DOMINION DDS DENTAL Services, Inc.

Plan 605xsd

Description of Benefits & Member Copayments

ADA CODE	BENEFIT	MEMBER COPAYMENT ($)
DIAGNOSTIC / PREVENTIVE / ADJUNCTIVE		
D9439	Office visit	$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 (including bitewings)	26
D0220	Intraoral - periapical first film	No Charge
D0230	Intraoral - periapical each additional film	No Charge
D0240	Intraoral - occlusal film	No Charge
D0250/60	Extraoral - first and each additional film	No Charge
D0270/72/74	Bitewing x-ray - one, two or four film(s)	No Charge
D0277	Vertical bitewings - seven to eight films	No Charge
D0330	Panoramic film	30
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts (not in conj. with Ortho)	No Charge
D1110	Prophylaxis - teeth cleaning; adult (one per six months, per member - one additional cleaning is covered at no charge during pregnancy and for diabetics)	No Charge
D1120	Prophylaxis - teeth cleaning; child (one 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 treatment 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	40
D9210/15	Local anesthesia	No Charge
D9211	Regional block anesthesia	No Charge
D9212	Trigeminal division block anesthesia	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	35
D9310	Consultation (diagnostic service provided by dentist or specialist other than practitioner providing treatment)	39
D9910	Application of desensitizing medicament	29
D9930	Emergency visit during office hours	40
D9990	Broken office appointment - per ½ hour	23
	SPACE MAINTAINERS	
D1510/20	Space maintainer fixed/removable - unilateral	129
D1515/25	Space maintainer fixed/removable - bilateral	174
D1550	Recementation of space maintainer	31
RESTORATIVE DENTISTRY (FILLINGS)		
	AMALGAM RESTORATIONS (Silver)	
D2140	Amalgam - one surface, primary or permanent	33
D2150	Amalgam - two surfaces, primary or permanent	41
D2160	Amalgam - three surfaces, primary or permanent	52
D2161	Amalgam - four or more surfaces, primary or or permanent	62
	RESIN/COMPOSITE RESTORATIONS (Tooth Colored)	
D2330	Resin - one surface, anterior	61
D2331	Resin - two surfaces, anterior	73
D2332	Resin - three surfaces, anterior	86
D2335	Resin - four or more surfaces, anterior	104
D2391	Resin - one surface, posterior	65
D2392	Resin - two surfaces, posterior	76
D2393	Resin - three surfaces, posterior	89
D2394	Resin - four or more surfaces, posterior	107
D2940	Sedative filling	35
D2951	Pin retention - per tooth in addition to restoration	20
D3110/20	Pulp cap direct/indirect (excl. final rest)	24
CROWN & BRIDGE◆		
D2390	Resin based composite crown, anterior	168
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	$347
D2620	Inlay - porcelain/ceramic - two surfaces	376
D2630	Inlay - porcelain/ceramic - three surfaces	400
D2642	Onlay - porcelain/ceramic - two surfaces	416
D2643	Onlay - porcelain/ceramic - three surfaces	432
D2644	Onlay - porcelain/ceramic - four or more surfaces	432
D2650	Inlay - resin-based composite - one surface	403
D2651	Inlay - resin-based composite - two surfaces	403
D2652	Inlay - resin-based composite - three or more surfaces	403
D2662	Onlay - resin-based composite - two surfaces	407
D2663	Onlay - resin-based composite - three surfaces	407
D2664	Onlay - resin-based composite - four or more surfaces	407
D2710	Crown - resin - lab	246
D2712	Crown - 3/4 resin-based composite (excluding veneers)	450
D2720/21/22	Crown - resin with metal	470
D2740	Crown - porcelain/ceramic substrate	508
D2750/51/52	Crown - porcelain fused to metal	470
D2780/81/82	Crown - 3/4 cast with metal	307
D2783	Crown - 3/4 porcelain/ceramic	446
D2790/91/92	Crown - full cast metal	457
D2793	Crown - prefabricated stainless steel	122
D2910/20	Recement inlay/crown per unit	38
D2930	Crown - prefabricated stainless steel - primary tooth	99
D2931	Crown - prefabricated stainless steel - permanent tooth	112
D2932	Crown - prefabricated resin	128
D2950	Core buildup, including any pins	113
D2952	Cast post & core in addition to crown	171
D2954	Prefabricated post & core in addition to crown	140
D2955	Post removal (not in conj. w/ endo therapy)	95
D2970	Temporary crown (w/ perm. crown)	No Charge
D2980	Crown repair, by report	88
PROSTHETICS (DENTURES)		
D5110/20	Complete upper/lower denture	577
D5130/40	Immediate upper/lower denture	615
D5211/12	Upper/lower, resin base partial denture (including any conventional clasps, rests & teeth)	533
D5213/14	Upper/lower, cast base partial denture with resin base (incl. conventional clasps, rests & teeth)	627
D5281	Removable unilateral partial - one piece cast metal (incl. clasps and teeth)	345
D5410/11	Adjust complete denture, upper/lower	30
D5421/22	Adjust partial denture, upper/lower	30
D5510/5610	Repair denture base (complete or resin)	73
D5520	Replace missing/broken teeth (each tooth)	73
D5620	Repair cast framework	73
D5630/60	Clasp replaced, repaired or added	97
D5640	Replace broken tooth, per tooth	73
D5650	Add tooth to existing partial denture	73
D5670/71	Replace all teeth and acrylic on cast metal framework, upper/lower	228
D5710/11	Rebase complete denture, upper/lower	220
D5720/21	Rebase partial denture, upper/lower	220
D5730/31	Reline complete denture, upper/lower (chairside)	132
D5740/41	Reline compl/partial upper/lower (chairside)	132
D5750/51	Reline complete upper/lower: lab	186
D5760/61	Reline upper/lower partial: lab	186
D5810/11	Interim complete denture upper/lower	289
D5820/21	Interim partial denture upper/lower	289
D5850/51	Tissue conditioning, upper/lower	65
BRIDGE & PONTICS◆		
D6210/11/12	Pontic - metal	457
D6240/41/42	Pontic - porcelain fused to metal	470
D6245	Pontic - porcelain/ceramic	505
D6250/51/52	Pontic - resin with metal	470
D6545	Retainer - cast metal for a resin bonded fixed	221
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	346
D6600	Inlay - porcelain/ceramic, two surfaces	192
D6601	Inlay - porcelain/ceramic, three or more surfaces	205
D6602	Inlay - cast high noble metal, two surfaces	212

◆All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

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D6603	Inlay - cast high noble metal, three or more surfaces	250
D6604	Inlay - cast predom. base metal, two surfaces	$137
D6605	Inlay - cast predom. base metal, three or more surfaces	174
D6606	Inlay - cast noble metal, two surfaces	172
D6607	Inlay - cast noble metal, three or more surfaces	187
D6608	Onlay - porcelain/ceramic, two surfaces	210
D6609	Onlay - porcelain/ceramic, three or more surfaces	220
D6610	Onlay - cast high noble metal, two surfaces	250
D6611	Onlay - cast high noble metal, three or more surfaces	268
D6612	Onlay - cast predom. base metal, two surfaces	174
D6613	Onlay - cast predom. base metal, three or more surfaces	192
D6614	Onlay - cast noble metal, two surfaces	187
D6615	Onlay - cast noble metal, three or more surfaces	200
D6720/21/22	Crown - resin w/ metal	470
D6740	Crown - porcelain/ceramic	505
D6750/51/52	Crown - porcelain to metal	470
D6780	Crown - 3/4 cast high noble metal	457
D6781	Crown - 3/4 cast predominantly base metal	428
D6782	Crown - 3/4 cast noble metal	438
D6783	Crown - 3/4 porcelain/ceramic	447
D6790/91/92	Crown - full cast metal	457
D6930	Recement fixed partial bridge	62
D6970/71	Cast post & core	171
D6972	Prefabricated post & core - in addition to bridge retainer	140
D6973	Core buildup for retainer, including any pins	113
D6975	Coping - metal	283
D6976	Each additional cast post - same tooth	113
D6977	Each additional prefabricated post - same tooth	52
D6980	Fixed partial denture repair, by report	149
ENDODONTICS[1]		
D3220	Therapeutic pulpotomy (excl. final rest)	70/93
D3221	Pulpal debridement, primary and perm. teeth	75/85
D3310	Anterior (excl. final rest)	282/447
D3320	Bicuspid (excl. final rest)	343/520
D3330	Molar (excl. final rest)	423/610
D3333	Internal root repair of perforation defects	83/107
D3346	Re-treatment - anterior	309/396
D3347	Re-treatment - bicuspid	363/424
D3348	Re-treatment - molar	457/452
D3410	Apicoectomy/periradicular surgurey, anterior	269/283
D3421	Apicoectomy - bicuspid (first root)	289/362
D3425	Apicoectomy - molar (first root)	329/362
D3426	Apicoectomy - (each additional root)	128/95
D3430	Retrograde filling - per root	98/119
D3450	Root amputation - per root	175/176
D3920	Hemisection (including any root removal)	175/198
D3950	Canal prep/fit of preformed dowel or post	108/95
PERIODONTICS[1]		
D0180	Comprehensive periodontal evaluation - new or established patient - not in conjunction with D0150, limited to once per 18 months	36/35
D4210	Gingivectomy/gingivoplasty - four or more teeth per quad.	242/332
D4211	Gingivectomy/gingivoplasty one-to-three teeth per quad.	86/163
D4240	Gingival flap procedure, including root planing, per quad.	296/407
D4241	Gingival flap procedure, including root planing-one-to-three teeth, per quadrant	82/339
D4260	Osseous (bone) surgery - four or more per quad.	444/396
D4261	Osseous (bone) surgery - one - three teeth per quad.	329/356
D4268	Surgical revision procedure, per tooth	301/339
D4274	Distal or proximal wedge procedure	282/367
D4341	Perio scaling & root planing four or more per quad.	96/226
D4342	Perio scaling & root planing one-to-three teeth per quad.	52/147
D4355	Full mouth debridement	70/181
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	82/63
D4910	Periodontal maintenance	60/124
D9940	Occlusal guard by report	282/254
D9950	Occlusion analysis - mounted case	76
D9951	Occlusal adjustment, limited	58/69
D9952	Occlusal adjustment, complete	242/249
ORAL SURGERY[1]		
D7111	Extraction, coronal remnants - deciduous tooth	40/57
D7140	Extraction - erupted tooth or exposed root	57/77
D7210	Surgical extraction - erupted tooth	115/119

ADA CODE	BENEFIT	MEMBER COPAYMENT ($)
D7220	Removal of impacted tooth - soft tissue	$130/129
D7230	Removal of impacted tooth - partially bony	171/220
D7240	Removal of impacted tooth - completely bony	206/299
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	164/333
D7250	Removal of residual tooth roots	123/114
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	191/177
D7280	Surgical access of an unerupted tooth	100/141
D7291	Transeptal fiberotomy/supra crestal fiberotomy, by report	38/90
D7310/20	Alveoloplasty per quadrant	122/147
D7510	Incision/draining of abscess, soft tissue	82/102
D7960	Frenulectomy (frenectomy or frenotomy)	232/226

[1] ***Specialty 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 the member's participating general dentist. If the listed procedure contains a slash (/), the second listed fee represents the copayment due to the specialist after referral.***

ORTHODONTICS[2]		
D8660	Pre-orthodontic treatment visit, records and models	413
D8070	Comprehensive orthodontic treatment of the transitional dentition	3,304
D8080	Comprehensive orthodontic treatment of adolescent dentition	3,422
D8090	Comprehensive orthodontic treatment of adult dentition	3,658
D8670	Periodic orthodontic visit (beyond 24 months of treatment) per month charge	118
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	413

[2]Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See limitation #18 for additional coverage exclusions.

Plan Exclusions

1. 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).
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.
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 sole discretion 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 or war, including declared or undeclared war or acts of war.
9. Replacement due to loss or theft of prosthetic appliance.
10. General anesthesia and sedation.
11. Services that cannot be performed because of the general health of the patient.
12. Implantation and related restorative procedures.
13. Unlisted procedures.
14. Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
15. Services related to the treatment of TMD (Temporal Mandibular Disorder).
16. Services performed by a Plan Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics).
17. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
18. 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. Replacement of a bridge, crown or denture within five (5) years after the date it was originally installed.
2. Replacement of filling within two (2) years after original date of placement.
3. Teeth cleaning (prophylaxis) at intervals of less than six (6) months.
4. 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%.
5. Full mouth x-rays or panoramic film – one set every three years.
6. Retreatment of root canal within two (2) years of the original treatment.
7. Limit 4381 to one 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.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc.
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