

**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)
	Office Visit .....	10	D1208	Topical application of fluoride - excluding varnish .....	0
<b>Diagnostic/Preventive</b>			D1351	Sealant - per tooth .....	0
D0120	Periodic oral evaluation .....	0	D1352	Preventive resin restoration in a moderate high caries risk patient – permanent tooth .....	0
D0140	Limited oral evaluation - problem focused.....	0	D1353	Sealant repair (per tooth).....	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	0	D1354	Application of caries arresting medicament - per tooth.....	0
D0150	Comprehensive oral evaluation – new or established patient .....	0	D1355	Caries preventive medicament application – per tooth .....	0
D0160	Detailed and extensive oral evaluation - problem focused, by report .....	30	D1510	Space maintainer - fixed, unilateral - per quadrant.....	0
D0180	Comprehensive periodontal evaluation – new/established patient ..	0	D1516	Space maintainer - fixed - bilateral, maxillary .....	0
D0210	Intraoral – comprehensive series of radiographic images (including bitewings) .....	0	D1517	Space maintainer - fixed - bilateral, mandibular .....	0
D0220	Intraoral - periapical first radiographic image .....	0	D1520	Space maintainer - removable, unilateral - per quadrant .....	0
D0230	Intraoral - periapical - each additional radiographic images .....	0	D1526	Space maintainer - removable - bilateral, maxillary .....	0
D0240	Intraoral - occlusal radiographic images.....	0	D1527	Space maintainer - removable - bilateral, mandibular .....	0
D0250	Extra-oral - 2D projection radiographic image .....	0	D1551	Re-cement or re-bond bilateral space maintainer, per quadrant.....	0
D0251	Extraoral - Posterior Dental Radiographic Image.....	0	D1552	Re-cement or re-bond bilateral space maintainer – mandibular .....	0
D0270	Bitewing - single radiographic image.....	0	D1553	Re-cement or re-bond unilateral space maintainer – per quadrant...	0
D0272	Bitewings - two radiographic images.....	0	D1556	Removal of fixed unilateral space maintainer - per quadrant .....	0
D0273	Bitewings - three radiographic images .....	0	D1557	Removal of fixed bilateral space maintainer - maxillary.....	0
D0274	Bitewings - four radiographic images .....	0	D1558	Removal of fixed bilateral space maintainer - mandibular.....	0
D0277	Vertical bitewings – 7 to 8 radiographic images .....	0	D1575	Distal shoe space maintainer - fixed - unilateral.....	0
D0330	Panoramic radiographic image .....	0	<b>Restorative Dentistry (Fillings)</b>		
D0340	Cephalometric film.....	0	D2140	Amalgam - one surface, primary or permanent .....	48
D0350	Oral/facial images (including intra and extraoral images) .....	0	D2150	Amalgam - two surfaces, primary or permanent .....	62
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images .....	0	D2160	Amalgam - three surfaces, primary or permanent .....	75
D0373	Intraoral tomosynthesis – bitewing radiographic image .....	0	D2161	Amalgam - four or more surfaces, primary or permanent .....	88
D0374	Intraoral tomosynthesis – periapical radiographic image .....	0	D2330	Resin-based composite - one surface, anterior .....	55
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only .....	0	D2331	Resin-based composite - two surfaces, anterior .....	67
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only .....	0	D2332	Resin-based composite - three surfaces, anterior.....	81
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only .....	0	D2335	Resin-based composite - four or more surfaces, anterior .....	83
D0425	Caries susceptibility tests .....	0	D2390	Resin based composite crown - anterior .....	125
D0470	Diagnostic casts .....	0	D2391	Resin-based composite - one surface, posterior .....	61
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum .....	0	D2392	Resin-based composite - two surfaces, posterior.....	78
D0601	Caries risk assessment & documentation, with a finding of low risk ..	0	D2393	Resin-based composite - three surfaces, posterior .....	96
D0602	Caries risk assessment & documentation, with a finding of mod. risk ..	0	D2394	Resin-based composite – four or more surfaces, posterior.....	110
D0603	Caries risk assessment & documentation, with a finding of high risk ..	0	<b>Crown &amp; Bridge</b>		
D0701	Panoramic radiographic image – image capture only .....	0	D2510	Inlay - metallic - one surface .....	385
D0702	2-D cephalometric radiographic image – image capture only.....	0	D2520	Inlay - metallic - two surfaces .....	444
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only .....	0	D2530	Inlay - metallic - three surfaces .....	487
D0705	Extra-oral posterior dental radiographic image – image capture only.....	0	D2542	Onlay - metallic - two surfaces .....	497
D0706	Intraoral – occlusal radiographic image – image capture only .....	0	D2543	Onlay - metallic - three surfaces.....	544
D0707	Intraoral – periapical radiographic image – image capture only .....	0	D2544	Onlay - metallic - four or more surfaces.....	559
D0708	Intraoral – bitewing radiographic image – image capture only.....	0	D2610	Inlay – porcelain/ceramic, one surface.....	315
D0709	Intraoral – comprehensive series of radiographic images – image capture only .....	0	D2620	Inlay – porcelain/ceramic, two surfaces.....	288
D1110	Prophylaxis – adult .....	0	D2630	Inlay – porcelain/ceramic, three or more surfaces.....	423
D1110*	Third Prophylaxis in a Calendar Year for all members .....	40	D2740	Crown - porcelain/ceramic .....	583
D1120	Prophylaxis – child.....	0	D2750	Crown - porcelain fused to high noble metal .....	555
D1206	Topical application of fluoride - varnish .....	0	D2751	Crown - porcelain fused to predominately base metal .....	555
			D2752	Crown - porcelain fused to noble metal .....	548
			D2780	Crown - 3/4 cast high noble metal .....	519
			D2781	Crown - 3/4 cast predominately base metal .....	519
			D2782	Crown - 3/4 cast noble metal .....	519
			D2783	Crown - 3/4 porcelain/ceramic.....	549
			D2790	Crown - full cast high noble metal.....	543
			D2791	Crown - full cast predominately base metal.....	543
			D2792	Crown - full cast noble metal.....	543
			D2794	Crown - titanium and titanium alloys .....	543
			D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage rest...	38

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2915	Re-cement cast or prefab post and core .....	38	D4261	Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant.....	404
D2920	Re-cement or re-bond crown .....	38	D4268	Surgical revision procedure, per tooth .....	522
D2921	Reattachment of tooth fragment - incisal edge or cusp .....	71	D4270	Pedicle soft tissue graft procedure .....	407
D2930	Prefabricated stainless steel crown - primary tooth.....	100	D4273	Autogenous connective tissue graft procedures (including donor site surgery).....	526
D2931	Prefabricated stainless steel crown - permanent tooth .....	100	D4275	Non-autogenous connective tissue graft procedures (including recipient site and donor material).....	480
D2941	Interim therapeutic restoration, primary dentition.....	24	D4276	Combined connective tissue and pedicle graft, per tooth.....	581
D2950	Core buildup, including any pins .....	120	D4277	Free soft tissue graft procedure, first tooth or edentulous tooth position in a graft .....	490
D2951	Pin retention - per tooth, in addition to restoration .....	18	D4278	Free soft tissue graft procedure, each additional contiguous tooth or edentulous tooth position in a graft site.....	100
D2954	Prefabricated post and core, in addition to crown.....	146	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
D2980	Crown 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
D2981	Inlay repair necessitated by restorative material failure .....	107	D4286	Removal of non-resorbable barrier.....	100
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. ....	64
D2990	Resin infiltration/smooth surface.....	28	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation .....	48
<b>Endodontics<sup>1</sup></b>			D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit .....	78
D3110	Pulp cap - direct (excluding final restoration).....	29	D4381	Localized delivery of antimicrobial agents.....	25
D3120	Pulp cap – indirect (excluding final restoration) .....	28	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	<b>Prosthetics (Dentures)</b>		
D3222	Partial pulpotomy for apexogenesis - permanent teeth with incomplete root development.....	74	D5110	Complete denture - maxillary.....	598
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	81	D5120	Complete denture - mandibular.....	598
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth excluding final restoration.....	96	D5130	Immediate denture - maxillary.....	653
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	332	D5140	Immediate denture - mandibular .....	653
D3320	Endodontic therapy, premolar (excluding final restoration).....	408	D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) .....	477
D3330	Endodontic therapy, molar (excluding final restoration).....	535	D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).....	477
D3346	Retreatment of previous root canal therapy-anterior.....	436	D5213	Maxillary partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth).....	661
D3347	Retreatment of previous root canal therapy-premolar .....	513	D5214	Mandibular partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth).....	661
D3348	Retreatment of previous root canal therapy-molar .....	617	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.)..	139	D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases .....	661
D3353	Apexification/recalcification - final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.).....	231	D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases .....	661
D3355	Pulpal regeneration - initial visit.....	170	D5225	Maxillary partial denture, flexible base (including retentive/clasping materials, rests, and teeth) .....	693
D3356	Pulpal regeneration - interim medication replacement .....	156	D5226	Mandibular partial denture, flexible base (including retentive/clasping materials, rests, and teeth).....	693
D3357	Pulpal regeneration - completion of treatment .....	200	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	693
D3410	Apicoectomy - anterior.....	396	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	693
D3421	Apicoectomy - premolar (first root).....	432	D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary ..	393
D3425	Apicoectomy - molar (first root).....	489	D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular .....	393
D3426	Apicoectomy (each additional root).....	163	D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant.....	393
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site .....	208	D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant.....	393
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site .....	105	D5410	Adjust complete denture - maxillary.....	30
D3430	Retrograde filling – per root .....	120	D5411	Adjust complete denture - mandibular .....	30
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg. ....	174	D5421	Adjust partial denture - maxillary.....	30
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg. ....	588	D5422	Adjust partial denture - mandibular .....	30
D3450	Root amputation (resection) - per root.....	244	D5511	Repair broken complete denture base, mandibular.....	56
D3471	Surgical repair of root resorption - anterior .....	396	D5512	Repair broken complete denture base, maxillary.....	56
D3472	Surgical repair of root resorption – premolar .....	432	D5520	Replace missing or broken teeth - complete denture (each tooth)....	56
D3473	Surgical repair of root resorption – molar.....	489	D5611	Repair resin partial denture base, mandibular.....	56
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior .....	396	D5612	Repair resin partial denture base, maxillary.....	56
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar .....	432	D5621	Repair cast partial framework, mandibular.....	56
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	489	D5622	Repair cast partial framework, maxillary.....	56
D3920	Hemisection (including any root removal) - not including root canal therapy .....	189	D5630	Repair or replace broken retentive/clasping material - per tooth.....	81
D3921	Decoronation or submergence of an erupted tooth .....	100	D5640	Replace broken teeth - per tooth .....	56
<b>Periodontics<sup>1</sup></b>					
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant.....	290			
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant....	77			
D4212	Gingivectomy or gingivoplasty - with restorative procedures, per tooth.....	40			
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	341			
D4241	Gingival flap procedure, including root planning - one to three contiguous teeth or tooth bounded spaces per quadrant .....	234			
D4249	Clinical crown lengthening-hard tissue .....	365			
D4260	Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant.....	551			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D5650	Add tooth to existing partial denture.....	56	D6112	Implant/abutment supported removable denture for partially edentulous arch-maxillary.....	1238
D5660	Add clasp to existing partial denture -per tooth .....	56	D6113	Implant/abutment supported removable denture for partially edentulous arch-mandibular .....	1162
D5670	Replace all teeth and acrylic on cast metal framework, maxillary .....	326	D6114	Implant/abutment supported fixed denture for completely edentulous arch – maxillary .....	1346
D5671	Replace all teeth and acrylic on cast metal framework, mandibular .....	320	D6115	Implant/abutment supported fixed denture for completely edentulous arch – mandibular .....	1260
D5710	Rebase complete maxillary denture.....	184	D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary .....	958
D5711	Rebase complete mandibular denture.....	184	D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular .....	958
D5720	Rebase maxillary partial denture.....	184	D6191	Semi-precision abutment - placement .....	274
D5721	Rebase mandibular partial denture.....	184	D6192	Semi-precision attachment - placement .....	274
D5725	Rebase hybrid prosthesis.....	184	D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys.....	741
D5730	Reline complete maxillary denture (direct).....	111	D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant .....	55
D5731	Reline complete mandibular denture (direct).....	111	D6210	Pontic - cast high noble metal .....	538
D5740	Reline maxillary partial denture (direct).....	111	D6211	Pontic - cast predominately base metal .....	543
D5741	Reline mandibular partial denture (direct).....	111	D6212	Pontic - cast noble metal .....	543
D5750	Reline complete maxillary denture (indirect).....	165	D6214	Pontic - titanium and titanium alloys .....	543
D5751	Reline complete mandibular denture (indirect).....	165	D6240	Pontic - porcelain fused to high noble metal.....	530
D5760	Reline maxillary partial denture (indirect).....	165	D6241	Pontic - porcelain fused to predominately base metal.....	459
D5761	Reline mandibular partial denture (indirect).....	165	D6242	Pontic - porcelain fused to noble metal .....	517
D5765	Soft liner for complete or partial removable denture – indirect .....	50	D6245	Pontic - porcelain/ceramic.....	585
D5850	Tissue conditioning (maxillary).....	56	D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	224
D5851	Tissue conditioning (mandibular).....	56	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis.....	396
D5876	Add metal substructure to acrylic full denture (per arch).....	58	D6601	Retainer inlay/onlay – porcelain/ceramic, three or more surfaces .....	354
			D6604	Retainer inlay – cast predominantly base metal, two surfaces .....	236
			D6605	Retainer inlay – cast predominantly base metal, three or more surfaces .....	302
			D6613	Retainer onlay – cast predominantly base metal, three or more surfaces .....	332
			D6740	Retainer crown - porcelain/ceramic .....	600
			D6750	Retainer crown - porcelain fused to high noble metal .....	555
			D6751	Retainer crown - porcelain fused to predominately base metal .....	542
			D6752	Retainer crown - porcelain fused to noble metal.....	555
			D6780	Retainer crown - 3/4 cast high noble metal .....	519
			D6781	Retainer crown - 3/4 cast predominately base metal .....	519
			D6782	Retainer crown - 3/4 cast noble metal .....	519
			D6783	Retainer crown - 3/4 porcelain/ceramic.....	549
			D6790	Retainer crown - full cast high noble metal.....	543
			D6791	Retainer crown - full cast predominately base metal.....	543
			D6792	Retainer crown - full cast noble metal.....	543
			D6794	Crown - titanium – an alternate benefit will be provided on posterior teeth .....	543
			D6930	Recement or rebond fixed partial denture .....	58
			D6980	Fixed partial denture repair necessitated by restorative material failure .....	172
				<b>Oral Surgery<sup>1</sup></b>	
			D7111	Extraction, coronal remnants - primary tooth.....	45
			D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	58
			D7210	Extraction, 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 surgical complications .....	220
			D7250	Removal of residual tooth roots.....	112
			D7251	Coronectomy – intentional partial tooth removal, impacted teeth only.....	112
			D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	171
			D7280	Exposure of an unerupted tooth .....	182
			D7310	Alveoloplasty in conjunction with extractions - per quadrant.....	96
			D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant .....	68
			D7320	Alveoloplasty not in conjunction with extractions - per quadrant .....	114
			D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or toothe spaces, per quadrant .....	83
			D7471	Removal of exostosis .....	206
			D7509	Marsupialization of odontogenic cyst.....	400
			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.....	38
D6010	Endosteal implant - surgical placement .....	1073			
D6011	Surgical access to an implant body (second stage implant surgery) ..	200			
D6013	Surgical placement of mini implant.....	431			
D6040	Subperiosteal implant .....	953			
D6050	Transosseous mandibular implant.....	1830			
D6055	Connecting - implant supported or abutment supported .....	720			
D6056	Prefabricated abutment - includes modification and placement .....	312			
D6057	Custom fabricated abutment - incl. modification and placement.....	438			
D6058	Abutment supported porcelain/ceramic crown .....	692			
D6059	Abutment supported porcelain fused to metal crown - high noble metal .....	629			
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal .....	584			
D6061	Abutment supported porcelain fused to metal crown - noble metal.....	625			
D6062	Abutment supported cast metal crown - high noble metal .....	645			
D6063	Abutment supported cast metal crown - predominantly based metal .....	642			
D6064	Abutment supported cast metal crown - noble metal .....	715			
D6065	Implant supported porcelain/ceramic crown.....	708			
D6066	Implant supported crown - porcelain fused to high noble alloys .....	713			
D6067	Implant supported crown - high noble alloys metal.....	738			
D6068	Abutment supported retainer for porcelain/ceramic FPD.....	664			
D6069	Abutment supported retainer for porcelain fused to metal FPD - high noble metal .....	652			
D6070	Abutment supported retainer for porcelain fused to metal FPD - predominantly base metal .....	653			
D6071	Abutment supported retainer for porcelain fused to metal FPD - noble metal .....	700			
D6072	Abutment supported retainer for cast metal FPD - high noble metal .....	632			
D6073	Abutment supported retainer for cast metal FPD -predominantly base metal .....	594			
D6074	Abutment supported retainer for cast metal FPD - noble metal.....	699			
D6075	Implant supported retainer for ceramic FPD.....	778			
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys .....	702			
D6077	Implant supported retainer for metal FPD - high noble alloys .....	810			
D6080	Implant maintenance procedures .....	44			
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.....	64			
D6090	Repair implant prosthesis.....	362			
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment .....	34			
D6092	Re-cement implant / abutment supported crown .....	44			
D6093	Re-cement implant / abutment supported fixed partial denture.....	68			
D6094	Abutment supported crown - titanium and titanium alloys.....	553			
D6095	Repair implant abutment .....	175			
D6100	Surgical removal of implant body.....	182			
D6102	Debridement of periimplant defect .....	477			
D6104	Bone graft at the time of implant placement.....	281			
D6105	Removal of implant body not requiring bone removal or flap elevation.....	91			
D6110	Implant/abutment supported removable denture for completely edentulous arch-maxillary.....	1346			
D6111	Implant/abutment supported removable denture for completely edentulous arch-mandibular.....	1260			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D7999	Unspecified oral surgery procedure, by report .....	0
<b>Orthodontics</b>		
D8010	Limited orthodontic treatment of the primary dentition .....	1045
D8020	Limited orthodontic treatment of the transitional dentition .....	1236
D8030	Limited orthodontic treatment of the adolescent dentition .....	1664
D8040	Limited orthodontic treatment of adult dentition .....	1664
D8070*	Comprehensive orthodontic treatment of the transitional dentition	3304
D8080*	Comprehensive orthodontic treatment of the adolescent dentition.	3422
D8090*	Comprehensive orthodontic treatment of the adult dentition (Invisalign - 15% discount from participating dentist's UCR fee).....	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
<b>Adjunctive General Services</b>		
D9110	Palliative treatment of dental pain – per visit .....	38
D9219	Evaluation for deep sedation or general anesthesia .....	0
D9222	Deep sedation/general anesthesia - first 15 minutes.....	76
D9223	Deep sedation/general anesthesia - each sub. 15 min. increment ....	76
D9230	Inhalation of nitrous oxide/analgesia, anxietyolysis.....	31
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	90
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 subsequent minute increment .....	90
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 .....	48
D9613	Infiltration of sustained release therapeutic drug, per quadrant .....	190
D9930	Treatment of complications (post-surgical) unusual circumstances, by report.....	43
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
D9953	Reline custom sleep apnea appliance (indirect).....	175
D9972	External bleaching - per arch - performed in office.....	15% Discount
D9973	External bleaching - per tooth.....	15% Discount
D9974	Internal bleaching - per tooth .....	131
D9975	External bleaching for home application - per arch.....	15% Discount
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.

<sup>1</sup> 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.
- 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.