

Access ePPO C2 Coverage Schedule

Dominion National is the brand name for Dominion Dental Services, Inc.

Annual Deductible	In-Network	• Deductible is combined for all services for each calendar year per adult Member – maximum \$75 for adult Members.
Amount	\$25	
Max Per Family	\$75	
Applies to all Benefits	No, waived on Class I	
Maximums	In-Network	• Annual Maximum applies to Class I, Class II and Class III Benefits.
Annual	\$2,000	
Lifetime Ortho	N/A	
Annual Maximum Rollover	\$1,500	
Waiting Periods	In-Network	
Class I	None	
Class II	None	
Class III	None	
Class IV	N/A	

If course of treatment is to exceed \$600, prior review is requested

ADA CODE	MEMBER BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	MEMBER BENEFIT	MEMBER COPAYMENT(S)
CLASS I - DIAGNOSTIC/PREVENTIVE					
D0120	Periodic oral evaluation - established patient.....	0	D2394	Resin-based comp.-four or more surfaces, post.....	115
D0140	Limited oral evaluation - problem focused.....	0	CLASS III - CROWN & BRIDGE		
D0145	Oral eval for a patient under 3 years of age.....	0	D2510	Inlay - metallic - one surface.....	261
D0150	Comprehensive oral evaluation.....	0	D2520	Inlay - metallic - two surfaces.....	336
D0160	Detailed and extensive eval., problem focused.....	0	D2530	Inlay - metallic - three or more surfaces.....	375
D0170	Re-evaluation - limited, problem focused.....	0	D2542	Onlay - metallic-two surfaces.....	355
D0180	Comprehensive periodontal evaluation.....	0	D2543	Onlay - metallic-three surfaces.....	375
D0210	Intraoral - complete series.....	0	D2544	Onlay - metallic-four or more surfaces.....	391
D0220	Periapical - 1st radiographic image.....	0	D2610	Inlay - porcelain/ceramic - one surface.....	317
D0230	Periapical - each add'l radiograph image.....	0	D2620	Inlay - porcelain/ceramic - two surfaces.....	331
D0240	Intraoral - occlusal radiographic image.....	0	D2630	Inlay - porcelain/ceramic - three + surfaces.....	374
D0250	Extra-oral - 2D projection radiographic image.....	0	D2642	Onlay - porcelain/ceramic - two surfaces.....	375
D0270	Bitewing - single radiographic image.....	0	D2643	Onlay - porcelain/ceramic - three surfaces.....	391
D0272	Bitewings - two radiographic images.....	0	D2644	Onlay - porc./ceramic- four or more surfaces.....	393
D0273	Bitewings - three radiographic images.....	0	D2650	Inlay - resin-based composite - one surface.....	317
D0274	Bitewings - four radiographic images.....	0	D2651	Inlay - resin-based composite - two surfaces.....	331
D0277	Vertical bitewings - 7 to 8 radiographic images.....	0	D2652	Inlay - resin-based comp. - three + surfaces.....	374
D0290	Posterior-anterior or lateral skull bone radiographic images (when dentally necessary).....	0	D2662	Onlay - resin-based composite - two surfaces.....	375
D0330	Panoramic radiographic image.....	0	D2663	Onlay - resin-based composite- three surfaces.....	391
D0460	Pulp vitality tests.....	0	D2664	Onlay - resin-based comp. - four + surfaces.....	393
D0470	Diagnostic casts (study model).....	0	D2710	Crown - resin (indirect).....	433
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office).....	0	D2712	Crown - 3/4 resin-based composite(indirect).....	433
D1110	Prophylaxis - adult (2 cleanings every 12 months).....	0	D2720	Crown - resin with high noble metal.....	465
D1120	Prophylaxis - child (2 cleanings every 12 months).....	0	D2721	Crown - resin with predominantly base metal.....	450
D1206	Topical application of fluoride varnish.....	0	D2722	Crown - resin with noble metal.....	450
D1208	Topical application of fluoride.....	0	D2740	Crown - porcelain/ceramic.....	545
D1351	Sealant - per tooth.....	17	D2750	Crown - porcelain fused to high noble metal.....	570
D1510	Space maintainer - fixed - unilateral.....	95	D2751	Crown - porc. fused to predom. base metal.....	520
D1515	Space maintainer - fixed - bilateral.....	105	D2752	Crown - porcelain fused to noble metal.....	520
D1520	Space maintainer - removable - unilateral.....	95	D2780	Crown - 3/4 cast high noble metal.....	393
D1525	Space maintainer - removable - bilateral.....	115	D2781	Crown - 3/4 cast predominantly base metal.....	368
D1550	Re-cement or re-bond space maintainer.....	30	D2782	Crown - 3/4 cast noble metal.....	391
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14).....	30	D2783	Crown - 3/4 porcelain/ceramic.....	400
CLASS II - RESTORATIVE (FILLINGS)			D2790	Crown - full cast high noble metal.....	507
D2140	Amalgam - one surface, primary or permanent.....	20	D2791	Crown - full cast predominantly base metal.....	455
D2150	Amalgam- two surfaces, primary or permanent.....	30	D2792	Crown - full cast noble metal.....	473
D2160	Amalgam- three surfaces, primary or permanent.....	40	D2794	Crown - titanium.....	530
D2161	Amalgam- four+ surfaces, primary or permanent.....	55	D2910	Re-cement/bond inlay,onlay,veneer or partial.....	34
D2330	Resin-based composite - one surface, anterior.....	32	D2915	Re-cement or re-bond post and core (once in a lifetime).....	34
D2331	Resin-based composite- two surfaces, anterior.....	42	D2920	Re-cement or re-bond crown.....	27
D2332	Resin-based composite - three surfaces, ant.....	52	D2930	Prefab. stainless steel crown - primary tooth.....	90
D2335	Resin-based composite - four or more surfaces.....	100	D2931	Prefab. stainless steel crown - perm. tooth.....	90
D2390	Crown -Resin-based composite, anterior.....	70	D2932	Prefabricated resin crown.....	66
D2391	Resin-based composite- one surface, posterior.....	45	D2933	Prefab. stainless steel crown w/ resin window (once every 24 months on anterior primary tooth).....	84
D2392	Resin-based composite-two surfaces, posterior.....	55	D2934	Stainless steel crown-prefab esthetic coated (once every 24 months on anterior primary tooth).....	84
D2393	Resin-based composite - three surfaces, post.....	65	D2940	Protective restoration.....	30
			D2950	Core buildup, incl. any pins when required.....	100
			D2951	Pin retention- per tooth, in addition to restoration (multiple pins on the same tooth are allowable as one pin).....	28

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)	ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D2952	Cast post and core in addition to crown	141	D4381	Localized delivery of antimicrobial agents	42
D2953	Each additional cast post - same tooth	77	D4910	Periodontal maintenance	75
D2954	Prefab. post and core in addition to crown	105	D4920	Unschedule dressing change by another dentist	49
D2961	Labial veneer (resin laminate) - laboratory (not covered if considered cosmetic; once per 60 months).....	285	CLASS III - PROSTHODONTICS (removable)		
D2962	Labial veneer (porcelain laminate) - laboratory (not covered if considered cosmetic; once per 60 months).....	436	D5110	Complete denture - maxillary	560
D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months).....	54	D5120	Complete denture - mandibular	560
D2980	Crown repair.....	85	D5130	Immediate denture - maxillary	565
CLASS III - ENDODONTICS			D5140	Immediate denture - mandibular	565
D3110	Pulp cap - direct (excl. final restoration).....	13	D5211	Maxillary partial denture - resin base	375
D3120	Pulp cap - indirect (excl. final restoration).....	13	D5212	Mandibular partial denture - resin base	375
D3220	Therapeutic pulpotomy (only on primary teeth, excl. final restoration; once per tooth per lifetime).....	100	D5213	Maxillary partial denture - cast metal	625
D3221	Pulpal debridement, primary and perm. teeth	100	D5214	Mandibular partial denture - cast metal	625
D3222	Partial pulpotomy for apexogenesis (once per permanent tooth per lifetime for patients under 19 years).....	100	D5221	Immediate maxillary partial denture	375
D3230	Pulpal therapy- resorbable filling - anterior primary tooth (excluding final restoration and on primary molar without a permanent successor).....	90	D5222	Immediate mandibular partial denture	375
D3240	Pulpal therapy-resorbable filling- posterior primary tooth (excluding final restoration and on primary molar without a permanent successor).....	102	D5223	Immediate maxillary partial denture	625
D3310	Root canal, anterior tooth	550	D5224	Immediate mandibular partial denture	625
D3320	Root canal, bicuspid tooth	640	D5225	Maxillary Partial Denture	625
D3330	Root canal, molar	780	D5226	Mandibular partial denture	625
D3331	Treatment of root canal obstr. non-surgical.....	127	D5281	Remov. Unilat. part. Dent.-1 piece cast metal.....	318
D3332	Incomp endo. Therapy-inop. or fractured tooth.....	234	D5410	Adjust complete denture - maxillary	20
D3333	Internal root repair of perforation defects	119	D5411	Adjust complete denture - mandibular	20
D3346	Retreat of prev root canal therapy - anterior	569	D5421	Adjust partial denture - maxillary.....	20
D3347	Retreat of prev root canal therapy - bicuspid	658	D5422	Adjust partial denture - mandibular	20
D3348	Retreat of prev root canal therapy - molar	776	D5510	Repair broken complete denture base	59
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal	170	D5520	Replace missing or broken teeth - compl dent.	65
D3352	Apex./recalc. - interim medication replacement	83	D5610	Repair resin denture base	59
D3353	Apexification/recalcification - final visit	179	D5620	Repair cast framework	59
D3410	Apicoectomy - anterior	414	D5630	Repair or replace broken clasp	59
D3421	Apicoectomy - bicuspid	446	D5640	Replace broken teeth - per tooth	65
D3425	Apicoectomy - molar	543	D5650	Add tooth to existing partial denture	65
D3426	Apico./periradicular surgery (each add. root).....	145	D5660	Add clasp to existing partial denture	70
D3430	Retrograde filling - per root	138	D5670	Replace all teeth and acrylic (maxillary).....	245
D3450	Root amputation - per root	258	D5671	Replace all teeth and acrylic (mandibular)	245
D3920	Hemisection including any root removal	194	D5710	Rebase complete maxillary denture	185
D3950	Canal prep/fitting of preformed dowel or post	0	D5711	Rebase complete mandibular denture	185
CLASS III - PERIODONTICS			D5720	Rebase maxillary partial denture	110
D4210	Gingivectomy or gingivoplasty	198	D5721	Rebase mandibular partial denture	110
D4211	Gingivectomy or gingivoplasty	100	D5730	Reline complete maxillary denture- chairside	93
D4240	Gingival flap procedure, incl. root planing	368	D5731	Reline complete mandibular denture- chairside	93
D4241	Gingival flap procedure, incl. root planing	221	D5740	Reline maxillary partial denture- chairside	93
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months).....	379	D5741	Reline mandibular partial denture- chairside	93
D4260	Osseous surgery- 4 or more teeth	600	D5750	Reline complete maxillary denture- laboratory	134
D4261	Osseous surgery - 1 to 3 teeth	360	D5751	Reline complete mandibular denture-laboratory	134
D4263	Bone replacement graft - first site in quad (once per site per 36 months)	230	D5760	Reline maxillary partial denture- laboratory	134
D4264	Bone replacement graft- each add site in quad (once per site per 36 months).....	134	D5761	Reline mandibular partial denture- laboratory	134
D4265	Biologic mat. to aid in soft/osseous tissue (once per site per 36 months)	194	D5820	Interim partial denture- maxillary.....	228
D4266	Guided tissue regeneration per site (not to exceed 2 sites in a quadrant per 36 months)	341	D5821	Interim partial denture- mandibular	228
D4267	Guided tissue regen. - non-resorbable barrier (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months).....	358	D5850	Tissue conditioning, maxillary	41
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months).....	401	D5851	Tissue conditioning, mandibular	41
D4271	Free soft tissue graft proc -incl. donor site	401	D5860	Overdenture - complete, by report	600
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months).....	626	D5861	Overdenture - partial, by report	565
D4274	Distal or proximal wedge procedure.....	194	CLASS III - IMPLANT SERVICES		
D4275	Non-autogenous connective tissue graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	405	D6010	Endosteal Implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months).....	1360
D4276	Combined connective tissue and double pedicle (once per tooth per 36 months, not to exceed 2 teeth per 36 months).....	544	D6056	Prefabricated abutment	468
D4341	Periodontal scaling and root planing	97	D6057	Custom fabricated abutment	560
D4342	Periodontal scaling and root planing	52	D6058	Abutment supported porcelain/ceramic crown	705
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	30	D6059	Abutment porc/metal crown-high noble metal.....	665
D4355	Full mouth debridement for compl. Eval/diag.....	60	D6060	Abutment porc/metal crown-pred. base metal	600
			D6061	Abutment porc/metal crown- noble metal	640
			D6062	Abutment cast metal crown (high noble metal)	632
			D6063	Abutment cast metal crown- pred. base metal	600
			D6064	Abutment cast metal crown (noble metal)	620
			D6065	Crown-porcelain/ceramic implant supported	705
			D6066	Crown-impl supp porcelain fused to metal crwn	665
			D6067	Crown-impl supp metal crown-titanium alloy.....	665
			D6090	Repair implant supported prosthesis (once in 12 months per tooth)	76
			D6092	Re-cement/bond impl/abut. supp. crown (once per tooth after 6 months from initial placement)	24
			D6093	Re-cement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement).....	35
			D6094	Abutment supported crown-titanium	640
			D6095	Repair implant abutment, by report (once per year after 24 months of initial placement)	140
			D6100	Implant removal, by report (once per tooth).....	116
			CLASS III - PROSTHODONTICS, FIXED		
			D6205	Pontic - indirect resin based composite	520
			D6210	Pontic - cast high noble metal	510
			D6211	Pontic - cast predominantly base metal	463
			D6212	Pontic - cast noble metal	473
			D6214	Pontic - titanium	520
			D6240	Pontic - porcelain fused to high noble metal	570

29. Temporary, complete dentures and temporary fixed bridges or crowns
30. Stainless steel crowns on permanent teeth
31. Cast restorations, copings and attachments for installing over dentures
32. Services related to congenital anomalies. However, this exclusion does not apply to orthodontic services that may be covered by your group's orthodontic rider
33. Tooth desensitization
34. Occlusal adjustment

Plan Limitations:

Class I. Diagnostic and Preventive Services:

1. One evaluation per 6 months including a maximum of one comprehensive evaluation per 60 months
2. Emergency or problem focused exam (D0140) not to exceed 3 in 6 months
3. One full mouth or panoramic x-ray per 60 months
4. Periapical x-rays
5. Bitewing x-rays, one series without duplication per 6 months
6. Two prophylaxis (cleaning, scaling and polishing teeth) per 12 months
7. One topical fluoride per 6 months, to age 19
8. One sealant per tooth, once per 4 years through age 15, or up to age 19 when decay in molar
9. Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment) once per quad/arch per lifetime for children under age 14 for replacement of primary or permanent posterior teeth

Class II. Basic Services:

1. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months

Class III. Major Services:

1. Recementing bridges after 6 months of initial placement once per 12 months per tooth thereafter
2. Recementing inlays after 6 months of initial placement
3. Recementing onlays and crowns after 6 months of initial placement once per 12 months per tooth thereafter
4. Restoration services, limited to:
 - a. Gold or porcelain inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
 - b. Replacement of existing inlay, onlay, or crown, after 5 years of the restoration initially placed or last replaced
 - c. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
5. Crown build-up for non-vital teeth
6. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
 - a. Pulpotomy
 - b. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage)
 - c. Apicoectomy
 - d. Retrograde fillings, one per root up to maximum of 2 retrogrades on a molar
7. Periodontic services, limited to:
 - a. Gingivectomy
 - b. Osseous surgery including flap entry and closure
 - c. One pedicle or free soft tissue graft per tooth per 36 months, not to exceed 2 teeth per 36 months
 - d. One scaling and root planing per quadrant (D4341 or D4342) per 24 months
 - e. One full mouth debridement per lifetime
 - f. One periodontal maintenance visits, following surgery per 3 months (D4341 is not considered surgery)
 - g. 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
8. Prosthetic services, limited to:
 - a. Initial placement of removable dentures or fixed bridges
 - b. Replacement of removable dentures or fixed bridges that cannot be repaired after 60 months from the date of last placement
 - c. Addition of teeth to existing partial denture
 - d. One relining or rebasing of existing removable dentures per arch per 36 months after 6 months from insertion
9. One repair of dentures or fixed bridgework per 12 months
10. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery or implant placement procedures

Class IV. Orthodontia Services: Not Covered

Plan Provisions:

1. Referral Forms are not required to see Participating Specialists.
2. Recognized and accepted ADA-CDT procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA-CDT procedure code.
3. Procedures "Not Covered" by the Plan may be charged at the Participating Dentist's usual and customary fee(s).
4. Dental procedures performed solely for esthetic or cosmetic reasons are not covered services under the Plan, and the patient may be charged the Participating Dentist's usual and customary fee(s).
5. It is recommended that Participating Dentist's contact the Plan, or submit a pre-treatment estimate, prior to providing treatment for services of \$600 or more.
6. Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.
7. Fluoride Toothpaste is only covered following periodontal surgery and must be dispensed in the dentist's office.
8. Recement or repair onlay falls under procedure codes D2920 (Recement crown) or D2980 (Crown repair).
9. No benefits are provided for dental services rendered by a non-plan participating dentist, except in the case of an out-of-area emergency or when the Plan has given the member a referral to a non-plan participating dentist. For these exceptions, the member is responsible for filing claims forms for reimbursement.