

Select Plan Kids

Great value, fixed fees and limited costs.

Benefit Features

- NO** Annual Maximums
- NO** Deductibles
- NO** Waiting Periods¹
- NO** Pre-authorization Paperwork
- NO** Pre-existing Condition Exclusions

Pediatric (Under Age 19)

- Over 300 procedures covered.
- Choose any in-network dentist from one of the largest DHMO-style networks in the Mid-Atlantic.²
- No charge for exams, cleanings, bitewing X-rays and other preventive services.
- Predetermined fees – schedule lists specific copayment amounts for dental procedures.
- Specialty care is also provided at the listed copayment whether provided by a Participating General Dentist or Specialist.
- Discount on non-medically necessary orthodontia.
- Out-of-pocket member's maximum is \$350 per child per calendar year for medically necessary treatment, with a maximum of \$700 for two or more children. For any medically necessary treatments in which the member copayment listed below is over the annual out-of-pocket maximum, the member shall only be responsible up to the maximum and the Plan would be responsible for the remainder.

About Dominion

Dominion Dental Services (Dominion), incorporated in 1996, is a leading provider and administrator of dental and vision benefits in the Mid-Atlantic, offering managed care and indemnity programs, claims adjudication and comprehensive plan administration. Among our 550,000 customers are leading health plans, employer groups, municipalities, associations and individuals.

¹ There is a 24-month waiting period for medically necessary orthodontic benefits.
² Dominion Dental Services, Inc. Competitive Network Survey, 2nd Quarter 2014. Participating dentists are subject to change.



We Work For Your Benefit.[®]

For full details of the coverages, limitations and exclusions, please read the **Description of Benefits and Member Copayments**.

Need to find a participating dentist?
Simply visit DominionDental.com/health-care-reform
or call 888-518-5338.

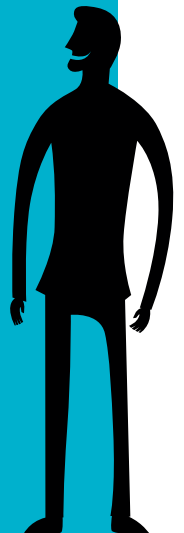
Dominion is a Qualified Health Plan issuer in the DC Health Link, Delaware Health Insurance Marketplace, Maryland Health Connection, Pennsylvania Health Insurance Marketplace and Virginia Health Insurance Marketplace.

A New Level of Service¹

- Less than 0.1% of our members called with a service issue.
- 96% member satisfaction rate.²
- 98% of Dominion members have access to at least two PPO dentists within 10 miles.
- Our PPO network increased by 20% in the last year.

¹ Dominion Dental Services, Inc. Internal Performance Report, 2013.

² Dominion Dental Services, Inc. Member Satisfaction Survey, January 2014.



Select Plan Kids 702xs (MD)

Description of Benefits & Member Copayments for Pediatric Services (under age 19)

Annual Out-of-Pocket Maximum: \$350 per child per calendar year for medically necessary treatment (maximum of \$700 for policy covering two or more children)

For any medically necessary treatments in which the member copayment listed below is over the annual out-of-pocket maximum, the member shall only be responsible up to the maximum and the Plan would be responsible for the remainder.

| ADA CODE | BENEFIT | MEMBER COPAYMENT(S) | ADA CODE | BENEFIT | MEMBER COPAYMENT(S) |
|---|---|---------------------|-------------------------------|---|---------------------|
| D9439 | Office visit | 10 | D2544 | Onlay - metallic - four or more surfaces..... | 524 |
| DIAGNOSTIC/PREVENTIVE | | | D2610 | Inlay - porcelain/ceramic - one surface | 427 |
| D0120 | Periodic oral eval - established patient | 0 | D2620 | Inlay - porcelain/ceramic - two surfaces..... | 427 |
| D0140 | Limited oral eval - problem focused | 0 | D2630 | Inlay - porcelain/ceramic - >=3 surfaces | 445 |
| D0145 | Oral eval for a patient under 3 years of age..... | 0 | D2642 | Onlay - porcelain/ceramic - two surfaces | 479 |
| D0150 | Comprehensive oral eval - new or established patient .. | 0 | D2643/44 | Onlay - porcelain/ceramic - >=3 surfaces | 499 |
| D0160 | Detailed and extensive oral eval - problem focused | 0 | D2650/51/52 | Inlay - resin-based composite - >=1 surface(s)..... | 440 |
| D0170 | Re-evaluation - limited, problem focused..... | 0 | D2662/63/64 | Onlay - resin-based composite - >=2 surfaces | 444 |
| D0210 | Intraoral - complete series (including bitewings)..... | 26 | D2710 | Crown - resin based composite (indirect) | 272 |
| D0220/30 | Intraoral - periapical first film and each additional..... | 0 | D2712 | Crown - 3/4 resin-based composite (indirect) | 485 |
| D0240 | Intraoral - occlusal film | 0 | D2720/21/22 | Crown - resin with metal | 495 |
| D0250/60 | Extraoral - first film and each additional..... | 0 | D2740 | Crown - porcelain/ceramic substrate | 560 |
| D0270-74 | Bitewing x-rays - 1-4 films | 0 | D2750/51/52 | Crown - porcelain fused to metal | 523 |
| D0277 | Vertical bitewings - 7 to 8 films..... | 0 | D2780/81/82 | Crown - 3/4 cast with metal..... | 478 |
| D0290 | Posterior/anterior or lateral skull bone film..... | 83 | D2783 | Crown - 3/4 porcelain/ceramic | 511 |
| D0310 | Sialography | 370 | D2790-94 | Crown - full cast metal | 495 |
| D0320 | Temporomandibular joint arthrogram, incl. injection ... | 562 | D2910/20 | Recement inlay, onlay/crown or partial coverage rest. ... | 43 |
| D0321 | Other temporomandibular joint films, by report..... | 120 | D2930 | Prefab. stainless steel crown - prim. tooth | 110 |
| D0330 | Panoramic film | 30 | D2931 | Prefab. stainless steel crown - perm. tooth..... | 121 |
| D0340 | Cephalometric film | 0 | D2932 | Prefabricated resin crown | 140 |
| D0350 | Oral/facial photographic images | 0 | D2933 | Prefab. stainless steel crown w/ resin window..... | 271 |
| D0460 | Pulp vitality tests | 0 | D2934 | Prefab. esthetic coated primary tooth | 296 |
| D0470 | Diagnostic casts | 0 | D2941 | Interim therapeutic restoration, primary dentition..... | 31 |
| D0486 | Accession of Brush Biopsy Sample | 0 | D2952 | Cast post and core in addition to crown..... | 186 |
| D1110 | Prophylaxis (cleaning) - adult..... | 0 | D2954 | Prefab. post and core in addition to crown..... | 154 |
| D1120 | Prophylaxis (cleaning) - child | 0 | D2955 | Post removal (not in conj. with endo. therapy)..... | 105 |
| D1206 | Topical fluoride varnish for mod/high risk caries patients.... | 0 | D2960 | Labial veneer (resin laminate) - chairside | 434 |
| D1208 | Topical application of fluoride..... | 0 | D2961 | Labial veneer (resin laminate) - laboratory | 601 |
| D1310 | Nutritional counseling for control of dental disease | 0 | D2962 | Labial veneer (porcelain laminate) - laborato..... | 449 |
| D1320/30 | Oral hygiene instructions | 0 | D2970 | Temporary crown (fractured tooth)..... | 0 |
| D1351 | Sealant - per tooth | 21 | D2980 | Crown repair, by report | 102 |
| D1352 | Prev resin rest. mod/high caries risk - perm. tooth..... | 21 | PROSTHETICS (DENTURES) | | |
| SPACE MAINTAINERS | | | D5110/20 | Complete denture - maxillary/mandibular | 697 |
| D1510/20 | Space maintainer - fixed/removable - unilateral..... | 143 | D5130/40 | Immediate denture - maxillary/mandibular | 722 |
| D1515/25 | Space maintainer - fixed/removable - bilateral..... | 198 | D5211/12 | Maxillary/mandibular partial denture - resin base | 649 |
| D1550 | Re-cementation of space maintainer | 34 | D5213/14 | Maxillary/mandibular partial denture - cast metal | 750 |
| D1555 | Removal of fixed space maintainer, by non-originating dentist | 44 | D5225/26 | Maxillary/mandibular partial denture - flexible base | 750 |
| RESTORATIVE DENTISTRY (FILLINGS) | | | D5281 | Rem. unilateral partial denture - one piece cast metal .. | 419 |
| AMALGAM RESTORATIONS (SILVER) | | | D5410/11 | Adjust complete denture - maxillary/mandibular | 38 |
| D2140 | Amalgam - one surface, prim. or perm. | 41 | D5421/22 | Adjust partial denture - maxillary/mandibular | 38 |
| D2150 | Amalgam - two surfaces, prim. or perm. | 51 | D5510/5610 | Repair broken complete denture base (complete/resin) ... | 87 |
| D2160 | Amalgam - three surfaces, prim. or perm. | 64 | D5520 | Replace missing or broken teeth - complete denture ... | 87 |
| D2161 | Amalgam - >=4 surfaces, prim. or perm. | 78 | D5620 | Repair cast framework..... | 87 |
| RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED) | | | D5630/60 | Clasp repaired, replaced or added..... | 115 |
| D2330 | Resin-based composite - one surface, anterior | 69 | D5640 | Replace broken teeth - per tooth | 87 |
| D2331 | Resin-based composite - two surfaces, anterior..... | 83 | D5650 | Add tooth to existing partial denture | 87 |
| D2332 | Resin-based composite - three surfaces, anterior | 99 | D5670/71 | Replace all teeth/acrylic on cast metal framework (maxillary/mandibular) | 287 |
| D2335 | Resin-based composite - >=4 surfaces, anterior | 119 | D5710/11 | Rebase complete maxillary/mandibular denture..... | 260 |
| D2390 | Resin-based composite crown, anterior..... | 192 | D5720/21 | Rebase maxillary/mandibular partial denture..... | 260 |
| D2391 | Resin-based composite - one surface, posterior | 73 | D5730/31 | Reline complete maxillary/mandibular denture (chairside) .. | 159 |
| D2392 | Resin-based composite - two surfaces, posterior | 87 | D5740/41 | Reline maxillary/mandibular partial denture (chairside) .. | 155 |
| D2393 | Resin-based composite - three surfaces, posterior | 102 | D5750/51 | Reline complete maxillary/mandibular denture (lab)..... | 224 |
| D2394 | Resin-based composite - >=4 surfaces, posterior | 123 | D5760/61 | Reline maxillary/mandibular partial denture (lab)..... | 224 |
| D2940 | Sedative filling..... | 39 | D5810/11 | Interim complete denture - maxillary/mandibular | 362 |
| D2950 | Core buildup, including any pins..... | 125 | D5820/21 | Interim partial denture - maxillary/mandibular | 362 |
| D2951 | Pin retention - per tooth, in addition to restoration | 22 | D5850/51 | Tissue conditioning - maxillary/mandibular | 79 |
| D3110/20 | Pulp cap - direct/indirect (excl. final restoration)..... | 32 | D5863/65 | Overdenture - complete maxillary/mandibular | 1694 |
| CROWNS & BRIDGES* | | | D5864/66 | Overdenture - partial maxillary/mandibular | 1668 |
| D2510 | Inlay- metallic - one surface | 407 | D5992 | Adjustment of prosthetic appliance, by report..... | 24 |
| D2520 | Inlay- metallic - two surfaces..... | 407 | D5993 | Cleaning and maintenance prosthetic appliance | 18 |
| D2530 | Inlay - metallic - three or more surfaces..... | 425 | BRIDGES & PONTICS* | | |
| D2542 | Onlay - metallic-two surfaces..... | 458 | D6058 | Abutment supported porcelain/ceramic crown..... | 560 |
| D2543 | Onlay - metallic - three surfaces | 524 | D6059/60/61 | Abutment supported porcelain fused to metal crown... 523 | |
| | | | D6066 | Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal | 523 |
| | | | D6210/11/12 | Pontic - cast high noble metal..... | 495 |
| | | | D6240/41/42 | Pontic - porcelain fused metal..... | 523 |

| ADA CODE | BENEFIT | MEMBER COPAYMENT(S) |
|------------------------------------|---|---------------------|
| D6245 | Pontic - porcelain/ceramic..... | 560 |
| D6250/51/52 | Pontic - resin with metal..... | 495 |
| D6545 | Ret. - cast metal for resin bonded fixed prosthesis..... | 251 |
| D6548 | Ret. - porc./ceramic for resin bonded fixed prosthesis ... | 393 |
| D6600 | Inlay - porc./ceramic, two surfaces | 427 |
| D6601 | Inlay - porc./ceramic, >=3 surfaces..... | 445 |
| D6602 | Inlay - cast high noble metal, two surfaces | 407 |
| D6603 | Inlay - cast high noble metal, >=3 surfaces | 425 |
| D6604 | Inlay - cast predominantly base metal, two surfaces ... | 407 |
| D6605 | Inlay - cast predominantly base metal, >=3 surfaces ... | 425 |
| D6606 | Inlay - cast noble metal, two surfaces | 407 |
| D6607 | Inlay - cast noble metal, >=3 surfaces | 425 |
| D6608 | Onlay -porc./ceramic, two surfaces..... | 479 |
| D6609 | Onlay - porc./ceramic, three or more surfaces..... | 499 |
| D6610 | Onlay - cast high noble metal, two surfaces | 458 |
| D6611 | Onlay - cast high noble metal, >=3 surfaces | 524 |
| D6612 | Onlay - cast predominantly base metal, two surfaces ... | 458 |
| D6613 | Onlay - cast predominantly base metal, >=3 surfaces ... | 524 |
| D6614 | Onlay - cast noble metal, two surfaces | 458 |
| D6615 | Onlay - cast noble metal, >=3 surfaces | 524 |
| D6720/21/22 | Crown - resin with metal | 495 |
| D6740 | Crown - porcelain/ceramic | 560 |
| D6750/51/52 | Crown - porcelain fused metal | 523 |
| D6780 | Crown - 3/4 cast high noble metal | 470 |
| D6781 | Crown - 3/4 cast predominantly base metal..... | 470 |
| D6782 | Crown - 3/4 cast noble metal | 470 |
| D6783 | Crown - 3/4 porc./ceramic..... | 511 |
| D6790/91/92 | Crown - full cast metal | 495 |
| D6930 | Recement fixed partial denture | 69 |
| D6975 | Coping - metal..... | 325 |
| D6980 | Fixed partial denture repair, by report | 172 |
| ADJUNCTIVE GENERAL SERVICES | | |
| D9110 | Palliative (emergency) treatment of dental pain..... | 43 |
| D9210/15 | Local anesthesia | 0 |
| D9211/12 | Regional block anesthesia | 0 |
| D9220 | Deep sedation/general anesthesia - first 30 min..... | 205 |
| D9221 | Deep sedation/general anesthesia - each add. 15 min. ... | 103 |
| D9230 | Analgesia, anxiety, inhalation of nitrous oxide..... | 37 |
| D9241 | Intravenous conscious sedation/analgesia - first 30 min. | 205 |
| D9242 | IV conscious sedation/analgesia - each add. 15 min. ... | 103 |
| D9248 | Non-intravenous conscious sedation | 145 |
| D9310 | Consultation (diagnostic service by nontreating dentist) ... | 43 |
| D9410 | House/extended care facility call | 200 |
| D9420 | Hospital call..... | 350 |
| D9910 | Application of desensitizing medicament | 31 |
| D9930 | Treatment of complications (post-surgical) | 43 |
| D9940 | Occlusal guard, by report..... | 272 |
| D9941 | Fabrication of athletic mouthguard..... | 102 |
| D9950 | Occlusion analysis - mounted case | 104 |
| D9951 | Occlusal adjustment - limited | 66 |
| D9952 | Occlusal adjustment - complete..... | 266 |
| D9990 | Broken office appointment | 50 |
| ENDODONTICS | | |
| D3220 | Therapeutic pulpotomy (excl. final restor.)..... | 81 |
| D3221 | Pulpal debridement, prim. and perm. teeth..... | 94 |
| D3230 | Pulpal therapy - resorbable filling, anterior | 160 |
| D3240 | Pulpal therapy - resorbable filling, posterior..... | 164 |
| D3310 | Endodontic therapy, anterior tooth | 341 |
| D3320 | Endodontic therapy, bicuspid tooth | 418 |
| D3330 | Endodontic therapy, molar | 512 |
| D3332 | Incomp. endo. Therapy-inop. or fractured tooth..... | 183 |
| D3333 | Internal root repair of perforation defects..... | 105 |
| D3346 | Retreat of prev. root canal therapy, anterior..... | 387 |
| D3347 | Retreat of prev. root canal therapy, bicuspid..... | 465 |
| D3348 | Retreat of prev. root canal therapy, molar | 558 |
| D3351 | Apexification/recalcification - initial visit | 202 |
| D3352 | Apexification/recalcification - interim med. repl..... | 589 |
| D3353 | Apexification/recalcification - final visit..... | 449 |
| D3355 | Pulpal regeneration - initial visit | 202 |
| D3356 | Pulpal regeneration - interim medication replacement ... | 589 |
| D3357 | Pulpal regeneration - completion of treatment..... | 449 |
| D3410 | Apicoectomy/periradicular surgery, anterior..... | 323 |
| D3421 | Apicoectomy/periradicular surgery, bicuspid (first root) .. | 364 |
| D3425 | Apicoectomy/periradicular surgery, molar (first root) ... | 418 |
| D3426 | Apicoectomy/periradicular surgery (each add. root) ... | 152 |
| D3427 | Periradicular surgery w/o apicoectomy..... | 266 |
| D3430 | Retrograde filling - per root | 119 |
| D3450 | Root amputation - per root | 234 |
| D3470 | Intentional reimplantation..... | 718 |

| ADA CODE | BENEFIT | MEMBER COPAYMENT(S) |
|--|--|---------------------|
| D3920 | Hemisection, not inc. root canal therapy..... | 234 |
| D3950 | Canal prep/fitting of preformed dowel or post..... | 136 |
| PERIODONTICS | | |
| D0180 | Comp. periodontal eval - new or established patient..... | 0 |
| D4210 | Gingivectomy or gingivoplasty - >3 cont. teeth, per quad..... | 279 |
| D4211 | Gingivectomy or gingivoplasty - <=3 teeth, per quad. ... | 100 |
| D4230 | Anatomical crown exposure, >=4 teeth per quad. | 454 |
| D4231 | Anatomical crown exposure, 1-3 teeth per quad. | 424 |
| D4240 | Gingival flap proc., inc. root planing - >3 cont. teeth, per quad..... | 345 |
| D4241 | Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad | 106 |
| D4249 | Clinical crown lengthening - hard tissue | 576 |
| D4260 | Osseous surgery - >3 cont. teeth, per quad | 499 |
| D4261 | Osseous surgery - <=3 cont. teeth, per quad | 392 |
| D4268 | Surgical revision proc., per tooth | 358 |
| D4274 | Distal or proximal wedge procedure | 308 |
| D4320 | Provisional splinting - intracoronal | 427 |
| D4321 | Provisional splinting - extracoronal | 377 |
| D4341 | Perio scaling and root planing - >3 cont teeth, per quad. . | 109 |
| D4342 | Perio scaling and root planing - <= 3 teeth, per quad. ... | 63 |
| D4355 | Full mouth debridement | 89 |
| D4381 | Localized delivery of chemotherapeutic agents | 98 |
| D4910 | Periodontal maintenance | 74 |
| D4920 | Unscheduled dressing change by non-treating dentist... 84 | |
| ORAL SURGERY | | |
| D7111 | Extraction, coronal remnants - deciduous tooth..... | 56 |
| D7140 | Extraction, erupted tooth or exposed root..... | 69 |
| D7210 | Surgical rem. of erupted tooth req. bone cut..... | 133 |
| D7220 | Removal of impacted tooth - soft tissue..... | 151 |
| D7230 | Removal of impacted tooth - partially bony..... | 196 |
| D7240 | Removal of impacted tooth - completely bony | 241 |
| D7241 | Removal of imp. tooth - completely bony, with unusual surg. complications..... | 217 |
| D7250 | Surgical removal of residual tooth roots..... | 141 |
| D7251 | Coronectomy-intentional partial tooth removal | 141 |
| D7260 | Oroantral fistula closure | 578 |
| D7270 | Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth... 226 | |
| D7272 | Tooth transplantation..... | 615 |
| D7280 | Surgical access of an unerupted tooth..... | 153 |
| D7285 | Biopsy of oral tissue - hard (bone, tooth)..... | 387 |
| D7286 | Biopsy of oral tissue - soft (all others)..... | 295 |
| D7290 | Surgical repositioning of teeth | 407 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report ... | 60 |
| D7310/20 | Alveoloplasty, per quadrant..... | 141 |
| D7311/21 | Alveoloplasty in conj. with/out extractions..... | 141 |
| D7340 | Vestibuloplasty - ridge ext. sec. epithel..... | 923 |
| D7350 | Vestibuloplasty - ridge ext. inc. grafts, etc..... | 1776 |
| D7410 | Excision of benign lesion up to 1.25 cm | 278 |
| D7440 | Exc. of malignant tumor- lesion diam. <=1.25cm..... | 608 |
| D7450 | Removal of benign odon cyst/tumor - diam <=1.25cm... 354 | |
| D7451 | Removal of benign odon cyst/tumor - diam >1.25cm. 543 | |
| D7460 | Removal of benign nonodon cyst/tumor-diam <=1.25cm... 516 | |
| D7461 | Removal of benign nonodon cyst/tumor-diam >1.25cm.. 718 | |
| D7471 | Removal of lateral exostosis | 351 |
| D7472/73 | Removal of torus palatinus/mandibularis | 480 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue ... | 96 |
| D7520 | Incision/drainage of abscess - extra. soft tissue | 116 |
| D7550 | Partial ostect/sequestrect non-vital bone rem..... | 336 |
| D7960 | Frenulectomy (frenectomy/frenotomy) - separate proc... 263 | |
| D7970 | Excision of hyperplastic tissue - per arch..... | 233 |
| D7971 | Excision of pericoronal gingiva | 131 |
| ORTHODONTICS¹ - PRE-AUTHORIZATION REQUIRED | | |
| 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 ret. (rem. of appl./placement of retainer(s))..413 | |
| D8692 | Replacement of lost or broken retainer..... | 179 |
| D8693 | Rebonding or recementing fixed dentures..... | 174 |
| D8694 | Repair of fixed retainers, includes reattachment..... | 174 |
| ¹ See exclusion #15 and limitation #21 for additional coverage information. | | |
| Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc. Current Dental Terminology © American Dental Association. | | |
| Specialty 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. See Plan Exclusion #12. | | |

Select Plan *Kids 702xs* (MD) Exclusions

Plan Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, 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 preauthorized by such office or the Plan, (with the exception of out-of-area emergency dental services).
12. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). A referral form is required. Participating dentists should refer to Specialty Care Referral Guidelines.
13. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth may be covered subject to review .
14. Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.
15. Non-medically necessary orthodontia and Phase I Treatment for medically necessary orthodontia are not covered benefits under this policy. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #21 concerning medically necessary orthodontia.

Plan Limitations

1. One (1) evaluation (D0120, D0145, D0150, D0160) is covered two (2) times per calendar year, per patient.
2. One (1) teeth cleaning (D1110 or D1120) is covered two (2) times per calendar year, per patient.
3. One (1) topical fluoride application (D1203 or D1204) is covered two (2) times per calendar year, per patient; four (4) fluoride varnish treatments are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnishes are covered per calendar year, per patient up to age two (2).
4. Two (2) bitewing x-rays are covered per calendar year, per patient.
5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per provider/location.
6. One (1) sealant per tooth is covered per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) space maintainer (D1510, D1520, D1515 or D1525) is covered per 24 months, per patient, per arch.
8. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
9. Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.
10. Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
11. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
12. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
13. Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
14. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per patient, per quadrant.
15. Full mouth debridement is covered once per 24 months, per patient.
16. 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 (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
18. Periodontal maintenance after active therapy is covered two (2) times per calendar year.
19. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
20. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9241 or D9242. Intravenous conscious sedation is not covered with procedure codes D9220, D9221 or D9230. Non-intravenous conscious sedation is not covered with procedure codes D9220, D9221 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9220, D9221, D9241 or D9242.
21. Orthodontics is only covered if medically necessary as determined by the Plan. There is a 24 month waiting period for medically necessary orthodontia. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.