

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)	No Charge
D1120	Prophylaxis - Teeth Cleaning; Child (1 per six months, per member. Exclusive of ADA code D1201)	No Charge
D1201	Topical Fluoride with Prophylaxis (child)	No Charge
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)	16
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)	34
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	112
D1515/25	Space Maintainer Fixed/Removable - Bilateral	151
D1550	Recementation of space maintainer	27
RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (Silver)		
D2140	Amalgam - one surface, primary or permanent	29
D2150	Amalgam - two surfaces, primary or permanent	36
D2160	Amalgam - three surfaces, primary or permanent	45
D2161	Amalgam - four/more surfaces prim or permanent	54
RESIN/COMPOSITE RESTORATIONS (Tooth Colored)		
D2330	Resin - one surface, anterior	53
D2331	Resin - two surfaces, anterior	63
D2332	Resin - three surfaces, anterior	75
D2335	Resin - four or more surfaces, anterior	90
D2390	Resin-based composite crown, anterior	146
D2391	Resin - one surface, posterior	56
D2392	Resin - two surfaces, posterior	66
D2393	Resin - three surfaces, posterior	78
D2394	Resin - four or more surfaces, posterior	93
D2940	Sedative filling	30
D2951	Pin retention - per tooth, add to restoration	17
D3110/20	Pulp cap direct/indirect (excl. final rest)	20
CROWN & BRIDGE*		
D2390	Resin-based composite crown, anterior	146
D2510	Inlay - metallic - one surface	339
D2520	Inlay - metallic - two surfaces	339
D2530	Inlay - metallic - three surfaces	339
D2542	Onlay - metallic - two surfaces	352
D2543	Onlay - metallic - three surfaces	426
D2610	Inlay - porcelain/ceramic - one surface	289
D2620	Inlay - porcelain/ceramic - two surfaces	313
D2630	Inlay - porcelain/ceramic - three surfaces	333
D2642	Onlay - porcelain/ceramic - two surfaces	347

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D2643	Onlay - porcelain/ceramic - three surfaces	\$360
D2650	Inlay - resin based composite - one surface	336
D2651	Inlay - resin-based composite - two surfaces	336
D2652	Inlay - resin-based composite - three surfaces	336
D2662	Onlay - resin based composite - two surfaces	339
D2663	Onlay - resin-based composite - three surfaces	339
D2710	Crown - resin - lab	246
D2720/21/22	Crown - resin with metal	392
D2740	Crown - porcelain/ceramic substrate	372
D2750/51/52	Crown - porcelain fused to metal	392
D2780	Crown - 3/4 cast high noble metal	360
D2781	Crown - 3/4 cast predominantly base metal	344
D2782	Crown - 3/4 cast noble metal	351
D2783	Crown - 3/4 porcelain/ceramic	371
D2790/91/92	Crown - full cast metal	381
D2910/20	Recement inlay/crown per unit	31
D2930/31	Stainless steel crown - prim or perm tooth	93
D2932	Prefabricated resin crown	106
D2950	Core buildup, including any pins	94
D2952	Cast post & core in addition to crown	142
D2954	Prefab. post & core in addition to crown	116
D2955	Post removal (not in conj. w/ endo therapy)	37
D2970	Temporary crown (w/ perm. crown)	No Charge
D2980	Crown repair, by report	88
PROSTHETICS (DENTURES)		
D5110/20	Complete upper/lower denture	515
D5130/40	Immediate upper/lower denture	549
D5211/12	Upper/lower, resin base partial denture (including any conventional clasps, rests & teeth)	476
D5213/14	Upper/lower, cast base partial denture w/ resin saddles (incl. conventional clasps, rests & teeth)	560
D5281	Removable unilateral partial - 1 piece cast metal (incl. clasps and teeth)	308
D5410/11	Adjust complete denture, upper/lower	27
D5421/22	Upper/lower partial denture adjust.	27
D5510/5610	Repair denture base fee	65
D5520/5640/50	Each tooth added	65
D5620	Repair cast framework	65
D5630/60	Clasp Replaced/Added	86
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary & mandibular)	204
D5710/11/20/21	Rebase compl/partial upper & lower	196
D5730/31/40/41	Reline compl/partial upper & lower	118
D5750/51	Reline complete upper & lower: lab	166
D5760/61	Reline upper/lower partial: lab	166
D5810/11/20/21	Interim complete/partial denture upper& lower	258
D5850/51	Tissue conditioning, upper/lower, per unit	58
BRIDGE & PONTICS*		
D6210/11/12	Pontic - metal	381
D6240/41/42	Pontic - porcelain fused to metal	392
D6245	Pontic - porcelain ceramic	372
D6250/51/52	Pontic - resin with metal	392
D6519	Inlay/onlay - porcelain/ceramic	362
D6520	Inlay - metallic, two surfaces	339
D6530	Inlay - metallic - three surfaces	339
D6543	Onlay - metallic, three surfaces	426
D6545	Retainer - cast metal for a resin bonded fixed bonded fixed prosthesis	358
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	293
D6600	Inlay - porcelain/ceramic, two surfaces	356
D6601	Inlay - porcelain/ceramic, three surfaces	399
D6602	Inlay - cast high noble metal, two surfaces	382
D6603	Inlay - cast high noble metal, three surfaces	415
D6604	Inlay - cast predom. base metal, two surfaces	347
D6605	Inlay - cast predom. base metal, three surfaces	383
D6606	Inlay - cast noble metal, two surfaces	366
D6607	Inlay - cast noble metal, three surfaces	402
D6608	Onlay -porcelain/ceramic, two surfaces	376
D6610	Onlay - cast high noble metal, two surfaces	424
D6612	Onlay - cast predom. base metal, two surfaces	361

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D6614	Onlay - cast noble metal, two surfaces	\$395
D6720/21/22	Abutment crown - resin w/ metal	392
D6740	Crown - porcelain/ceramic	373
D6750/51/52	Abutment crown - porcelain to metal	392
D6780	Crown - 3/4 cast high noble metal	381
D6781	Crown - 3/4 cast predominantly base metal	357
D6782	Crown - 3/4 cast noble metal	365
D6783	Crown - 3/4 porcelain/ceramic	372
D6790/91/92	Abutment crown - full cast metal	381
D6930	Recement fixed partial bridge	52
D6970/71	Cast post & core	142
D6972	Prefabricated post & core - in addition to bridge retainer	116
D6973	Core build up for retainer, including any pins	94
D6975	Coping - metal	236
D6976	Each additional cast post - same tooth	94
D6977	Each additional prefabricated post - same tooth	43
D6980	Fixed partial denture repair, by report	124

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final rest)	58
D3221	Pulpal debridement, primary and perm. teeth	62
D3310	Anterior (excl. final rest)	235
D3320	Bicuspid (excl. final rest)	286
D3330	Molar (excl. final rest)	353
D3333	Internal root repair of perforation defects	69
D3346	Re-treatment - anterior, by report	258
D3347	Re-treatment - bicuspid, by report	302
D3348	Re-treatment - molar, by report	381
D3410	Apicoectomy/Periradicular surg., ant	224
D3421	Apicoectomy - bicuspid (first root)	241
D3425	Apicoectomy - molar (first root)	274
D3426	Apicoectomy - (each additional root)	106
D3430	Retrograde filling - per root	82
D3450	Root amputation - per root	146
D3920	Hemisection (including any root removal)	146
D3950	Canal prep/fit of preformed dowel or post	90

PERIODONTICS¹

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.	202
D4211	Gingivectomy one to three teeth per quad.	72
D4220	Gingival curettage, surgical - per quadrant, by report	103
D4240	Gingival flap procedure, including root planing, per quad.	246
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	200
D4260	Osseous (bone) surgery - four or more per quad.	370
D4261	Osseous (bone) surgery - one - three teeth per quad.	274
D4268	Surgical revision procedure, per tooth	251
D4274	Distal or proximal wedge procedure	235
D4341	Perio scaling & root planing four or more per quad.	90
D4342	Perio scaling & root planing one - three teeth per quad.	43
D4355	Full mouth debridement	58
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	68
D4910	Periodontal maintenance procedures	56
D9940	Occlusal guards, by report	245
D9950	Occlusion analysis - mounted case	66
D9951	Occlusal adjustment, limited	50
D9952	Occlusal adjustment, complete	211

ORAL SURGERY¹

D7110	Single tooth	52
D7111	Coronal remnants - deciduous tooth	34
D7130	Root removal - exposed roots	67
D7140	Extraction - erupted tooth or exposed root	48
D7210	Surgical extraction - erupted	94
D7220	Removal of impacted tooth - soft tissue	106
D7230	Removal of impacted tooth - partially bony	140
D7240	Removal of impacted tooth - completely bony	169
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	134
D7250	Removal of residual tooth roots	101
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	157

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D7280	Surgical access of an unerupted tooth	\$82
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	149
D7291	Transeptal fiberotomy/supra crestal fiberotomy, by report	31
D7310/20	Alveoloplasty per quadrant	100
D7510	Incision/draining of abscess, soft tissue	67
D7960	Frenulectomy (Frenectomy or Frenotomy)	190

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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