Orthodontic
program for adults and children

Program Features
- NO Deductibles
- NO Waiting Periods
- NO Pre-authorization Paperwork
- NO Lifetime Maximums
- NO Pre-existing Condition Exclusions
- NO Claim Forms

Ortho Discount Program
- Quality care at predetermined fees
- Choose any in-network orthodontist from one of the largest discount dental networks in the Mid-Atlantic
- Family members may select different orthodontists
- All network orthodontists are licensed, regulated and must meet Dominion's Credentialing and Quality Assurance Program standards

Who is eligible?
Everyone is eligible to enroll. The program is available on a per member basis.

What is my cost?
You will pay a one-time charge per member for three years of access to reduced fees.
- Existing Dominion PPO Member: $49
- Not an Existing Dominion PPO Member: $99

Is this a dental insurance plan?
No. This is not an insurance plan. It is a reduced fee-for-service program designed specifically for individuals. Members pay a predetermined reduced fee for listed services provided by contracted providers. Dominion does not pay contracted providers for services.

How do I enroll?
- Complete the enclosed enrollment card.
- You must receive care from a participating Discount Network orthodontist to receive discounts on services. You can find a current list of orthodontists online at DominionNational.com/find-a-dentist.
- After your effective date, simply call the participating orthodontist and make an appointment.
- You may pay a one-time payment by either credit card or check.
- Return the completed application and payment to Dominion National; P.O. Box 75314; Charlotte, NC 28275-5314.
- An ID card will be mailed to you on or before your first day of eligibility.
- If your application and payment are received by the 25th of the month, your program will be effective on the first day of the following month.
- For questions, contact Dominion's Member Services Department at 888.518.5338.

What online and mobile app features are available?
Dominion provides members with secure access to:
- Find a dentist
- View ID cards
- View program information
- Member services requests and general correspondence (website only)

For more information, visit DominionNational.com.

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1 Dominion National Network Analysis Report, 1st Quarter 2017. Mid-Atlantic includes D.C., Delaware, Maryland, Pennsylvania and Virginia. Participating dentists are subject to change.
Orthodontic Discount Services and Member Fees

D8010 - D8050 Phase I treatment ................................................................. 15% Discount*
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 Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #9 for additional coverage exclusions.

Program 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 Program, 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.
5. 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.
6. Procedures not listed as covered benefits under this Program.
7. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or Dominion National (with the exception of out-of-area emergency dental services).
8. Services related to the treatment of TMD (Temporomandibular Disorder).
9. 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.

Only current ADA CDT codes are considered valid by Dominion National.

Current Dental Terminology © American Dental Association.

Dominion Dental Services, Inc. d/b/a Dominion National is licensed as a Dental Plan Organization in Virginia, Maryland and Delaware, a Risk Assuming PPO in Pennsylvania and an Accident and Health Insurer in D.C.
DOMINION NATIONAL

Find out more about our competitively priced and quality oriented dental and vision plans today.

For more information, visit DominionNational.com.

WE WORK FOR YOUR Benefit®

The Dominion National group of companies includes Dominion Dental Services, Inc., a licensed issuer of dental plans, and Dominion Dental Services USA, Inc., a licensed administrator of dental and vision benefits. Vision plans are underwritten by Avalon Insurance Company.
A separate Ortho Discount Enrollment Card is required for each individual that would like to enroll.

### Dominion National

**Ortho Discount Program Enrollment Card**

☐ I choose the Dominion Ortho Discount Program

#### Enrollment Information

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Does this plan replace other coverage?  ☐ Yes  ☐ No

#### Employer

I understand and agree that my signature on this enrollment form serves as my legal commitment to the Program and its terms. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by dentists and other providers of dental services. Information will be released to Dominion Dental Services USA, Inc. d/b/a Dominion National for the purpose of Quality Assurance and/or utilization review. Authorization will be limited to the term of coverage of this contract. A copy of this form will be made available to subscriber or their authorized representative upon request.

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Dominion National, P.O. Box 75314 Charlotte, NC 28275-5314

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1 This is a reduced fee-for-service program designed specifically for individuals. It is not an insurance product, regulated by the State Insurance Department, or covered by any state's guarantee fund or corporation.
Dominion National Payment Authorization Card

Our Pre-authorized Payment Plan
Just authorize us to debit your personal checking account or credit card account and we'll do the rest. There will be no more paperwork, no more checks to write and no worries about coverage disruption. It's easy, secure and automatic.

Pay By Credit Card Debit: □ Automatic Monthly Debits
Credit Card Number: __________________________ C.C. Verification Code: ____________
Credit Card Type: □ Visa □ MasterCard □ American Express □ Discover
Name as it appears on card: __________________________
Expiration Date: __________________________

Pay By Checking Account Debit: □ Automatic Monthly Debits
Bank Name: __________________________
Bank Routing Number: __________________________
Bank Account Number: __________________________
* By submitting a check for the first month's premium, you authorize Dominion National to automatically deduct future monthly premium payments from your checking account.

Terms and Authorization
Payment Authorization: By signing the Payment Authorization form you authorize Dominion National to automatically deduct premium payments from the credit card or checking account noted above. By selecting the Automatic Monthly Debits option you further agree to automatic deductions of future monthly premiums.

Application Fee: There is a one-time, non-refundable $20 application and processing fee. When paying by Automatic Monthly Debit to your checking account or credit card account, you will be charged the application fee along with your first month's premium. When paying by Annual Payment you will be charged for 12 months of premium plus the $20 application fee. FEE WAIVED FOR A LIMITED TIME ONLY!

Pay By Credit Card: By selecting the Automatic Monthly Debits option you authorize Dominion National to automatically deduct future monthly premium payments from your credit card account.

Pay By Bank Account Debit: By selecting the Automatic Monthly Debits and submitting a voided check you authorize Dominion National to automatically deduct future monthly premium payments from your checking account.

TERMS: This authorization will remain in effect unless 30 days advance written notice of termination is received by Dominion National. In the event that any electronic debit or transfer is returned, I agree that a $25.00 returned item fee will be automatically charged to my account.

AUTHORIZATION: I authorize Dominion National to automatically deduct the premium from any credit card OR bank account stated above. Members who choose the Automatic Monthly Debits will be debited on or about the 20th of each month (subscribers enrolling in Maryland will be debited on or after the 1st of each month).

Signature: __________________________ Date: __________________________

Dominion Dental Services, Inc. d/b/a Dominion National.

Agent/Broker Use Only
Agent/Broker # __________________________ General Agent # __________________________