

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
Diagnostic/Preventive			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	0	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	Restorative Dentistry (Fillings)		
D0340	Cephalometric film	0	D2140	Amalgam - one surface, primary or permanent	0
D0350	Oral/facial images (including intra and extraoral images).....	0	D2150	Amalgam - two surfaces, primary or permanent	0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	0	D2160	Amalgam - three surfaces, primary or permanent	0
D0373	Intraoral tomosynthesis – bitewing radiographic image	0	D2161	Amalgam - four or more surfaces, primary or permanent	0
D0374	Intraoral tomosynthesis – periapical radiographic image	0	D2330	Resin-based composite - one surface, anterior	16
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0	D2331	Resin-based composite - two surfaces, anterior	20
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	0	D2332	Resin-based composite - three surfaces, anterior	24
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	0	D2335	Resin-based composite - four or more surfaces, anterior	24
D0425	Caries susceptibility tests	0	D2390	Resin based composite crown - anterior	37
D0470	Diagnostic casts	0	D2391	Resin-based composite - one surface, posterior	18
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.....	23
D0601	Caries risk assessment & documentation, with a finding of low risk .	0	D2393	Resin-based composite - three surfaces, posterior	28
D0602	Caries risk assessment & documentation, with a finding of mod. risk	0	D2394	Resin-based composite – four or more surfaces, posterior.....	33
D0603	Caries risk assessment & documentation, with a finding of high risk	0	Crown & Bridge		
D0701	Panoramic radiographic image – image capture only	0	D2510	Inlay - metallic - one surface	247
D0702	2-D cephalometric radiographic image – image capture only.....	0	D2520	Inlay - metallic - two surfaces	282
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0	D2530	Inlay - metallic - three surfaces	290
D0705	Extra-oral posterior dental radiographic image – image capture only	0	D2542	Onlay - metallic - two surfaces	338
D0706	Intraoral – occlusal radiographic image – image capture only	0	D2543	Onlay - metallic - three surfaces.....	363
D0707	Intraoral – periapical radiographic image – image capture only	0	D2544	Onlay - metallic - four or more surfaces	380
D0708	Intraoral – bitewing radiographic image – image capture only	0	D2610	Inlay – porcelain/ceramic, one surface.....	202
D0709	Intraoral – comprehensive series of radiographic images – image capture only	0	D2620	Inlay – porcelain/ceramic, two surfaces	183
D1110	Prophylaxis – adult	0	D2630	Inlay – porcelain/ceramic, three or more surfaces.....	252
D1110*	Third Prophylaxis in a Calendar Year for all members	40	D2740	Crown - porcelain/ceramic	417
D1120	Prophylaxis – child.....	0	D2750	Crown - porcelain fused to high noble metal	380
D1206	Topical application of fluoride - varnish	0	D2751	Crown - porcelain fused to predominately base metal	380
			D2752	Crown - porcelain fused to noble metal.....	380
			D2780	Crown - 3/4 cast high noble metal	260
			D2781	Crown - 3/4 cast predominately base metal	260
			D2782	Crown - 3/4 cast noble metal	260
			D2783	Crown - 3/4 porcelain/ceramic.....	290
			D2790	Crown - full cast high noble metal.....	366
			D2791	Crown - full cast predominately base metal.....	366
			D2792	Crown - full cast noble metal.....	366
			D2794	Crown - titanium and titanium alloys	366
			D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage rest... 12	

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)	ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
D2915	Re-cement cast or prefab post and core	12	D4261	Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant.....	282
D2920	Re-cement or re-bond crown	12	D4268	Surgical revision procedure, per tooth	258
D2921	Reattachment of tooth fragment - incisal edge or cusp	23	D4270	Pedicle soft tissue graft procedure.....	381
D2930	Prefabricated stainless steel crown - primary tooth.....	70	D4273	Autogenous connective tissue graft procedures (including donor site surgery).....	474
D2931	Prefabricated stainless steel crown - permanent tooth	70	D4275	Non-autogenous connective tissue graft procedures (including recipient site and donor material).....	394
D2941	Interim therapeutic restoration, primary dentition.....	0	D4276	Combined connective tissue and pedicle graft, per tooth.....	432
D2950	Core buildup, including any pins	90	D4277	Free soft tissue graft procedure, first tooth or edentulous tooth position in a graft	420
D2951	Pin retention - per tooth, in addition to restoration	5	D4278	Free soft tissue graft procedure, each additional contiguous tooth or edentulous tooth position in a graft site.....	80
D2954	Prefabricated post and core, in addition to crown	112	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	305
D2980	Crown repair necessitated by restorative material failure	72	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	274
D2981	Inlay repair necessitated by restorative material failure	72	D4286	Removal of non-resorbable barrier.....	90
D2982	Onlay repair necessitated by restorative material failure	72	D4341	Periodontal scaling and root planning-four or more teeth per quad.	31
D2983	Veneer repair necessitated by restorative material failure	72	D4342	Periodontal scaling and root planning-one to three teeth, per quad.	23
D2990	Resin infiltration/smooth surface.....	12	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	32
Endodontics¹			D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	64
D3110	Pulp cap - direct (excluding final restoration).....	8	D4381	Localized delivery of antimicrobial agents.....	7
D3120	Pulp cap – indirect (excluding final restoration).....	8	D4910	Periodontal maintenance	16
D3220	Therapeutic pulpotomy (excluding final restoration).....	21	D4999	Periodontal procedure, unspecified by report	30
D3221	Pulpal debridement, primary and permanent teeth	22	Prosthetics (Dentures)		
D3222	Partial pulpotomy for apexogenesis - permanent teeth with incomplete root development.....	28	D5110	Complete denture - maxillary.....	455
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	28	D5120	Complete denture - mandibular	455
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth excluding final restoration).....	28	D5130	Immediate denture - maxillary.....	511
D3310	Endodontic therapy, anterior tooth (excluding final restoration).....	260	D5140	Immediate denture - mandibular	511
D3320	Endodontic therapy, premolar (excluding final restoration).....	332	D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	306
D3330	Endodontic therapy, molar (excluding final restoration)	416	D5212	Mandibular partial denture - resin base (including retentive/ clasping materials, rests and teeth).....	306
D3346	Retreatment of previous root canal therapy-anterior.....	290	D5213	Maxillary partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth).....	549
D3347	Retreatment of previous root canal therapy-premolar	371	D5214	Mandibular partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth).....	549
D3348	Retreatment of previous root canal therapy-molar	438	D5221	Immediate maxillary partial denture - resin base	315
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.).....	109	D5222	Immediate mandibular partial denture - resin base.....	315
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	525
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	525
D3355	Pulpal regeneration - initial visit.....	109	D5225	Maxillary partial denture, flexible base (including retentive/clasping materials, rests, and teeth)	661
D3356	Pulpal regeneration - interim medication replacement	156	D5226	Mandibular partial denture, flexible base (including retentive/ clasping materials, rests, and teeth).....	661
D3357	Pulpal regeneration - completion of treatment	150	D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	661
D3410	Apicoectomy - anterior.....	238	D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	661
D3421	Apicoectomy - premolar (first root).....	268	D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary .	281
D3425	Apicoectomy - molar (first root).....	283	D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	281
D3426	Apicoectomy (each additional root).....	112	D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	281
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.....	281
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	105	D5410	Adjust complete denture - maxillary	9
D3430	Retrograde filling – per root	81	D5411	Adjust complete denture - mandibular	9
D3431	Biologic materials to aid soft/osseous tissue regen. in conj. w/ periradicular surg.	174	D5421	Adjust partial denture - maxillary.....	9
D3432	Guided tissue regen., resorbable barrier, per site, in conj. w/ periradicular surg.	379	D5422	Adjust partial denture - mandibular	9
D3450	Root amputation (resection) - per root.....	156	D5511	Repair broken complete denture base, mandibular.....	20
D3471	Surgical repair of root resorption - anterior	238	D5512	Repair broken complete denture base, maxillary.....	20
D3472	Surgical repair of root resorption – premolar	268	D5520	Replace missing or broken teeth - complete denture (each tooth)....	20
D3473	Surgical repair of root resorption – molar.....	283	D5611	Repair resin partial denture base, mandibular.....	20
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	238	D5612	Repair cast partial denture base, maxillary.....	20
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	268	D5621	Repair cast partial denture base, mandibular	20
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar.....	283	D5622	Repair cast partial denture base, maxillary.....	20
D3920	Hemisection (including any root removal) - not including root canal therapy	145	D5630	Repair or replace broken retentive/clasping material - per tooth.....	24
D3921	Decoronation or submergence of an erupted tooth	64	D5640	Replace broken teeth - per tooth	20
Periodontics¹					
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant	205			
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant....	70			
D4212	Gingivectomy or gingivoplasty - with restorative procedures, per tooth.....	30			
D4240	Gingival flap procedure, including root planing, four or more contiguous teeth or tooth bounded spaces per quadrant	257			
D4241	Gingival flap procedure, including root planning - one to three contiguous teeth or tooth bounded spaces per quadrant	74			
D4249	Clinical crown lengthening-hard tissue	341			
D4260	Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant.....	422			

ADA CODE	DESCRIPTION	MEMBER COPAYMENT(S)
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D7999	Unspecified oral surgery procedure, by report	0
Orthodontics		
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 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
Adjunctive General Services		
D9110	Palliative treatment of dental pain – per visit	35
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	24
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	81
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 subsequent minute increment	81
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	20
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	31
D9613	Infiltration of sustained release therapeutic drug, per quadrant	190
D9930	Treatment of complications (post-surgical) unusual circumstances, by report	42
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	42
D9943	Occlusal guard adjustment	42
D9944	Occlusal guard – hard appliance, full arch	191
D9945	Occlusal guard – soft appliance, full arch	191
D9946	Occlusal guard – hard appliance, partial arch	191
D9953	Reline custom sleep apnea appliance (indirect)	158
D9972	External bleaching - per arch - performed in office	15% Discount
D9973	External bleaching - per tooth	15% Discount
D9974	Internal bleaching - per tooth	84
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.

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.
- 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.