

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
D0601-03	Caries risk assessment & documentation, with a finding of low, moderate or 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 - excluding varnish.....	0
D1351	Sealant - per tooth.....	0
D1352	Prev resin rest. mod/high caries risk – perm. tooth.....	0
D1354	Interim caries arresting medicament application - per tooth ..	0
D1510/20	Space maintainer - fixed/removable - unilateral.....	0
D1516/26	Space maintainer - fixed/removable - bilateral, maxillary.....	0
D1517/27	Space maintainer - fixed/removable - bilateral, mandibular.....	0
D1550	Re-cement or re-bond space maintainer.....	0
D1575	Distal shoe space maintainer – fixed – unilateral.....	0
RESTORATIVE DENTISTRY (FILLINGS)		
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
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
D2790-94	Crown - full cast high noble metal.....	543
D2910/20	Recement or re-bond inlay, onlay/crown, veneer 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 necessitated by restorative material failure.....	107
D2990	Resin infiltration/smooth surface.....	28

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
PROSTHETICS (DENTURES)		
D5110/20	Complete denture - maxillary/mandibular.....	702
D5130/40	Immediate denture - maxillary/mandibular.....	758
D5211/12	Maxillary/mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) ..	477
D5213/14	Maxillary/mandibular partial denture - cast metal.....	802
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular.....	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 retentive/clasping material - per tooth.....	81
D5640	Replace broken teeth - per tooth.....	56
D5650/60	Add tooth or clasp to existing partial denture - per tooth....	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/PONICS		
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
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	Retainer inlay - porc./ceramic, >=3 surfaces.....	354
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	236

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D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	302
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	332
D6740	Retainer crown - porcelain/ceramic	609
D6750/51/52	Retainer crown - porcelain fused metal	555
D6780/81/82	Retainer crown - 3/4 cast metal	519
D6783	Retainer crown - 3/4 porc./ceramic	549
D6790-94	Retainer crown - full cast metal	543
D6930	Recement or rebond fixed partial denture	58
D6980	Fixed partial denture repair necessitated by restorative material failure	172

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain	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 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
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	190
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	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	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/ incom. 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
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

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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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	Autogenous connective tissue graft procedures (including donor site surgery)	738
D4275	Non-autogenous connective tissue graft procedures (including recipient site and donor material)	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
D9944	Occlusal guard - hard appliance, full arch	285
D9945	Occlusal guard - soft appliance, full arch	285
D9946	Occlusal guard - hard appliance, partial arch	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	Alveoloplasty in conj. with ext. - 4 or more teeth, per quad	96
D7311	Alveoloplasty in conj. w/ extractions - 1 - 3 teeth/tooth spaces, per quad.	82
D7320	Alveoloplasty not in conj. with extractions - 4 or more teeth, per quad	114
D7321	Alveoloplasty 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 pericoronol 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. One (1) interim caries arresting medicament application per primary tooth per lifetime.
9. Distal shoe space maintainer limited to once per lifetime.
10. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
11. Replacement of a bridge, crown or denture is covered if it is more than five (5) years from the date of original placement.
12. 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%.
13. One (1) relining and rebasing of dentures is covered every 36 months, per patient.
14. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
15. Pulpotomies are considered integral when performed by the same dentist within a 45-day period prior to the completion of root canal therapy.
16. 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.
17. 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.
18. One (1) full mouth debridement is covered per lifetime, per patient.
19. 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.
20. One (1) periodontal surgery of any type, including any associated material, is covered every 36 months per quadrant or surgical site.
21. Periodontal maintenance after active therapy is covered two (2) times per calendar year, within 24 months after definitive periodontal therapy.
22. 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.
23. 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.
24. Fixed partial dentures, buildups and posts and cores for members under 16 years of age are not covered unless approved by Plan.
25. 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.
26. Osseous surgery is not covered when provided within 24 months of osseous surgery in the same area of the mouth.
27. Surgical revision procedure (D4268) is considered integral to all other periodontal procedures.
28. 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.
29. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
30. Removal of impacted third molars in patients under age 15 and over age 30 is not covered unless approved by the Plan.
31. 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
32. 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.
33. Athletic mouth guards are limited to one (1) per 12 consecutive month period.
34. The Invisalign system is a discounted benefit that applies to D8070, D8080 and D8090. Additional costs incurred will become the patient's responsibility.
35. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two (2) per calendar year.