



October 2020

Dear Member:

Thank you for your interest in **Dominion National Elite Plus ePPO**. This dental plan is available nationwide and provides comprehensive dental benefits for a fixed monthly fee. Many routine/preventative services are provided at no charge, i.e. oral exams, x-rays and cleanings.

This plan also provides:

- **No waiting periods** for services; **no claim forms** to complete
- **No closed dental practices** in the Elite Plus ePPO network – all are accepting new patients
- Choose from **350,000 participating dentists** from across the country.
- Each family member can have a different participating dentist
- All fees for covered services listed in a Fee Schedule; you know exactly what you need to pay out of pocket at the time of service
- Annual deductible: \$25 individual and \$75 family maximum
- Annual maximum: up to \$2,000 of plan paid expenses per individual
- Rollover Benefit – a portion of your unused \$2,000 annual maximum can be rolled over to the next calendar year
- Optional Orthodontic Benefit – purchase it separately if you need it (covers children under age 18; 20% discount for adult orthodontics)
- Implants are covered as indicated in the Fee Schedule
- Prevention Rewards Program-each member on the plan can earn a \$20 cash reward per calendar year.

Dominion National Elite Plus ePPO

Coverage Type	Monthly	Quarterly	Annual
Single	\$32.00	\$96.00	\$384.00
Two Party	\$52.50	\$157.50	\$630.00
Family	\$70.00	\$210.00	\$840.00

To select a dentist in the network, go to www.dominiondentists.com/dominion or call us at **202-833-4910** for assistance. Please complete the enclosed enrollment form and return to AFSPA.

Sincerely,

The Protective Association



Dominion National
800-334-6277 (Toll-free)

Dominion National Elite Plus ePPO Enrollment Form

SUBSCRIBER INFORMATION

Last Name	First Name	M.I.	Date of Birth	Social Security Number
Home Street Address			Coverage: <input type="checkbox"/> Single <input type="checkbox"/> Two Party <input type="checkbox"/> Family	
			Agency Name _____	
City	State	Zip	AFSPA USE ONLY	
			Effective Date / /	
Home Telephone	Work Telephone	E-mail Address		GROUP#: 5592

DEPENDENT(S) TO BE COVERED **Children covered up to age 26**

Last Name	First Name	M.I.	Date of Birth	Full-Time Student Y/N	Name of School
Spouse				N/A	N/A
Dependent					
Dependent					
Dependent					
Dependent					

- **NOTE: You must use a participating provider in the Dominion National Elite Plus ePPO network to receive benefits. Dominion National does not provide an out of network provider option. Please visit www.dominiondentists.com/dominion to locate a participating dentist or call 1-800-334-6277. Each family member has the flexibility to select their dentist of choice from the 350,000 nationwide participating providers. You can change dentists within the network at any time without notifying Dominion National.**

I hereby request enrollment in the Dominion National program. AFSPA encourages enrollment for a minimum of one year.

Bill Me Quarterly

Bill me Annually

Signature _____

Date _____

Mail form to: American Foreign Service Protective Association
Attn: AIP Dept.
 1620 L Street NW, Suite 800
 Washington DC 20036

Phone: (202) 833-4910

Fax to: (202) 775-9082

Online: <http://www.afspa.org/secureform.cfm?FormName=Dental-Plan-Question>