

Description of Benefits & Member Copayments

ADA CODE	BENEFIT	MEMBER COPAYMENT (\$)
DIAGNOSTIC / PREVENTIVE / ADJUNCTIVE		
D9439	Office Visit / Infectious Disease Control Charge	\$10
D0120	Periodic Oral Evaluation	No Charge
D0140	Limited Oral Evaluation - Problem Focused	No Charge
D0150	Comprehensive Oral Evaluation	No Charge
D0160	Detailed and Ext. Oral Eval.- Problem Focused	No Charge
D0170	Re-evaluation - limited, Problem Focused (established patient; not postoperative visit)	No Charge
D0210	Intraoral complete series	22
D0220	Intraoral - periapical - first film	No Charge
D0230/40	Each additional film	No Charge
D0250/60	Extraoral - first & each add. film	No Charge
D0270/72/74	Bitewing X-ray - 1, 2, 4 film(s)	No Charge
D0277	Vertical bitewings - seven to eight films	No Charge
D0330	Panoramic	22
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts (not in conjunction with ortho)	No Charge
D1110	Prophylaxis - Teeth Cleaning; Adult (1 per six months, per member)	8
D1120	Prophylaxis - Teeth Cleaning; Child (1 per six months, per member. Exclusive of ADA code D1201)	5
D1201	Topical Fluoride with Prophylaxis (child)	5
D1203	Topical Fluoride without Prophylaxis (child)	No Charge
D1310	Nutritional counseling for control and prevention of dental disease	No Charge
D1320/30	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth (up to 14 years of age)	18
D9110	Palliative (emergency), treatment	35
D9210/15	Local anesthesia	No Charge
D9230	Analgesia, inhalation of nitrous oxide	30
D9310	Consultation (diagnostic service provided by dentist or specialist other than practitioner providing treatment)	35
D9910	Application of desensitizing medicament	25
D9930	Emergency visit during office hours	35
D9990	Broken Office Appointment per 1/2 hour	20
SPACE MAINTAINERS		
D1510/20	Space Maintainer Fixed/Removable - Unilateral	118
D1515/25	Space Maintainer Fixed/Removable - Bilateral	162
D1550	Recementation of space maintainer	28
RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (Silver)		
D2140	Amalgam - one surface, primary or permanent	32
D2150	Amalgam - two surfaces, primary or permanent	40
D2160	Amalgam - three surfaces, primary or permanent	50
D2161	Amalgam - four/more surfaces prim or permanent	60
RESIN/COMPOSITE RESTORATIONS (Tooth Colored)		
D2330	Resin - one surface, anterior	58
D2331	Resin - two surfaces, anterior	69
D2332	Resin - three surfaces, anterior	82
D2335	Resin - four or more surfaces, anterior	99
D2390	Resin-based composite crown, anterior	160
D2391	Resin - one surface, posterior	61
D2392	Resin - two surfaces, posterior	72
D2393	Resin - three surfaces, posterior	85
D2394	Resin - four or more surfaces, posterior	102
D2940	Sedative filling	32
D2951	Pin retention - per tooth, add to restoration	17
D3110/20	Pulp cap direct/indirect (excl. final rest)	22
CROWN & BRIDGE*		
D2390	Resin-based composite crown, anterior	160
D2510	Inlay - metallic - one surface	354
D2520	Inlay - metallic - two surfaces	354
D2530	Inlay - metallic - three surfaces	354
D2542	Onlay - metallic - two surfaces	382
D2543	Onlay - metallic - three surfaces	437
D2610	Inlay - porcelain/ceramic - one surface	316
D2620	Inlay - porcelain/ceramic - two surfaces	341
D2630	Inlay - porcelain/ceramic - three surfaces	364

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D2642	Onlay - porcelain/ceramic - two surfaces	\$379
D2643	Onlay - porcelain/ceramic - three surfaces	393
D2650	Inlay - resin based composite - one surface	347
D2651	Inlay - resin-based composite - two surfaces	347
D2652	Inlay - resin-based composite - three surfaces	347
D2662	Onlay - resin based composite - two surfaces	351
D2663	Onlay - resin-based composite - three surfaces	351
D2710	Crown - resin - lab	258
D2720/21/22	Crown - resin with metal	412
D2740	Crown - porcelain/ceramic substrate	406
D2750/51/52	Crown - porcelain fused to metal	414
D2780	Crown - 3/4 cast high noble metal	393
D2781	Crown - 3/4 cast predominantly base metal	375
D2782	Crown - 3/4 cast noble metal	383
D2783	Crown - 3/4 porcelain/ceramic	405
D2790/91/92	Crown - full cast metal	392
D2910/20	Recement inlay/crown per unit	34
D2930/31	Stainless steel crown - prim or perm tooth	95
D2932	Prefabricated resin crown	110
D2950	Core buildup, including any pins	99
D2952	Cast post & core in addition to crown	147
D2954	Prefab. post & core in addition to crown	122
D2955	Post removal (not in conj. w/ endo therapy)	39
D2970	Temporary crown (w/ perm. crown)	No Charge
D2980	Crown repair, by report	96
PROSTHETICS (DENTURES)		
D5110/20	Complete upper/lower denture	541
D5130/40	Immediate upper/lower denture	560
D5211/12	Upper/lower, resin base partial denture (including any conventional clasps, rests & teeth)	504
D5213/14	Upper/lower, cast base partial denture w/ resin saddles (incl. conventional clasps, rests & teeth)	582
D5281	Removable unilateral partial - 1 piece cast metal (incl. clasps and teeth)	325
D5410/11	Adjust complete denture, upper/lower	29
D5421/22	Upper/lower partial denture adjust.	29
D5510/5610	Repair denture base fee	67
D5520/5640/50	Each tooth added	67
D5620	Repair cast framework	67
D5630/60	Clasp Replaced/Added	90
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary & mandibular)	222
D5710/11/20/21	Rebase compl/partial upper & lower	202
D5730/31/40/41	Reline compl/partial upper & lower	123
D5750/51	Reline complete upper & lower: lab	174
D5760/61	Reline upper/lower partial: lab	174
D5810/11/20/21	Interim complete/partial denture upper & lower	280
D5850/51	Tissue conditioning, upper/lower, per unit	60
BRIDGE & PONTICS*		
D6210/11/12	Pontic - metal	392
D6240/41/42	Pontic - porcelain fused to metal	414
D6245	Pontic - porcelain ceramic	406
D6250/51/52	Pontic - resin with metal	412
D6519	Inlay/onlay - porcelain/ceramic	395
D6520	Inlay - metallic, two surfaces	354
D6530	Inlay - metallic - three surfaces	354
D6543	Onlay - metallic, three surfaces	437
D6545	Retainer - cast metal for a resin bonded fixed	392
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	320
D6600	Inlay - porcelain/ceramic, two surfaces	388
D6601	Inlay - porcelain/ceramic, three surfaces	435
D6602	Inlay - cast high noble metal, two surfaces	416
D6603	Inlay - cast high noble metal, three surfaces	452
D6604	Inlay - cast predom. base metal, two surfaces	379
D6605	Inlay - cast predom. base metal, three surfaces	418
D6606	Inlay - cast noble metal, two surfaces	400
D6607	Inlay - cast noble metal, three surfaces	439
D6608	Onlay - porcelain/ceramic, two surfaces	410

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D6610	Onlay - cast high noble metal, two surfaces	\$462
D6612	Onlay - cast predom. base metal, two surfaces	394
D6614	Onlay - cast noble metal, two surfaces	431
D6720/21/22	Abutment crown - resin w/ metal	412
D6740	Crown - porcelain/ceramic	407
D6750/51/52	Abutment crown - porcelain to metal	414
D6780	Crown - 3/4 cast high noble metal	392
D6781	Crown - 3/4 cast predominantly base metal	389
D6782	Crown - 3/4 cast noble metal	398
D6783	Crown - 3/4 porcelain/ceramic	406
D6790/91/92	Abutment crown - full cast metal	392
D6930	Recement fixed partial bridge	54
D6970/71	Cast post & core	147
D6972	Prefabricated post & core - in addition to bridge retainer	122
D6973	Core build up for retainer, including any pins	99
D6975	Coping - metal	257
D6976	Each additional cast post - same tooth	103
D6977	Each additional prefabricated post - same tooth	47
D6980	Fixed partial denture repair, by report	136

ENDODONTICS ¹		
D3220	Therapeutic pulpotomy (excl. final rest)	58
D3221	Pulpal debridement, primary and perm. teeth	68
D3310	Anterior (excl. final rest)	246
D3320	Bicuspid (excl. final rest)	302
D3330	Molar (excl. final rest)	370
D3333	Internal root repair of perforation defects	76
D3346	Re-treatment - anterior, by report	280
D3347	Re-treatment - bicuspid, by report	336
D3348	Re-treatment - molar, by report	403
D3410	Apicoectomy/Periradicular surg., ant.	233
D3421	Apicoectomy - bicuspid (first root)	263
D3425	Apicoectomy - molar (first root)	302
D3426	Apicoectomy - (each additional root)	110
D3430	Retrograde filling - per root	86
D3450	Root amputation - per root	169
D3920	Hemisection (including any root removal)	169
D3950	Canal prep/fit of preformed dowel or post	99

PERIODONTICS ¹		
D0180	Comprehensive Periodontal Evaluation - new or established patient - not in conjunction with D0150, limited to once per 18 months	30
D4210	Gingivectomy - four or more teeth per quad.	213
D4211	Gingivectomy one to three teeth per quad.	76
D4220	Gingival curettage, surgical - per quadrant, by report	109
D4240	Gingival flap procedure, including root planing, per quad.	263
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	218
D4260	Osseous (bone) surgery - four or more per quad.	381
D4261	Osseous (bone) surgery - one - three teeth per quad.	299
D4268	Surgical revision procedure, per tooth	274
D4274	Distal or proximal wedge procedure	235
D4341	Perio scaling & root planing four or more per quad.	91
D4342	Perio scaling & root planing one - three teeth per quad.	47
D4355	Full mouth debridement	67
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	74
D4910	Periodontal maintenance procedures	62
D9940	Occlusal guards, by report	224
D9950	Occlusion analysis - mounted case	85
D9951	Occlusal adjustment, limited	54
D9952	Occlusal adjustment, complete	220

ORAL SURGERY ¹		
D7110	Single tooth	54
D7111	Coronal remnants - deciduous tooth	43
D7130	Root removal - exposed roots	67
D7140	Extraction - erupted tooth or exposed root	53
D7210	Surgical extraction - erupted	99
D7220	Removal of impacted tooth - soft tissue	112
D7230	Removal of impacted tooth - partially bony	146
D7240	Removal of impacted tooth - completely bony	179
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	161
D7250	Removal of residual tooth roots	105
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	168

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D7280	Surgical access of an unerupted tooth	\$114
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	152
D7291	Transeptal fiberotomy/supra crestal fiberotomy, by report	46
D7310/20	Alveoloplasty per quadrant	105
D7510	Incision/drainage of abscess, soft tissue	72
D7960	Frenulectomy (Frenectomy or Frenotomy)	196

¹ As performed by a General Dentist. See Plan Exclusion #16 below.

ORTHODONTICS		
D8660	Records and models	350
D8070	Comprehensive Orthodontic Treatment of the transitional dentition	2,800
D8080	Comprehensive Orthodontic Treatment of Adolescent Dentition	2,900
D8090	Comprehensive Orthodontic Treatment of Adult Dentition	3,100
D8670	Periodic Orthodontic Visit (beyond 24 months of treatment) per month charge	100
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	350

Phase I Treatment (D8010 - D8050) is provided at a 20% reduction from the orthodontist's UCR fees.

Plan Exclusions

- Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any federal, state, municipal, county, or other subdivision's program (with the exception of Medicaid).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry.
- 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 sole discretion 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 or war, including declared or undeclared war or acts of war.
- Replacement due to loss or theft of prosthetic appliance.
- General anesthesia and sedation.
- Services that cannot be performed because of the general health of the patient.
- Implantation and related restorative procedures.
- Unlisted procedures are not covered.
- Services obtained outside of the dental office in which enrolled and which are not pre-authorized 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 (Temporal Mandibular Disorder).
- Services related to procedures which 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 Plan Specialist (with the exception of Orthodontics). Plan Specialist, if available, will reduce fees 25% from Usual, Customary, and Reasonable (UCR) fees, except in the State of Delaware. In Delaware, Plan 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.

Plan Limitations

- Replacement of a bridge, crown or denture within 5 years after the date it was originally installed.
- Replacement of filling within 2 years after original date of placement.
- Teeth cleaning (Prophylaxis) at intervals of less than six months.
- 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%.
- Full mouth x-rays or panoramic film - one set every three years.
- Retreatment of root canal within 2 years of the original treatment.

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