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.



Questions?

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

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.

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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.

³ Participating dentists are subject to change.

NEW JERSEY

Dominion National Select Plan 705x

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 respresents the copayment due to a general dentist. The second listed fee represents the copayment due to a specialist after referral.

Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the calendary ever from a participating select Plan network dentist. Contact your Benefit Administrator for details. 93493 Office visit. 94593 Office visit. 94501 Initiated oral eval - rebuilted and extensive oral eval - rew or established potient. 9450130 Office visit. 94501 Office vis	Diagnostic/Preventive Member page		Member pays	D1110	Additional cleaning (exp	ecting mothers or
Cleanings during the calendar year from a participating Select Plan network dentist. Contact your Benefit Administrator for details. Spaya Office visit. Spaya Spaya Office visit. Spaya	Prevention Reward: Primary subscriber will receive a \$20 payment		D1120	Diabetics)	\$40	
cleanings during the calendar year from a participating Select Plan network dentist. Contact your Benefit Administrator for details. S10	from Domini	on for each family member that re	ceives two		Prophylaxis (cleaning) - c	cnila
network dentist. Contact your Benefit Administrator for details. D9439 Office visit. D0120 Periodic oral eval - established patient. D0140 Limited oral eval - problem focused. D0145 Oral eval for a patient under 3 years of age. D0150 Comprehensive oral eval - new or established patient. D0160 Detailed and extensive oral eval - problem focused. D0170 Re-evaluation - limited, problem focused. D0180 Comp. periodontal eval - new or established patient. D0170 Re-evaluation - limited, problem focused. D0180 Comp. periodontal eval - new or established patient. D0210 Intraoral - corplete series (including bitewings). D0220 Intraoral - periapical first film. D0230 Intraoral - periapical each add. film. D0230 Extra-oral - 2D projection radiographic image created using a stationary radiations source, and detector. D0270-74 Bitewing x-rays - 1 to 4 films. D0277 Wetrical bitewings - 7 to 8 films. D0330 Panoramic film. D0330 Panoramic film. D0330 Panoramic film. D0270 Source maintainer - fixed/removable - unilateral. D0270 Amalgam - trave surface, prim. or perm. S37 Amalgam - two surfaces, prim. or perm. S38 Pesterotive Dentistry (Fillings) Member pays D040 Cephalometric Film. S00 D0350 Oral/facial photographic image. D04025 Caries susceptibility tests. S00 D0425 Caries susceptibility tests. S00 D0425 Caries susceptibility tests. S00 D0426 Caries risk assessment & documentation, with a finding of moderate risk. D0460 Pulp vitality tests. S00 Caries risk assessment & documentation, with a finding of moderate risk. D0600 Caries risk assessment & documentation, with a finding of floyd risk. D0601 Caries risk assessment & documentation, with a finding of floyd risk. D0602 Caries risk assessment & documentation, with a finding of floyd risk. D0603 Caries risk assessment & documentation, with a finding of floyd risk. D0604 Caries risk assessment & documentation, with a findi	cleanings du	ring the calendar year from a parti	cipating Select Plan	D1206		
D9439 Office visit.				D4200	patients	
D0140 Limited oral eval – problem focused				D1208	Topical application of flu	oride – excluding
D0140	D0120	Periodic oral eval - established po	atient	54546	varnish	\$0
Dotal Dota	D0140			D1310		
Dot-10				5.4500/50	disease	
Dotailed and extensive oral eval - problem focused	D0150	Comprehensive oral eval - new or	r established		Oral hygiene instructions	5
Dot-100 Detailed and extensive oral eval - problem focused						
Focused So D1510/20 Space maintainer - fixed/removable - unilateral S136 D1510/20 Space maintainer - fixed Space maintainer - fixed S136 D1510/20 D1520/20 D1520/20 Space maintainer - fixed S136 D1510/20 D1510/20 D1510/20 D1510/20 D1510/20 D1510/20 D1510/20 D1520/20 D	D0160	Detailed and extensive oral eval	- problem	D1352	Prev resin rest. mod/high	caries risk – perm.
D0170 Re-evaluation - limited, problem focused So Comp. periodontal eval - new or established patient. S136 D1516/17 Space maintainer - fixed removable - unilateral S136 D1516/17 Space maintainer - fixed - bilateral, maxillary/mandibular S184 Space maintainer - removable - bilateral, maxillary/mandibular S184 Space maintainer - fixed - bilateral, maxillary/mandibular Space maintainer - fixed - bilateral, maxillary/mandibular Space maintainer - fixed - bilateral, maxillary/mandibular Space maintainer - fixed - bil						
D0180 Comp. periodontal eval - new or established patient. \$36 D1516/17 Space maintainer - fixed - bilateral, maxillary/mandibular \$184 Space maintainer - fixed - bilateral, maxillary/mandibular \$	D0170			D1510/20	Space maintainer - fixed	/removable -
Dozion Intraoral - complete series (including bitewings)					unilateral	\$136
Dotation Intraoral - complete series (including bitewings) Ditewings) Ditewings Ditewings Ditewings Ditewings Ditewings Ditewings Ditewings Ditewings Ditewings Ditemines Ditewings Ditewings - 7 to 8 films Sol Ditewings - 7 to 8 films	20100			D1516/17	Space maintainer - fixed	- bilateral,
bitewings)	D0210	Intraoral - complete series (inclu	dina		maxillary/mandibular	\$184
D0230 Intraoral - peripical each add. film	20210	hitewings)	\$26	D1526/27	Space maintainer - remo	vable - bilateral,
D0230 Intraoral - periapical each add. film	D0220				maxillary/mandibular	\$184
D0240 D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector				D1550	Re-cementation of space	e maintainer\$33
Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector \$0 D2150 Amalgam - one surface, prim. or perm. \$37 D2150 Amalgam - two surfaces, prim. or perm. \$38 D2160 Amalgam - two surfaces, prim. or perm. \$46 D2160 Amalgam - two surfaces, prim. or perm. \$58 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$58 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$58 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$58 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$58 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$58 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$59 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$50 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$59 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$59 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$59 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$59 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$50 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$50 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$50 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$50 D2161 Amalgam - >= 4 surfaces, prim. or perm		Intraoral - occlusal film	\$0			
created using a stationary radiation source, and detector				Restorative	Population (Pillings)	Member pays
detector \$0 D0270-74 Bitewing x-rays - 1 to 4 films \$0 D0277 Vertical bitewings - 7 to 8 films \$0 D0278 D0279 Vertical bitewings - 7 to 8 films \$0 D02161 Amalgam - two surfaces, prim. or perm \$58 D0277 Vertical bitewings - 7 to 8 films \$0 D0230 Panoramic film \$30 D02330 Resin-based composite - one surface, anterior \$69 D02331 Resin-based composite - two surfaces, anterior \$76 D02351 D0236 D0237 Cephalometric Film \$0 D02331 Resin-based composite - two surfaces, anterior \$76 D0237 Resin-based composite - three surfaces, anterior \$90 D0238 Resin-based composite - three surfaces, anterior \$90 D0239 D02395 Resin-based composite - >= 4 surfaces, anterior \$90 D02396 D02391 Resin-based composite crown, anterior \$109 D02391 Resin-based composite - one surface, posterior \$109 D02391 Resin-based composite - two surfaces, anterior \$109 D02391 Resin-based composite - two surfaces, posterior \$80 D02392 Resin-based composite - two surfaces, posterior \$80 D02393 Resin-based composite - two surfaces, posterior \$80 D02394 Resin-based composite - three surfaces, posterior \$80 D02395 Resin-based composite - three surfaces, posterior \$80 D02396 Resin-based composite - three surfaces, posterior \$80 D02397 Resin-based composite - three surfaces, posterior \$80 D02398 Resin-based composite - three surfaces, posterior \$80 D023994 Resin-based composite - three surfaces, posterior \$93 Resin-based composite - three surfaces, posterior \$93 Resin-based composite - three surfaces, posterior \$80 D02391 Resin-based composite - \$80 D02392 Resin-based composite - \$80 D02393 Resin-based composite - \$80 D02394 Resin-based composite - \$80 D02395 Resin-based composite - \$80 D02396 Resin-based composite - \$80 D02397 Resin-based composite - \$80 D02399 Resin-based compos		created using a stationary radiat	ion source, and	D2140	Amalaam - one surface	prim or perm \$37
D0270-74 Bitewing x-rays - 1 to 4 films. \$0 D2160 Amalgam - three surfaces, prim. or perm. \$58 D0277 Vertical bitewings - 7 to 8 films \$0 D2161 Amalgam - >= 4 surfaces, prim. or perm. \$69 D0330 Panoramic film. \$30 D2330 Resin-based composite - one surface, anterior \$64 D0340 Cephalometric Film \$0 D2331 Resin-based composite - two surfaces, anterior \$76 D0350 Oral/facial photographic images \$0 D2331 Resin-based composite - three surfaces, anterior \$76 D0351 3D photographic image \$0 D2332 Resin-based composite - three surfaces, anterior \$76 D0470 Diagnostic casts. \$0 D2335 Resin-based composite - >= 4 surfaces, anterior \$90 D0470 Diagnostic casts. \$0 D2390 Resin-based composite crown, anterior \$175 D0600 Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum \$0 D0601 Caries risk assessment & documentation, with a finding of moderate risk \$0 D0602 Caries risk assessment & documentation, with a finding of high risk. \$0 D0603 Caries risk assessment & documentation, with a finding of high risk. \$0 Prophylaxis (cleaning) - adult \$0 D0604 Caries risk assessment & documentation, with a finding of high risk. \$0 Prophylaxis (cleaning) - adult \$0 D0605 Caries risk assessment & documentation, with a finding of high risk. \$0 Prophylaxis (cleaning) - adult \$0 D0605 Caries risk assessment & documentation, with a finding of high risk. \$0 Prophylaxis (cleaning) - adult \$0 D0605 Caries risk assessment & documentation, with a finding of high risk. \$0 D0605 Caries risk assessment & documentation, with a finding of high risk. \$0 D0605 Caries risk assessment & documentation, with a finding of high risk. \$0 D0605 Caries risk assessment & documentation, with a finding of high risk. \$0 D0605 Caries risk assessment & documentation, with a finding of high risk. \$0 D0605 Caries risk assessment & documentation, with a finding of high risk. \$0 D0605 Caries risk assessment & documentation, with a finding of high risk. \$0 D0605 Caries risk assessment & documentati						
D0277 Vertical bitewings - 7 to 8 films	D0270-74	Bitewing x-rays - 1 to 4 films	\$0			
D0330 Panoramic film		Vertical bitewings - 7 to 8 films.	\$0			
D0340 Cephalometric Film \$0 D2331 Resin-based composite - two surfaces, anterior . \$76 D350 Oral/facial photographic images \$0 D2332 Resin-based composite - three surfaces, anterior . \$76 D351 3D photographic image \$0 D2332 Resin-based composite - three surfaces, anterior \$90 D425 Caries susceptibility tests \$0 D460 Pulp vitality tests \$0 D460 Prophylaxis (cleaning) - adult \$0 D2335 Resin-based composite - >=4 surfaces, anterior \$109 D2390 Resin-based composite crown, anterior \$175 D2391 Resin-based composite crown, anterior \$175 D2391 Resin-based composite - one surface, posterior \$68 D2392 Resin-based composite - two surfaces, posterior \$80 D2393 Resin-based composite - three surfaces, posterior \$93 Resin-based composite - three surfaces, posterior \$93 Resin-based composite - >=4 surfaces, posterior .		Panoramic film	\$30			
D0350 Oral/facial photographic images \$0 D0351 3D photographic image \$0 D0425 Caries susceptibility tests \$0 D0460 Pulp vitality tests \$0 D0470 Diagnostic casts \$0 D0470 Diagnostic casts \$0 D0470 Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum \$0 D0601 Caries risk assessment & documentation, with a finding of high risk \$0 D0603 Caries risk assessment & documentation, with a finding of high risk \$0 D0604 Prophylaxis (cleaning) - adult \$0 D0605 Caries risk assessment & documentation, with a finding of high risk \$0 D0606 Caries risk assessment & documentation, with a finding of high risk \$0 D0607 Caries risk assessment & documentation, with a finding of high risk \$0 D0608 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a f	D0340	Cephalometric Film	\$0			
D0351 3D photographic image					Resin-based composite -	three surfaces
D0425 Caries susceptibility tests		3D photographic image	\$0	2232	anterior	\$90
D0460 Pulp vitality tests \$0 D0470 Diagnostic casts. \$0 D0600 Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum. \$0 D0601 Caries risk assessment & documentation, with a finding of high risk. \$0 D0603 Caries risk assessment & documentation, with a finding of high risk. \$0 D0604 Pulp vitality tests \$0 D0605 Diagnostic casts. \$0 D0606 Resin-based composite crown, anterior \$175 D2390 Resin-based composite - one surface, posterior \$68 D2391 Resin-based composite - two surfaces, posterior \$80 D2393 Resin-based composite - three surfaces, posterior \$93 D2394 Resin-based composite - three surfaces, posterior \$129 D2395 Resin-based composite - three surfaces, posterior \$120 D2396 Prophylaxis (cleaning) - adult \$120 D2397 Resin-based composite - two surfaces, posterior \$120 D2398 Resin-based composite - three surfaces, posterior \$120 D2399 Resin-based composite - two surfaces, posterior \$120 D2390 Resin-based composite - one surface, posterior \$120 D2391 Resin-based composite - two surfaces, posterior \$120 D2392 Resin-based composite - two surfaces, posterior \$120 D2393 Resin-based composite - three surfaces, posterior \$120 D2393 Resin-based composite - three surfaces, posterior \$120 D2394 Resin-based composite - three surfaces, posterior \$120 D2395 Resin-based composite - three surfaces, posterior \$120 D2396 Resin-based composite - two surfaces, posterior \$120 D2397 Resin-based composite - two surfaces, posterior \$120 D2398 Resin-based composite - two surfaces, posterior \$120 D2399 Resin-based composite - two surfaces, posterior \$120 D2390 Resin-based composite - two surfaces, posterior \$120 D2391 Resin-based composite - two surfaces, posterior \$	D0425	Caries susceptibility tests	\$0	D2335	Resin-based composite -	· >=4 surfaces
D0470 Diagnostic casts		Pulp vitality tests	\$0	02333	anterior	\$109
D0600 Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum \$0 D0601 Caries risk assessment & documentation, with a finding of high risk		Diagnostic casts	\$0	D2390	Resin-based composite a	rown anterior \$175
quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum \$0 D0601 Caries risk assessment & documentation, with a finding of high risk \$0 D0602 Caries risk assessment & documentation, with a finding of high risk \$0 D0603 Caries risk assessment & documentation, with a finding of high risk \$0 D0604 Caries risk assessment & documentation, with a finding of high risk \$0 D0605 Caries risk assessment & documentation, with a finding of high risk \$0 D0606 Caries risk assessment & documentation, with a finding of high risk \$0 D0607 Caries risk assessment & documentation, with a finding of high risk \$0 D0608 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment & documentation, with a finding of high risk \$0 D0609 Caries risk assessment	D0600					
in structure of enamel, dentin, and cementum\$0 Caries risk assessment & documentation, with a finding of high risk\$0 D0603						
D0601 Caries risk assessment & documentation, with a finding of low risk		in structure of enamel, dentin, ar	nd cementum\$0	02332		
finding of low risk \$0 Caries risk assessment & documentation, with a finding of high risk \$0 D1110 Frophylaxis (cleaning) - adult \$0 finding of low risk \$0 Caries risk assessment & documentation, with a finding of high risk \$0 Prophylaxis (cleaning) - adult \$0 Caries risk assessment & documentation, with a finding of high risk \$0 Crown & Bridge* Member pays	D0601	Caries risk assessment & docume	entation, with a	D2393	Resin-hased composite -	three surfaces
D0602 Caries risk assessment & documentation, with a finding of moderate risk				02333	nosterior	\$93
finding of moderate risk	D0602			D2394	Resin-hased composite -	>=4 surfaces
D0603 Caries risk assessment & documentation, with a finding of high risk				D2331	nosterior	\$112
finding of high risk	D0603				posterior	
D1110 Prophylaxis (cleaning) - adult	_ 3000			C 6 B	: .l +	Maria
D2510 Inlay - metallic - one surface\$390	D1110			crown & Br		· · ·
	-	, , , , , , , , , , , , , , , , , , , ,		D2510	Inlay - metallic - one sur	face\$390

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NEW JERSEY

Dominion National Select Plan 705x

D2520	Inlay - metallic - two surfaces	D5410/11	Adjust complete denture -
D2530	Inlay - metallic - three or more surfaces\$407		maxillary/mandibular
D2542	Onlay - metallic-two surfaces\$423	D5421/22	Adjust partial denture - maxillary/mandibular\$35
D2543	Onlay - metallic-three surfaces	D5511/12	Repair broken complete denture base,
D2544	Onlay - metallic-four or more surfaces \$511		mandibular/maxillary\$84
D2610	Inlay - porcelain/ceramic - one surface\$410	D5520	Replace missing or broken teeth - complete
D2620	Inlay - porcelain/ceramic - two surfaces \$410		denture\$84
D2630	Inlay - porcelain/ceramic - >= 3 surfaces\$427	D5611/12	Repair resin partial denture base,
D2642	Onlay - porcelain/ceramic - two surfaces \$439		mandibular/maxillary
D2643	Onlay - porcelain/ceramic - three surfaces\$459	D5621/22	Renair cast nartial framework
D2644	Onlay - porcelain/ceramic - >=4 surfaces\$459		mandibular/maxillary\$84
D2650	Inlay - resin-based composite - one surface\$425	D5630/60	Clasp repaired, replaced or added\$112
D2651	Inlay - resin-based composite - two surfaces\$425	D5640	Replace broken teeth - per tooth\$84
D2652	Inlay - resin-based composite - >= 3 surfaces\$425	D5650	Add tooth to existing partial denture\$84
D2662	Onlay - resin-based composite - two surfaces \$429	D5670/71	Replace all teeth and acrylic on cast metal
D2663	Onlay - resin-based composite - three		framework\$263
	surfaces	D5710/11	Rebase complete maxillary/mandibular
D2664	Onlay - resin-based composite - >=4 surfaces\$429		denture\$253
D2710	Crown - resin based composite (indirect) \$259	D5720/21	Rebase maxillary/mandibular partial denture\$253
D2712	Crown - 3/4 resin-based composite (indirect)\$450	D5730/31	Reline complete maxillary/mandibular
	Crown - resin with metal\$470		denture (chairside)
D2740	Crown - porcelain/ceramic substrate	D5740/41	Reline maxillary/mandibular partial denture
	Crown - porcelain fused metal		(chairside)\$152
	Crown - 3/4 cast with metal\$457	D5750/51	Reline complete maxillary/mandibular
D2783	Crown - 3/4 porcelain/ceramic	55760/64	denture (lab)\$214
	Crown - full cast metal\$481	D5760/61	Reline maxillary/mandibular partial denture
D2910/20	Recement inlay, onlay/crown or partial coverage rest\$41	DE010/11	(lab)\$214
D2020	coverage rest\$41	D5810/11	Interim complete denture -
D2930	Prefab. stainless steel crown - prim. tooth \$105	DE020/21	maxillary/mandibular\$333
D2931	Prefab. stainless steel crown - perm. tooth \$119	D5820/21	Interim partial denture -
			no avillan des en dibular
D2932	Prefabricated resin crown\$135	DE0E0/E1	Interim partial denture - maxillary/mandibular
D2932 D2940	Prefabricated resin crown\$135 Sedative filling\$37	D5850/51	maxillary/mandibular
D2932 D2940 D2950	Prefabricated resin crown\$135 Sedative filling\$37 Core buildup, including any pins\$120		Tissue conditioning - maxillary/mandibular \$75
D2932 D2940	Prefabricated resin crown\$135 Sedative filling\$37 Core buildup, including any pins\$120 Pin retention - per tooth, in addition to	Bridge & Po	Tissue conditioning - maxillary/mandibular \$75 ntics* Member pays
D2932 D2940 D2950 D2951	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22	Bridge & Po	Tissue conditioning - maxillary/mandibular \$75 ntics* Member pays Pontic - metal
D2932 D2940 D2950 D2951 D2952	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181	Bridge & Po	ntics*Member paysPontic - metal\$481Pontic - porcelain fused metal\$495
D2932 D2940 D2950 D2951 D2952 D2954	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148	Bridge & Po D6210/11/12 D6240/41/42 D6245	ntics*Member paysPontic - metal\$481Pontic - porcelain fused metal\$495Pontic - porcelain/ceramic\$531
D2932 D2940 D2950 D2951 D2952	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal
D2932 D2940 D2950 D2951 D2952 D2954 D2955	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure \$93	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548	Tissue conditioning - maxillary/mandibular \$75 ntics* Member pays Pontic - metal
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545	Tissue conditioning - maxillary/mandibular \$75 ntics* Member pays Pontic - metal
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$331 Inlay - porc./ceramic, two surfaces\$410
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 Complete denture - maxillary/mandibular \$664	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$233 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 Complete denture - maxillary/mandibular. \$664 Immediate denture - maxillary/mandibular. \$708	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$333 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427 Inlay - cast high noble metal, two surfaces\$390
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown. \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 Complete denture - maxillary/mandibular. \$664 Immediate denture - maxillary/mandibular. \$708 Maxillary/mandibular partial denture - resin	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602 D6603	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$333 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427 Inlay - cast high noble metal, two surfaces\$390 Inlay - cast high noble metal, >=3 surfaces\$407
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40 D5211/12	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays Complete denture - maxillary/mandibular \$664 Immediate denture - maxillary/mandibular \$708 Maxillary/mandibular partial denture - resin base \$613	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$331 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427 Inlay - cast high noble metal, two surfaces\$390 Inlay - cast high noble metal, >=3 surfaces\$407 Inlay - cast predominantly base metal, two
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40 D5211/12	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays Complete denture - maxillary/mandibular \$664 Immediate denture - maxillary/mandibular \$708 Maxillary/mandibular partial denture - resin base \$613 Maxillary/mandibular partial denture - cast	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602 D6603 D6604	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$380 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427 Inlay - cast high noble metal, two surfaces\$390 Inlay - cast predominantly base metal, two surfaces\$407
D2932 D2940 D2950 D2951 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40 D5211/12	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays Complete denture - maxillary/mandibular \$664 Immediate denture - maxillary/mandibular \$708 Maxillary/mandibular partial denture - resin base \$613 Maxillary/mandibular partial denture - cast metal \$722	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602 D6603	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$410 Inlay - porc./ceramic, two surfaces\$427 Inlay - cast high noble metal, two surfaces\$390 Inlay - cast predominantly base metal, two surfaces\$390 Inlay - cast predominantly base metal, \$390 Inlay - cast predominantly base metal, \$390
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40 D5211/12	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays Complete denture - maxillary/mandibular. \$664 Immediate denture - maxillary/mandibular. \$708 Maxillary/mandibular partial denture - resin base. \$613 Maxillary/mandibular partial denture - cast metal. \$722 Immediate maxillary/mandibular partial	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602 D6603 D6604 D6605	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$410 Inlay - porc./ceramic, two surfaces\$410 Inlay - cast high noble metal, two surfaces\$497 Inlay - cast high noble metal, two surfaces\$407 Inlay - cast predominantly base metal, two surfaces\$390 Inlay - cast predominantly base metal, \$390
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40 D5211/12 D5213/14 D5221/22	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays Complete denture - maxillary/mandibular. \$664 Immediate denture - maxillary/mandibular. \$708 Maxillary/mandibular partial denture - resin base. \$613 Maxillary/mandibular partial denture - cast metal. \$722 Immediate maxillary/mandibular partial denture - resin base. \$613	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602 D6603 D6604 D6605 D6606	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$233 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427 Inlay - cast high noble metal, two surfaces\$490 Inlay - cast predominantly base metal, two surfaces\$407 Inlay - cast predominantly base metal, >=3 surfaces\$407 Inlay - cast noble metal, two surfaces\$390
D2932 D2940 D2950 D2951 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40 D5211/12	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays Complete denture - maxillary/mandibular. \$664 Immediate denture - maxillary/mandibular. \$708 Maxillary/mandibular partial denture - resin base. \$613 Maxillary/mandibular partial denture - cast metal. \$722 Immediate maxillary/mandibular partial denture - resin base. \$613 Immediate maxillary/mandibular partial	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602 D6603 D6604 D6605 D6606 D6607	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$233 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427 Inlay - cast high noble metal, two surfaces\$407 Inlay - cast predominantly base metal, two surfaces\$390 Inlay - cast predominantly base metal, >=3 surfaces\$407 Inlay - cast noble metal, two surfaces\$390
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40 D5211/12 D5213/14 D5221/22 D5223/24	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays Complete denture - maxillary/mandibular \$708 Maxillary/mandibular partial denture - resin base \$613 Maxillary/mandibular partial denture - cast metal \$722 Immediate maxillary/mandibular partial denture - resin base \$613 Immediate maxillary/mandibular partial denture - cast metal framework \$722	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602 D6603 D6604 D6605 D6606 D6607 D6608	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$391 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427 Inlay - cast high noble metal, two surfaces\$497 Inlay - cast predominantly base metal, two surfaces\$407 Inlay - cast predominantly base metal, >=3 surfaces\$407 Inlay - cast noble metal, two surfaces\$390 Inlay - cast noble metal, two surfaces\$407 Onlay -porc./ceramic, two surfaces\$439
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40 D5211/12 D5213/14 D5221/22 D5223/24	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown \$148 Post removal (not in conj. with endo. therapy) \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays Complete denture - maxillary/mandibular \$664 Immediate denture - maxillary/mandibular \$708 Maxillary/mandibular partial denture - resin base \$613 Maxillary/mandibular partial denture - cast metal \$722 Immediate maxillary/mandibular partial denture - cast metal framework \$722 Maxillary/mandibular partial denture - flexible	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602 D6603 D6604 D6605 D6606 D6607 D6608 D6609	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$391 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427 Inlay - cast high noble metal, two surfaces\$497 Inlay - cast predominantly base metal, two surfaces\$407 Inlay - cast predominantly base metal, >=3 surfaces\$407 Inlay - cast noble metal, two surfaces\$390 Inlay - cast noble metal, two surfaces\$390 Inlay - cast noble metal, two surfaces\$407 Onlay -porc./ceramic, two surfaces\$439 Onlay - porc./ceramic, two surfaces\$439 Onlay - porc./ceramic, three or more surfaces\$459
D2932 D2940 D2950 D2951 D2952 D2954 D2955 D2980 D2981 D2982 Prosthetics D5110/20 D5130/40 D5211/12 D5213/14 D5221/22	Prefabricated resin crown. \$135 Sedative filling \$37 Core buildup, including any pins. \$120 Pin retention - per tooth, in addition to restoration. \$22 Cast post and core in addition to crown \$181 Prefab. post and core in addition to crown. \$148 Post removal (not in conj. with endo. therapy). \$101 Crown repair, by report. \$93 Inlay repair necessitated by restorative material failure. \$93 Onlay repair necessitated by restorative material failure. \$93 (Dentures) Member pays Complete denture - maxillary/mandibular \$708 Maxillary/mandibular partial denture - resin base \$613 Maxillary/mandibular partial denture - cast metal \$722 Immediate maxillary/mandibular partial denture - resin base \$613 Immediate maxillary/mandibular partial denture - cast metal framework \$722	Bridge & Po D6210/11/12 D6240/41/42 D6245 D6250/51/52 D6545 D6548 D6549 D6600 D6601 D6602 D6603 D6604 D6605 D6606 D6607 D6608	Tissue conditioning - maxillary/mandibular\$75 ntics* Member pays Pontic - metal\$481 Pontic - porcelain fused metal\$495 Pontic - porcelain/ceramic\$531 Pontic - resin with metal\$470 Retainer - cast metal for resin bonded fixed prosthesis\$233 Ret porc./ceramic for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$364 Resin retainer - for resin bonded fixed prosthesis\$391 Inlay - porc./ceramic, two surfaces\$410 Inlay - porc./ceramic, >=3 surfaces\$427 Inlay - cast high noble metal, two surfaces\$497 Inlay - cast predominantly base metal, two surfaces\$407 Inlay - cast predominantly base metal, >=3 surfaces\$407 Inlay - cast noble metal, two surfaces\$390 Inlay - cast noble metal, two surfaces\$407 Onlay -porc./ceramic, two surfaces\$439

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Dominion National Select Plan 705x

NEW JERSEY

Surfaces September Septe	D6612	Onlay - cast predominantly base metal, two	Endodonti	cs ¹ Member pays
Section Sect	D6612	Surraces	D3110/20	
06614 Onlay-cost noble metal, two surfaces. 5423 06615 Onlay-cost noble metal, 2-8 surfaces. 5511 067200/21/22 (Town - resin with metal. 5470 06740 Crown - porcelain fused metal. 5470 06780 Crown - 3/4 cost high noble metal. 5457 06780 Crown - 3/4 cost high noble metal. 5457 06782 Crown - 3/4 cost high noble metal. 5457 06783 Crown - 3/4 cost high noble metal. 5457 06780 Crown - 3/4 cost high noble metal. 5457 06780 Crown - 3/4 cost high noble metal. 5457 06780 Crown - 3/4 cost high noble metal. 5457 06780 Crown - 3/4 cost high noble metal. 5457 06783 Crown - 3/4 cost high noble metal. 5467 06930 Recement fixed portial denture repair, by report. 5157 099110 Pollicitive (emergency) treatment of dental. 500 09121 Pollicitive (emergency) treatment of dental. 500 09212 Trigeninal division block onesthesia. 500 09212 Trigenina	D0013	>=3 surfaces \$511		
Deficition Section	D6614	Onlay - cast noble metal two surfaces \$423		
D6720/21/22 Crown - resin with metal.			D3221	Pulpal debridement, prim. and perm.
DB/750/51/52 Crown - porcelain fused metal \$495 D6780 Crown - 3/4 cast high noble metal \$495 D6781 Crown - 3/4 cast predominantly base metal \$495 D6782 Crown - 3/4 cast predominantly base metal \$495 D6782 Crown - 3/4 cast noble metal \$495 D6783 Crown - 3/4 cast noble metal \$495 D6783 Crown - 3/4 cast noble metal \$495 D6780 Crown - 3/4 cast noble metal \$495 D6790/91/92 Crown - full cast metal \$481 D6980 Fixed partial denture \$566 Eixed partial denture repair, by report \$157 D6980 Fixed partial denture repair, by report \$157 D7980 Fixed partial denture repair, by report \$157 D7980 P7980			D2210	Endodontic thorany antorior tooth \$225/\$259
D6/90/19/2 Crown - porcelain fused metal 4499 D6780 Crown - 3/4 cast brigh noble metal 45457 D6781 Crown - 3/4 cast shigh noble metal 45457 D6782 Crown - 3/4 cast shigh noble metal 45457 D6783 Crown - 3/4 cast shole metal 5457 D6783 Crown - 3/4 cast noble metal 5457 D6783 Crown - 3/4 cast noble metal 5457 D6783 Crown - 3/4 cast noble metal 5457 D6783 Retreat of prev. root canal therapy, and effects 5296/\$106 D6980 Recement fixed partial denture 566 D6980 Fixed partial denture repair, by report 5157 D6930 Recement fixed partial denture expair, by report 5157 D6930 Recement Services Member pays D6930 Recement Services Member pays D6930 Relevant Services Member pays D6930 Relevant Services Member pays D6930 Relevant Services Member pays D69310 Palliative (emergancy) treatment of dental pain pain metals 520 pain pain services 520 pain pain division block anesthesia 500 pain anesthesia 510 pain an	D6740	Crown - porcelain/ceramic\$531		Endodontic therapy hicuspid tooth \$395/\$/35
Def Note Crown - 3/4 cost predominantly base mental.				
De/81 Crown - 3/4 cast precommentity base metal. S457				
Differential content Section S			2333	defects
December Services		Crown - 3/4 cast noble metal	D3346	Retreat of prev. root canal therapy,
Degrade Recement fixed partial denture Se6 Soff		Crown - 3/4 porc./ceramic		anterior\$356/\$392
Adjunctive General Services Member pays Despite Color of Services (Services) Despite Color of Services (Se		Pocomont fixed partial donture \$66	D3347	
Adjunctive General Services Member pays D3348 Retent of perviocation from pays molor				bicuspid\$418/\$460
Depto Part Part Part Part Part Part Part Part	D0300	Tived partial defitate repair, by report	D3348	Retreat of prev. root canal therapy,
D9110	Adjunctive	General Services Member pays	D22E1	Molar
poin				
D9210/15 Local anesthesia So D9211 Regional block anesthesia So D9212 Tigeminal division block anesthesia So D9213 Tigeminal division block anesthesia So D9214 Tigeminal division block anesthesia So Evaluation for deep sedation or general anesthesia So Deep sedation/general anesthesia - So D9223 Deep sedation/general anesthesia - So D9230 Analgesia, anxiolysis, inhalation of nitrous oxide So So So So So So So S	D9110	nain \$43	DSSSZ	
D9211 Regional block anesthesia	D9210/15	Local anesthesia	D3353	
Evaluation for deep sedation or general anesthesia Souther S		Regional block anesthesia \$0		
D9222 Deep sedation/general anesthesia - first 15 minutes		Trigeminal division block anesthesia \$0		anterior\$310/\$341
Deep sedation/general anesthesia - each subsequent 15 min incr	D9219	aposthosia \$0	D3421	Apicoectomy/periradicular surgery,
Deep sedation/general anesthesia - each subsequent 15 min incr	D9222	Deen sedation/general anesthesia - first		bicuspid (first root)
Degree Sedation/general anesthesia - each subsequent 1.5 min incr		15 minures	D3425	Apicoectomy/periradicular surgery,
Decision of desensitizing medicament San Decision of desensitizing medicament San Decision of Coclusal guard – hard appliance, full arch San Decision adjustment – complete San Decision of Decision adjustment – complete San Decision of San Decision San Decision of San Decision San De	D9223	Deep sedation/aeneral anesthesia - each	D2/26	molar (first root)\$379/\$417
Decision of desensitizing medicament San Decision of desensitizing medicament San Decision of Coclusal guard – hard appliance, full arch San Decision adjustment – complete San Decision of Decision adjustment – complete San Decision of San Decision San Decision of San Decision San De	D0330	subsequent 15 min incr	D3426	Apicoectomy/periradicular surgery
Intravenous moderate (conscious) sedation/analgesia – first 15 minutes. \$103 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes. \$103 Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 min. \$103 Consultation (diagnostic service by nontreating dentist). \$42 Infiltration of sustained release therapeutic drug – single or multiple sites. \$190 Application of desensitizing medicament. \$31 Treatment of complications (post-surgical). \$43 D9944 Occlusal guard – hard appliance, full arch. \$298 D9945 Occlusal guard – hard appliance, full arch. \$298 D9950 Occlusal guard – hard appliance, full arch. \$298 D9950 Occlusal guard – hard appliance, full arch. \$298 D9950 Occlusal on analysis – mounted case. \$81 Occlusal adjustment – limited. \$62 Occlusal adjustment – limited. \$62 Occlusal adjustment – complete. \$255 D9986 Missed appointment. \$50 D9995 Teledentistry – synchronous; real-time encounter. \$200 Teledentistry – synchronous; real-time encounter. \$200 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review. \$200 Figure 1 or subsequent review. \$200 Figure 2 or	D9230	ovide \$37	D3/\30	Potrogrado filling - por root \$113/\$12/
D9243 Intravenous moderate (conscious) Sedation/analgesia – each subsequent 15 min. \$103 Sedation/analgesia – each subsequent 15 min. \$103 Consultation (diagnostic service by nontreating dentist).	D9239	Intravenous moderate (conscious)		Root amoutation - per root \$202/\$222
Display the properties of th		sedation/analgesia – first 15 minutes \$103		Hemisection, not inc. root canal therapy .\$202/\$222
D9310 Consultation (diagnostic service by nontreating dentist)	D9243			
Description of sustained release therapeutic drug – single or multiple sites	D0310	sedation/analgesia- each subsequent 15 min\$103		or post\$125/\$138
Infiltration of sustained release therapeutic drug – single or multiple sites	D3310	nontreating dentist) \$42		•
drug – single or multiple sites	D9613	Intiltration of sustained release therapeutic	Periodonti	cs ¹ Member pays
Application of desensitizing medicament \$31 7 7 7 7 7 7 7 7 7		drug – single or multiple sites	D4210	Ginaivectomy or ainaivoplasty -
D9944 Occlusal guard – hard appliance, full arch \$298 D9945 Occlusal guard – soft appliance, full arch \$298 D9946 Occlusal guard – hard appliance, full arch \$298 D9946 Occlusal guard – hard appliance, partial arch \$298 D9950 Occlusion analysis – mounted case \$81 D9951 Occlusal adjustment – limited \$62 D9952 Occlusal adjustment – complete \$255 D9986 Missed appointment \$50 D9995 Teledentistry – synchronous; real-time encounter \$50 D9996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review \$20 D996 Teledentistry – synchronous; information stored and forwarded to dentist for subsequent review \$20 D4261 Gingivat flap proc., inc. root planing - \$3 cont. teeth, per quad \$324/\$356 Osseous surgery - >3 cont. teeth, per quad \$90/\$99 Osseous surgery - >3 cont. teeth, per quad \$485/\$534 D4260 Osseous surgery - <3 cont. teeth, per quad \$360/\$396 D4261 Osseous surgery - <3 cont. teeth, per quad \$360/\$396 D4263 Bone replacement graft - retained natural tooth - first site in quad \$502/\$555 D4264 Bone replacement graft - retained natural tooth - each additional site		Application of desensitizing medicament\$31		>3 cont. teeth, per quad \$265/\$292
D9945 Occlusal guard – soft appliance, full arch\$298 D9946 Occlusal guard – hard appliance, partial arch\$298 D9950 Occlusion analysis – mounted case\$81 D9951 Occlusal adjustment – limited\$62 D9952 Occlusal adjustment – complete\$555 D9986 Missed appointment\$50 D9995 Teledentistry – synchronous; real-time encounter\$20 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review\$20 D996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review\$20 D4261 Gingival flap proc., inc. root planing - >3 cont. teeth, per quad\$324/\$356 Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad\$90/\$99 Osseous surgery - >3 cont. teeth, per quad\$485/\$534 Osseous surgery - <=3 cont. teeth, per quad\$360/\$396 Bone replacement graft – retained natural tooth – first site in quad\$502/\$555 Bone replacement graft – retained natural tooth – each additional site		Occlused quard hard appliance full arch \$208	D4211	Gingivectomy or gingivoplasty -
D9946 Occlusal guard – hard appliance, partial arch \$298 D9950 Occlusion analysis – mounted case \$81 D9951 Occlusal adjustment – limited \$62 D9952 Occlusal adjustment – complete \$255 D9986 Missed appointment \$50 Teledentistry – synchronous; real-time encounter \$20 D996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review \$20 D4261 Stored and forwarded to dentist for subsequent review \$20 D4264 Some replacement graft – retained natural tooth – each additional site		Occlusal guard – soft appliance full arch \$298		
D9950 Occlusion analysis - mounted case			D4240	Gingival flap proc., inc. root planing -
D9951 Occlusal adjustment - limited		Occlusion analysis - mounted case\$81	D/2/1	
D9986 Missed appointment \$50 D9995 Teledentistry - synchronous; real-time encounter \$20 D9996 Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review \$20 D4261 Osseous surgery - >3 cont. teeth, per quad \$485/\$534 Osseous surgery - >3 cont. teeth, per quad \$360/\$396 Bone replacement graft - retained natural tooth - first site in quad \$502/\$555 D4264 Bone replacement graft - retained natural tooth - each additional site		Occlusal adjustment - limited\$62	D4241	
D9995 Teledentistry - synchronous; real-time encounter \$20 D4261 Osseous surgery - <=3 cont. teeth, per quad \$360/\$396 Stored and forwarded to dentist for subsequent review \$20 D4264 Bone replacement graft - retained natural tooth - first site in quad \$502/\$555 Bone replacement graft - retained natural tooth - each additional site		Occlusal adjustment - complete	D/260	
D9996 Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		Missed appointment\$50	D4200	
D9996 Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	D9995	reledentistry - synchronous; real-time	D4261	Osseous surgery - <=3 cont. teeth.
stored and forwarded to dentist for subsequent D4263 Bone replacement graft - retained natural tooth - first site in quad \$502/\$555 D4264 Bone replacement graft - retained natural tooth - each additional site	D9996	Teledentistry - asynchronous information	J U _	per quad\$360/\$396
review	23330	stored and forwarded to dentist for subsequent	D4263	Bone replacement graft - retained
natural tooth - each additional site				natural tooth - first site in quad \$502/\$555
			D4264	
ın quad\$393/\$432				
				ın quaa\$393/\$432

¹Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist. Referrals to a Participating Plan 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 Participating Plan Specialist after referral. See plan exclusion 13.

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Dominion National Select Plan 705x

NEW JERSEY

D4265	Biological materials to aid in soft and osseous tissue regeneration	D7960	Frenulectomy (frenectomy/frenotomy) - separate proc\$256/\$282
D4268 D4270	Surgical revision proc., per tooth\$329/\$362 Pedicle soft tissue graft procedure\$434/\$478	D7979	Non-surgical sialolithotomy \$43/\$47
D4273	Autogenous connective tissue graft	Orthodor	ntics ² Member pays
D4274	procedure, first tooth\$540/\$595 Distal or proximal wedge procedure\$308/\$339	D8070	Comp. ortho. treatment - transitional
D4274	Non-autogenous connective tissue	D8080	dentition\$3304 Comp. ortho. treatment - adolescent
	graft (including recipient site and donor material) first tooth or edentulous	D0000	dentition\$3422
	tooth position in graft\$576/\$635	D8090 D8660	Comp. ortho. treatment - adult dentition \$3658 Pre-orthodontic treatment visit\$413
D4277	Free soft tissue graft procedure, first	D8670	Periodic ortho. treatment visit (as part of
D4278	tooth\$441/\$488 Free soft tissue graft procedure, each	D0C00	contract)\$118
D/2/1	add. tooth	D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))\$413
D4341	Perio scaling and root planing - >3 cont teeth, per quad\$105/\$116		•
D4342	Perio scaling and root planing -		
D4346	<= 3 teeth, per quad		
	moderate or severe gingival		
	inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement\$77/\$85		
D4381	Localized delivery of chemotherapeutic agents		
D4910	Periodontal maintenance\$66/\$73		
Oral Surge	ery ¹ Member pays		
D7111	Extraction, coronal remnants - deciduous tooth		
D7140	Extraction, erupted tooth or exposed root \$63/\$69		
D7210	Surgical rem. of erupted tooth req.		
D7220	bone cut\$127/\$140 Removal of impacted tooth - soft tissue\$144/\$158		
D7230	Removal of impacted tooth -		
D7240	partially bony\$189/\$208 Removal of impacted tooth -		
	completely bony\$227/\$250		
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications \$181/\$199		
D72F0	with unusual surg. complications		

Surgical removal of residual tooth roots . .\$136/\$150

removal.....\$181/\$199

evulsed/displaced tooth.....\$211/\$232 Surgical access of an unerupted tooth ...\$111/\$122

Alveoloplasty, per quad.....\$135/\$149

intraoral soft tissue......\$91/\$100

Coronectomy - intentional partial tooth

Tooth reimplant./stabiliz. of acc.

Transseptal fiberotomy/supra crestal

Incision and drainage of abscess -

D7250

D7251

D7270

D7280 D7291

D7310/20 D7510

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¹Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Plan Specialist. Referrals to a Participating Plan 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 Participating Plan Specialist after referral. See plan exclusion 13.

Dominion National Select Plan 705x

NEW JERSEY

Plan Exclusions

- 1. Services which are covered under worker's compensation or employer's liability laws.
- 2. Services which, in the opinion of the Participating Dentist, are not Necessary and Appropriate Dental Services 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 Services under this plan.
- 11. Services obtained from anyone other than your Participating Dentist, except in the case of out of area emergency services
- 12. Services related to the treatment of TMD (temporomandibular disorder).
- 13. Above copayments apply when services are performed by a Participating Plan Specialist, only when a specialty care referral from the Member's assigned Participating General Dentist (with the exception of orthodontics). If the listed procedure contains a (/), the second listed fee represents the copayment due to the Participating Plan Specialist after referral
- 14. Elective surgery including, but not limited to, extraction of nonpathologic, asymptomatic impacted teeth including third molars.

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. Distal shoe space maintainer fixed unilateral, limited to once per lifetime.
- 10. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- 11. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. All fees exclude material upgrades, including the cost of noble and precious metals. An additional fee will be charged by the Participating Dentist if these materials are used.
- 12. Relining and rebasing of dentures is covered once every 24 months.
- 13. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- 14. Root planing or scaling is covered once every 24 months per quadrant.
- 15. Full mouth debridement is covered once per lifetime.
- 16. Scaling in presence of generalized moderate or severe gingival inflammation full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
- 17. 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.
- 18. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- 19. Periodontal maintenance after periodontal surgery is covered twice per calendar year, within 24 months after definitive periodontal therapy.
- 20. Coronectomy, intentional partial tooth removal, once per tooth per lifetime.
- 21. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year.

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.





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