



Dominion National Select Plan 707

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 only at a participating general dentist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist), they must be referred by a participating general dentist. Members may be eligible to receive up to a 25 percent discount by visiting a participating specialist. 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.

| Appointments | | Member pays | | | |
|--------------|--|-------------|--|--|--------------------|
| D9439 | Office Visit | \$0.00 | D0340 | 2D cephalometric radiographic image - acquisition, measurement, and analysis | \$0.00 |
| D0120 | Periodic oral evaluation – established patient – 2 per calendar year (combined with D0145) | \$0.00 | D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | \$0.00 |
| D0140 | Llimited oral evaluation – problem focused – 1 per calendar year (combined with D0160 and D0170) | \$0.00 | D0460 | Pulp vitality tests | \$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 | D0470 | Diagnostic casts | \$0.00 |
| D0150 | Comprehensive oral evaluation – new or established patient – 1 per calendar year | \$0.00 | D1110 | Prophylaxis – adult – 2 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 | D1110 | Additional Prophylaxis – adult (expecting mothers or diabetics) – 1 per calendar year | \$40.00 |
| D0170 | Re-evaluation – limit – 1 per calendar year (combined with D0140 and D0160) | \$0.00 | D1120 | Prophylaxis – child – 2 per calendar year | \$0.00 |
| D0210 | Complete series of radiographic images – 1 per 3 years (combined with D0330) | \$0.00 | D1203 | Topical application of fluoride - child – 1 per calendar year | \$0.00 |
| D0220 | Intraoral - peripical first radiographic image | \$0.00 | D1204 | Topical application of fluoride - adult – 1 per calendar year | \$0.00 |
| D0230 | Intraoral - each additional radiographic image | \$0.00 | D1206 | Topical application of fluoride varnish – 1 per calendar year | \$0.00 |
| D0240 | Intraoral - occlusal radiographic image | \$0.00 | D1310 | Nutritional counseling for control of dental disease | \$0.00 |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | \$0.00 | D1320 | Tobacco counseling for the control and prevention of oral disease | \$0.00 |
| D0260 | Extra-oral posterior dental radiographic image | \$0.00 | D1330 | Oral hygiene instructions | \$0.00 |
| D0270 | Bitewing - single radiographic image – 2 per calendar year (combined with D0272, D0273, and D0274) | \$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) | \$15.00 |
| D0272 | Bitewing - two radiographic images – 2 per calendar year (combined with D0270, D0273, and D0274) | \$0.00 | 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) | \$15.00 |
| D0273 | Bitewing - three radiographic images – 2 per calendar year (combined with D0270, D0272, and D0274) | \$0.00 | D1510 | Space maintainer – fixed, unilateral – per quadrant | \$117.00 |
| D0274 | Bitewing - four radiographic images – 2 per calendar year (combined with D0270, D0272, and D0273) | \$0.00 | D1515 | Space maintainer - fixed - bilateral | \$136.00 |
| D0277 | Vertical bitewing - 7 to 8 radiographic images | \$0.00 | D1520 | Space maintainer – removable, unilateral – per quadrant | \$117.00 |
| D0330 | Panoramic radiographic image – 1 per 3 years (combined with D0210) | \$25.00 | D1525 | Space maintainer - removeable - bilateral | \$136.00 |
| | | | D1550 | Re-cementation of space maintainer | \$30.00 |
| | | | Restorative Dentistry (Fillings) | | Member pays |
| | | | (Fillings limited to one per tooth every 2 years) | | |
| | | | D2140 | Amalgam – one surface, primary or permanent | \$19.00 |
| | | | D2150 | Amalgam – two surfaces, primary or permanent | \$23.00 |
| | | | D2160 | Amalgam – three surfaces, primary or permanent | \$29.00 |



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| D2161 | Amalgam – four or more surfaces, primary or permanent | \$35.00 |
| D2330 | Resin-based composite – one surface, anterior | \$46.00 |
| D2331 | Resin-based composite – two surfaces, anterior | \$54.00 |
| D2332 | Resin-based composite – three surfaces, anterior | \$63.00 |
| D2335 | Resin-based composite – four or more surfaces or involving incisal angle (anterior) | \$72.00 |
| D2391 | Resin-based composite – one surface, posterior | \$49.00 |
| D2392 | Resin-based composite – two surfaces, posterior | \$57.00 |
| D2393 | Resin-based composite – three surfaces, posterior | \$66.00 |
| D2394 | Resin-based composite – four or more surfaces, posterior | \$75.00 |
| D2940 | Protective restoration | \$31.00 |
| D2951 | Pin retention – per tooth, in addition to restoration | \$18.00 |
| D3110 | Pulp cap – direct (excluding final restoration) | \$21.00 |
| D3120 | Pulp cap – indirect (excluding final restoration) | \$21.00 |
| Crown & Bridge* (Crowns limited to one per tooth every 7 years) | | Member pays |
| D2390 | Resin-based composite crown, anterior | \$140.00 |
| D2510 | Inlay metallic – one surface | \$282.00 |
| D2520 | Inlay metallic – two surfaces | \$282.00 |
| D2530 | Inlay metallic – three or more surfaces | \$290.00 |
| D2542 | Onlay metallic – two surfaces | \$338.00 |
| D2543 | Onlay metallic – three surfaces | \$380.00 |
| D2544 | Onlay – metallic – four or more surfaces | \$380.00 |
| D2610 | Porcelain/ceramic – one surface | \$302.00 |
| D2620 | Inlay - porcelain/ceramic – two surfaces | \$302.00 |
| D2630 | Inlay - porcelain/ceramic – three or more surfaces | \$314.00 |
| D2642 | Inlay - porcelain/ceramic – two surfaces | \$345.00 |
| D2643 | Inlay - porcelain/ceramic – three surfaces | \$355.00 |
| D2644 | Inlay - porcelain/ceramic – four or more surfaces | \$355.00 |
| D2650 | inlay – resin-based composite – one surface | \$272.00 |
| D2651 | Inlay – resin-based composite – two surfaces | \$272.00 |
| D2652 | Inlay – resin-based composite – three or more surfaces | \$272.00 |
| D2662 | Onlay – resin-based composite – two surfaces | \$320.00 |
| D2663 | Onlay – resin-based composite – three surfaces | \$320.00 |
| D2664 | Onlay – resin-based composite – four or more surfaces | \$320.00 |
| D2710 | Crown – resin-based composite (indirect) | \$207.00 |
| D2712 | Crown – ¾ resin-based composite (indirect) | \$381.00 |
| D2720 | Crown – resin with high noble metal | \$342.00 |
| D2721 | Crown – resin with predominantly base metal | \$342.00 |
| D2722 | Crown – resin with noble metal | \$342.00 |
| D2740 | Crown – porcelain/ceramic | \$417.00 |
| D2750 | Crown – porcelain fused to high noble metal | \$380.00 |

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| D2751 | Crown – porcelain fused to predominantly base metal | \$380.00 |
| D2752 | Crown – porcelain fused to noble metal | \$380.00 |
| D2780 | Crown – ¾ cast high noble metal | \$348.00 |
| D2781 | Crown – ¾ cast predominantly base metal | \$348.00 |
| D2782 | Crown – ¾ cast noble metal | \$348.00 |
| D2783 | Crown – ¾ porcelain/ceramic | \$357.00 |
| D2790 | Crown – full cast high noble metal | \$366.00 |
| D2791 | Crown – full cast predominantly base metal | \$366.00 |
| D2792 | Crown – full cast noble metal | \$366.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$33.00 |
| D2920 | Re-cement or re-bond crown | \$33.00 |
| D2930 | Prefabricated stainless steel crown – primary tooth | \$96.00 |
| D2931 | Prefabricated stainless steel crown permanent tooth | \$105.00 |
| D2932 | Prefabricated resin crown | \$105.00 |
| D2950 | Core buildup, including any pins when required | \$90.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$136.00 |
| D2954 | Prefabricated post and core in addition to crown | \$112.00 |
| D2955 | Post removal | \$81.00 |
| D2970 | Temporary crown (fractured tooth) | \$0.00 |
| D2980 | Crown repair necessitated by restorative material failure | \$76.00 |

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| Prosthetics (Dentures) (Dentures limited to one per tooth every 7 years) | | Member pays |
| D5110 | Complete denture – maxillary | \$578.00 |
| D5120 | Complete Denture - Mandibular | \$578.00 |
| D5130 | Immediate denture - maxillary | \$605.00 |
| D5140 | Immediate denture - mandibular | \$605.00 |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | \$563.00 |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | \$563.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$613.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$613.00 |
| D5225 | Maxillary partial denture – flexible base (including retentive/clasping, rests and teeth) | \$613.00 |
| D5226 | Mandibular partial denture – flexible base (including retentive/clasping, rests and teeth) | \$613.00 |
| D5281 | Removable unilateral partial denture - one piece cast metal | \$362.00 |
| D5410 | Adjust complete denture – maxillary | \$29.00 |



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| D5411 | Adjust complete denture – mandibular | \$29.00 |
| D5421 | Adjust partial denture – maxillary | \$29.00 |
| D5422 | Adjust partial denture – mandibular | \$29.00 |
| D5510 | Repair broken complete denture base | \$73.00 |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) | \$73.00 |
| D5610 | Repair resin denture base | \$73.00 |
| D5620 | Repair cast framework | \$73.00 |
| D5630 | Repair or replace broken retentive/clasping materials per tooth | \$95.00 |
| D5640 | Replace broken teeth – per tooth | \$73.00 |
| D5650 | Add tooth to existing partial denture | \$73.00 |
| D5660 | Add clasp to existing partial denture per tooth | \$95.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | \$214.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | \$214.00 |
| D5710 | Rebase complete maxillary denture – 1 per 24 months | \$232.00 |
| D5711 | Rebase complete mandibular denture – 1 per 24 months | \$232.00 |
| D5720 | Rebase maxillary partial denture – 1 per 24 months | \$232.00 |
| D5721 | Rebase mandibular partial denture – 1 per 24 months | \$232.00 |
| D5730 | Reline complete maxillary denture (direct) – 1 per 24 months | \$130.00 |
| D5731 | Reline complete mandibular denture (direct) – 1 per 24 months | \$130.00 |
| D5740 | Reline maxillary partial denture (direct) – 1 per 24 months | \$130.00 |
| D5741 | Reline mandibular partial denture (direct) – 1 per 24 months | \$130.00 |
| D5750 | Reline complete maxillary denture (indirect) – 1 per 24 months | \$203.00 |
| D5751 | Reline complete mandibular denture (indirect) – 1 per 24 months | \$203.00 |
| D5760 | Reline maxillary partial denture (indirect) – 1 per 24 months | \$203.00 |
| D5761 | Reline mandibular partial denture (indirect) – 1 per 24 months | \$203.00 |
| D5810 | Interim complete denture (maxillary) | \$318.00 |
| D5811 | Interim complete denture (mandibular) | \$318.00 |
| D5820 | Interim partial denture (including retentive/clasping materials, rests, and teeth) | \$318.00 |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth) | \$318.00 |
| D5850 | Tissue conditioning, maxillary | \$61.00 |
| D5851 | Tissue conditioning, mandibular | \$61.00 |

| 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 | \$366.00 |
| D6211 | Pontic – cast predominantly base metal | \$366.00 |
| D6212 | Pontic cast – noble metal | \$366.00 |
| D6240 | Pontic – porcelain fused to high noble metal | \$380.00 |
| D6241 | Pontic – porcelain fused to predominantly base metal | \$380.00 |
| D6242 | Pontic – porcelain fused to noble metal | \$380.00 |
| D6245 | Pontic – porcelain/ceramic | \$417.00 |
| D6250 | Pontic – resin with high noble metal | \$342.00 |
| D6251 | Pontic – resin with predominantly base metal | \$342.00 |
| D6252 | Pontic – resin with noble metal | \$342.00 |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | \$197.00 |
| D6548 | Retainer – porcelain/ceramic for resin bonded fixed prosthesis | \$308.00 |
| D6600 | Retainer – inlay porcelain/ceramic, two surfaces | \$302.00 |
| D6601 | Retainer – inlay porcelain/ceramic, three or more surfaces | \$314.00 |
| D6602 | Retainer – inlay cast high noble metal, two surfaces | \$282.00 |
| D6603 | Retainer – inlay cast high noble metal, three or more surfaces | \$290.00 |
| D6604 | Retainer – inlay cast predominantly base metal, two surfaces | \$282.00 |
| D6605 | Retainer – inlay cast predominantly base metal, three or more surfaces | \$290.00 |
| D6606 | Retainer – inlay cast noble metal, two surfaces | \$282.00 |
| D6607 | Retainer – inlay cast noble metal, three or more surfaces | \$290.00 |
| D6608 | Retainer – onlay porcelain/ceramic, two surfaces | \$345.00 |
| D6609 | Retainer – onlay porcelain/ceramic, three or more surfaces | \$355.00 |
| D6610 | Retainer – onlay cast high noble metal, two surfaces | \$338.00 |
| D6611 | Retainer – onlay cast high noble metal, three or more surfaces | \$380.00 |
| D6612 | Retainer – onlay cast predominantly base metal, two surfaces | \$338.00 |
| D6613 | Retainer – onlay cast predominantly base metal, three or more surfaces | \$380.00 |
| D6614 | Retainer – onlay cast noble metal, two surfaces | \$338.00 |
| D6615 | Retainer – onlay cast noble metal, three or more surfaces | \$380.00 |
| D6720 | Retainer – crown resin with high noble metal | \$342.00 |



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| D6721 | Retainer – crown resin with predominantly base metal | \$342.00 |
| D6722 | Retainer – crown resin with noble metal | \$342.00 |
| D6740 | Retainer – crown porcelain/ceramic | \$417.00 |
| D6750 | Retainer – crown porcelain fused to high noble metal | \$380.00 |
| D6751 | Retainer – crown porcelain fused to predominantly base metal | \$380.00 |
| D6752 | Retainer – crown porcelain fused to noble metal | \$380.00 |
| D6780 | Retainer – crown ¾ cast high noble metal | \$348.00 |
| D6781 | Retainer – crown ¾ cast predominantly base metal | \$348.00 |
| D6782 | Retainer – crown ¾ cast noble metal | \$348.00 |
| D6783 | Retainer – crown ¾ porcelain/ceramic | \$357.00 |
| D6790 | Retainer – crown full cast high noble metal | \$366.00 |
| D6791 | Retainer – crown full cast predominantly base metal | \$366.00 |
| D6792 | Retainer – crown full cast noble metal | \$366.00 |
| D6930 | Re-cement or re-bond fixed partial denture | \$49.00 |
| D6970 | Post and core in addition to fixed partial denture retainer | \$136.00 |
| D6972 | Prefabricated post and core in addition to fixed partial denture retainer | \$112.00 |
| D6973 | Core build up for retainer, including any pins | \$90.00 |
| D6975 | Coping - metal | \$234.00 |
| D6976 | Each additional indirectly fabricated post - same tooth | \$93.00 |
| D6977 | Each additional prefabricated post - same tooth | \$44.00 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$124.00 |

| Adjunctive General Services | | Member pays |
|-----------------------------|---|-------------|
| D9110 | Palliative (emergency) treatment of dental pain – minor procedure | \$35.00 |
| 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. | \$30.00 |
| D9310 | Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician | \$36.00 |

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| D9910 | Application of desensitizing medicament | \$18.00 |
| D9930 | Treatment of complications (post-surgical) – unusual circumstances, by report | \$42.00 |
| D9990 | Broken Office Appointment | \$50.00 |

| Endodontics ¹ | | Member pays |
|--------------------------|---|-------------|
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament | \$63.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$67.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$260.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$334.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$416.00 |
| D3333 | Internal root repair of perforation defects | \$75.00 |
| D3346 | Retreatment of previous root canal therapy – anterior – 1 per tooth every 2 years | \$290.00 |
| D3347 | Retreatment of previous root canal therapy – premolar – 1 per tooth every 2 years | \$371.00 |
| D3348 | Retreatment of previous root canal therapy – molar – 1 per tooth every 2 years | \$438.00 |
| D3410 | Apicoectomy – anterior | \$238.00 |
| D3421 | Apicoectomy – premolar (first root) | \$268.00 |
| D3425 | Apicoectomy – molar (first root) | \$283.00 |
| D3426 | Apicoectomy (each additional root) | \$112.00 |
| D3430 | Retrograde filling – per root | \$89.00 |
| D3450 | Root amputation – per root | \$156.00 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$156.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$112.00 |

| Periodontics ¹ (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 | \$35.00 |
| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant | \$205.00 |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant | \$70.00 |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant | \$303.00 |
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant | \$74.00 |



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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 | \$422.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$282.00 |
| D4268 | Surgical revision procedure, per tooth | \$258.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | \$225.00 |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant – 1 per quadrant every 24 months | \$83.00 |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant – 1 per quadrant every 24 months | \$45.00 |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit – 1 per lifetime | \$64.00 |
| 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 | \$70.00 |
| D4910 | Periodontal maintenance – 2 per calendar year, within 24 months after definitive periodontal therapy | \$65.00 |
| D9940 | Occlusal guard, by report | \$208.00 |
| D9950 | Occlusion analysis – mounted case | \$74.00 |
| D9951 | Occlusal adjustment – limited | \$47.00 |
| D9952 | Occlusal adjustment – complete | \$192.00 |
| Oral Surgery¹ | | Member pays |
| D7111 | Extraction, coronal remnants – primary tooth | \$27.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$50.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$102.00 |
| D7220 | Removal of impacted tooth – soft tissue | \$123.00 |
| D7230 | Removal of impacted tooth – partially bony | \$145.00 |
| D7240 | Removal of impacted tooth – completely bony | \$181.00 |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | \$159.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$108.00 |
| D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth | \$163.00 |

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| D7280 | Exposure of an unerupted tooth | \$103.00 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | \$39.00 |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$102.00 |
| D7320 | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$102.00 |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | \$70.00 |
| D7960 | Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure | \$179.00 |
| Orthodontics² | | Member pays |
| D8070 | Pre-orthodontic treatment examination to monitor growth and development | \$3,304.00 |
| D8080 | Comprehensive orthodontic treatment of the transitional dentition | \$3,422.00 |
| D8090 | Comprehensive orthodontic treatment of the adolescent dentition | \$3,658.00 |
| D8660 | Comprehensive orthodontic treatment of the adult dentition | \$413.00 |
| D8670 | Periodic orthodontic treatment visit | \$118.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$413.00 |
| D8010 - D8050 | Phase I treatment | 15% Discount |

¹As performed by a Participating General Dentist. 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.



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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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