Dominion National Select Plan 707

Feel good about choosing a Dominion National Select Plan[1] 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 file[2]
- 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 dentist[3]. 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.
- If you need a specialty dentist, you may receive up to a 25 percent discount by using certain participating specialty dentists from our network[4]. Visit **DominionNational.com** to find a participating specialist.

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.

[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.
[4] Specialist services require a referral from a participating general dentist.

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

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist), they must be referred by a participating general dentist. Members may be eligible to receive up to a 25 percent discount by visiting a participating specialist. Visit **DominionNational.com** to find a participating specialist.

Summary of services

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

Diagnostic/Preventive		Member pays
D9439	Office visit	$0
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
D0210	Intraoral - complete series (including bitewings)	$0
D0220	Intraoral - periapical first film	$0
D0230	Intraoral - periapical each add. film	$0
D0240	Intraoral - occlusal film	$0
D0250/60	Extraoral - first film and each add. film	$0
D0270-74	Bitewing x-rays - 1 to 4 films	$0
D0277	Vertical bitewings - 7 to 8 films	$0
D0330	Panoramic film	$25
D0340	Cephalometric Film	$0
D0350	Oral/facial photographic images	$0
D0460	Pulp vitality tests	$0
D0470	Diagnostic casts	$0
D1110	Prophylaxis (cleaning) - adult	$0
D1110	Additional cleaning (expecting mothers or Diabetics)	$40
D1120	Prophylaxis (cleaning) - child	$0
D1203	Topical application of fluoride - child	$0
D1204	Topical application of fluoride - adult	$0
D1206	Topical fluoride varnish for mod/high risk caries patients	$0
D1310	Nutritional counseling for control of dental disease	$0
D1320/30	Oral hygiene instructions	$0
D1351	Sealant - per tooth	$15
D1352	Prev resin rest. mod/high caries risk – perm. tooth	$15
D1510/20	Space maintainer - fixed/removable - unilateral	$117
D1515/25	Space maintainer - fixed/removable - bilateral	$136
D1550	Re-cementation of space maintainer	$30

Restorative Dentistry (Fillings)		Member pays
D2140	Amalgam - one surface, prim. or perm.	$19
D2150	Amalgam - two surfaces, prim. or perm.	$23
D2160	Amalgam - three surfaces, prim. or perm.	$29
D2161	Amalgam - >=4 surfaces, prim. or perm.	$35
D2330	Resin-based composite - one surface, anterior	$46
D2331	Resin-based composite - two surfaces, anterior	$54
D2332	Resin-based composite - three surfaces, anterior	$63
D2335	Resin-based composite - >=4 surfaces, anterior	$72
D2391	Resin-based composite - one surface, posterior	$49
D2392	Resin-based composite - two surfaces, posterior	$57
D2393	Resin-based composite - three surfaces, posterior	$66
D2394	Resin-based composite - >=4 surfaces, posterior	$75
D2940	Sedative filling	$31
D2951	Pin retention - per tooth, in addition to restoration	$18
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	$21

Crown & Bridge*		Member pays
D2390	Resin-based composite crown, anterior	$140
D2510	Inlay - metallic - one surface	$282
D2520	Inlay - metallic - two surfaces	$282
D2530	Inlay - metallic - three or more surfaces	$290
D2542	Onlay - metallic-two surfaces	$338
D2543	Onlay - metallic-three surfaces	$380
D2544	Onlay - metallic-four or more surfaces	$380
D2610	Inlay - porcelain/ceramic - one surface	$302
D2620	Inlay - porcelain/ceramic - two surfaces	$302
D2630	Inlay - porcelain/ceramic - >=3 surfaces	$314
D2642	Onlay - porcelain/ceramic - two surfaces	$345
D2643	Onlay - porcelain/ceramic - three surfaces	$355
D2644	Onlay - porcelain/ceramic - >=4 surfaces	$355
D2650	Inlay - resin-based composite - one surface	$272
D2651	Inlay - resin-based composite - two surfaces	$272
D2652	Inlay - resin-based composite - >=3 surfaces	$272
D2662	Onlay - resin-based composite - two surfaces	$320
D2663	Onlay - resin-based composite - three surfaces	$320
D2664	Onlay - resin-based composite - >=4 surfaces	$320
D2710	Crown - resin based composite (indirect)	$207
D2712	Crown - 3/4 resin-based composite (indirect)	$381
D2720/21/22	Crown - resin with metal	$342
D2740	Crown - porcelain/ceramic substrate	$417
D2750/51/52	Crown - porcelain fused metal	$380

D2780/81/82	Crown - 3/4 cast with metal	$348
D2783	Crown - 3/4 porcelain/ceramic	$357
D2790/91/92	Crown - full cast metal	$366
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	$33
D2930	Prefab. stainless steel crown - prim. tooth	$96
D2931	Prefab. stainless steel crown - perm. tooth	$105
D2932	Prefabricated resin crown.	$105
D2950	Core buildup, including any pins.	$90
D2952	Cast post and core in addition to crown	$136
D2954	Prefab. post and core in addition to crown.	$112
D2955	Post removal (not in conj. with endo. therapy)	$81
D2970	Temporary crown (fractured tooth)	$0
D2980	Crown repair, by report.	$76

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

Bridge & Pontics*		**Member pays**
D6000-D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)	
D6210/11/12	Pontic - metal	$366
D6240/41/42	Pontic - porcelain fused metal	$380
D6245	Pontic - porcelain/ceramic	$417
D6250/51/52	Pontic - resin with metal	$342
D6545	Retainer - cast metal for resin bonded fixed prosthesis.	$197
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis.	$308
D6600	Inlay - porc./ceramic, two surfaces.	$302
D6601	Inlay - porc./ceramic, >=3 surfaces.	$314
D6602	Inlay - cast high noble metal, two surfaces.	$282
D6603	Inlay - cast high noble metal, >=3 surfaces.	$290
D6604	Inlay - cast predominantly base metal, two surfaces	$282
D6605	Inlay - cast predominantly base metal, >=3 surfaces	$290
D6606	Inlay - cast noble metal, two surfaces.	$282
D6607	Inlay - cast noble metal, >=3 surfaces	$290
D6608	Onlay -porc./ceramic, two surfaces	$345
D6609	Onlay - porc./ceramic, three or more surfaces	$355
D6610	Onlay - cast high noble metal, two surfaces	$338
D6611	Onlay - cast high noble metal, >=3 surfaces	$380
D6612	Onlay - cast predominantly base metal, two surfaces	$338
D6613	Onlay - cast predominantly base metal, >=3 surfaces	$380
D6614	Onlay - cast noble metal, two surfaces	$338
D6615	Onlay - cast noble metal, >=3 surfaces	$380
D6720/21/22	Crown - resin with metal.	$342
D6740	Crown - porcelain/ceramic	$417
D6750/51/52	Crown - porcelain fused metal	$380
D6780	Crown - 3/4 cast high noble metal	$348
D6781	Crown - 3/4 cast predominantly base metal.	$348
D6782	Crown - 3/4 cast noble metal	$348
D6783	Crown - 3/4 porc./ceramic	$357
D6790/91/92	Crown - full cast metal	$366
D6930	Recement fixed partial denture	$49
D6970	Post and core in addition to fixed part. dent. ret.	$136
D6972	Prefab post and core in addition to fixed part. dent. ret.	$112
D6973	Core build up for retainer, including any pins	$90
D6975	Coping - metal	$234
D6976	Each add. indirectly fabricated post - same tooth	$93
D6977	Each add. prefab post - same tooth	$44
D6980	Fixed partial denture repair, by report	$124

Adjunctive General Services		**Member pays**
D9110	Palliative (emergency) treatment of dental pain	$35
D9210/15	Local anesthesia	$0
D9211	Regional block anesthesia	$0
D9212	Trigeminal division block anesthesia	$0
D9220	Deep sedation/general anesthesia - first 30 min.	$205

D9221	Deep sedation/general anesthesia - each add. 15 min.	$103
D9241	Intravenous conscious sedation/analgesia - first 30 min.	$205
D9242	IV conscious sedation/analgesia - each add. 15 min.	$103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	$30
D9310	Consultation (diagnostic service by nontreating dentist)	$36
D9910	Application of desensitizing medicament	$18
D9930	Treatment of complications (post-surgical)	$42
D9990	Broken office appointment	$50

Endodontics[1]		**Member pays**
D3220	Therapeutic pulpotomy (excl. final restor.)	$63
D3221	Pulpal debridement, prim. and perm. teeth	$67
D3310	Endodontic therapy, anterior tooth	$260
D3320	Endodontic therapy, bicuspid tooth	$334
D3330	Endodontic therapy, molar	$416
D3333	Internal root repair of perforation defects	$75
D3346	Retreat of prev. root canal therapy, anterior	$290
D3347	Retreat of prev. root canal therapy, bicuspid	$371
D3348	Retreat of prev. root canal therapy, molar	$438
D3410	Apicoectomy/periradicular surgery, anterior	$238
D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	$268
D3425	Apicoectomy/periradicular surgery, molar (first root)	$283
D3426	Apicoectomy/periradicular surgery (each add. root)	$112
D3430	Retrograde filling - per root	$89
D3450	Root amputation - per root	$156
D3920	Hemisection, not inc. root canal therapy	$156
D3950	Canal prep/fitting of preformed dowel or post	$112

Periodontics[1]		**Member pays**
D0180	Comp. periodontal eval - new or established patient	$35
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	$205
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	$70
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	$303
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad.	$74
D4260	Osseous surgery - >3 cont. teeth, per quad	$422
D4261	Osseous surgery - <=3 cont. teeth, per quad.	$282
D4268	Surgical revision proc., per tooth	$258
D4274	Distal or proximal wedge procedure.	$225
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	$83
D4342	Perio scaling and root planing - <= 3 teeth, per quad	$45
D4355	Full mouth debridement.	$64
D4381	Localized delivery of chemotherapeutic agents	$70
D4910	Periodontal maintenance	$65
D9940	Occlusal guard, by report	$208
D9950	Occlusion analysis - mounted case	$74
D9951	Occlusal adjustment - limited	$47
D9952	Occlusal adjustment - complete	$192

Oral Surgery[1]		**Member pays**
D7111	Extraction, coronal remnants - deciduous tooth	$27
D7140	Extraction, erupted tooth or exposed root	$50
D7210	Surgical rem. of erupted tooth req. bone cut	$102
D7220	Removal of impacted tooth - soft tissue.	$123
D7230	Removal of impacted tooth - partially bony	$145
D7240	Removal of impacted tooth - completely bony	$181
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	$159
D7250	Surgical removal of residual tooth roots	$108
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	$163
D7280	Surgical access of an unerupted tooth	$103
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	$39
D7310/20	Alveoloplasty, per quad.	$102
D7510	Incision and drainage of abscess - intraoral soft tissue.	$70
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	$179

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

[1]As performed by a Participating General Dentist. See Plan Exclusion #13.
[2] Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

1. Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
2. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of the Participating Dentist, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorizedby such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion Dental Services to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their UCR that will vary between specialists.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
15. The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

1. Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year.
5. Two (2) bitewing x-rays are covered per calendar year.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
7. One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
10. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
11. Relining and rebasing of dentures is covered once every 24 months.
12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
13. Root planing or scaling is covered once every 24 months per quadrant.
14. Full mouth debridement is covered once per lifetime.
15. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
16. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
17. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc.

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

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