



SELECT PLAN¹ 705xs-DE SUMMARY OF BENEFITS

NEW CASTLE COUNTY
1/1/18

BENEFIT	SELECT PLAN 705xs-DE			
	Average Charge ²	Your Fee	In Network Savings	Out of Network Savings
DIAGNOSTIC & PREVENTIVE				
Oral exams	\$67	No Charge	100%	N/A
Bitewing X-rays (2 films)	\$58	No Charge	100%	N/A
Topical fluoride for children	\$48	No Charge	100%	N/A
Semiannual (2) teeth cleanings	\$113	No Charge	100%	N/A
Sealants	\$69	\$18	74%	N/A
Complete series X-rays	\$182	\$26	86%	N/A
BASIC RESTORATIVE				
Fillings (3-surface/silver)	\$259	\$58	78%	N/A
Extraction, erupted tooth	\$219	\$63	71%	N/A
PERIODONTICS				
Root planing and therapy	\$334	\$105	69%	N/A
ENDODONTICS				
Root canal (anterior tooth)	\$1,112	\$325	71%	N/A
ORAL SURGERY				
Extraction of impacted teeth	\$705	\$189	73%	N/A
MAJOR RESTORATIVE				
Crowns (porcelain/metal)	\$1,441	\$495	66%	N/A
Complete dentures	\$2,189	\$664	70%	N/A
Implants	N/A	N/A	15% Discount	N/A
ORTHODONTICS				
Adult	\$8,545	\$3,658	57%	N/A
Child	\$6,490	\$3,422	47%	N/A
ORTHODONTICS AGE LIMIT			None	
ORTHODONTICS LIFETIME MAXIMUM			None	
OFFICE VISIT CHARGE			\$10	N/A
CALENDAR YEAR DEDUCTIBLE				
Individual			None	
Family			None	
CALENDAR YEAR ANNUAL MAXIMUM				
Waiting Periods			None	
Claim Forms			None ³	
Receive Care From			Select Plan Dentist	
OUT-OF-NETWORK ALLOWANCE			N/A	

1 Same as a DHMO plan with fixed member copayments, no annual maximum dollar limits, no waiting periods, no deductibles, no pre-authorization paperwork and no claim forms (except in the case of out-of-area emergencies). Approximate percentage of coverage, as performed by a General Practitioner. Referrals to a specialist must be made by the member's participating general dentist.

2 Based on the Context4Healthcare's 80th percentile.

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

This policy includes limitations, exclusions and terms under which the policy may be continued in force or discontinued. For costs and complete coverage details, contact your benefit administrator.

HOW DO I ENROLL?

1. Complete the enclosed enrollment card.
 - List all dependents you want covered.
 - You must choose a primary care dentist before or after enrollment. You can find a current list of dentists online at DominionNational.com/find-a-dentist. After your effective date, simply call the dental office you selected and make an appointment. Except for out-of-area emergency care, you must receive treatment at the dental office you selected.
2. Return the completed enrollment card to your Benefit Administrator or as directed.
3. A membership card, benefit description and certificate of coverage will be mailed to you on or before your first day of eligibility.
4. If you have any questions regarding your date of eligibility, please contact your Benefit Administrator.

WHO IS ELIGIBLE?

You and your dependents are eligible. Dependents include your spouse and unmarried children under age 26. Refer to your policy documents for further details regarding your dependent coverage.

HOW DO I FIND A PARTICIPATING DENTIST?

For a complete listing of participating dentists, please visit DominionNational.com/find-a-dentist.

WHAT IF I CHANGE JOBS?

If you leave your place of employment, you have the option of converting your coverage to an alternate Dominion program using a different method of payment.

CAN I MAKE CHANGES ONLINE?

Yes. Dominion provides members with secure online access to:

- ID cards
- Plan information
- Dentist search
- Dental cost calculator
- Dental office transfers
- Contact information
- Member services requests and general correspondence

All changes are confirmed by return email.

For more information, visit DominionNational.com.



Description of Benefits & Member Copayments

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE			DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	10	D2720/21/22	Crown - resin with metal	470
D0120	Periodic oral eval - established patient	0	D2740	Crown - porcelain/ceramic substrate	531
D0140	Limited oral eval - problem focused	0	D2750/51/52	Crown - porcelain fused metal	495
D0145	Oral eval for a patient under 3 years of age	0	D2780/81/82	Crown - 3/4 cast with metal	457
D0150	Comprehensive oral eval - new or established patient	0	D2783	Crown - 3/4 porcelain/ceramic	469
D0160	Detailed and extensive oral eval - problem focused	0	D2790/91/92	Crown - full cast metal	481
D0170	Re-evaluation - limited, problem focused	0	D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41
D0210	Intraoral - complete series (including bitewings)	26	D2930	Prefab. stainless steel crown - prim. tooth	105
D0220	Intraoral - periapical first film	0	D2931	Prefab. stainless steel crown - perm. tooth	119
D0230	Intraoral - periapical each add. film	0	D2932	Prefabricated resin crown	135
D0240	Intraoral - occlusal film	0	D2950	Core buildup, including any pins	120
D0250/60	Extraoral - first film and each add. film	0	D2952	Cast post and core in addition to crown	181
D0270-74	Bitewing x-rays - 1 to 4 films	0	D2954	Prefab. post and core in addition to crown	148
D0277	Vertical bitewings - 7 to 8 films	0	D2955	Post removal (not in conj. with endo. therapy)	101
D0330	Panoramic film	30	D2970	Temporary crown (fractured tooth)	0
D0340	Cephalometric Film	0	D2980	Crown repair, by report	93
D0350	Oral/facial photographic images	0	PROSTHETICS (DENTURES)		
D0460	Pulp vitality tests	0	D5110/20	Complete denture - maxillary/mandibular	664
D0470	Diagnostic casts	0	D5130/40	Immediate denture - maxillary/mandibular	708
D1110	Prophylaxis (cleaning) - adult	0	D5211/12	Maxillary/mandibular partial denture - resin base	613
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D5213/14	Maxillary/mandibular partial denture - cast metal	722
D1120	Prophylaxis (cleaning) - child	0	D5225/26	Maxillary/mandibular partial denture - flexible base	722
D1203	Topical application of fluoride - child	0	D5281	Rem. unilateral partial denture - one piece cast metal	397
D1204	Topical application of fluoride - adult	0	D5410/11	Adjust complete denture - maxillary/mandibular	35
D1206	Topical fluoride varnish for mod/high risk caries patients	0	D5421/22	Adjust partial denture - maxillary/mandibular	35
D1310	Nutritional counseling for control of dental disease	0	D5510/5610	Repair broken denture base (complete/resin)	84
D1320/30	Oral hygiene instructions	0	D5520	Replace missing or broken teeth - complete denture	84
D1351	Sealant - per tooth	18	D5620	Repair cast framework	84
D1352	Prev resin rest. mod/high caries risk - perm. tooth	18	D5630/60	Clasp repaired, replaced or added	112
	SPACE MAINTAINERS		D5640	Replace broken teeth - per tooth	84
D1510/20	Space maintainer - fixed/removable - unilateral	136	D5650	Add tooth to existing partial denture	84
D1515/25	Space maintainer - fixed/removable - bilateral	184	D5670/71	Replace all teeth and acrylic on cast metal framework	263
D1550	Re-cementation of space maintainer	33	D5710/11	Rebase complete maxillary/mandibular denture	253
	RESTORATIVE DENTISTRY (FILLINGS)		D5720/21	Rebase maxillary/mandibular partial denture	253
	AMALGAM RESTORATIONS (SILVER)		D5730/31	Reline complete maxillary/mandibular denture (chairside)	152
D2140	Amalgam - one surface, prim. or perm.	37	D5740/41	Reline maxillary/mandibular partial denture (chairside)	152
D2150	Amalgam - two surfaces, prim. or perm.	46	D5750/51	Reline complete maxillary/mandibular denture (lab)	214
D2160	Amalgam - three surfaces, prim. or perm.	58	D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D2161	Amalgam - >=4 surfaces, prim. or perm.	69	D5810/11	Interim complete denture - maxillary/mandibular	333
	RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		D5820/21	Interim partial denture - maxillary/mandibular	333
D2330	Resin-based composite - one surface, anterior	64	D5850/51	Tissue conditioning - maxillary/mandibular	75
D2331	Resin-based composite - two surfaces, anterior	76	BRIDGE & PONTICS*		
D2332	Resin-based composite - three surfaces, anterior	90	D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT		
D2335	Resin-based composite - >=4 surfaces, anterior	109	(incl. D0360-D0363 cone beam imaging w/ implants)		
D2391	Resin-based composite - one surface, posterior	68	D6210/11/12	Pontic - metal	481
D2392	Resin-based composite - two surfaces, posterior	80	D6240/41/42	Pontic - porcelain fused metal	495
D2393	Resin-based composite - three surfaces, posterior	93	D6245	Pontic - porcelain/ceramic	531
D2394	Resin-based composite - >=4 surfaces, posterior	112	D6250/51/52	Pontic - resin with metal	470
D2940	Sedative filling	37	D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D2951	Pin retention - per tooth, in addition to restoration	22	D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28	D6600	Inlay - porc./ceramic, two surfaces	410
	CROWN & BRIDGE*		D6601	Inlay - porc./ceramic, >=3 surfaces	427
D2390	Resin-based composite crown, anterior	175	D6602	Inlay - cast high noble metal, two surfaces	390
D2510	Inlay - metallic - one surface	390	D6603	Inlay - cast high noble metal, >=3 surfaces	407
D2520	Inlay - metallic - two surfaces	390	D6604	Inlay - cast predominantly base metal, two surfaces	390
D2530	Inlay - metallic - three or more surfaces	407	D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D2542	Onlay - metallic-two surfaces	423	D6606	Inlay - cast noble metal, two surfaces	390
D2543	Onlay - metallic-three surfaces	511	D6607	Inlay - cast noble metal, >=3 surfaces	407
D2544	Onlay - metallic-four or more surfaces	511	D6608	Onlay -porc./ceramic, two surfaces	439
D2610	Inlay - porcelain/ceramic - one surface	410	D6609	Onlay - porc./ceramic, three or more surfaces	459
D2620	Inlay - porcelain/ceramic - two surfaces	410	D6610	Onlay - cast high noble metal, two surfaces	423
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427	D6611	Onlay - cast high noble metal, >=3 surfaces	511
D2642	Onlay - porcelain/ceramic - two surfaces	439	D6612	Onlay - cast predominantly base metal, two surfaces	423
D2643	Onlay - porcelain/ceramic - three surfaces	459	D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459	D6614	Onlay - cast noble metal, two surfaces	423
D2650	Inlay - resin-based composite - one surface	425	D6615	Onlay - cast noble metal, >=3 surfaces	511
D2651	Inlay - resin-based composite - two surfaces	425	D6720/21/22	Crown - resin with metal	470
D2652	Inlay - resin-based composite - >=3 surfaces	425	D6740	Crown - porcelain/ceramic	531
D2662	Onlay - resin-based composite - two surfaces	429	D6750/51/52	Crown - porcelain fused metal	495
D2663	Onlay - resin-based composite - three surfaces	429	D6780	Crown - 3/4 cast high noble metal	457
D2664	Onlay - resin-based composite - >=4 surfaces	429	D6781	Crown - 3/4 cast predominantly base metal	457
D2710	Crown - resin based composite (indirect)	259	D6782	Crown - 3/4 cast noble metal	457
D2712	Crown - 3/4 resin-based composite (indirect)	450	D6783	Crown - 3/4 porc./ceramic	469
			D6790/91/92	Crown - full cast metal	481
			D6930	Recement fixed partial denture	66
			D6970	Post and core in addition to fixed part. dent. ret.	180
			D6972	Prefab post and core in addition to fixed part. dent. ret.	148

Plan 705xs-DE

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D6973	Core build up for retainer, including any pins	119
D6975	Coping - metal	298
D6976	Each add. indirectly fabricated post - same tooth	119
D6977	Each add. prefab post - same tooth	55
D6980	Fixed partial denture repair, by report	157

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain	43
D9210/15	Local anesthesia	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0
D9220	Deep sedation/general anesthesia - first 30 min.	205
D9221	Deep sedation/general anesthesia - each add. 15 min.	103
D9241	Intravenous conscious sedation/analgesia - first 30 min.	205
D9242	IV conscious sedation/analgesia - each add. 15 min.	103
D9230	Analgesia, anxiety, inhalation of nitrous oxide	37
D9310	Consultation (diagnostic service by nontreating dentist)	42
D9910	Application of desensitizing medicament	31
D9930	Treatment of complications (post-surgical)	43
D9990	Broken office appointment	50

ENDODONTICS¹

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
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

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient	36/40
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
D4268	Surgical revision proc., per tooth	329/362
D4274	Distal or proximal wedge procedure	308/339
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
D4355	Full mouth debridement	77/85
D4381	Localized delivery of chemotherapeutic agents	90/99
D4910	Periodontal maintenance	66/73
D9940	Occlusal guard, by report	298/328
D9950	Occlusion analysis - mounted case	81/89
D9951	Occlusal adjustment - limited	62/68
D9952	Occlusal adjustment - complete	255/281

ORAL SURGERY¹

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
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	211/232
D7280	Surgical access of an unerupted tooth	111/122
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	41/45
D7310/20	Alveoloplasty, per quad	135/149
D7510	Incision and drainage of abscess - intraoral soft tissue	91/100
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	256/282

¹Specialty care is provided at the listed copayment whether performed by a Participating General Dentist or a Participating Specialist. Referrals to a specialist must be made by a member's Participating General Dentist. If the listed procedure contains a (/), the second listed fee represents the copayment due to the specialist after referral. See Plan Exclusion #13.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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ORTHODONTICS²

D8660	Pre-orthodontic treatment visit	413/454
D8070	Comp. ortho. treatment - transitional dentition	3304/3634
D8080	Comp. ortho. treatment - adolescent dentition	3422/3764
D8090	Comp. ortho. treatment - adult dentition	3658/4024
D8670	Periodic ortho. treatment visit (as part of contract)	118/130
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	413/454

² Phase I Treatment (D0810 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

- Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
- Oral surgery requiring the setting of fractures or dislocations.
- 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.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- 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.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services performed by a Plan Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). A referral form is only required in Maryland. Participating dentists should refer to Specialty Care Referral Guidelines.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Full mouth debridement is covered once per lifetime.
- 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.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc. Current Dental Terminology © American Dental Association.