

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

The Dominion National Select Plan dental 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 claims to file²
- No annual maximums

Use your Select Plan benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **DominionNational.com**.

- You have the freedom to select any participating general dentist as your primary care dentist³. To select a dental provider from our network, simply visit **DominionNational.com**. If you prefer, contact us at 1-888-518-5338.
- Life without claim forms!¹ With the Dominion National Select Plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care, or refer you to a participating specialist if needed.

Tips to ensure a healthy mouth

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

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.

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.



Questions?

Check out **DominionNational.com**

Call **1-888-518-5338**, Monday through Friday, 7:30 a.m. to 6 p.m.

¹ Managed 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.

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

³ Participating dentists are subject to change.

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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.

| Diagnostic/Preventive | | Member pays | | | |
|----------------------------------|--|-------------|---------------------|---|------|
| D9439 | Office visit. | \$10 | D2330 | Resin-based composite - one surface, anterior .. | \$46 |
| D0120 | Periodic oral eval - established patient | \$0 | D2331 | Resin-based composite - two surfaces, anterior . | \$54 |
| D0140 | Limited oral eval - problem focused | \$0 | D2332 | Resin-based composite - three surfaces, anterior | \$63 |
| D0145 | Oral eval for a patient under 3 years of age | \$0 | D2335 | Resin-based composite - >=4 surfaces, anterior . | \$72 |
| D0150 | Comprehensive oral eval - new or established patient | \$0 | D2391 | Resin-based composite - one surface, posterior . | \$49 |
| D0160 | Detailed and extensive oral eval - problem focused | \$0 | D2392 | Resin-based composite - two surfaces, posterior | \$57 |
| D0170 | Re-evaluation - limited, problem focused | \$0 | D2393 | Resin-based composite - three surfaces, posterior | \$66 |
| D0210 | Intraoral - complete series (including bitewings) . | \$0 | D2394 | Resin-based composite - >=4 surfaces, posterior | \$75 |
| D0220 | Intraoral - periapical first film | \$0 | D2940 | Sedative filling | \$31 |
| D0230 | Intraoral - periapical each add. film | \$0 | D2951 | Pin retention - per tooth, in addition to restoration | \$18 |
| D0240 | Intraoral - occlusal film | \$0 | D3110/20 | Pulp cap - direct/indirect (excl. final restoration) . | \$21 |
| D0250/60 | Extraoral - first film and each add. film | \$0 | | | |
| D0270-74 | Bitewing x-rays - 1 to 4 films | \$0 | | | |
| D0277 | Vertical bitewings - 7 to 8 films | \$0 | | | |
| D0330 | Panoramic film | \$25 | | | |
| D0340 | Cephalometric Film | \$0 | | | |
| D0350 | Oral/facial photographic images | \$0 | | | |
| D0460 | Pulp vitality tests | \$0 | | | |
| D0470 | Diagnostic casts | \$0 | | | |
| D1110 | Prophylaxis (cleaning) - adult | \$0 | | | |
| D1110 | Additional cleaning (expecting mothers or Diabetics) | \$40 | | | |
| D1120 | Prophylaxis (cleaning) - child | \$0 | | | |
| D1203 | Topical application of fluoride - child | \$0 | | | |
| D1204 | Topical application of fluoride - adult | \$0 | | | |
| D1206 | Topical fluoride varnish for mod/high risk caries patients | \$0 | | | |
| D1310 | Nutritional counseling for control of dental disease | \$0 | | | |
| D1320/30 | Oral hygiene instructions | \$0 | | | |
| D1351 | Sealant - per tooth | \$15 | | | |
| D1352 | Prev resin rest. mod/high caries risk - perm. tooth | \$15 | | | |
| D1510/20 | Space maintainer - fixed/removable - unilateral | \$117 | | | |
| D1515/25 | Space maintainer - fixed/removable - bilateral . | \$136 | | | |
| D1550 | Re-cementation of space maintainer | \$30 | | | |
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| Restorative Dentistry (Fillings) | | Member pays | <td></td> <td></td> | | |
| D2140 | Amalgam - one surface, prim. or perm. | \$19 | | | |
| D2150 | Amalgam - two surfaces, prim. or perm. | \$23 | | | |
| D2160 | Amalgam - three surfaces, prim. or perm. | \$29 | | | |
| D2161 | Amalgam - >=4 surfaces, prim. or perm. | \$35 | | | |
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|-------|--|-------|
| D2930 | Prefab. stainless steel crown - prim. tooth | \$96 |
| D2931 | Prefab. stainless steel crown - perm. tooth | \$105 |
| D2932 | Prefabricated resin crown | \$105 |
| D2950 | Core buildup, including any pins | \$90 |
| D2952 | Cast post and core in addition to crown | \$136 |
| D2954 | Prefab. post and core in addition to crown | \$112 |
| D2955 | Post removal (not in conj. with endo. therapy) ... | \$81 |
| D2970 | Temporary crown (fractured tooth) | \$0 |
| D2980 | Crown repair, by report | \$76 |

Prosthetics (Dentures)

Member pays

| | | |
|------------|--|-------|
| D5110/20 | Complete denture - maxillary/mandibular | \$578 |
| D5130/40 | Immediate denture - maxillary/mandibular ... | \$605 |
| D5211/12 | Maxillary/mandibular partial denture - resin base | \$563 |
| D5213/14 | Maxillary/mandibular partial denture - cast metal | \$613 |
| D5225/26 | Maxillary/mandibular partial denture - flexible base | \$613 |
| D5281 | Rem. unilateral partial denture - one piece cast metal | \$362 |
| D5410/11 | Adjust complete denture - maxillary/mandibular | \$29 |
| D5421/22 | Adjust partial denture - maxillary/mandibular ... | \$29 |
| D5510/5610 | Repair broken denture base (complete/resin).... | \$73 |
| D5520 | Replace missing or broken teeth - complete denture | \$73 |
| D5620 | Repair cast framework | \$73 |
| D5630/60 | Clasp repaired, replaced or added | \$95 |
| D5640 | Replace broken teeth - per tooth | \$73 |
| D5650 | Add tooth to existing partial denture | \$73 |
| D5670/71 | Replace all teeth and acrylic on cast metal framework | \$214 |
| D5710/11 | Rebase complete maxillary/mandibular denture | \$232 |
| D5720/21 | Rebase maxillary/mandibular partial denture .. | \$232 |
| D5730/31 | Reline complete maxillary/mandibular denture (chairside) | \$130 |
| D5740/41 | Reline maxillary/mandibular partial denture (chairside) | \$130 |
| D5750/51 | Reline complete maxillary/mandibular denture (lab) | \$203 |
| D5760/61 | Reline maxillary/mandibular partial denture (lab) | \$203 |
| D5810/11 | Interim complete denture - maxillary/mandibular | \$318 |
| D5820/21 | Interim partial denture - maxillary/mandibular | \$318 |
| D5850/51 | Tissue conditioning - maxillary/mandibular | \$61 |

Bridge & Pontics*

Member pays

| | | |
|-------------|---|-------|
| D6000-D6199 | ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants) | |
| D6210/11/12 | Pontic - metal | \$366 |
| D6240/41/42 | Pontic - porcelain fused metal | \$380 |
| D6245 | Pontic - porcelain/ceramic | \$417 |
| D6250/51/52 | Pontic - resin with metal | \$342 |

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|-------------|---|-------|
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | \$197 |
| D6548 | Ret. - porc./ceramic for resin bonded fixed prosthesis | \$308 |
| D6600 | Inlay - porc./ceramic, two surfaces | \$302 |
| D6601 | Inlay - porc./ceramic, >=3 surfaces | \$314 |
| D6602 | Inlay - cast high noble metal, two surfaces | \$282 |
| D6603 | Inlay - cast high noble metal, >=3 surfaces | \$290 |
| D6604 | Inlay - cast predominantly base metal, two surfaces | \$282 |
| D6605 | Inlay - cast predominantly base metal, >=3 surfaces | \$290 |
| D6606 | Inlay - cast noble metal, two surfaces | \$282 |
| D6607 | Inlay - cast noble metal, >=3 surfaces | \$290 |
| D6608 | Onlay - porc./ceramic, two surfaces | \$345 |
| D6609 | Onlay - porc./ceramic, three or more surfaces ... | \$355 |
| D6610 | Onlay - cast high noble metal, two surfaces ... | \$338 |
| D6611 | Onlay - cast high noble metal, >=3 surfaces ... | \$380 |
| D6612 | Onlay - cast predominantly base metal, two surfaces | \$338 |
| D6613 | Onlay - cast predominantly base metal, >=3 surfaces | \$380 |
| D6614 | Onlay - cast noble metal, two surfaces | \$338 |
| D6615 | Onlay - cast noble metal, >=3 surfaces | \$380 |
| D6720/21/22 | Crown - resin with metal | \$342 |
| D6740 | Crown - porcelain/ceramic | \$417 |
| D6750/51/52 | Crown - porcelain fused metal | \$380 |
| D6780 | Crown - 3/4 cast high noble metal | \$348 |
| D6781 | Crown - 3/4 cast predominantly base metal ... | \$348 |
| D6782 | Crown - 3/4 cast noble metal | \$348 |
| D6783 | Crown - 3/4 porc./ceramic | \$357 |
| D6790/91/92 | Crown - full cast metal | \$366 |
| D6930 | Recement fixed partial denture | \$49 |
| D6970 | Post and core in addition to fixed part. dent. ret. | \$136 |
| D6972 | Prefab post and core in addition to fixed part. dent. ret. | \$112 |
| D6973 | Core build up for retainer, including any pins | \$90 |
| D6975 | Coping - metal | \$234 |
| D6976 | Each add. indirectly fabricated post - same tooth | \$93 |
| D6977 | Each add. prefab post - same tooth | \$44 |
| D6980 | Fixed partial denture repair, by report | \$124 |

Adjunctive General Services

Member pays

| | | |
|----------|---|-------|
| D9110 | Palliative (emergency) treatment of dental pain | \$35 |
| D9210/15 | Local anesthesia | \$0 |
| D9211 | Regional block anesthesia | \$0 |
| D9212 | Trigeminal division block anesthesia | \$0 |
| D9220 | Deep sedation/general anesthesia - first 30 min. | \$205 |
| D9221 | Deep sedation/general anesthesia - each add. 15 min. | \$103 |
| D9241 | Intravenous conscious sedation/analgesia - first 30 min. | \$205 |
| D9242 | IV conscious sedation/analgesia - each add. 15 min. | \$103 |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | \$30 |

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|-------|--|------|
| D9310 | Consultation (diagnostic service by nontreating dentist) | \$36 |
| D9910 | Application of desensitizing medicament | \$18 |
| D9930 | Treatment of complications (post-surgical) | \$42 |
| D9990 | Broken office appointment | \$50 |

Endodontics¹

Member pays

| | | |
|-------|--|-------|
| D3220 | Therapeutic pulpotomy (excl. final restor.) | \$63 |
| D3221 | Pulpal debridement, prim. and perm. teeth | \$67 |
| D3310 | Endodontic therapy, anterior tooth | \$260 |
| D3320 | Endodontic therapy, bicuspid tooth | \$334 |
| D3330 | Endodontic therapy, molar | \$416 |
| D3333 | Internal root repair of perforation defects | \$75 |
| D3346 | Retreat of prev. root canal therapy, anterior | \$290 |
| D3347 | Retreat of prev. root canal therapy, bicuspid | \$371 |
| D3348 | Retreat of prev. root canal therapy, molar | \$438 |
| D3410 | Apicoectomy/periradicular surgery, anterior | \$238 |
| D3421 | Apicoectomy/periradicular surgery, bicuspid (first root) | \$268 |
| D3425 | Apicoectomy/periradicular surgery, molar (first root) | \$283 |
| D3426 | Apicoectomy/periradicular surgery (each add. root) | \$112 |
| D3430 | Retrograde filling - per root | \$89 |
| D3450 | Root amputation - per root | \$156 |
| D3920 | Hemisection, not inc. root canal therapy | \$156 |
| D3950 | Canal prep/fitting of preformed dowel or post | \$112 |

Periodontics¹

Member pays

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|-------|---|-------|
| D0180 | Comp. periodontal eval - new or established patient | \$35 |
| D4210 | Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. | \$205 |
| D4211 | Gingivectomy or gingivoplasty - ≤3 teeth, per quad. | \$70 |
| D4240 | Gingival flap proc., inc. root planing - >3 cont. teeth, per quad. | \$303 |
| D4241 | Gingival flap proc., inc. root planing - ≤3 cont. teeth, per quad. | \$74 |
| D4260 | Osseous surgery - >3 cont. teeth, per quad. | \$422 |
| D4261 | Osseous surgery - ≤3 cont. teeth, per quad. | \$282 |
| D4268 | Surgical revision proc., per tooth | \$258 |
| D4274 | Distal or proximal wedge procedure | \$225 |
| D4341 | Perio scaling and root planing - >3 cont teeth, per quad. | \$83 |
| D4342 | Perio scaling and root planing - ≤3 teeth, per quad. | \$45 |
| D4355 | Full mouth debridement | \$64 |
| D4381 | Localized delivery of chemotherapeutic agents | \$70 |
| D4910 | Periodontal maintenance | \$65 |
| D9940 | Occlusal guard, by report | \$208 |
| D9950 | Occlusion analysis - mounted case | \$74 |
| D9951 | Occlusal adjustment - limited | \$47 |

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|-------|--------------------------------------|-------|
| D9952 | Occlusal adjustment - complete | \$192 |
|-------|--------------------------------------|-------|

Oral Surgery¹

Member pays

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|----------|---|-------|
| D7111 | Extraction, coronal remnants - deciduous tooth | \$27 |
| D7140 | Extraction, erupted tooth or exposed root | \$50 |
| D7210 | Surgical rem. of erupted tooth req. bone cut. | \$102 |
| D7220 | Removal of impacted tooth - soft tissue | \$123 |
| D7230 | Removal of impacted tooth - partially bony | \$145 |
| D7240 | Removal of impacted tooth - completely bony | \$181 |
| D7241 | Removal of imp. tooth - completely bony, with unusual surg. complications | \$159 |
| D7250 | Surgical removal of residual tooth roots | \$108 |
| D7270 | Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth | \$163 |
| D7280 | Surgical access of an unerupted tooth | \$103 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | \$39 |
| D7310/20 | Alveoplasty, per quad. | \$102 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$70 |
| D7960 | Frenulectomy (frenectomy/frenotomy) - separate proc. | \$179 |

Orthodontics²

Member pays

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|-------|--|--------|
| D8660 | Pre-orthodontic treatment visit | \$413 |
| D8070 | Comp. ortho. treatment - transitional dentition | \$3304 |
| D8080 | Comp. ortho. treatment - adolescent dentition | \$3422 |
| D8090 | Comp. ortho. treatment - adult dentition | \$3658 |
| D8670 | Periodic ortho. treatment visit (as part of contract) | \$118 |
| D8680 | Orthodontic retention (rem. of appl. and placement of retainer(s)) | \$413 |

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 a member's Participating General Dentist. See Plan Exclusion #13.

² Phase 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 performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). A referral form is only required in Maryland. Participating dentists should refer to Specialty Care Referral Guidelines.
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.

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

