

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.

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

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

Summary of services

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

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

Diagnostic/Preventive		Member pays
Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the calendar year from a participating Select Plan network dentist. Contact your Benefit Administrator for details.		
D9439	Office visit	\$10
D0120	Periodic oral eval - established patient	\$0
D0140	Limited oral eval - problem focused	\$0
D0145	Oral eval for a patient under 3 years of age	\$0
D0150	Comprehensive oral eval - new or established patient	0
D0160	Detailed and extensive oral eval - problem focused	\$0
D0170	Re-evaluation - limited, problem focused	\$0
D0180	Comp. periodontal eval - new or established patient	\$36
D0210	Intraoral - complete series (including bitewings)	\$26
D0220	Intraoral - periapical first film	\$0
D0230	Intraoral - periapical each add. film	\$0
D0240	Intraoral - occlusal film	\$0
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$0
D0270-74	Bitewing x-rays - 1 to 4 films	\$0
D0277	Vertical bitewings - 7 to 8 films	\$0
D0330	Panoramic film	\$30
D0340	Cephalometric Film	\$0
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
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 low risk	\$0
D0602	Caries risk assessment & documentation, with a finding of moderate risk	\$0
D0603	Caries risk assessment & documentation, with a finding of high risk	\$0
D1110	Prophylaxis (cleaning) - adult	\$0
D1110	Additional cleaning (expecting mothers or Diabetics)	\$40
D1120	Prophylaxis (cleaning) - child	\$0
D1206	Topical fluoride varnish for mod/high risk caries patients.	\$0
D1208	Topical application of fluoride - excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320/30	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$18
D1352	Prev resin rest. mod/high caries risk - perm. tooth	\$18
D1510/20	Space maintainer - fixed/removable - unilateral	\$136
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular	\$184
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular	\$184
D1550	Re-cementation of space maintainer	\$33
Restorative Dentistry (Fillings)		Member pays
D2140	Amalgam - one surface, prim. or perm.	\$37
D2150	Amalgam - two surfaces, prim. or perm.	\$46
D2160	Amalgam - three surfaces, prim. or perm.	\$58
D2161	Amalgam - >=4 surfaces, prim. or perm.	\$69
D2330	Resin-based composite - one surface, anterior ..	\$64
D2331	Resin-based composite - two surfaces, anterior ..	\$76
D2332	Resin-based composite - three surfaces, anterior	\$90
D2335	Resin-based composite - >=4 surfaces, anterior	\$109
D2390	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
D2394	Resin-based composite - >=4 surfaces, posterior	\$112
Crown & Bridge*		Member pays
D2510	Inlay - metallic - one surface	\$390

D2520	Inlay - metallic - two surfaces	\$390
D2530	Inlay - metallic - three or more surfaces.....	\$407
D2542	Onlay - metallic-two surfaces.....	\$423
D2543	Onlay - metallic-three surfaces	\$511
D2544	Onlay - metallic-four or more surfaces	\$511
D2610	Inlay - porcelain/ceramic - one surface.....	\$410
D2620	Inlay - porcelain/ceramic - two surfaces.....	\$410
D2630	Inlay - porcelain/ceramic - >=3 surfaces	\$427
D2642	Onlay - porcelain/ceramic - two surfaces.....	\$439
D2643	Onlay - porcelain/ceramic - three surfaces	\$459
D2644	Onlay - porcelain/ceramic - >=4 surfaces.....	\$459
D2650	Inlay - resin-based composite - one surface...	\$425
D2651	Inlay - resin-based composite - two surfaces...	\$425
D2652	Inlay - resin-based composite - >=3 surfaces...	\$425
D2662	Onlay - resin-based composite - two surfaces..	\$429
D2663	Onlay - resin-based composite - three surfaces	\$429
D2664	Onlay - resin-based composite - >=4 surfaces..	\$429
D2710	Crown - resin based composite (indirect)	\$259
D2712	Crown - 3/4 resin-based composite (indirect)...	\$450
D2720/21/22	Crown - resin with metal.....	\$470
D2740	Crown - porcelain/ceramic substrate.....	\$531
D2750/51/52	Crown - porcelain fused metal	\$495
D2780/81/82	Crown - 3/4 cast with metal	\$457
D2783	Crown - 3/4 porcelain/ceramic	\$469
D2790/91/92	Crown - full cast metal	\$481
D2910/20	Recement inlay, onlay/crown or partial coverage rest.....	\$41
D2930	Prefab. stainless steel crown - prim. tooth	\$105
D2931	Prefab. stainless steel crown - perm. tooth	\$119
D2932	Prefabricated resin crown.....	\$135
D2940	Sedative filling	\$37
D2950	Core buildup, including any pins.....	\$120
D2951	Pin retention - per tooth, in addition to restoration.....	\$22
D2952	Cast post and core in addition to crown	\$181
D2954	Prefab. post and core in addition to crown.....	\$148
D2955	Post removal (not in conj. with endo. therapy) ..	\$101
D2980	Crown repair, by report.....	\$93
D2981	Inlay repair necessitated by restorative material failure	\$93
D2982	Onlay repair necessitated by restorative material failure.....	\$93

Prosthetics (Dentures)		Member pays
D5110/20	Complete denture - maxillary/mandibular	\$664
D5130/40	Immediate denture - maxillary/mandibular....	\$708
D5211/12	Maxillary/mandibular partial denture - resin base	\$613
D5213/14	Maxillary/mandibular partial denture - cast metal.....	\$722
D5221/22	Immediate maxillary/mandibular partial denture - resin base	\$613
D5223/24	Immediate maxillary/mandibular partial denture - cast metal framework	\$722
D5225/26	Maxillary/mandibular partial denture - flexible base	\$722
D5282/83	Rem. unilateral partial denture -one piece cast metal, maxillary/mandibular	\$397

D5410/11	Adjust complete denture - maxillary/mandibular	\$35
D5421/22	Adjust partial denture - maxillary/mandibular...	\$35
D5511/12	Repair broken complete denture base, mandibular/maxillary	\$84
D5520	Replace missing or broken teeth - complete denture	\$84
D5611/12	Repair resin partial denture base, mandibular/maxillary	\$84
D5621/22	Repair cast partial framework, mandibular/maxillary	\$84
D5630/60	Clasp repaired, replaced or added.....	\$112
D5640	Replace broken teeth - per tooth.....	\$84
D5650	Add tooth to existing partial denture.....	\$84
D5670/71	Replace all teeth and acrylic on cast metal framework.....	\$263
D5710/11	Rebase complete maxillary/mandibular denture.....	\$253
D5720/21	Rebase maxillary/mandibular partial denture ..	\$253
D5730/31	Reline complete maxillary/mandibular denture (chairside)	\$152
D5740/41	Reline maxillary/mandibular partial denture (chairside)	\$152
D5750/51	Reline complete maxillary/mandibular denture (lab)	\$214
D5760/61	Reline maxillary/mandibular partial denture (lab)	\$214
D5810/11	Interim complete denture - maxillary/mandibular	\$333
D5820/21	Interim partial denture - maxillary/mandibular	\$333
D5850/51	Tissue conditioning - maxillary/mandibular	\$75

Bridge & Pontics*		Member pays
D6210/11/12	Pontic - metal.....	\$481
D6240/41/42	Pontic - porcelain fused metal	\$495
D6245	Pontic - porcelain/ceramic.....	\$531
D6250/51/52	Pontic - resin with metal.....	\$470
D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	\$233
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.....	\$364
D6549	Resin retainer - for resin bonded fixed prosthesis.....	\$233
D6600	Inlay - porc./ceramic, two surfaces.....	\$410
D6601	Inlay - porc./ceramic, >=3 surfaces.....	\$427
D6602	Inlay - cast high noble metal, two surfaces.....	\$390
D6603	Inlay - cast high noble metal, >=3 surfaces.....	\$407
D6604	Inlay - cast predominantly base metal, two surfaces	\$390
D6605	Inlay - cast predominantly base metal, >=3 surfaces	\$407
D6606	Inlay - cast noble metal, two surfaces.....	\$390
D6607	Inlay - cast noble metal, >=3 surfaces	\$407
D6608	Onlay -porc./ceramic, two surfaces	\$439
D6609	Onlay - porc./ceramic, three or more surfaces ..	\$459
D6610	Onlay - cast high noble metal, two surfaces	\$423
D6611	Onlay - cast high noble metal, >=3 surfaces	\$511

D6612	Onlay - cast predominantly base metal, two surfaces	\$423
D6613	Onlay - cast predominantly base metal, >=3 surfaces	\$511
D6614	Onlay - cast noble metal, two surfaces	\$423
D6615	Onlay - cast noble metal, >=3 surfaces	\$511
D6720/21/22	Crown - resin with metal	\$470
D6740	Crown - porcelain/ceramic	\$531
D6750/51/52	Crown - porcelain fused metal	\$495
D6780	Crown - 3/4 cast high noble metal	\$457
D6781	Crown - 3/4 cast predominantly base metal	\$457
D6782	Crown - 3/4 cast noble metal	\$457
D6783	Crown - 3/4 porc./ceramic	\$469
D6790/91/92	Crown - full cast metal	\$481
D6930	Recement fixed partial denture	\$66
D6980	Fixed partial denture repair, by report	\$157

Adjunctive General Services		Member pays
D9110	Palliative (emergency) treatment of dental pain	\$43
D9210/15	Local anesthesia	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9219	Evaluation for deep sedation or general anesthesia	\$0
D9222	Deep sedation/general anesthesia - first 15 minutes	\$103
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	\$103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$37
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$103
D9243	Intravenous moderate (conscious) sedation/analgesia- each subsequent 15 min	\$103
D9310	Consultation (diagnostic service by nontreating dentist)	\$42
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	\$190
D9910	Application of desensitizing medicament	\$31
D9930	Treatment of complications (post-surgical)	\$43
D9944	Occlusal guard - hard appliance, full arch	\$298
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	\$255
D9986	Missed appointment	\$50
D9995	Teledentistry - synchronous; real-time encounter	\$20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$20

Endodontics ¹		Member pays
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	\$28/\$31
D3220	Therapeutic pulpotomy (excl. final restor.) ..	\$81/\$89
D3221	Pulpal debridement, prim. and perm. teeth	\$87/\$96
D3310	Endodontic therapy, anterior tooth	\$325/\$358
D3320	Endodontic therapy, bicuspid tooth	\$395/\$435
D3330	Endodontic therapy, molar	\$488/\$537
D3333	Internal root repair of perforation defects	\$96/\$106
D3346	Retreat of prev. root canal therapy, anterior	\$356/\$392
D3347	Retreat of prev. root canal therapy, bicuspid	\$418/\$460
D3348	Retreat of prev. root canal therapy, molar	\$527/\$580
D3351	Apexification/recalcification - initial visit ..	\$290/\$319
D3352	Apexification/recalcification - interim medication replacement	\$206/\$227
D3353	Apexification/recalcification - final visit ..	\$378/\$416
D3410	Apicoectomy/periradicular surgery, anterior	\$310/\$341
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	\$333/\$366
D3425	Apicoectomy/periradicular surgery, molar (first root)	\$379/\$417
D3426	Apicoectomy/periradicular surgery (each add. root)	\$148/\$163
D3430	Retrograde filling - per root	\$113/\$124
D3450	Root amputation - per root	\$202/\$222
D3920	Hemisection, not inc. root canal therapy ..	\$202/\$222
D3950	Canal prep/fitting of preformed dowel or post	\$125/\$138

Periodontics ¹		Member pays
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	\$265/\$292
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad	\$94/\$103
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	\$324/\$356
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	\$90/\$99
D4260	Osseous surgery - >3 cont. teeth, per quad	\$485/\$534
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 in quad	\$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.

D4265	Biological materials to aid in soft and osseous tissue regeneration	\$275/\$303
D4268	Surgical revision proc., per tooth	\$329/\$362
D4270	Pedicle soft tissue graft procedure	\$434/\$478
D4273	Autogenous connective tissue graft procedure, first tooth	\$540/\$595
D4274	Distal or proximal wedge procedure.....	\$308/\$339
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth or edentulous tooth position in graft	\$576/\$635
D4277	Free soft tissue graft procedure, first tooth	\$441/\$488
D4278	Free soft tissue graft procedure, each add. tooth	\$68/\$75
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	\$105/\$116
D4342	Perio scaling and root planing - <= 3 teeth, per quad.	\$57/\$63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$39/\$43
D4355	Full mouth debridement.	\$77/\$85
D4381	Localized delivery of chemotherapeutic agents	\$90/\$99
D4910	Periodontal maintenance	\$66/\$73

D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	\$256/\$282
D7979	Non-surgical sialolithotomy	\$43/\$47

Orthodontics ²		Member pays
D8070	Comp. ortho. treatment - transitional dentition.....	\$3304
D8080	Comp. ortho. treatment - adolescent dentition.....	\$3422
D8090	Comp. ortho. treatment - adult dentition.	\$3658
D8660	Pre-orthodontic treatment visit	\$413
D8670	Periodic ortho. treatment visit (as part of contract).....	\$118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	\$413

Oral Surgery ¹	Member pays
D7111	Extraction, coronal remnants - deciduous tooth \$45/\$50
D7140	Extraction, erupted tooth or exposed root.. \$63/\$69
D7210	Surgical rem. of erupted tooth req. bone cut\$127/\$140
D7220	Removal of impacted tooth - soft tissue..\$144/\$158
D7230	Removal of impacted tooth - partially bony\$189/\$208
D7240	Removal of impacted tooth - completely bony\$227/\$250
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications\$181/\$199
D7250	Surgical removal of residual tooth roots ..\$136/\$150
D7251	Coronectomy - intentional partial tooth removal.\$181/\$199
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....\$211/\$232
D7280	Surgical access of an unerupted tooth ...\$111/\$122
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report \$41/\$45
D7310/20	Alveoloplasty, per quad.....\$135/\$149
D7510	Incision and drainage of abscess - intraoral soft tissue..... \$91/\$100

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.

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.

