	Cleaning and inspection of removable complete denture, maxillary.	24
D9933	Cleaning and inspection of removable complete denture, mandibular	24
D9934	Cleaning and inspection of removable partial denture, maxillary.....	24
D9935	Cleaning and inspection of removable partial denture, mandibular..	24
D9941	Fabrication of athletic mouthguard.....	65
D9943	Occlusal guard adjustment.....	43
D9944	Occlusal guard – hard appliance, full arch.....	285
D9945	Occlusal guard – soft appliance, full arch	285
D9946	Occlusal guard – hard appliance, partial arch	285
D9972	External bleaching - per arch - performed in office - 15% Discount	
D9973	External bleaching - per tooth - 15% Discount	
D9975	External bleaching for home application - per arch - 15% Discount	
D9974	Internal bleaching - per tooth	131
D9986	Missed Appointment.....	50
D9995	Teledentistry – synchronous; real-time encounter.....	0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review.....	0
D9999	Unspecified Adjunctive procedure, by report	0

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

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.

¹ Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist.

Plan Exclusions

- Services which are covered under Medicare, 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, anodontic, mandibular prognathism or development malformations where, in the opinion of the Plan, 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.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- Plaque control programs, oral hygiene instruction, and dietary instructions.
- Nitrous oxide and oral sedation.

Plan Limitations

- 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.
- One (1) problem focused exam is covered per calendar year, per patient.
- 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.
- Two (2) topical fluorides or fluoride varnishes are covered per calendar year, per patient.
- Two (2) bitewing x-rays are covered per calendar year, per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years, per patient.
- One (1) sealant or caries preventive medicament application 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.
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than five (5) years from the date of original placement.
- 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%.
- One (1) relining and rebasing of dentures is covered every 36 months, per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Pulpotomies are considered integral when performed by the same dentist within a 45-day period prior to the completion of root canal therapy.
- 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.
- 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.
- One (1) full mouth debridement is covered per lifetime, per patient.
- 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.
- One (1) periodontal surgery of any type, including any associated material, is covered every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered two (2) times per calendar year, within 24 months after definitive periodontal therapy.
- 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.
- 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.
- Fixed partial dentures, buildups and posts and cores for members under 16 years of age are not covered unless approved by Plan.
- 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.
- Osseous surgery is not covered when provided within 24 months of osseous surgery in the same area of the mouth.
- Surgical revision procedure (D4268) is considered integral to all other periodontal procedures.
- 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.
- Removal of impacted third molars in patients under age 15 and over age 30 is not covered unless approved by the Plan.
- 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.
- 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.
- Athletic mouth guards are limited to one (1) per 12 consecutive month period.
- The Invisalign system is a discounted benefit that applies to D8070, D8080 and D8090. Additional costs incurred will become the patient’s responsibility.
- Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.