



Dominion National Select Plan 705s

DELAWARE

Feel good about choosing a Dominion National Select Plan¹ offered by Humana

The Dominion National Select Plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with a Select Plan.

- No waiting periods
- No annual maximums

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush and floss daily
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings.

¹Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only.

²Out-of-area emergency care reimbursement requires a receipt or other proof of loss.



Use your Select Plan benefits



After you enroll in a plan and receive your ID card, you can create an account at DominionMembers.com to get convenient access to your plan information.



You must choose a primary care dentist before or after enrollment. Find a current list of dentists at DominionNational.com/find-a-dentist. After your effective date, call the dental office selected and make an appointment. Except for out-of-area emergency care, you must receive treatment at the dental office you selected.²



Your primary dentist will provide all of your routine dental care, or refer you to a participating specialist if needed.

Questions?

Visit DominionNational.com
or call **888-518-5338**
Monday – Friday,
7:30 a.m. – 6 p.m.



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The Dominion National Select Plan focuses on maintaining oral health, prevention and cost-containment. There are no yearly maximums, no deductibles to meet and no waiting periods. Plan copayments for listed procedures are applicable at either a participating general dentist or a participating specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist), they must be referred by a participating general dentist. Visit DominionNational.com to find a participating specialist.

Summary of services

Service categories marked with a single asterisk (*) below exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

If a listed procedure contains a (/), the first listed fee represents the copayment due to a general dentist. The second listed fee represents the copayment due to a specialist after referral.

Appointments		Member pays
D9439	Office Visit	\$0.00
D0120	Periodic oral evaluation – established patient – 2 per calendar year (combined with D0145)	\$0.00
D0140	Llimited oral evaluation – problem focused – 1 per calendar year (combined with D0160 and D0170)	\$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver – 2 per calendar year (combined with D0120)	\$0.00
D0150	Comprehensive oral evaluation – new or established patient – 1 per calendar year	\$0.00
D0160	Detailed and extensive oral evaluation – problem focused, by report – 1 per calendar year (combined with D0140 and D0170)	\$0.00
D0170	Re-evaluation – limit – 1 per calendar year (combined with D0140 and D0160)	\$0.00
D0210	Complete series of radiographic images – 1 per 3 years (combined with D0330)	\$26.00
D0220	Intraoral - peripical first radiographic image	\$0.00
D0230	Intraoral - each additional radiographic image	\$0.00
D0240	Intraoral - occlusal radiographic image	\$0.00
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$0.00
D0260	Extra-oral posterior dental radiographic image	\$0.00
D0270	Bitewing - single radiographic image – 2 per calendar year (combined with D0272, D0273, and D0274)	\$0.00
D0272	Bitewing - two radiographic images – 2 per calendar year (combined with D0270, D0273, and D0274)	\$0.00
D0273	Bitewing - three radiographic images – 2 per calendar year (combined with D0270, D0272, and D0274)	\$0.00
D0274	Bitewing - four radiographic images – 2 per calendar year (combined with D0270, D0272, and D0273)	\$0.00
D0277	Vertical bitewing - 7 to 8 radiographic images	\$0.00
D0330	Panoramic radiographic image – 1 per 3 years (combined with D0210)	\$30.00
D0340	2D cephalometric radiographic image - acquisition, measurement, and analysis	\$0.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$0.00
D1110	Prophylaxis – adult – 2 per calendar year	\$0.00
D1110	Additional Prophylaxis – adult (expecting mothers or diabetics) – 1 per calendar year	\$40.00
D1120	Prophylaxis – child – 2 per calendar year	\$0.00
D1203	Topical application of fluoride - child – 1 per calendar year	\$0.00
D1204	Topical application of fluoride - adult – 1 per calendar year	\$0.00
D1206	Topical application of fluoride varnish – 1 per calendar year	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - per tooth – 1 per tooth per lifetime; Up to age 16, limited to permanent 1st and 2nd molars (combined with D1352)	\$18.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth – 1 per tooth per lifetime; Up to age 16, limited to permanent 1st and 2nd molars (combined with D1351)	\$18.00
D1510	Space maintainer – fixed, unilateral – per quadrant	\$136.00
D1515	Space maintainer - fixed - bilateral	\$184.00
D1520	Space maintainer – removable, unilateral – per quadrant	\$136.00
D1525	Space maintainer - removeable - bilateral	\$184.00
D1550	Re-cementation of space maintainer	\$33.00
Restorative Dentistry (Fillings) (Fillings limited to one per tooth every 2 years)		Member pays
D2140	Amalgam – one surface, primary or permanent	\$37.00
D2150	Amalgam – two surfaces, primary or permanent	\$46.00



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D2160	Amalgam – three surfaces, primary or permanent	\$58.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$69.00
D2330	Resin-based composite – one surface, anterior	\$64.00
D2331	Resin-based composite – two surfaces, anterior	\$76.00
D2332	Resin-based composite – three surfaces, anterior	\$90.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$109.00
D2391	Resin-based composite – one surface, posterior	\$68.00
D2392	Resin-based composite – two surfaces, posterior	\$80.00
D2393	Resin-based composite – three surfaces, posterior	\$93.00
D2394	Resin-based composite – four or more surfaces, posterior	\$112.00
D2940	Protective restoration	\$37.00
D2951	Pin retention – per tooth, in addition to restoration	\$22.00
D3110	Pulp cap – direct (excluding final restoration)	\$28.00
D3120	Pulp cap – indirect (excluding final restoration)	\$28.00
Crown & Bridge* (Crowns limited to one per tooth every 7 years)		Member pays
D2390	Resin-based composite crown, anterior	\$175.00
D2510	Inlay metallic – one surface	\$390.00
D2520	Inlay metallic – two surfaces	\$390.00
D2530	Inlay metallic – three or more surfaces	\$407.00
D2542	Onlay metallic – two surfaces	\$423.00
D2543	Onlay metallic – three surfaces	\$511.00
D2544	Onlay – metallic – four or more surfaces	\$511.00
D2610	Porcelain/ceramic – one surface	\$410.00
D2620	Inlay - porcelain/ceramic – two surfaces	\$410.00
D2630	Inlay - porcelain/ceramic – three or more surfaces	\$427.00
D2642	Inlay - porcelain/ceramic – two surfaces	\$439.00
D2643	Inlay - porcelain/ceramic – three surfaces	\$459.00
D2644	Inlay - porcelain/ceramic – four or more surfaces	\$459.00
D2650	inlay – resin-based composite – one surface	\$425.00
D2651	Inlay – resin-based composite – two surfaces	\$425.00
D2652	Inlay – resin-based composite – three or more surfaces	\$425.00
D2662	Onlay – resin-based composite – two surfaces	\$429.00
D2663	Onlay – resin-based composite – three surfaces	\$429.00
D2664	Onlay – resin-based composite – four or more surfaces	\$429.00
D2710	Crown – resin-based composite (indirect)	\$259.00
D2712	Crown – ¾ resin-based composite (indirect)	\$450.00
D2720	Crown – resin with high noble metal	\$470.00
D2721	Crown – resin with predominantly base metal	\$470.00
D2722	Crown – resin with noble metal	\$470.00
D2740	Crown – porcelain/ceramic	\$531.00

D2750	Crown – porcelain fused to high noble metal	\$495.00
D2751	Crown – porcelain fused to predominantly base metal	\$495.00
D2752	Crown – porcelain fused to noble metal	\$495.00
D2780	Crown – ¾ cast high noble metal	\$457.00
D2781	Crown – ¾ cast predominantly base metal	\$457.00
D2782	Crown – ¾ cast noble metal	\$457.00
D2783	Crown – ¾ porcelain/ceramic	\$469.00
D2790	Crown – full cast high noble metal	\$481.00
D2791	Crown – full cast predominantly base metal	\$481.00
D2792	Crown – full cast noble metal	\$481.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$41.00
D2920	Re-cement or re-bond crown	\$41.00
D2930	Prefabricated stainless steel crown – primary tooth	\$105.00
D2931	Prefabricated stainless steel crown permanent tooth	\$119.00
D2932	Prefabricated resin crown	\$135.00
D2950	Core buildup, including any pins when required	\$120.00
D2952	Post and core in addition to crown, indirectly fabricated	\$181.00
D2954	Prefabricated post and core in addition to crown	\$148.00
D2955	Post removal	\$101.00
D2970	Temporary crown (fractured tooth)	\$0.00
D2980	Crown repair necessitated by restorative material failure	\$93.00

Prosthetics (Dentures) (Dentures limited to one per tooth every 7 years)		Member pays
D5110	Complete denture – maxillary	\$664.00
D5120	Complete Denture - Mandibular	\$664.00
D5130	Immediate denture - maxillary	\$708.00
D5140	Immediate denture - mandibular	\$708.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$613.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$613.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$722.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$722.00
D5225	Maxillary partial denture – flexible base (including retentive/clasping, rests and teeth)	\$722.00
D5226	Mandibular partial denture – flexible base (including retentive/clasping, rests and teeth)	\$722.00
D5281	Removable unilateral partial denture - one piece cast metal	\$397.00
D5410	Adjust complete denture – maxillary	\$35.00



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D5411	Adjust complete denture – mandibular	\$35.00
D5421	Adjust partial denture – maxillary	\$35.00
D5422	Adjust partial denture – mandibular	\$35.00
D5510	Repair broken complete denture base	\$84.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$84.00
D5610	Repair resin denture base	\$84.00
D5620	Repair cast framework	\$84.00
D5630	Repair or replace broken retentive/clasping materials per tooth	\$112.00
D5640	Replace broken teeth – per tooth	\$84.00
D5650	Add tooth to existing partial denture	\$84.00
D5660	Add clasp to existing partial denture per tooth	\$112.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$263.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$263.00
D5710	Rebase complete maxillary denture – 1 per 24 months	\$253.00
D5711	Rebase complete mandibular denture – 1 per 24 months	\$253.00
D5720	Rebase maxillary partial denture – 1 per 24 months	\$253.00
D5721	Rebase mandibular partial denture – 1 per 24 months	\$253.00
D5730	Reline complete maxillary denture (direct) – 1 per 24 months	\$152.00
D5731	Reline complete mandibular denture (direct) – 1 per 24 months	\$152.00
D5740	Reline maxillary partial denture (direct) – 1 per 24 months	\$152.00
D5741	Reline mandibular partial denture (direct) – 1 per 24 months	\$152.00
D5750	Reline complete maxillary denture (indirect) – 1 per 24 months	\$214.00
D5751	Reline complete mandibular denture (indirect) – 1 per 24 months	\$214.00
D5760	Reline maxillary partial denture (indirect) – 1 per 24 months	\$214.00
D5761	Reline mandibular partial denture (indirect) – 1 per 24 months	\$214.00
D5810	Interim complete denture (maxillary)	\$333.00
D5811	Interim complete denture (mandibular)	\$333.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth)	\$333.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth)	\$333.00
D5850	Tissue conditioning, maxillary	\$75.00
D5851	Tissue conditioning, mandibular	\$75.00

Bridge & Pontics* (Bridges limited to one per tooth every 7 years)		Member pays
D6000	"ALL IMPLANT SERVICES - (Includes D0360-D0363 cone beam imaging with implants)"	15% Discount
D6199		
D6210	Pontic – cast high noble metal	\$481.00
D6211	Pontic – cast predominantly base metal	\$481.00
D6212	Pontic cast – noble metal	\$481.00
D6240	Pontic – porcelain fused to high noble metal	\$495.00
D6241	Pontic – porcelain fused to predominantly base metal	\$495.00
D6242	Pontic – porcelain fused to noble metal	\$495.00
D6245	Pontic – porcelain/ceramic	\$531.00
D6250	Pontic – resin with high noble metal	\$470.00
D6251	Pontic – resin with predominantly base metal	\$470.00
D6252	Pontic – resin with noble metal	\$470.00
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$233.00
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$364.00
D6600	Retainer – inlay porcelain/ceramic, two surfaces	\$410.00
D6601	Retainer – inlay porcelain/ceramic, three or more surfaces	\$427.00
D6602	Retainer – inlay cast high noble metal, two surfaces	\$390.00
D6603	Retainer – inlay cast high noble metal, three or more surfaces	\$407.00
D6604	Retainer – inlay cast predominantly base metal, two surfaces	\$390.00
D6605	Retainer – inlay cast predominantly base metal, three or more surfaces	\$407.00
D6606	Retainer – inlay cast noble metal, two surfaces	\$390.00
D6607	Retainer – inlay cast noble metal, three or more surfaces	\$407.00
D6608	Retainer – onlay porcelain/ceramic, two surfaces	\$439.00
D6609	Retainer – onlay porcelain/ceramic, three or more surfaces	\$459.00
D6610	Retainer – onlay cast high noble metal, two surfaces	\$423.00
D6611	Retainer – onlay cast high noble metal, three or more surfaces	\$511.00
D6612	Retainer – onlay cast predominantly base metal, two surfaces	\$423.00
D6613	Retainer – onlay cast predominantly base metal, three or more surfaces	\$511.00
D6614	Retainer – onlay cast noble metal, two surfaces	\$423.00
D6615	Retainer – onlay cast noble metal, three or more surfaces	\$511.00
D6720	Retainer – crown resin with high noble metal	\$470.00



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D6721	Retainer – crown resin with predominantly base metal	\$470.00
D6722	Retainer – crown resin with noble metal	\$470.00
D6740	Retainer – crown porcelain/ceramic	\$531.00
D6750	Retainer – crown porcelain fused to high noble metal	\$495.00
D6751	Retainer – crown porcelain fused to predominantly base metal	\$495.00
D6752	Retainer – crown porcelain fused to noble metal	\$495.00
D6780	Retainer – crown ¾ cast high noble metal	\$457.00
D6781	Retainer – crown ¾ cast predominantly base metal	\$457.00
D6782	Retainer – crown ¾ cast noble metal	\$457.00
D6783	Retainer – crown ¾ porcelain/ceramic	\$469.00
D6790	Retainer – crown full cast high noble metal	\$481.00
D6791	Retainer – crown full cast predominantly base metal	\$481.00
D6792	Retainer – crown full cast noble metal	\$481.00
D6930	Re-cement or re-bond fixed partial denture	\$66.00
D6970	Post and core in addition to fixed partial denture retainer	\$180.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$148.00
D6973	Core build up for retainer, including any pins	\$119.00
D6975	Coping - metal	\$298.00
D6976	Each additional indirectly fabricated post - same tooth	\$119.00
D6977	Each additional prefabricated post - same tooth	\$55.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$157.00
Adjunctive General Services		Member pays
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$43.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9220	Deep sedation/general anesthesia - first 30 min.	\$205.00
D9221	Deep sedation/general anesthesia - each add. 15 min.	\$103.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$205.00
D9241	Intravenous conscious sedation/analgesia - first 30 min.	\$103.00
D9242	IV conscious sedation/analgesia - each add. 15 min.	\$37.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$42.00
D9910	Application of desensitizing medicament	\$31.00

D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$43.00
D9990	Broken Office Appointment	\$50.00
Endodontics¹		Member pays
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$81/\$89
D3221	Pulpal debridement, primary and permanent teeth	\$87/\$96
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$325/\$358
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$395/\$435
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$488/\$537
D3333	Internal root repair of perforation defects	\$96/\$106
D3346	Retreatment of previous root canal therapy – anterior – 1 per tooth every 2 years	\$356/\$392
D3347	Retreatment of previous root canal therapy – premolar – 1 per tooth every 2 years	\$418/\$460
D3348	Retreatment of previous root canal therapy – molar – 1 per tooth every 2 years	\$527/\$580
D3410	Apicoectomy – anterior	\$310/\$341
D3421	Apicoectomy – premolar (first root)	\$333/\$366
D3425	Apicoectomy – molar (first root)	\$379/\$417
D3426	Apicoectomy (each additional root)	\$148/\$163
D3430	Retrograde filling – per root	\$113/\$124
D3450	Root amputation – per root	\$202/\$222
D3920	Hemisection (including any root removal), not including root canal therapy	\$202/\$222
D3950	Canal preparation and fitting of preformed dowel or post	\$125/\$138
Periodontics¹ (Periodontal surgery, including associated material, covered once every 36 months per quadrant or surgical site)		Member pays
D0180	Comprehensive periodontal evaluation – new or established patient	\$36/\$40
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$265/\$292
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$94/\$103
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$324/\$356
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$90/\$99



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D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$485/\$534
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$360/\$396
D4268	Surgical revision procedure, per tooth	\$329/\$362
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$308/\$339
D4341	Periodontal scaling and root planing – four or more teeth per quadrant – 1 per quadrant every 24 months	\$105/\$116
D4342	Periodontal scaling and root planing – one to three teeth per quadrant – 1 per quadrant every 24 months	\$57/\$63
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit – 1 per lifetime	\$77/\$85
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth – 1 per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per 12 months; Must have pocket depths of five (5) millimeters or greater	\$90/\$99
D4910	Periodontal maintenance – 2 per calendar year, within 24 months after definitive periodontal therapy	\$66/\$73
D9940	Occlusal guard, by report	\$298/\$328
D9950	Occlusion analysis – mounted case	\$81/\$89
D9951	Occlusal adjustment – limited	\$62/\$68
D9952	Occlusal adjustment – complete	\$255/\$281

Oral Surgery ¹		Member pays
D7111	Extraction, coronal remnants – primary tooth	\$45/\$50
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$63/\$69
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$127/\$140
D7220	Removal of impacted tooth – soft tissue	\$144/\$158
D7230	Removal of impacted tooth – partially bony	\$189/\$208
D7240	Removal of impacted tooth – completely bony	\$227/\$250
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$181/\$199
D7250	Removal of residual tooth roots (cutting procedure)	\$136/\$150

D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$211/\$232
D7280	Exposure of an unerupted tooth	\$111/\$122
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$41/\$45
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$135/\$149
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$135/\$149
D7510	Incision and drainage of abscess – intraoral soft tissue	\$91/\$100
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$256/\$282

Orthodontics ²		Member pays
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$3,304/\$3,634
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$3,422/\$3,764
D8090	Comprehensive orthodontic treatment of the adult dentition	\$3,658/\$4,024
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$413/\$454
D8670	Periodic orthodontic treatment visit	\$118/\$130
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$413/\$454
D8010 - D8050	Phase I treatment	15% Discount

¹Specialty 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. If the listed procedure contains a (/), the second listed fee represents the copayment due to the specialist after referral. See Plan Exclusion #13.

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

1. Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
2. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
4. Oral surgery requiring the setting of fractures or dislocations.
5. 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.
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 Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder).
13. 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.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
15. 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

1. Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year.
5. Two (2) bitewing x-rays are covered per calendar year.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
7. One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
10. 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%.
11. Relining and rebasing of dentures is covered once every 24 months.
12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
13. Root planing or scaling is covered once every 24 months per quadrant.
14. Full mouth debridement is covered once per lifetime.
15. 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.
16. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
17. 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.

Dominion National dental plans underwritten by Dominion Dental Services, Inc. (DDSI) and administered by Humana Insurance Company.

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Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members or residents: You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

հայերեն (Armenian): Ձանգահարեք վերը նշված հեռախոսահամարով անվճար լեզվական օգնություն ծառայություններ ստանալու համար:

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.