

The dental plan is underwritten by Dominion Dental Services, Inc. d/b/a Dominion National (hereinafter referred to as "Dominion").



**Elite Plus ePPO (DUSA)
Description of Services, Member
Copayments, Exclusions and Limitations**

Plan Highlights

- This plan has fixed copayments. In-network (INN) providers have contracted with Dominion and accept the INN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-

of-area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).

- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network
Amount		\$25
Max Per Family		\$75
Applies to:		Class 2 and Class 3
Maximums		In-Network
Annual		\$2,000
Lifetime Ortho		N/A
The annual maximum applies to: Class 1, Class 2 and Class 3		
Rollover Services	Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts	\$1,000	\$2,500

- Each member must pay the deductible amount for dental services before the plan will begin to cover the member's dental procedures. The deductible is combined for all applicable services for each calendar year per member.
- The maximum listed is the dollar amount that the plan will pay toward the cost of dental care within the specified period per member.
- A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to.
 - At least one claim must be submitted for Class 1 covered services during the calendar year.
 - The member must have received services in excess of any deductible.
 - The member must not have received services that exceed the service maximum, which is the amount paid by the plan.
 - If eligible, the amount of rollover services may not be greater than the rollover maximum.
 - A member's rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given calendar year.

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class I - Diagnostic/Preventive			D0272	Bitewing x-rays - two radiographic images.....	0
Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the calendar year from a participating network dentist. Contact your Benefit Administrator for details.			D0273	Bitewing x-rays - three radiographic images	0
D0120	Periodic oral eval - established patient	0	D0274	Bitewing x-rays - four radiographic images	0
D0140	Limited oral eval - problem focused.....	0	D0277	Vertical bitewings - 7 to 8 radiographic images.....	0
D0145	Oral eval for a patient under 3 years of age	0	D0330	Panoramic radiographic image.....	0
D0150	Comprehensive oral eval - new or established patient.....	0	D0340	2D cephalometric radiographic image	0
D0160	Detailed and extensive oral eval - problem focused ..	0	D0350	2D oral/facial photographic images	0
D0170	Re-evaluation - limited, problem focused	0	D0351	3D photographic image.....	0
D0180	Comp. periodontal eval - new or established patient.....	0	D0425	Caries susceptibility tests	0
D0210	Intraoral - complete series of radiographic images....	0	D0460	Pulp vitality tests	0
D0220	Intraoral - periapical first radiographic image	0	D0470	Diagnostic casts.....	0
D0230	Intraoral - periapical each add. radiographic image...	0	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0
D0240	Intraoral - occlusal radiographic image	0	D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0250	Extraoral - 2D projection radiographic image.....	0	D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0
D0270	Bitewing x-rays - single radiographic image	0	D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
			D1110	Prophylaxis (cleaning) - adult	0

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ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2792	Crown - full cast noble metal	473
D1120	Prophylaxis (cleaning) - child.....	0	D2794	Crown - titanium	530
D1206	Topical application of fluoride varnish	0	D2799	Provisional crown	155
D1208	Topical application of fluoride - excluding varnish	0	D2910	Recent inlay, onlay, veneer or partial coverage rest.	34
D1310	Nutritional counseling for control of dental disease	0	D2915	Recent indirectly fabricated or prefabricated post and core (once in a lifetime).....	34
D1320/30	Oral hygiene instructions	0	D2920	Recent crown	27
D1351	Sealant - per tooth	11	D2930	Prefab. stainless steel crown - prim. tooth	90
D1352	Prev resin rest. mod/high caries risk – perm. tooth	18	D2931	Prefab. stainless steel crown - perm. tooth	90
D1510	Space maintainer - fixed - unilateral	95	D2932	Prefabricated resin crown	66
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular	105	D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth)	84
D1520	Space maintainer - removable - unilateral	95	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth)	84
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular	115	D2940	Protective restoration	30
D1550	Re-cementation of space maintainer	30	D2950	Core buildup, including any pins	100
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14).....	30	D2951	Pin retention - per tooth, in addition to restoration.....	28
D1575	Distal shoe space maintainer - fixed - unilateral	95	D2952	Post and core in addition to crown, indirectly fabricated	141
Class 2 - Restorative (Fillings)			D2953	Each additional indirectly fabricated post, same tooth	77
D2140	Amalgam - one surface, prim. or perm.	20	D2954	Prefab. post and core in addition to crown	105
D2150	Amalgam - two surfaces, prim. or perm.....	30	D2955	Post removal	101
D2160	Amalgam - three surfaces, prim. or perm.	40	D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	285
D2161	Amalgam - >=4 surfaces, prim. or perm.	55	D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months).....	436
D2330	Resin-based composite - one surface, anterior	32	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months).....	54
D2331	Resin-based composite - two surfaces, anterior	42	D2980	Crown repair necessitated by restorative material failure	85
D2332	Resin-based composite - three surfaces, anterior	52	D2981	Inlay repair necessitated by restorative material failure	85
D2335	Resin-based composite - >=4 surfaces, anterior	100	D2982	Onlay repair necessitated by restorative material failure	85
D2390	Resin-based composite crown, anterior.....	70	Class 3 - Endodontics		
D2391	Resin-based composite - one surface, posterior	45	D3110/20	Pulp cap - direct/indirect (excl. final restoration)	13
D2392	Resin-based composite - two surfaces, posterior	55	D3220	Therapeutic pulpotomy (excl. final restor.)	100
D2393	Resin-based composite - three surfaces, posterior	65	D3221	Pulpal debridement, prim. and perm. teeth	100
D2394	Resin-based composite - >=4 surfaces, posterior	115	D3222	Partial pulpotomy for apexogenesis - w/ incomplete root development once per permanent tooth per lifetime for patients under 19 years)	100
Class 3 - Crown & Bridge			D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	90
D2510	Inlay - metallic - one surface	261	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor).....	102
D2520	Inlay - metallic - two surfaces	336	D3310	Endodontic therapy, anterior tooth (excl. final restor.)	550
D2530	Inlay - metallic - three or more surfaces	375	D3320	Endodontic therapy, premolar tooth (excl. final restor.)	640
D2542	Onlay - metallic - two surfaces	355	D3330	Endodontic therapy, molar tooth (excl. final restor.)	780
D2543	Onlay - metallic - three surfaces	375	D3331	Treatment of root canal obstruction; non-surgical access	127
D2544	Onlay - metallic - four or more surfaces	391	D3332	Incomplete endodontic therapy; inoperable, unresterable or fractured tooth	234
D2610	Inlay - porcelain/ceramic - one surface	317	D3333	Internal root repair of perforation defects	119
D2620	Inlay - porcelain/ceramic - two surfaces	331	D3346	Retreat of prev. root canal therapy, anterior	569
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	374			
D2642	Onlay - porcelain/ceramic - two surfaces	375			
D2643	Onlay - porcelain/ceramic - three surfaces	391			
D2644	Onlay - porcelain/ceramic - >=4 surfaces	393			
D2650	Inlay - resin-based composite - one surface.....	317			
D2651	Inlay - resin-based composite - two surfaces	331			
D2652	Inlay - resin-based composite - >=3 surfaces	374			
D2662	Onlay - resin-based composite - two surfaces	375			
D2663	Onlay - resin-based composite - three surfaces	391			
D2664	Onlay - resin-based composite - >=4 surfaces	393			
D2710	Crown - resin based composite (indirect)	433			
D2712	Crown - 3/4 resin-based composite (indirect)	433			
D2720	Crown - resin with high noble metal	465			
D2721	Crown - resin with predom. base metal	450			
D2722	Crown - resin with noble metal	450			
D2740	Crown - porcelain/ceramic	545			
D2750	Crown - porcelain fused to high noble metal	570			
D2751	Crown - porcelain fused to predom. base metal....	520			
D2752	Crown - porcelain fused to noble metal	520			
D2780	Crown - 3/4 cast high noble metal	393			
D2781	Crown - 3/4 cast predom. base metal	368			
D2782	Crown - 3/4 cast noble metal	391			
D2783	Crown - 3/4 porcelain/ceramic	400			
D2790	Crown - full cast high noble metal.....	507			
D2791	Crown - full cast predom. base metal	455			

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D3347	Retreat of prev. root canal therapy, premolar.....	658
D3348	Retreat of prev. root canal therapy, molar	776
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal	170
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal)	83
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	179
D3410	Apicoectomy - anterior	414
D3421	Apicoectomy - premolar (first root)	446
D3425	Apicoectomy - molar (first root)	543
D3426	Apicoectomy (each add. root).....	145
D3430	Retrograde filling - per root	138
D3450	Root amputation - per root	258
D3920	Hemisection, not inc. root canal therapy	194
D3950	Canal prep/fitting of preformed dowel or post.....	130

Class 3 - Periodontics

D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	198
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	368
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	221
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months)	379
D4260	Osseous surgery - >3 cont. teeth, per quad	600
D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months)	230
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months)	134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months)	194
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)	341
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months)	358
D4268	Surgical revision procedure, per tooth.....	329
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	401
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months)	626
D4274	Mesial/distal wedge procedure, single tooth.....	194
D4275	Non-autogenous connective tissue graft - first tooth, implant or edentulous tooth position in graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	405

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D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	30
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	97
D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.....	30
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	60
D4381	Localized delivery of antimicrobial agents	42
D4910	Periodontal maintenance.....	75
D4920	Unscheduled dressing change (by someone other than treating dentist)	49

Class 3 - Prosthetics (Dentures)

D5110/20	Complete denture - maxillary/mandibular	560
D5130/40	Immediate denture - maxillary/mandibular	565
D5211/12	Maxillary/mandibular partial denture - resin base	375
D5213/14	Maxillary/mandibular partial denture - cast metal	625
D5221/22	Immediate maxillary/mandibular partial denture - resin base	375
D5223/24	Immediate maxillary/mandibular partial denture - cast metal framework.....	625
D5225/26	Maxillary/mandibular partial denture - flexible base	625
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	318
D5410/11	Adjust complete denture - maxillary/mandibular ...	20
D5421/22	Adjust partial denture - maxillary/mandibular	20
D5511/12	Repair broken complete denture base, mandibular/maxillary.....	59
D5520	Replace missing or broken teeth - complete denture	65
D5611/12	Repair resin partial denture base, mandibular/maxillary.....	59
D5621/22	Repair cast partial framework, mandibular/maxillary.....	59
D5630	Clasp repaired, replaced or added	59
D5640	Replace broken teeth - per tooth	65
D5650	Add tooth to existing partial denture	65
D5660	Add clasp to existing partial denture - per tooth	70
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular).....	245
D5710/11	Rebase complete maxillary/mandibular denture ..	185
D5720/21	Rebase maxillary/mandibular partial denture	110
D5730/31	Reline complete maxillary/mandibular denture (chairside).....	93
D5740/41	Reline maxillary/mandibular partial denture (chairside).....	93
D5750/51	Reline complete maxillary/mandibular denture (lab)	134
D5760/61	Reline maxillary/mandibular partial denture (lab)	134
D5810/11	Interim complete denture - maxillary/mandibular.....	228
D5820/21	Interim partial denture - maxillary/mandibular	228
D5850/51	Tissue conditioning - maxillary/mandibular	41

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D5863/65	Overdenture – complete maxillary/mandibular.....	600	D6609	Retainer onlay - porc./ceramic, >=3 surfaces	401
D5864/66	Overdenture – partial maxillary/mandibular	565	D6610	Retainer onlay - cast high noble metal, two surfaces	415
Class 3 - Implant Services			D6611	Retainer onlay - cast high noble metal, >=3 surfaces	401
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months)	1360	D6612	Retainer onlay - cast predominantly base metal, two surfaces	415
D6056	Prefabricated abutment (includes placement).....	468	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	401
D6057	Custom abutment (includes placement).....	560	D6614	Retainer onlay - cast noble metal, two surfaces	415
D6058	Abutment supported porcelain/ceramic crown.....	705	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	401
D6059	Abutment supported porcelain fused to metal crown (high noble)	665	D6624	Retainer inlay - titanium.....	401
D6060	Abutment supported porcelain fused to metal crown (base metal)	600	D6634	Retainer onlay - titanium.....	401
D6061	Abutment supported porcelain fused to metal crown (noble metal).....	640	D6710	Retainer crown - indirect resin based composite... 502	
D6062	Abutment supported cast metal crown (high noble)	632	D6720	Retainer crown - resin with high noble metal	446
D6063	Abutment supported cast metal crown (base metal)	600	D6721	Retainer crown - resin with predom. base metal ...	425
D6064	Abutment supported cast metal crown (noble metal).....	620	D6722	Retainer crown - resin with noble metal.....	425
D6065	Implant supported porcelain/ceramic crown.....	705	D6740	Retainer crown - porcelain/ceramic.....	506
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	665	D6750	Retainer crown - porcelain fused to high noble metal	520
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	665	D6751	Retainer crown - porcelain fused to predom. base metal.....	475
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth)	76	D6752	Retainer crown - porcelain fused to noble metal ...	475
D6092	Recement implant/abutment supported crown (once per tooth after 6 months from initial placement)	24	D6780	Retainer crown - 3/4 cast high noble metal	410
D6093	Recement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement).....	35	D6781	Retainer crown - 3/4 cast predominantly base metal	375
D6094	Abutment supported crown (titanium).....	640	D6782	Retainer crown - 3/4 cast noble metal	404
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140	D6783	Retainer crown - 3/4 porc./ceramic	469
D6100	Implant removal, by report (once per tooth).....	116	D6790	Retainer crown - full cast high noble metal.....	512
Class 3 - Bridge & Pontics			D6791	Retainer crown - full cast predom. base metal	446
D6205	Pontic - indirect resin based composite	520	D6792	Retainer crown - full cast noble metal	473
D6210	Pontic - cast high noble metal	510	D6793	Provisional retainer crown (if used at least 6 months during multistage care)	156
D6211	Pontic - cast predom. base metal.....	463	D6794	Retainer crown - titanium	502
D6212	Pontic - cast noble metal.....	473	D6930	Recement or rebond fixed partial denture.....	50
D6214	Pontic - titanium.....	520	D6980	Fixed partial denture repair, by report	100
D6240	Pontic - porcelain fused to high noble metal	570	D6985	Pediatric partial denture - fixed (once per arch per 60 months).....	375
D6241	Pontic - porcelain fused to predom. base metal	520	Class 3 - Oral Surgery		
D6242	Pontic - porcelain fused to noble metal	520	D7111	Extraction, coronal remnants - primary tooth.....	40
D6245	Pontic - porcelain/ceramic	500	D7140	Extraction, erupted tooth or exposed root	50
D6250	Pontic - resin with high noble metal.....	552	D7210	Extraction, erupted tooth req elev, etc	104
D6251	Pontic - resin with predom. base metal	442	D7220	Removal of impacted tooth - soft tissue	130
D6252	Pontic - resin with noble metal	508	D7230	Removal of impacted tooth - partially bony.....	190
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7240	Removal of impacted tooth - completely bony	225
D6548	Retainer - porc./ceramic for resin bonded fixed prosthesis	364	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	235
D6600	Retainer inlay - porc./ceramic, two surfaces	394	D7250	Removal of residual tooth roots.....	120
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	405	D7251	Coronectomy - intentional partial tooth removal (once per lifetime).....	235
D6602	Retainer inlay - cast high noble metal, two surfaces	344	D7260	Oroantral fistula closure	689
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	379	D7261	Primary closure of a sinus perforation	200
D6604	Retainer inlay - cast predominantly base metal, two surfaces	394	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	414
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	379	D7280	Exposure of an unerupted tooth.....	165
D6606	Retainer inlay - cast noble metal, two surfaces.....	394	D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	253
D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	379	D7286	Incisional biopsy of oral tissue - soft	259
D6608	Retainer onlay - porc./ceramic, two surfaces.....	415	D7287	Exfoliative cytological sample collection	50
			D7288	Brush biopsy - transepithelial sample collection.....	40
			D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	86
			D7310	Alveoloplasty in conjunction with extractions, >= 4 teeth or tooth spaces per quad.....	201
			D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant ..	132
			D7320	Alveoloplasty not in conjunction with extractions, >=4 teeth or tooth spaces per quad ...	276

ADA CODE	DESCRIPTION	IN
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant	228
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).....	690
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	1322
D7510	Incision and drainage of abscess - intraoral soft tissue	175
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc	322
D7963	Frenuoplasty (once per site)	322
D7970	Excision of hyperplastic tissue - per arch	322
D7971	Excision of pericoronal gingiva	106
D7979	Non-surgical sialolithotomy	35
D7980	Surgical sialolithotomy	644
D7981	Excision of salivary gland, by report	2300
D7982	Sialodochoplasty	1380
D7983	Closure of salivary fistula	1196

Class 3 - Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain.....	35
D9120	Fixed partial denture sectioning (once per tooth) ...	35
D9210/15	Local anesthesia	14
D9219	Evaluation for deep sedation or general anesthesia ..	0
D9222	Deep sedation/general anesthesia - first 15 minutes	58
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr.....	58
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	15
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	58
D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min incr	58
D9248	Non-intravenous conscious sedation	89
D9310	Consultation (diagnostic service by nontreating dentist)	40
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	190
D9910	Application of desensitizing medicament	20
D9930	Treatment of complications (post-surgical).....	42
D9942	Repair or reline of an occlusal guard (only when D9944/45/46 has been benefited and after 6 months of initial placement)	82
D9944	Occlusal guard – hard appliance, full arch	220
D9945	Occlusal guard – soft appliance, full arch.....	220
D9946	Occlusal guard – hard appliance, partial arch	220
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255
D9995	Teledentistry - synchronous; real-time encounter ...	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available).....	20

Class 4 - Orthodontics - Not covered 0%

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.

Plan Exclusions

Please refer to the section in your Certificate of Coverage titled “State-Specific Exclusions” for additional exclusions, if applicable.

1. Services which are covered under 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. Reconstructive, plastic, cosmetic, elective or aesthetic

4. dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where 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, or while on active duty as a member of the armed forces of any nation.
9. Replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of temporomandibular disorder (TMD) syndrome, problems and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of nonpathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that in the opinion of the plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the member’s condition.

Plan Limitations

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months
2. One emergency or problem focused exam (D0140) per Calendar Year
3. Two teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients; Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the calendar year from a participating network dentist. Contact your Benefit Administrator for details.
4. One topical fluoride per Calendar Year, to age 16
5. Bitewing x-rays, 2 per Calendar Year
6. Periapical x-rays
7. One full mouth or panoramic x-ray per 60 months
8. Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service)
9. One sealant per tooth per lifetime, to age 16 (limited to permanent 1st and 2nd molars)
10. Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)
11. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months
12. Restoration services, limited to:
 - a. Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
 - b. Replacement of existing inlay, onlay, or crown, after 5 years of the restoration initially place or last replaced
 - c. Stainless steel crowns up to age 14 (one per tooth per lifetime)
 - d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally

13. Pin retention of fillings (multiple pins on the same tooth are allowable as one pin)
14. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
 - a. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage)
 - b. Pulpotomy
 - c. Apicoectomy
 - d. Retrograde fillings, per root per lifetime
15. Antibiotic injections administered by a dentist
16. Periodontic services, limited to:
 - a. Two periodontal maintenance visits following surgery per Calendar Year
 - b. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
 - c. Occlusal adjustment performed with covered surgery
 - d. Gingivectomy
 - e. Osseous surgery including flap entry and closure
 - f. One pedicle or free soft tissue graft per site per lifetime
 - g. One appliance (night guards) per 5 years within 6 months of osseous surgery
 - h. One full mouth debridement per lifetime
 - i. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years
17. Simple extraction of teeth
18. Oral surgery, including postoperative care for:
 - a. Removal of teeth, including impacted teeth
 - b. Extraction of tooth root
 - c. Alveolectomy, alveoplasty, and frenectomy
 - d. Excision of periocoronary gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy
 - e. Tooth reimplantation and/or stabilization; tooth transplantation
 - f. Excision of a tumor or cyst and incision and drainage of an abscess or cyst
 - g. Coronectomy, intentional partial tooth removal, one (1) per tooth per lifetime
19. One study model per 36 months
20. Crown build-up for non-vital teeth
21. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter
22. One repair of dentures or fixed bridgework per 12 months
23. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery, or implant placement procedures
24. Prosthetic services, limited to:
 - a. Initial placement of removable dentures or fixed bridges
 - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 5 years from the date of last placement
 - c. Addition of teeth to existing partial denture
 - d. One relining or rebasing of existing removable dentures per 24 months
 - e. One 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 years
25. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year.
26. Endosteal implant, a device surgically inserted into the bone to provide support for a single restoration when used in lieu of a three unit bridge and adjacent abutment teeth are not to be restored, age 16 or older, once per tooth per 60 months.