

Description of Benefits & Member Copayments

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	10
D0120	Periodic oral eval - established patient	0
D0140	Limited oral eval - problem focused	0
D0145	Oral eval for a patient under 3 years of age	0
D0150	Comprehensive oral eval - new or established patient	0
D0160	Detailed and extensive oral eval - problem focused	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	0
D1110*	Additional cleaning (expecting mothers or Diabetics)	40
D1120	Prophylaxis (cleaning) - child	0
D1203	Topical application of fluoride - child	0
D1204	Topical application of fluoride - adult	0
D1206	Topical fluoride varnish for mod/high risk caries patients... 0	0
D1310	Nutritional counseling for control of dental disease	0
D1320/30	Oral hygiene instructions	0
D1351	Sealant - per tooth	18
D1352	Prev resin rest. mod/high caries risk - perm. tooth	18
SPACE MAINTAINERS		
D1510/20	Space maintainer - fixed/removable - unilateral	136
D1515/25	Space maintainer - fixed/removable - bilateral	184
D1550	Re-cementation of space maintainer	33
RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (SILVER)		
D2140	Amalgam - one surface, prim. or perm.	37
D2150	Amalgam - two surfaces, prim. or perm.	46
D2160	Amalgam - three surfaces, prim. or perm.	58
D2161	Amalgam - >=4 surfaces, prim. or perm.	69
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		
D2330	Resin-based composite - one surface, anterior	64
D2331	Resin-based composite - two surfaces, anterior	76
D2332	Resin-based composite - three surfaces, anterior	90
D2335	Resin-based composite - >=4 surfaces, anterior	109
D2391	Resin-based composite - one surface, posterior	68
D2392	Resin-based composite - two surfaces, posterior	80
D2393	Resin-based composite - three surfaces, posterior	93
D2394	Resin-based composite - >=4 surfaces, posterior	112
D2940	Sedative filling	37
D2951	Pin retention - per tooth, in addition to restoration	22
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28
CROWN & BRIDGE*		
D2390	Resin-based composite crown, anterior	175
D2510	Inlay - metallic - one surface	390
D2520	Inlay - metallic - two surfaces	390
D2530	Inlay - metallic - three or more surfaces	407
D2542	Onlay - metallic-two surfaces	423
D2543	Onlay - metallic-three surfaces	511
D2544	Onlay - metallic-four or more surfaces	511
D2610	Inlay - porcelain/ceramic - one surface	410
D2620	Inlay - porcelain/ceramic - two surfaces	410
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427
D2642	Onlay - porcelain/ceramic - two surfaces	439
D2643	Onlay - porcelain/ceramic - three surfaces	459
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
D2650	Inlay - resin-based composite - one surface	425
D2651	Inlay - resin-based composite - two surfaces	425
D2652	Inlay - resin-based composite - >=3 surfaces	425
D2662	Onlay - resin-based composite - two surfaces	429
D2663	Onlay - resin-based composite - three surfaces	429
D2664	Onlay - resin-based composite - >=4 surfaces	429
D2710	Crown - resin based composite (indirect)	259
D2712	Crown - 3/4 resin-based composite (indirect)	450

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D2720/21/22	Crown - resin with metal	470
D2740	Crown - porcelain/ceramic substrate	531
D2750/51/52	Crown - porcelain fused metal	495
D2780/81/82	Crown - 3/4 cast with metal	457
D2783	Crown - 3/4 porcelain/ceramic	469
D2790/91/92	Crown - full cast metal	481
D2910/20	Recentment inlay, onlay/crown or partial coverage rest. 41	41
D2930	Prefab. stainless steel crown - prim. tooth	105
D2931	Prefab. stainless steel crown - perm. tooth	119
D2932	Prefabricated resin crown	135
D2950	Core buildup, including any pins	120
D2952	Cast post and core in addition to crown	181
D2954	Prefab. post and core in addition to crown	148
D2955	Post removal (not in conj. with endo. therapy)	101
D2970	Temporary crown (fractured tooth)	0
D2980	Crown repair, by report	93
PROSTHETICS (DENTURES)		
D5110/20	Complete denture - maxillary/mandibular	664
D5130/40	Immediate denture - maxillary/mandibular	708
D5211/12	Maxillary/mandibular partial denture - resin base	613
D5213/14	Maxillary/mandibular partial denture - cast metal	722
D5225/26	Maxillary/mandibular partial denture - flexible base	722
D5281	Rem. unilateral partial denture - one piece cast metal... 397	397
D5410/11	Adjust complete denture - maxillary/mandibular	35
D5421/22	Adjust partial denture - maxillary/mandibular	35
D5510/5610	Repair broken denture base (complete/resin)	84
D5520	Replace missing or broken teeth - complete denture	84
D5620	Repair cast framework	84
D5630/60	Clasp repaired, replaced or added	112
D5640	Replace broken teeth - per tooth	84
D5650	Add tooth to existing partial denture	84
D5670/71	Replace all teeth and acrylic on cast metal framework... 263	263
D5710/11	Rebase complete maxillary/mandibular denture	253
D5720/21	Rebase maxillary/mandibular partial denture	253
D5730/31	Reline complete maxillary/mandibular denture (chairside) .. 152	152
D5740/41	Reline maxillary/mandibular partial denture (chairside) .. 152	152
D5750/51	Reline complete maxillary/mandibular denture (lab)	214
D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D5810/11	Interim complete denture - maxillary/mandibular	333
D5820/21	Interim partial denture - maxillary/mandibular	333
D5850/51	Tissue conditioning - maxillary/mandibular	75
BRIDGE & PONTICS*		
D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		
D6210/11/12	Pontic - metal	481
D6240/41/42	Pontic - porcelain fused metal	495
D6245	Pontic - porcelain/ceramic	531
D6250/51/52	Pontic - resin with metal	470
D6545	Retainer - cast metal for resin bonded fixed prosthesis... 233	233
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis... 364	364
D6600	Inlay - porc./ceramic, two surfaces	410
D6601	Inlay - porc./ceramic, >=3 surfaces	427
D6602	Inlay - cast high noble metal, two surfaces	390
D6603	Inlay - cast high noble metal, >=3 surfaces	407
D6604	Inlay - cast predominantly base metal, two surfaces	390
D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D6606	Inlay - cast noble metal, two surfaces	390
D6607	Inlay - cast noble metal, >=3 surfaces	407
D6608	Onlay - porc./ceramic, two surfaces	439
D6609	Onlay - porc./ceramic, three or more surfaces	459
D6610	Onlay - cast high noble metal, two surfaces	423
D6611	Onlay - cast high noble metal, >=3 surfaces	511
D6612	Onlay - cast predominantly base metal, two surfaces	423
D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D6614	Onlay - cast noble metal, two surfaces	423
D6615	Onlay - cast noble metal, >=3 surfaces	511
D6720/21/22	Crown - resin with metal	470
D6740	Crown - porcelain/ceramic	531
D6750/51/52	Crown - porcelain fused metal	495
D6780	Crown - 3/4 cast high noble metal	457
D6781	Crown - 3/4 cast predominantly base metal	457
D6782	Crown - 3/4 cast noble metal	457
D6783	Crown - 3/4 porc./ceramic	469
D6790/91/92	Crown - full cast metal	481
D6930	Recentment fixed partial denture	66
D6970	Post and core in addition to fixed part. dent. ret. 180	180
D6972	Prefab post and core in addition to fixed part. dent. ret. 148	148

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D6973	Core build up for retainer, including any pins.....	119
D6975	Coping - metal.....	298
D6976	Each add. indirectly fabricated post - same tooth.....	119
D6977	Each add. prefab post - same tooth.....	55
D6980	Fixed partial denture repair, by report.....	157

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).....	42
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.....	87
D3310	Endodontic therapy, anterior tooth.....	325
D3320	Endodontic therapy, bicuspid tooth.....	395
D3330	Endodontic therapy, molar.....	488
D3333	Internal root repair of perforation defects.....	96
D3346	Retreat of prev. root canal therapy, anterior.....	356
D3347	Retreat of prev. root canal therapy, bicuspid.....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy/periradicular surgery, anterior.....	310
D3421	Apicoectomy/periradicular surgery, bicuspid (first root).....	333
D3425	Apicoectomy/periradicular surgery, molar (first root).....	379
D3426	Apicoectomy/periradicular surgery (each add. root).....	148
D3430	Retrograde filling - per root.....	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	324
D4241	Gingival flap proc., inc. root planing - <=3 cont. teeth, per quad.....	90
D4260	Osseous surgery - >3 cont. teeth, per quad.....	485
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	360
D4268	Surgical revision proc., per tooth.....	329
D4274	Distal or proximal wedge procedure.....	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57
D4355	Full mouth debridement.....	77
D4381	Localized delivery of chemotherapeutic agents.....	90
D4910	Periodontal maintenance.....	66
D9940	Occlusal guard, by report.....	298
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255

ORAL SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth.....	45
D7140	Extraction, erupted tooth or exposed root.....	63
D7210	Surgical rem. of erupted tooth req. bone cut.....	127
D7220	Removal of impacted tooth - soft tissue.....	144
D7230	Removal of impacted tooth - partially bony.....	189
D7240	Removal of impacted tooth - completely bony.....	227
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D7250	Surgical removal of residual tooth roots.....	136
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D7280	Surgical access of an unerupted tooth.....	111
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	41
D7310/20	Alveoloplasty, per quad.....	135
D7510	Incision and drainage of abscess - intraoral soft tissue.....	91
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	256

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

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ORTHODONTICS²		
D8660	Pre-orthodontic treatment visit.....	413
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
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

²Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

- Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
- 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 Participating Dentist, 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 Dominion Dental Services, Inc. (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 Dominion Dental Services to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their UCR that will vary between specialists.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- The Invisalign system and similar specialized braces 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.

Plan Limitations

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
- 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. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months.
- 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.
- Full mouth debridement is covered once per lifetime.
- 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. 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.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

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