



Select Plan Adults

Great value, fixed fees and limited costs.

Plan Features

- NO** Annual Maximums
- NO** Deductibles
- NO** Waiting Periods
- NO** Pre-authorization Paperwork
- NO** Pre-existing Condition Exclusions

Adult (Age 19 and Over)

- Choose any in-network dentist from one of the largest DHMO-style networks in the Mid-Atlantic.¹
- No maximum dollar limits, deductibles, waiting periods or pre-existing condition exclusions.
- No charge for exams, cleanings, bitewing X-rays and other preventive services.
- Predetermined fees – schedule lists specific copayment amounts for dental procedures.
- Orthodontic benefits and discounts on all implant services.
- Extra cleaning for diabetics and expectant mothers.
- Specialty care is also provided by Plan Specialists at rates 25% less than usual and customary charge (Specialty care in Delaware may differ).

About Dominion

Dominion Dental Services (Dominion), incorporated in 1996, is a leading provider and administrator of dental and vision benefits in the Mid-Atlantic, offering managed care and indemnity programs, claims adjudication and comprehensive plan administration. Among our 550,000 customers are leading health plans, employer groups, municipalities, associations and individuals.

The Dominion Group of companies includes Dominion Dental Services, Inc., a licensed issuer of dental plans, and Dominion Dental Services USA, Inc., a licensed administrator of dental and vision benefits.

¹ Dominion Dental Services, Inc. Competitive Network Survey, 2nd Quarter 2014. Participating dentists are subject to change.



We Work For Your Benefit.®

For full details of the coverages, limitations and exclusions, please read the Description of Benefits and Member Copayments.

**Need to find a participating dentist?
Simply visit DominionDental.com/health-care-reform
or call 888-518-5338.**

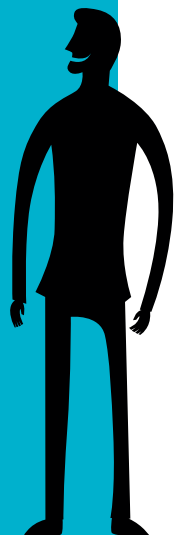
Dominion is a Qualified Health Plan issuer in the DC Health Link, Delaware Health Insurance Marketplace, Maryland Health Connection, Pennsylvania Health Insurance Marketplace and Virginia Health Insurance Marketplace.

A New Level of Service¹

- Less than 0.1% of our members called with a service issue.
- 96% member satisfaction rate.²
- 98% of Dominion members have access to at least two PPO dentists within 10 miles.
- Our PPO network increased by 20% in the last year.

¹ Dominion Dental Services, Inc. Internal Performance Report, 2013.

² Dominion Dental Services, Inc. Member Satisfaction Survey, January 2014.



Select Plan SHOP 703xa

Description of Benefits & Member Copayments for Adult Services (age 19 and over)

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	10
D0120	Periodic oral eval - established patient	0
D0140	Limited oral eval - problem focused	0
D0150	Comprehensive oral eval - new or established patient	0
D0160	Detailed and extensive oral eval - problem focused	0
D0170	Re-evaluation - limited, problem focused	0
D0210	Intraoral - complete series (including bitewings)	26
D0220	Intraoral - periapical first film	0
D0230	Intraoral - periapical each add. film	0
D0240	Intraoral - occlusal film	0
D0250/60	Extraoral - first film and each add. film	0
D0270-74	Bitewing x-rays - 1 to 4 films	0
D0277	Vertical bitewings - 7 to 8 films	0
D0330	Panoramic film	30
D0340	Cephalometric Film	0
D0350	Oral/facial photographic images	0
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
D1110	Prophylaxis (cleaning) - adult	13
D1110*	Additional cleaning (expecting mothers or Diabetics)	40
D1204	Topical application of fluoride - adult	0
D1206	Topical fluoride varnish for mod/high risk caries patients ..	0
D1310	Nutritional counseling for control of dental disease	0
D1320/30	Oral hygiene instructions	0

RESTORATIVE DENTISTRY (FILLINGS)

AMALGAM RESTORATIONS (SILVER)		
D2140	Amalgam - one surface, prim. or perm.	41
D2150	Amalgam - two surfaces, prim. or perm.	51
D2160	Amalgam - three surfaces, prim. or perm.	64
D2161	Amalgam - >=4 surfaces, prim. or perm.	78

RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		
D2330	Resin-based composite - one surface, anterior	69
D2331	Resin-based composite - two surfaces, anterior	83
D2332	Resin-based composite - three surfaces, anterior	99
D2335	Resin-based composite - >=4 surfaces, anterior	119
D2390	Resin-based composite crown, anterior	192
D2391	Resin-based composite - one surface, posterior	73
D2392	Resin-based composite - two surfaces, posterior	87
D2393	Resin-based composite - three surfaces, posterior	102
D2394	Resin-based composite - >=4 surfaces, posterior	123

D2940	Sedative filling	39
D2951	Pin retention - per tooth, in addition to restoration	22
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32

CROWN & BRIDGE*

D2510	Inlay - metallic - one surface	407
D2520	Inlay - metallic - two surfaces	407
D2530	Inlay - metallic - three or more surfaces	425
D2542	Onlay - metallic-two surfaces	458
D2543	Onlay - metallic-three surfaces	524
D2544	Onlay - metallic-four or more surfaces	524
D2610	Inlay - porcelain/ceramic - one surface	427
D2620	Inlay - porcelain/ceramic - two surfaces	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D2642	Onlay - porcelain/ceramic - two surfaces	479
D2643	Onlay - porcelain/ceramic - three surfaces	499
D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
D2650	Inlay - resin-based composite - one surface	440
D2651	Inlay - resin-based composite - two surfaces	440
D2652	Inlay - resin-based composite - >=3 surfaces	440
D2662	Onlay - resin-based composite - two surfaces	444
D2663	Onlay - resin-based composite - three surfaces	444
D2664	Onlay - resin-based composite - >=4 surfaces	444
D2710	Crown - resin based composite (indirect)	272
D2712	Crown - 3/4 resin-based composite (indirect)	485
D2720/21/22	Crown - resin with metal	495
D2740	Crown - porcelain/ceramic substrate	560
D2750/51/52	Crown - porcelain fused metal	523
D2780/81/82	Crown - 3/4 cast with metal	478

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D2783	Crown - 3/4 porcelain/ceramic	511
D2790/91/92	Crown - full cast metal	495
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43
D2931	Prefab. stainless steel crown - perm. tooth	121
D2932	Prefabricated resin crown	140
D2950	Core buildup, including any pins	125
D2952	Cast post and core in addition to crown	186
D2954	Prefab. post and core in addition to crown	154
D2955	Post removal (not in conj. with endo. therapy)	105
D2970	Temporary crown (fractured tooth)	0
D2980	Crown repair, by report	102

PROSTHETICS (DENTURES)

D5110/20	Complete denture - maxillary/mandibular	697
D5130/40	Immediate denture - maxillary/mandibular	722
D5211/12	Maxillary/mandibular partial denture - resin base	649
D5213/14	Maxillary/mandibular partial denture - cast metal	750
D5225/26	Maxillary/mandibular partial denture - flexible base	750
D5281	Rem. unilateral partial denture - one piece cast metal	419
D5410/11	Adjust complete denture - maxillary/mandibular	38
D5421/22	Adjust partial denture - maxillary/mandibular	38
D5510/5610	Repair broken denture base (complete/resin)	87
D5520	Replace missing or broken teeth - complete denture	87
D5620	Repair cast framework	87
D5630/60	Clasp repaired, replaced or added	115
D5640	Replace broken teeth - per tooth	87
D5650	Add tooth to existing partial denture	87
D5670/71	Replace all teeth and acrylic on cast metal framework ..	287
D5710/11	Rebase complete maxillary/mandibular denture	260
D5720/21	Rebase maxillary/mandibular partial denture	260
D5730/31	Reline complete maxillary/mandibular denture (chairside) ..	159
D5740/41	Reline maxillary/mandibular partial denture (chairside) ..	155
D5750/51	Reline complete maxillary/mandibular denture (lab)	224
D5760/61	Reline maxillary/mandibular partial denture (lab)	224
D5810/11	Interim complete denture - maxillary/mandibular	362
D5820/21	Interim partial denture - maxillary/mandibular	362
D5850/51	Tissue conditioning - maxillary/mandibular	79

BRIDGE & PONTICS*

D6210/11/12	Pontic - metal	495
D6240/41/42	Pontic - porcelain fused metal	523
D6245	Pontic - porcelain/ceramic	560
D6250/51/52	Pontic - resin with metal	495
D6545	Retainer - cast metal for resin bonded fixed prosthesis ..	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis ..	393
D6600	Inlay - porc./ceramic, two surfaces	427
D6601	Inlay - porc./ceramic, >=3 surfaces	445
D6602	Inlay - cast high noble metal, two surfaces	407
D6603	Inlay - cast high noble metal, >=3 surfaces	425
D6604	Inlay - cast predominantly base metal, two surfaces	407
D6605	Inlay - cast predominantly base metal, >=3 surfaces	425
D6606	Inlay - cast noble metal, two surfaces	407
D6607	Inlay - cast noble metal, >=3 surfaces	425
D6608	Onlay -porc./ceramic, two surfaces	479
D6609	Onlay - porc./ceramic, three or more surfaces	499
D6610	Onlay - cast high noble metal, two surfaces	458
D6611	Onlay - cast high noble metal, >=3 surfaces	524
D6612	Onlay - cast predominantly base metal, two surfaces	458
D6613	Onlay - cast predominantly base metal, >=3 surfaces	524
D6614	Onlay - cast noble metal, two surfaces	458
D6615	Onlay - cast noble metal, >=3 surfaces	524
D6720/21/22	Crown - resin with metal	495
D6740	Crown - porcelain/ceramic	560
D6750/51/52	Crown - porcelain fused metal	523
D6780	Crown - 3/4 cast high noble metal	470
D6781	Crown - 3/4 cast predominantly base metal	470
D6782	Crown - 3/4 cast noble metal	470
D6783	Crown - 3/4 porc./ceramic	511
D6790/91/92	Crown - full cast metal	495
D6930	Recement fixed partial denture	69
D6970	Post and core in addition to fixed part. dent. ret.	185
D6972	Prefab post and core in addition to fixed part. dent. ret. ..	154
D6973	Core build up for retainer, including any pins	125

Select Plan SHOP 703xa

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D6975	Coping - metal	325
D6976	Each add. indirectly fabricated post - same tooth.....	130
D6977	Each add. prefab post - same tooth.....	60
D6980	Fixed partial denture repair, by report.....	172

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia	0
D9220	Deep sedation/general anesthesia - first 30 min.	205
D9221	Deep sedation/general anesthesia - each add. 15 min.	103
D9241	Intravenous conscious sedation/analgesia - first 30 min.	205
D9242	IV conscious sedation/analgesia - each add. 15 min.	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9310	Consultation (diagnostic service by nontreating dentist).....	43
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9990	Broken office appointment.....	50

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	94
D3310	Endodontic therapy, anterior tooth.....	341
D3320	Endodontic therapy, bicuspid tooth.....	418
D3330	Endodontic therapy, molar.....	512
D3333	Internal root repair of perforation defects.....	105
D3346	Retreat of prev. root canal therapy, anterior.....	387
D3347	Retreat of prev. root canal therapy, bicuspid.....	465
D3348	Retreat of prev. root canal therapy, molar.....	558
D3410	Apicoectomy/periradicular surgery, anterior.....	323
D3421	Apicoectomy/periradicular surgery, bicuspid (first root).....	364
D3425	Apicoectomy/periradicular surgery, molar (first root).....	418
D3426	Apicoectomy/periradicular surgery (each add. root).....	152
D3430	Retrograde filling - per root.....	119
D3450	Root amputation - per root.....	234
D3920	Hemisection, not inc. root canal therapy.....	234
D3950	Canal prep/fitting of preformed dowel or post.....	136

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.....	106
D4260	Osseous surgery - >3 cont. teeth, per quad.....	499
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	392
D4268	Surgical revision proc., per tooth.....	358
D4274	Distal or proximal wedge procedure.....	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	63
D4355	Full mouth debridement.....	89
D4381	Localized delivery of chemotherapeutic agents.....	98
D4910	Periodontal maintenance.....	74
D9940	Occlusal guard, by report.....	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266

ORAL SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth.....	56
D7140	Extraction, erupted tooth or exposed root.....	69
D7210	Surgical rem. of erupted tooth req. bone cut.....	133
D7220	Removal of impacted tooth - soft tissue.....	151
D7230	Removal of impacted tooth - partially bony.....	196
D7240	Removal of impacted tooth - completely bony.....	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D7250	Surgical removal of residual tooth roots.....	141
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	226
D7280	Surgical access of an unerupted tooth.....	153
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D7310/20	Alveoloplasty, per quad.....	141
D7510	Incision and drainage of abscess - intraoral soft tissue.....	96
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263

¹As performed by a Participating General Dentist. See Plan Exclusion #13.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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ORTHODONTICS²

D8660	Pre-orthodontic treatment visit.....	413
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

² See exclusion #15 for additional coverage information.

Plan Exclusions

- Services which are covered under 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, 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, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- 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).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with the Plan to provide dental services to members at a 25% reduction from their Usual, Customary and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialist's UCR fee; or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees, as the amount varies by provider.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
- The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
- Any bill, or demand for payment, for a service that the regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

Plan Limitations

- Two (2) evaluations are covered per Plan Year per patient including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per Plan Year per patient.
- Two (2) teeth cleanings (prophylaxis) are covered per Plan Year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per Plan Year per patient.
- Two (2) bitewing x-rays are covered per Plan Year per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
- 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 seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan.
- Relining and rebasing of dentures is covered once every 24 months per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant per patient.
- Full mouth debridement is covered once per lifetime per patient.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- Periodontal maintenance after active therapy is covered twice per Plan Year, within 24 months after definitive periodontal therapy, per patient.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc. Current Dental Terminology © American Dental Association.

Select Plan Kids
Great value, fixed fees and limited costs.

Benefit Features

- NO** Annual Maximums
- NO** Deductibles
- NO** Waiting Periods¹
- NO** Pre-authorization Paperwork
- NO** Pre-existing Condition Exclusions

Pediatric (Under Age 19)

- Over 300 procedures covered.
- Choose any in-network dentist from one of the largest DHMO-style networks in the Mid-Atlantic.²
- No charge for exams, cleanings, bitewing X-rays and other preventive services.
- Predetermined fees – schedule lists specific copayment amounts for dental procedures.
- Specialty care is also provided at the listed copayment whether provided by a Participating General Dentist or Specialist.
- Discount on non-medically necessary orthodontia.
- Out-of-pocket member’s maximum is \$350 per child per calendar year for medically necessary treatment, with a maximum of \$700 for two or more children. For any medically necessary treatments in which the member copayment listed below is over the annual out-of-pocket maximum, the member shall only be responsible up to the maximum and the Plan would be responsible for the remainder.

About Dominion

Dominion Dental Services (Dominion), incorporated in 1996, is a leading provider and administrator of dental and vision benefits in the Mid-Atlantic, offering managed care and indemnity programs, claims adjudication and comprehensive plan administration. Among our 550,000 customers are leading health plans, employer groups, municipalities, associations and individuals.

¹ There is a 24-month waiting period for medically necessary orthodontic benefits.
² Dominion Dental Services, Inc. Competitive Network Survey, 2nd Quarter 2014. Participating dentists are subject to change.



We Work For Your Benefit.[®]

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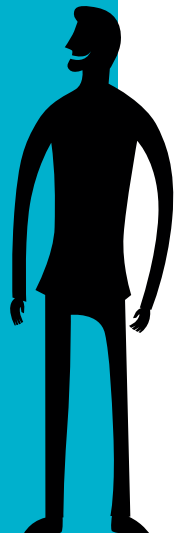
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A New Level of Service¹

- Less than 0.1% of our members called with a service issue.
- 96% member satisfaction rate.²
- 98% of Dominion members have access to at least two PPO dentists within 10 miles.
- Our PPO network increased by 20% in the last year.

¹ Dominion Dental Services, Inc. Internal Performance Report, 2013.

² Dominion Dental Services, Inc. Member Satisfaction Survey, January 2014.



Select Plan Kids 702xs (MD)

Description of Benefits & Member Copayments for Pediatric Services (under age 19)

Annual Out-of-Pocket Maximum: \$350 per child per calendar year for medically necessary treatment (maximum of \$700 for policy covering two or more children)

For any medically necessary treatments in which the member copayment listed below is over the annual out-of-pocket maximum, the member shall only be responsible up to the maximum and the Plan would be responsible for the remainder.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D9439	Office visit	10	D2544	Onlay - metallic - four or more surfaces.....	524
DIAGNOSTIC/PREVENTIVE			D2610	Inlay - porcelain/ceramic - one surface	427
D0120	Periodic oral eval - established patient	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	427
D0140	Limited oral eval - problem focused	0	D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D0145	Oral eval for a patient under 3 years of age.....	0	D2642	Onlay - porcelain/ceramic - two surfaces	479
D0150	Comprehensive oral eval - new or established patient ..	0	D2643/44	Onlay - porcelain/ceramic - >=3 surfaces	499
D0160	Detailed and extensive oral eval - problem focused	0	D2650/51/52	Inlay - resin-based composite - >=1 surface(s).....	440
D0170	Re-evaluation - limited, problem focused.....	0	D2662/63/64	Onlay - resin-based composite - >=2 surfaces	444
D0210	Intraoral - complete series (including bitewings).....	26	D2710	Crown - resin based composite (indirect)	272
D0220/30	Intraoral - periapical first film and each additional.....	0	D2712	Crown - 3/4 resin-based composite (indirect)	485
D0240	Intraoral - occlusal film	0	D2720/21/22	Crown - resin with metal	495
D0250/60	Extraoral - first film and each additional.....	0	D2740	Crown - porcelain/ceramic substrate	560
D0270-74	Bitewing x-rays - 1-4 films	0	D2750/51/52	Crown - porcelain fused to metal	523
D0277	Vertical bitewings - 7 to 8 films.....	0	D2780/81/82	Crown - 3/4 cast with metal.....	478
D0290	Posterior/anterior or lateral skull bone film.....	83	D2783	Crown - 3/4 porcelain/ceramic	511
D0310	Sialography	370	D2790-94	Crown - full cast metal	495
D0320	Temporomandibular joint arthrogram, incl. injection ...	562	D2910/20	Recement inlay, onlay/crown or partial coverage rest. ...	43
D0321	Other temporomandibular joint films, by report.....	120	D2930	Prefab. stainless steel crown - prim. tooth	110
D0330	Panoramic film	30	D2931	Prefab. stainless steel crown - perm. tooth.....	121
D0340	Cephalometric film	0	D2932	Prefabricated resin crown	140
D0350	Oral/facial photographic images	0	D2933	Prefab. stainless steel crown w/ resin window.....	271
D0460	Pulp vitality tests	0	D2934	Prefab. esthetic coated primary tooth	296
D0470	Diagnostic casts	0	D2941	Interim therapeutic restoration, primary dentition.....	31
D0486	Accession of Brush Biopsy Sample	0	D2952	Cast post and core in addition to crown.....	186
D1110	Prophylaxis (cleaning) - adult.....	0	D2954	Prefab. post and core in addition to crown.....	154
D1120	Prophylaxis (cleaning) - child	0	D2955	Post removal (not in conj. with endo. therapy).....	105
D1206	Topical fluoride varnish for mod/high risk caries patients....	0	D2960	Labial veneer (resin laminate) - chairside	434
D1208	Topical application of fluoride.....	0	D2961	Labial veneer (resin laminate) - laboratory	601
D1310	Nutritional counseling for control of dental disease	0	D2962	Labial veneer (porcelain laminate) - laborato.....	449
D1320/30	Oral hygiene instructions	0	D2970	Temporary crown (fractured tooth).....	0
D1351	Sealant - per tooth	21	D2980	Crown repair, by report	102
D1352	Prev resin rest. mod/high caries risk - perm. tooth.....	21	PROSTHETICS (DENTURES)		
SPACE MAINTAINERS			D5110/20	Complete denture - maxillary/mandibular	697
D1510/20	Space maintainer - fixed/removable - unilateral.....	143	D5130/40	Immediate denture - maxillary/mandibular	722
D1515/25	Space maintainer - fixed/removable - bilateral.....	198	D5211/12	Maxillary/mandibular partial denture - resin base	649
D1550	Re-cementation of space maintainer	34	D5213/14	Maxillary/mandibular partial denture - cast metal	750
D1555	Removal of fixed space maintainer, by non-originating dentist	44	D5225/26	Maxillary/mandibular partial denture - flexible base	750
RESTORATIVE DENTISTRY (FILLINGS)			D5281	Rem. unilateral partial denture - one piece cast metal ..	419
AMALGAM RESTORATIONS (SILVER)			D5410/11	Adjust complete denture - maxillary/mandibular	38
D2140	Amalgam - one surface, prim. or perm.	41	D5421/22	Adjust partial denture - maxillary/mandibular	38
D2150	Amalgam - two surfaces, prim. or perm.	51	D5510/5610	Repair broken complete denture base (complete/resin) ...	87
D2160	Amalgam - three surfaces, prim. or perm.	64	D5520	Replace missing or broken teeth - complete denture ...	87
D2161	Amalgam - >=4 surfaces, prim. or perm.	78	D5620	Repair cast framework.....	87
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)			D5630/60	Clasp repaired, replaced or added.....	115
D2330	Resin-based composite - one surface, anterior	69	D5640	Replace broken teeth - per tooth	87
D2331	Resin-based composite - two surfaces, anterior.....	83	D5650	Add tooth to existing partial denture	87
D2332	Resin-based composite - three surfaces, anterior	99	D5670/71	Replace all teeth/acrylic on cast metal framework (maxillary/mandibular)	287
D2335	Resin-based composite - >=4 surfaces, anterior	119	D5710/11	Rebase complete maxillary/mandibular denture.....	260
D2390	Resin-based composite crown, anterior.....	192	D5720/21	Rebase maxillary/mandibular partial denture.....	260
D2391	Resin-based composite - one surface, posterior	73	D5730/31	Reline complete maxillary/mandibular denture (chairside) ..	159
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D2393	Resin-based composite - three surfaces, posterior	102	D5750/51	Reline complete maxillary/mandibular denture (lab).....	224
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D2940	Sedative filling.....	39	D5810/11	Interim complete denture - maxillary/mandibular	362
D2950	Core buildup, including any pins.....	125	D5820/21	Interim partial denture - maxillary/mandibular	362
D2951	Pin retention - per tooth, in addition to restoration	22	D5850/51	Tissue conditioning - maxillary/mandibular	79
D3110/20	Pulp cap - direct/indirect (excl. final restoration).....	32	D5863/65	Overdenture - complete maxillary/mandibular	1694
CROWNS & BRIDGES*			D5864/66	Overdenture - partial maxillary/mandibular	1668
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D2520	Inlay- metallic - two surfaces.....	407	D5993	Cleaning and maintenance prosthetic appliance	18
D2530	Inlay - metallic - three or more surfaces.....	425	BRIDGES & PONTICS*		
D2542	Onlay - metallic-two surfaces.....	458	D6058	Abutment supported porcelain/ceramic crown.....	560
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			D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal	523
			D6210/11/12	Pontic - cast high noble metal.....	495
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ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D6250/51/52	Pontic - resin with metal.....	495
D6545	Ret. - cast metal for resin bonded fixed prosthesis.....	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis ...	393
D6600	Inlay - porc./ceramic, two surfaces	427
D6601	Inlay - porc./ceramic, >=3 surfaces.....	445
D6602	Inlay - cast high noble metal, two surfaces	407
D6603	Inlay - cast high noble metal, >=3 surfaces	425
D6604	Inlay - cast predominantly base metal, two surfaces	407
D6605	Inlay - cast predominantly base metal, >=3 surfaces ...	425
D6606	Inlay - cast noble metal, two surfaces	407
D6607	Inlay - cast noble metal, >=3 surfaces	425
D6608	Onlay -porc./ceramic, two surfaces.....	479
D6609	Onlay - porc./ceramic, three or more surfaces.....	499
D6610	Onlay - cast high noble metal, two surfaces	458
D6611	Onlay - cast high noble metal, >=3 surfaces	524
D6612	Onlay - cast predominantly base metal, two surfaces	458
D6613	Onlay - cast predominantly base metal, >=3 surfaces ...	524
D6614	Onlay - cast noble metal, two surfaces	458
D6615	Onlay - cast noble metal, >=3 surfaces	524
D6720/21/22	Crown - resin with metal	495
D6740	Crown - porcelain/ceramic	560
D6750/51/52	Crown - porcelain fused metal	523
D6780	Crown - 3/4 cast high noble metal	470
D6781	Crown - 3/4 cast predominantly base metal.....	470
D6782	Crown - 3/4 cast noble metal	470
D6783	Crown - 3/4 porc./ceramic.....	511
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D9211/12	Regional block anesthesia	0
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D9221	Deep sedation/general anesthesia - each add. 15 min. ...	103
D9230	Analgesia, anxiety, inhalation of nitrous oxide.....	37
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D9242	IV conscious sedation/analgesia - each add. 15 min. ...	103
D9248	Non-intravenous conscious sedation	145
D9310	Consultation (diagnostic service by nontreating dentist) ...	43
D9410	House/extended care facility call	200
D9420	Hospital call.....	350
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9940	Occlusal guard, by report.....	272
D9941	Fabrication of athletic mouthguard.....	102
D9950	Occlusion analysis - mounted case	104
D9951	Occlusal adjustment - limited	66
D9952	Occlusal adjustment - complete.....	266
D9990	Broken office appointment	50
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D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	94
D3230	Pulpal therapy - resorbable filling, anterior	160
D3240	Pulpal therapy - resorbable filling, posterior.....	164
D3310	Endodontic therapy, anterior tooth	341
D3320	Endodontic therapy, bicuspid tooth	418
D3330	Endodontic therapy, molar	512
D3332	Incomp. endo. Therapy-inop. or fractured tooth.....	183
D3333	Internal root repair of perforation defects.....	105
D3346	Retreat of prev. root canal therapy, anterior.....	387
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D3351	Apexification/recalcification - initial visit	202
D3352	Apexification/recalcification - interim med. repl.....	589
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D3356	Pulpal regeneration - interim medication replacement ...	589
D3357	Pulpal regeneration - completion of treatment.....	449
D3410	Apicoectomy/periradicular surgery, anterior.....	323
D3421	Apicoectomy/periradicular surgery, bicuspid (first root) ..	364
D3425	Apicoectomy/periradicular surgery, molar (first root) ...	418
D3426	Apicoectomy/periradicular surgery (each add. root) ...	152
D3427	Periradicular surgery w/o apicoectomy.....	266
D3430	Retrograde filling - per root	119
D3450	Root amputation - per root	234
D3470	Intentional reimplantation.....	718

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D3920	Hemisection, not inc. root canal therapy.....	234
D3950	Canal prep/fitting of preformed dowel or post.....	136
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D0180	Comp. periodontal eval - new or established patient.....	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad. ...	100
D4230	Anatomical crown exposure, >=4 teeth per quad.	454
D4231	Anatomical crown exposure, 1-3 teeth per quad.	424
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106
D4249	Clinical crown lengthening - hard tissue	576
D4260	Osseous surgery - >3 cont. teeth, per quad	499
D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D4268	Surgical revision proc., per tooth	358
D4274	Distal or proximal wedge procedure	308
D4320	Provisional splinting - intracoronal	427
D4321	Provisional splinting - extracoronal	377
D4341	Perio scaling and root planing - >3 cont teeth, per quad. .	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad. ...	63
D4355	Full mouth debridement	89
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D7220	Removal of impacted tooth - soft tissue.....	151
D7230	Removal of impacted tooth - partially bony.....	196
D7240	Removal of impacted tooth - completely bony	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D7250	Surgical removal of residual tooth roots.....	141
D7251	Coronectomy-intentional partial tooth removal	141
D7260	Oroantral fistula closure	578
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth... 226	
D7272	Tooth transplantation.....	615
D7280	Surgical access of an unerupted tooth.....	153
D7285	Biopsy of oral tissue - hard (bone, tooth).....	387
D7286	Biopsy of oral tissue - soft (all others).....	295
D7290	Surgical repositioning of teeth	407
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report ...	60
D7310/20	Alveoloplasty, per quadrant.....	141
D7311/21	Alveoloplasty in conj. with/out extractions.....	141
D7340	Vestibuloplasty - ridge ext. sec. epithel.....	923
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc.....	1776
D7410	Excision of benign lesion up to 1.25 cm.....	278
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm.....	608
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm... 354	
D7451	Removal of benign odon cyst/tumor - diam >1.25cm. 543	
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm... 516	
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm.. 718	
D7471	Removal of lateral exostosis	351
D7472/73	Removal of torus palatinus/mandibularis	480
D7510	Incision and drainage of abscess - intraoral soft tissue ...	96
D7520	Incision/drainage of abscess - extra. soft tissue	116
D7550	Partial ostect/sequestrect non-vital bone rem.....	336
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc... 263	
D7970	Excision of hyperplastic tissue - per arch.....	233
D7971	Excision of pericoronal gingiva	131
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D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422
D8090	Comp. ortho. treatment - adult dentition	3658
D8660	Pre-orthodontic treatment visit	413
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic ret. (rem. of appl./placement of retainer(s))..413	
D8692	Replacement of lost or broken retainer.....	179
D8693	Rebonding or recementing fixed dentures.....	174
D8694	Repair of fixed retainers, includes reattachment.....	174
¹ See exclusion #15 and limitation #21 for additional coverage information.		
Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc. Current Dental Terminology © American Dental Association.		
Specialty 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 #12.		

Select Plan *Kids 702xs* (MD) Exclusions

Plan Exclusions

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. 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, 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, or while on active duty as a member of the armed forces of any nation.
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 performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). A referral form is required. Participating dentists should refer to Specialty Care Referral Guidelines.
13. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth may be covered subject to review .
14. Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.
15. Non-medically necessary orthodontia and Phase I Treatment for medically necessary orthodontia are not covered benefits under this policy. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #21 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150, D0160) is covered two (2) times per calendar year, per patient.
2. One (1) teeth cleaning (D1110 or D1120) is covered two (2) times per calendar year, per patient.
3. One (1) topical fluoride application (D1203 or D1204) is covered two (2) times per calendar year, per patient; four (4) fluoride varnish treatments are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnishes are covered per calendar year, per patient up to age two (2).
4. Two (2) bitewing x-rays are covered per calendar year, per patient.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per provider/location.
6. One (1) sealant per tooth is covered per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) space maintainer (D1510, D1520, D1515 or D1525) is covered per 24 months, per patient, per arch.
8. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
9. Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.
10. Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
11. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
13. Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
14. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per patient, per quadrant.
15. Full mouth debridement is covered once per 24 months, per patient.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
18. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9241 or D9242. Intravenous conscious sedation is not covered with procedure codes D9220, D9221 or D9230. Non-intravenous conscious sedation is not covered with procedure codes D9220, D9221 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9220, D9221, D9241 or D9242.
21. Orthodontics is only covered if medically necessary as determined by the Plan. There is a 24 month waiting period for medically necessary orthodontia. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.