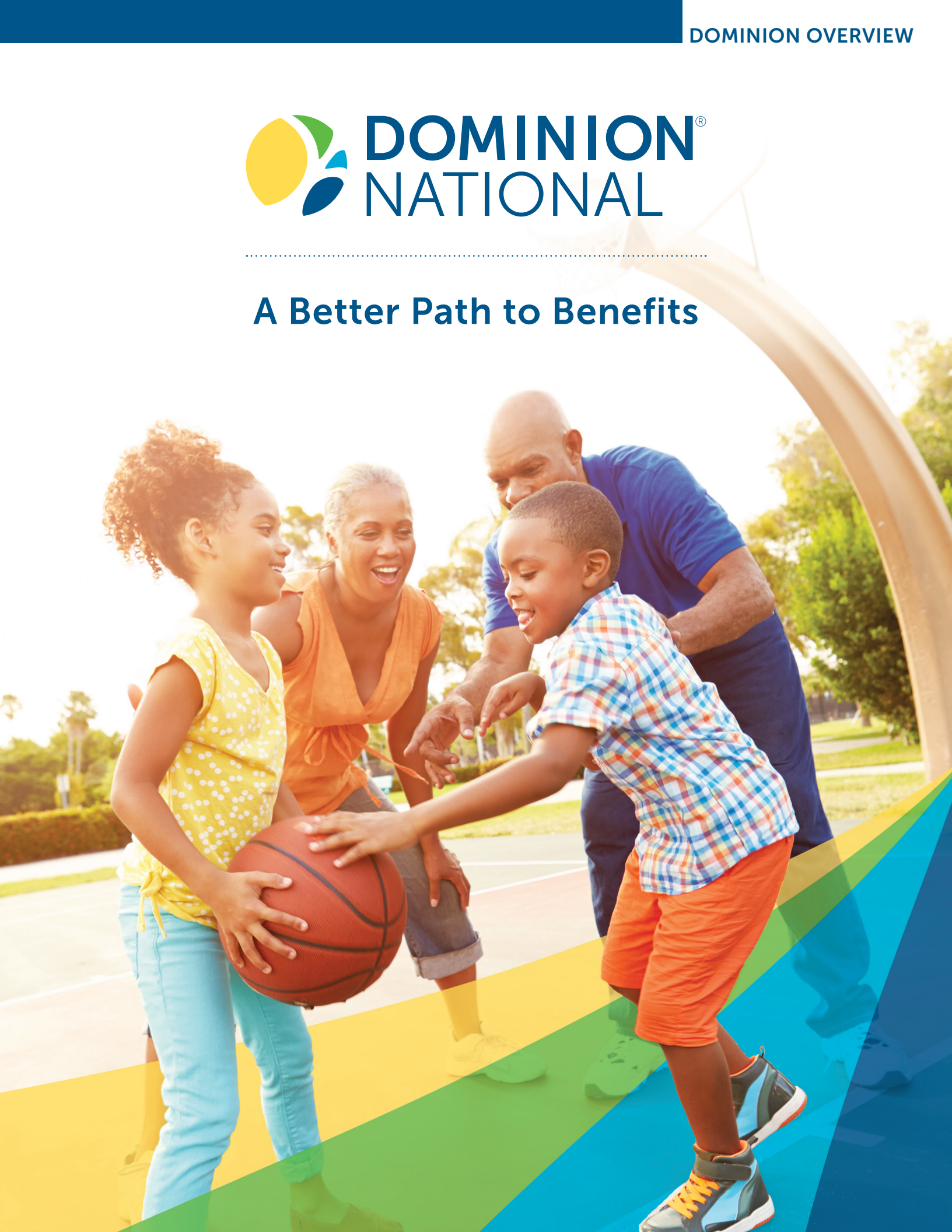




A Better Path to Benefits



A COMPANY AS *unique* AS YOU

Dominion National recognizes that you're a unique individual and we've designed plans and programs that work for you. We seek a better way to serve you through customized plans and exceptional service so that you can focus on what makes you extraordinary and fulfilled.

WE WORK FOR THE BENEFIT OF OVER 900,000 MEMBERS,¹ DELIVERING:

EXTENSIVE NETWORKS

Choice PPO and Choice ePPO networks offer access to over 350,000 dentists nationally.^{1,3}

Elite ePPO and Elite Plus ePPO networks provide unmatched flexibility and lower out-of-pocket costs.

Select Plan network is one of the largest in the Mid-Atlantic region.^{3,4}

Leading vision network with over 82,000 provider listings.^{1,3}

To find a participating provider, please visit
DominionNational.com.



A COMMITMENT TO MEMBER SATISFACTION

In a recent Member Satisfaction Survey, 97% of the respondents were satisfied with Dominion as their dental plan.²



TOLL-FREE, 24 HOUR ACCESS at **888.518.5338**

Eligibility and claim information is available for members, benefit administrators and dentists.



SECURE ONLINE ACCESS TO YOUR ACCOUNT

Access your digital ID card, find a provider and more through secure online resources.



MEMBER PORTAL DominionMembers.com

GO MOBILE COMMUNICATION SERVICE

Register by calling 888.596.0716 or texting "DN GO" to 73529

MyDOMINION MOBILE APP

Download at DominionNational.com/mobile

¹ Dominion National Internal Performance Report, 2019.

² Dominion National Member Satisfaction Survey, November 2019.

³ Participating providers are subject to change.

⁴ 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. Dominion National Network Analysis Report, 2018. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

Dominion National is the brand name for the Dominion group of companies. Dental plans are underwritten by Dominion Dental Services, Inc. (DDSI). Dominion Dental Services USA, Inc. (DDSUSA) is a licensed administrator of dental and vision benefits. Vision plans are underwritten by Avalon Insurance Company, and administered by DDSUSA, in DC, DE, MD, PA and VA. Vision Plans are underwritten by DDSI in all other states where Dominion National operates. The Discount Program is offered through DDSUSA.



ELITE PLUS ePPO¹ (DUSA) SUMMARY OF BENEFITS



AFSPA

BENEFIT	ELITE PLUS ePPO ¹ (DUSA)
DIAGNOSTIC & PREVENTIVE	
Oral exams	See Fee Schedule
Bitewing X-rays	See Fee Schedule
Topical fluoride for children	See Fee Schedule
Semiannual (2) teeth cleanings	See Fee Schedule
Sealants	See Fee Schedule
BASIC RESTORATIVE	
Fillings (amalgam and composite)	See Fee Schedule
Extraction, erupted tooth	See Fee Schedule
PERIODONTICS	
Root planing and therapy	See Fee Schedule
ENDODONTICS	
Root canals	See Fee Schedule
ORAL SURGERY	
Extraction of impacted teeth	See Fee Schedule
MAJOR RESTORATIVE	
Crowns and bridges	See Fee Schedule
Dentures	See Fee Schedule
Implants	See Fee Schedule
ORTHODONTICS	See Ortho Discount Program brochure for details
ORTHODONTICS AGE LIMIT	See Ortho Discount Program brochure for details
ORTHODONTICS LIFETIME MAXIMUM	See Ortho Discount Program brochure for details
OFFICE VISIT CHARGE	N/A
CALENDAR YEAR DEDUCTIBLE (waived for diagnostic and preventive)	
Individual	\$25
Family	\$75
CALENDAR YEAR ANNUAL MAXIMUM	\$2,000
ANNUAL MAXIMUM ROLLOVER	Up to \$2,500
WAITING PERIODS	None
RECEIVE CARE FROM	Elite Plus ePPO Dentist
OUT-OF-NETWORK ALLOWANCE	None

HOW DO I ENROLL?

1. Complete the enclosed enrollment card and list all dependents you want covered.
2. Return the completed enrollment card to your Benefit Administrator or as directed.
3. A membership card, benefit description and certificate of coverage will be mailed to you on or before your first day of eligibility.
4. If you have any questions regarding your date of eligibility, please contact your Benefit Administrator.

WHO IS ELIGIBLE?

You and your dependents are eligible. Dependents include your spouse and unmarried children under age 26. Refer to your policy documents for further details regarding your dependent coverage.

HOW DO I FIND A PARTICIPATING DENTIST?

For a complete listing of participating dentists, please visit DominionNational.com/find-a-dentist.

WHAT IF I CHANGE JOBS?

If you leave your place of employment, you have the option of converting your coverage to an alternate Dominion program using a different method of payment.

WHAT ARE THE ACCESS ePPO COST SAVINGS?

BENEFIT	AVG COST*	YOU PAY	YOU SAVE
Oral Exam	\$86	\$0	\$86
Full Mouth X-rays	\$130	\$0	\$130
Teeth Cleaning	\$90	\$0	\$90
Silver Filling (Two Surfaces)	\$151	\$30	\$121
Composite Filling (Two Surfaces)	\$190	\$42	\$148
Crown (Porcelain Fused to Metal)	\$1,210	\$520	\$690
Root Canal (Molar)	\$897	\$780	\$117
Surgical Extraction - Erupted Tooth	\$260	\$50	\$210
Denture (Complete Upper/Lower)	\$1,493	\$560	\$933
Periodontal Scaling/Root Planing	\$247	\$97	\$150

*Average costs based on the Context4Healthcare's 80th percentile for zip codes beginning with 223. Average costs vary based on region.

CAN I MAKE CHANGES ONLINE?

Yes. Dominion provides members with secure online access to:

- ID cards
- Plan information
- Dentist search
- Dental cost calculator
- Contact information
- Member services requests and general correspondence

All changes are confirmed by return email.

For more information, visit DominionNational.com.

DOES DOMINION HAVE A MOBILE APP?

Yes. The MyDominion mobile app provides members with easy access to account and plan information. With MyDominion, you can:

- Find A Dentist
- View ID Cards
- View Plan Information

For more information, visit DominionNational.com/mobile.

The dental plan is underwritten by Dominion Dental Services, Inc. d/b/a Dominion National (hereinafter referred to as "Dominion").



Elite Plus ePPO (DUSA) Description of Services, Member Copayments, Exclusions and Limitations

Plan Highlights

- This plan has fixed copayments. In-network (INN) providers have contracted with Dominion and accept the INN member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-

of-area emergency services and/or for services provided when a Member is referred to an out-of-network specialist).

- There are no waiting periods.
- If course of treatment is to exceed \$300, prior review is recommended.

Annual Deductible		In-Network
Amount		\$25
Max Per Family		\$75
Applies to:		Class 2 and Class 3
Maximums		In-Network
Annual		\$2,000
Lifetime Ortho		N/A
The annual maximum applies to: Class 1, Class 2 and Class 3		
Rollover Services	Service Maximum (Paid by Plan)	Rollover Maximum
Maximum Amounts	\$1,000	\$2,500

- Each member must pay the deductible amount for dental services before the plan will begin to cover the member's dental procedures. The deductible is combined for all applicable services for each calendar year per member.
- The maximum listed is the dollar amount that the plan will pay toward the cost of dental care within the specified period per member.
- A member may be eligible for a rollover of unused annual maximum for Class 1, 2 and 3 Services. The following requirements must be adhered to.
 - At least one claim must be submitted for Class 1 covered services during the calendar year.
 - The member must have received services in excess of any deductible.
 - The member must not have received services that exceed the service maximum, which is the amount paid by the plan.
 - If eligible, the amount of rollover services may not be greater than the rollover maximum.
 - A member's rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given calendar year.

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
Class I - Diagnostic/Preventive			D0272	Bitewing x-rays - two radiographic images.....	0
Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the calendar year from a participating network dentist. Contact your Benefit Administrator for details.			D0273	Bitewing x-rays - three radiographic images	0
D0120	Periodic oral eval - established patient	0	D0274	Bitewing x-rays - four radiographic images	0
D0140	Limited oral eval - problem focused.....	0	D0277	Vertical bitewings - 7 to 8 radiographic images.....	0
D0145	Oral eval for a patient under 3 years of age	0	D0330	Panoramic radiographic image.....	0
D0150	Comprehensive oral eval - new or established patient.....	0	D0340	2D cephalometric radiographic image	0
D0160	Detailed and extensive oral eval - problem focused ..	0	D0350	2D oral/facial photographic images	0
D0170	Re-evaluation - limited, problem focused	0	D0351	3D photographic image.....	0
D0180	Comp. periodontal eval - new or established patient.....	0	D0425	Caries susceptibility tests	0
D0210	Intraoral - complete series of radiographic images....	0	D0460	Pulp vitality tests	0
D0220	Intraoral - periapical first radiographic image	0	D0470	Diagnostic casts.....	0
D0230	Intraoral - periapical each add. radiographic image...	0	D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0
D0240	Intraoral - occlusal radiographic image	0	D0601	Caries risk assessment & documentation, with a finding of low risk.....	0
D0250	Extraoral - 2D projection radiographic image.....	0	D0602	Caries risk assessment & documentation, with a finding of moderate risk.....	0
D0270	Bitewing x-rays - single radiographic image	0	D0603	Caries risk assessment & documentation, with a finding of high risk.....	0
			D1110	Prophylaxis (cleaning) - adult	0

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ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D1110*	Additional cleaning (expecting mothers or Diabetics)	40	D2792	Crown - full cast noble metal	473
D1120	Prophylaxis (cleaning) - child.....	0	D2794	Crown - titanium	530
D1206	Topical application of fluoride varnish	0	D2799	Provisional crown.....	155
D1208	Topical application of fluoride - excluding varnish	0	D2910	Recement inlay, onlay, veneer or partial coverage rest.	34
D1310	Nutritional counseling for control of dental disease	0	D2915	Recement indirectly fabricated or prefabricated post and core (once in a lifetime).....	34
D1320/30	Oral hygiene instructions	0	D2920	Recement crown	27
D1351	Sealant - per tooth	11	D2930	Prefab. stainless steel crown - prim. tooth	90
D1352	Prev resin rest. mod/high caries risk – perm. tooth	18	D2931	Prefab. stainless steel crown - perm. tooth	90
D1510	Space maintainer - fixed - unilateral	95	D2932	Prefabricated resin crown	66
D1516/17	Space maintainer - fixed - bilateral, maxillary/mandibular	105	D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth)	84
D1520	Space maintainer - removable - unilateral	95	D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (once every 24 months on anterior primary tooth)	84
D1526/27	Space maintainer - removable - bilateral, maxillary/mandibular	115	D2940	Protective restoration	30
D1550	Re-cementation of space maintainer	30	D2950	Core buildup, including any pins	100
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14).....	30	D2951	Pin retention - per tooth, in addition to restoration.....	28
D1575	Distal shoe space maintainer - fixed - unilateral	95	D2952	Post and core in addition to crown, indirectly fabricated	141
Class 2 - Restorative (Fillings)			D2953	Each additional indirectly fabricated post, same tooth	77
D2140	Amalgam - one surface, prim. or perm.	20	D2954	Prefab. post and core in addition to crown	105
D2150	Amalgam - two surfaces, prim. or perm.....	30	D2955	Post removal	101
D2160	Amalgam - three surfaces, prim. or perm.	40	D2961	Labial veneer (resin laminated) - laboratory (not covered if considered cosmetic; once per 60 months)	285
D2161	Amalgam - >=4 surfaces, prim. or perm.	55	D2962	Labial veneer (porcelain laminated) - laboratory (not covered if considered cosmetic; once per 60 months).....	436
D2330	Resin-based composite - one surface, anterior	32	D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months).....	54
D2331	Resin-based composite - two surfaces, anterior	42	D2980	Crown repair necessitated by restorative material failure	85
D2332	Resin-based composite - three surfaces, anterior ...	52	D2981	Inlay repair necessitated by restorative material failure	85
D2335	Resin-based composite - >=4 surfaces, anterior ...	100	D2982	Onlay repair necessitated by restorative material failure	85
D2390	Resin-based composite crown, anterior.....	70	Class 3 - Endodontics		
D2391	Resin-based composite - one surface, posterior	45	D3110/20	Pulp cap - direct/indirect (excl. final restoration)	13
D2392	Resin-based composite - two surfaces, posterior	55	D3220	Therapeutic pulpotomy (excl. final restor.)	100
D2393	Resin-based composite - three surfaces, posterior..	65	D3221	Pulpal debridement, prim. and perm. teeth	100
D2394	Resin-based composite - >=4 surfaces, posterior ..	115	D3222	Partial pulpotomy for apexogenesis - w/ incomplete root development once per permanent tooth per lifetime for patients under 19 years)	100
Class 3 - Crown & Bridge			D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	90
D2510	Inlay - metallic - one surface	261	D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor).....	102
D2520	Inlay - metallic - two surfaces	336	D3310	Endodontic therapy, anterior tooth (excl. final restor.)	550
D2530	Inlay - metallic - three or more surfaces	375	D3320	Endodontic therapy, premolar tooth (excl. final restor.)	640
D2542	Onlay - metallic - two surfaces	355	D3330	Endodontic therapy, molar tooth (excl. final restor.)	780
D2543	Onlay - metallic - three surfaces	375	D3331	Treatment of root canal obstruction; non-surgical access	127
D2544	Onlay - metallic - four or more surfaces	391	D3332	Incomplete endodontic therapy; inoperable, unresterable or fractured tooth	234
D2610	Inlay - porcelain/ceramic - one surface	317	D3333	Internal root repair of perforation defects	119
D2620	Inlay - porcelain/ceramic - two surfaces	331	D3346	Retreat of prev. root canal therapy, anterior	569
D2630	Inlay - porcelain/ceramic - >=3 surfaces.....	374			
D2642	Onlay - porcelain/ceramic - two surfaces	375			
D2643	Onlay - porcelain/ceramic - three surfaces	391			
D2644	Onlay - porcelain/ceramic - >=4 surfaces	393			
D2650	Inlay - resin-based composite - one surface	317			
D2651	Inlay - resin-based composite - two surfaces	331			
D2652	Inlay - resin-based composite - >=3 surfaces	374			
D2662	Onlay - resin-based composite - two surfaces	375			
D2663	Onlay - resin-based composite - three surfaces	391			
D2664	Onlay - resin-based composite - >=4 surfaces	393			
D2710	Crown - resin based composite (indirect)	433			
D2712	Crown - 3/4 resin-based composite (indirect)	433			
D2720	Crown - resin with high noble metal	465			
D2721	Crown - resin with predom. base metal.....	450			
D2722	Crown - resin with noble metal.....	450			
D2740	Crown - porcelain/ceramic.....	545			
D2750	Crown - porcelain fused to high noble metal	570			
D2751	Crown - porcelain fused to predom. base metal....	520			
D2752	Crown - porcelain fused to noble metal	520			
D2780	Crown - 3/4 cast high noble metal	393			
D2781	Crown - 3/4 cast predom. base metal	368			
D2782	Crown - 3/4 cast noble metal	391			
D2783	Crown - 3/4 porcelain/ceramic	400			
D2790	Crown - full cast high noble metal.....	507			
D2791	Crown - full cast predom. base metal	455			

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D3347	Retreat of prev. root canal therapy, premolar.....	658	D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	544
D3348	Retreat of prev. root canal therapy, molar	776	D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	381
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal	170	D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	30
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4-6 months of healing or narrowing of canal)	83	D4341	Perio scaling and root planing - >3 cont teeth, per quad	97
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	179	D4342	Perio scaling and root planing - <= 3 teeth, per quad	52
D3410	Apicoectomy - anterior	414	D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	30
D3421	Apicoectomy - premolar (first root)	446	D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	60
D3425	Apicoectomy - molar (first root)	543	D4381	Localized delivery of antimicrobial agents	42
D3426	Apicoectomy (each add. root)	145	D4910	Periodontal maintenance	75
D3430	Retrograde filling - per root	138	D4920	Unscheduled dressing change (by someone other than treating dentist)	49
D3450	Root amputation - per root	258			
D3920	Hemisection, not inc. root canal therapy	194			
D3950	Canal prep/fitting of preformed dowel or post.....	130			
Class 3 - Periodontics			Class 3 - Prosthetics (Dentures)		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	198	D5110/20	Complete denture - maxillary/mandibular	560
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100	D5130/40	Immediate denture - maxillary/mandibular	565
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	368	D5211/12	Maxillary/mandibular partial denture - resin base	375
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	221	D5213/14	Maxillary/mandibular partial denture - cast metal	625
D4249	Clinical crown lengthening - hard tissue (covered when bone removed, once per tooth per 60 months)	379	D5221/22	Immediate maxillary/mandibular partial denture - resin base	375
D4260	Osseous surgery - >3 cont. teeth, per quad	600	D5223/24	Immediate maxillary/mandibular partial denture - cast metal framework.....	625
D4261	Osseous surgery - <=3 cont. teeth, per quad	360	D5225/26	Maxillary/mandibular partial denture - flexible base	625
D4263	Bone replacement graft - retained natural tooth - first site in quadrant (once per site per 36 months)	230	D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	318
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months)	134	D5410/11	Adjust complete denture - maxillary/mandibular ...	20
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site per 36 months)	194	D5421/22	Adjust partial denture - maxillary/mandibular	20
D4266	Guided tissue regeneration - resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)	341	D5511/12	Repair broken complete denture base, mandibular/maxillary.....	59
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months)	358	D5520	Replace missing or broken teeth - complete denture	65
D4268	Surgical revision procedure, per tooth.....	329	D5611/12	Repair resin partial denture base, mandibular/maxillary.....	59
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	401	D5621/22	Repair cast partial framework, mandibular/maxillary.....	59
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	D5630	Clasp repaired, replaced or added	59
D4274	Mesial/distal wedge procedure, single tooth.....	194	D5640	Replace broken teeth - per tooth	65
D4275	Non-autogenous connective tissue graft - first tooth, implant or edentulous tooth position in graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	405	D5650	Add tooth to existing partial denture	65
			D5660	Add clasp to existing partial denture - per tooth	70
			D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary/mandibular)	245
			D5710/11	Rebase complete maxillary/mandibular denture ..	185
			D5720/21	Rebase maxillary/mandibular partial denture	110
			D5730/31	Reline complete maxillary/mandibular denture (chairside).....	93
			D5740/41	Reline maxillary/mandibular partial denture (chairside).....	93
			D5750/51	Reline complete maxillary/mandibular denture (lab)	134
			D5760/61	Reline maxillary/mandibular partial denture (lab)	134
			D5810/11	Interim complete denture - maxillary/mandibular.....	228
			D5820/21	Interim partial denture - maxillary/mandibular	228
			D5850/51	Tissue conditioning - maxillary/mandibular	41

ADA CODE	DESCRIPTION	IN	ADA CODE	DESCRIPTION	IN
D5863/65	Overdenture – complete maxillary/mandibular.....	600	D6609	Retainer onlay - porc./ceramic, >=3 surfaces	401
D5864/66	Overdenture – partial maxillary/mandibular	565	D6610	Retainer onlay - cast high noble metal, two surfaces	415
Class 3 - Implant Services			D6611	Retainer onlay - cast high noble metal, >=3 surfaces	401
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months)	1360	D6612	Retainer onlay - cast predominantly base metal, two surfaces	415
D6056	Prefabricated abutment (includes placement).....	468	D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	401
D6057	Custom abutment (includes placement)	560	D6614	Retainer onlay - cast noble metal, two surfaces	415
D6058	Abutment supported porcelain/ceramic crown.....	705	D6615	Retainer onlay - cast noble metal, >=3 surfaces.....	401
D6059	Abutment supported porcelain fused to metal crown (high noble)	665	D6624	Retainer inlay - titanium.....	401
D6060	Abutment supported porcelain fused to metal crown (base metal)	600	D6634	Retainer onlay - titanium.....	401
D6061	Abutment supported porcelain fused to metal crown (noble metal)	640	D6710	Retainer crown - indirect resin based composite...	502
D6062	Abutment supported cast metal crown (high noble)	632	D6720	Retainer crown - resin with high noble metal	446
D6063	Abutment supported cast metal crown (base metal)	600	D6721	Retainer crown - resin with predom. base metal ...	425
D6064	Abutment supported cast metal crown (noble metal)	620	D6722	Retainer crown - resin with noble metal.....	425
D6065	Implant supported porcelain/ceramic crown.....	705	D6740	Retainer crown - porcelain/ceramic.....	506
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	665	D6750	Retainer crown - porcelain fused to high noble metal	520
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	665	D6751	Retainer crown - porcelain fused to predom. base metal.....	475
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth)	76	D6752	Retainer crown - porcelain fused to noble metal ...	475
D6092	Recent implant/abutment supported crown (once per tooth after 6 months from initial placement)	24	D6780	Retainer crown - 3/4 cast high noble metal	410
D6093	Recent implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement).....	35	D6781	Retainer crown - 3/4 cast predominantly base metal	375
D6094	Abutment supported crown (titanium)	640	D6782	Retainer crown - 3/4 cast noble metal	404
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement).....	140	D6783	Retainer crown - 3/4 porc./ceramic	469
D6100	Implant removal, by report (once per tooth)	116	D6790	Retainer crown - full cast high noble metal.....	512
Class 3 - Bridge & Pontics			D6791	Retainer crown - full cast predom. base metal	446
D6205	Pontic - indirect resin based composite	520	D6792	Retainer crown - full cast noble metal	473
D6210	Pontic - cast high noble metal	510	D6793	Provisional retainer crown (if used at least 6 months during multistage care)	156
D6211	Pontic - cast predom. base metal.....	463	D6794	Retainer crown - titanium	502
D6212	Pontic - cast noble metal.....	473	D6930	Recent or rebond fixed partial denture.....	50
D6214	Pontic - titanium.....	520	D6980	Fixed partial denture repair, by report	100
D6240	Pontic - porcelain fused to high noble metal	570	D6985	Pediatric partial denture - fixed (once per arch per 60 months).....	375
D6241	Pontic - porcelain fused to predom. base metal	520	Class 3 - Oral Surgery		
D6242	Pontic - porcelain fused to noble metal	520	D7111	Extraction, coronal remnants - primary tooth.....	40
D6245	Pontic - porcelain/ceramic	500	D7140	Extraction, erupted tooth or exposed root	50
D6250	Pontic - resin with high noble metal.....	552	D7210	Extraction, erupted tooth req elev, etc	104
D6251	Pontic - resin with predom. base metal	442	D7220	Removal of impacted tooth - soft tissue	130
D6252	Pontic - resin with noble metal	508	D7230	Removal of impacted tooth - partially bony.....	190
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251	D7240	Removal of impacted tooth - completely bony	225
D6548	Retainer - porc./ceramic for resin bonded fixed prosthesis	364	D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	235
D6600	Retainer inlay - porc./ceramic, two surfaces	394	D7250	Removal of residual tooth roots.....	120
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	405	D7251	Coronectomy - intentional partial tooth removal (once per lifetime).....	235
D6602	Retainer inlay - cast high noble metal, two surfaces	344	D7260	Oroantral fistula closure	689
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	379	D7261	Primary closure of a sinus perforation	200
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	394	D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	414
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	379	D7280	Exposure of an unerupted tooth.....	165
D6606	Retainer inlay - cast noble metal, two surfaces.....	394	D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	253
D6607	Retainer inlay - cast noble metal, >=3 surfaces.....	379	D7286	Incisional biopsy of oral tissue - soft	259
D6608	Retainer onlay - porc./ceramic, two surfaces.....	415	D7287	Exfoliative cytological sample collection	50
			D7288	Brush biopsy - transepithelial sample collection.....	40
			D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	86
			D7310	Alveoloplasty in conjunction with extractions, >= 4 teeth or tooth spaces per quad	201
			D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant ..	132
			D7320	Alveoloplasty not in conjunction with extractions, >=4 teeth or tooth spaces per quad ...	276

ADA CODE	DESCRIPTION	IN
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant	228
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).....	690
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophic and hyperplastic tissue)	1322
D7510	Incision and drainage of abscess - intraoral soft tissue	175
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc	322
D7963	Frenuoplasty (once per site)	322
D7970	Excision of hyperplastic tissue - per arch	322
D7971	Excision of pericoronal gingiva.....	106
D7979	Non-surgical sialolithotomy	35
D7980	Surgical sialolithotomy	644
D7981	Excision of salivary gland, by report	2300
D7982	Sialodochoplasty	1380
D7983	Closure of salivary fistula	1196

Class 3 - Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain.....	35
D9120	Fixed partial denture sectioning (once per tooth) ...	35
D9210/15	Local anesthesia	14
D9219	Evaluation for deep sedation or general anesthesia ..	0
D9222	Deep sedation/general anesthesia - first 15 minutes	58
D9223	Deep sedation/general anesthesia - each subsequent 15 min incr	58
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	15
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	58
D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min incr	58
D9248	Non-intravenous conscious sedation	89
D9310	Consultation (diagnostic service by nontreating dentist)	40
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	190
D9910	Application of desensitizing medicament	20
D9930	Treatment of complications (post-surgical).....	42
D9942	Repair or reline of an occlusal guard (only when D9944/45/46 has been benefited and after 6 months of initial placement)	82
D9944	Occlusal guard – hard appliance, full arch	220
D9945	Occlusal guard – soft appliance, full arch.....	220
D9946	Occlusal guard – hard appliance, partial arch	220
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255
D9995	Teledentistry - synchronous; real-time encounter ...	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available)	20

Class 4 - Orthodontics - Not covered 0%

Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

Plan Exclusions

Please refer to the section in your Certificate of Coverage titled “State-Specific Exclusions” for additional exclusions, if applicable.

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the plan.
- Reconstructive, plastic, cosmetic, elective or aesthetic

- dentistry.
- Oral surgery requiring the setting of fractures and dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- 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.
- Replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
- Diagnosis or treatment of temporomandibular disorder (TMD) syndrome, problems and/or occlusal disharmony.
- Elective surgery including, but not limited to, extraction of nonpathologic, asymptomatic impacted teeth including third molars.
- Procedures not listed as covered services under this plan.
- Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
- Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
- Procedures that in the opinion of the plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the member's condition.

Plan Limitations

- Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months
- One emergency or problem focused exam (D0140) per Calendar Year
- Two teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients; Prevention Reward: Primary subscriber will receive a \$20 payment from Dominion for each family member that receives two cleanings during the calendar year from a participating network dentist. Contact your Benefit Administrator for details.
- One topical fluoride per Calendar Year, to age 16
- Bitewing x-rays, 2 per Calendar Year
- Periapical x-rays
- One full mouth or panoramic x-ray per 60 months
- Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service)
- One sealant per tooth per lifetime, to age 16 (limited to permanent 1st and 2nd molars)
- Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)
- Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months
- Restoration services, limited to:
 - Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
 - Replacement of existing inlay, onlay, or crown, after 5 years of the restoration initially place or last replaced
 - Stainless steel crowns up to age 14 (one per tooth per lifetime)
 - Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally

13. Pin retention of fillings (multiple pins on the same tooth are allowable as one pin)
14. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
 - a. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage)
 - b. Pulpotomy
 - c. Apicoectomy
 - d. Retrograde fillings, per root per lifetime
15. Antibiotic injections administered by a dentist
16. Periodontic services, limited to:
 - a. Two periodontal maintenance visits following surgery per Calendar Year
 - b. One scaling and root planing per quadrant (D4341 or D4342) per 24 months from age 21
 - c. Occlusal adjustment performed with covered surgery
 - d. Gingivectomy
 - e. Osseous surgery including flap entry and closure
 - f. One pedicle or free soft tissue graft per site per lifetime
 - g. One appliance (night guards) per 5 years within 6 months of osseous surgery
 - h. One full mouth debridement per lifetime
 - i. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years
17. Simple extraction of teeth
18. Oral surgery, including postoperative care for:
 - a. Removal of teeth, including impacted teeth
 - b. Extraction of tooth root
 - c. Alveolectomy, alveoplasty, and frenectomy
 - d. Excision of periocoronal gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy
 - e. Tooth reimplantation and/or stabilization; tooth transplantation
 - f. Excision of a tumor or cyst and incision and drainage of an abscess or cyst
 - g. Coronectomy, intentional partial tooth removal, one (1) per tooth per lifetime
19. One study model per 36 months
20. Crown build-up for non-vital teeth
21. Recementing bridges, inlays, onlays and crowns after 12 months of insertion and per 12 months per tooth thereafter
22. One repair of dentures or fixed bridgework per 12 months
23. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery, or implant placement procedures
24. 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 5 years from the date of last placement
 - c. Addition of teeth to existing partial denture
 - d. One relining or rebasing of existing removable dentures per 24 months
 - e. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years
25. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year.
26. Endosteal implant, a device surgically inserted into the bone to provide support for a single restoration when used in lieu of a three unit bridge and adjacent abutment teeth are not to be restored, age 16 or older, once per tooth per 60 months.



NONDISCRIMINATION AND FOREIGN LANGUAGE ASSISTANCE NOTICE

The Dominion National family of companies (including insurers Dominion Dental Services, Inc. and Dominion National Insurance Company, and administrator Dominion Dental Services USA, Inc.) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Dominion National does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

Dominion National provides free aids and services to people with disabilities or whose primary language is not English, such as:

- ✓ Qualified sign language interpreters.
- ✓ Written information in other formats (large print, audio, accessible electronic format, other formats).
- ✓ Qualified interpreters, and information written in other languages.

If you need these services, call 888.518.5338 (TTY: 711).

If you believe that Dominion National has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by mail, fax, or email at:

Dominion National
251 18th Street South, Suite 900, Arlington, VA 22202
888.518.5338 (TTY: 711), fax: 703.518.4450
CRC@DominionNational.com

If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW., Room 509F, HHH Building
Washington, D.C. 20201

Toll-free: 800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Language assistance

To talk to an interpreter in your language at no cost, call 888.518.5338 (TTY: 711).

Para hablar con un intérprete de forma gratuita, llame al 888.518.5338 (TTY: 711).

欲免费用本国语言咨询传译员，请拨电话 888.518.5338 (TTY: 711).

Để nói chuyện với thông dịch viên bằng ngôn ngữ của quý vị không phải mất phí, xin gọi 888.518.5338 (TTY: 711).

Для бесплатного разговора с переводчиком на своем языке, позвоните по тел.: 888.518.5338 (TTY: 711).

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무료 전화 통역 서비스 888.518.5338 (TTY: 711).

Per parlare con un interprete nella vostra lingua gratis, chiami 888.518.5338 (TTY: 711).

للتحدث مجاناً إلى مترجم للغتك، يرجى الاتصال بـ 888.518.5338 (الهاتف النصي: 711)

Pour parler à un interprète dans votre langue sans charges, téléphoner à 888.518.5338 (TTY: 711).

Um in Ihrer Sprache gebührenfrei mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 888.518.5338 an (TTY: 711).

દુભાષીયા જોડે વાત કરવા, 888.518.5338 (TTY: 711) પર ફોન કરો.

Aby porozmawiac z tłumaczem w języku polskim, prosze zadzwonic na numer darmowy telefonu 888.518.5338 (TTY: 711).

Pou pale avèk yon entèprèt nan lang ou grastis, rele nan 888.518.5338 (TTY: 711).

मुफ्त में अपनी भाषा में दुभाषिया से बात करने के लिए, 888.518.5338 (TTY: 711) पर कॉल करें।

Para falar com um intérprete em seu idioma de graça, ligue para 888.518.5338 (TTY: 711).

Dominion National recognizes that you need quick and convenient access to real-time benefit information and resources. We also understand that each of our customers is unique and has different communication preferences so we've created a variety of online tools to provide you with instant access to your account when and wherever you need it.

MEMBER PORTAL

<https://DominionMembers.com>

Online Access - Real Time, Password Protected

PORTAL FEATURES



ID Cards



Dental Cost Calculator



Find a Provider



Member Service Requests



Obtain Plan Information and Certificates of Coverage

LOGIN INSTRUCTIONS



Go to <https://DominionMembers.com>.

Select "Create New Account" and complete login request form. You will receive a confirmation email within 24 hours with your login information.

You will be prompted to change your password. Change the password to one that you will remember. Passwords must have a minimum of eight characters including at least one capital letter, one number and one special character (#!\$%*).

Log back into the portal and enter your password.

CONNECT ON DOMINION NATIONAL GO

Receive personalized account communications straight to your mobile device by connecting on Dominion National Go. Text notifications also provide an easier way to access your digital ID card, find a provider and stay informed.

BENEFITS OF CONNECTING ON GO



Valuable Resources On-The-Go

Access your ID card and provider search information in seconds



Overall Wellness

We'll help you stay healthy with messages tailored to your needs



Stay Informed

You will be notified when there are important items that need your attention

HOW IT WORKS



Go combines text with secure web messaging that you can access from your smartphone, tablet or computer. Text notifications take you directly to your private message where you can take action or get support. Your personal feed conveniently retains all of your notifications in one place.

THREE WAYS TO REGISTER



Call 888.596.0716



Text "DN GO" to 73529



Visit bit.ly/connectongo

The Dominion National mobile communications service is provided by Relay Network. Review Terms and Conditions at <https://my.relayit.com/terms-and-conditions>, which includes your consent to receive notifications via automated text message from Dominion National. Not required to purchase goods and services from Dominion. You may revoke your consent to receiving text communications at any time by replying "STOP" upon receipt of a message. Message and data rates may apply.

MYDOMINION MOBILE APP

The MyDominion mobile app provides members with easy access to account and plan information.

WITH MYDOMINION, YOU CAN:



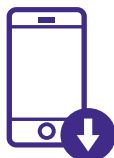
Find A Dentist



View ID Cards



View Plan Information



The MyDominion app is compatible with iPhone® and Android™ and can be downloaded through our website at **DominionNational.com/mobile**.

HOW DO I FIND A PARTICIPATING DENTIST?

Dominion National has extensive networks providing access to over 300,000 national PPO dentist listings and one of the largest Select Plan and ePPO networks in the Mid-Atlantic region.¹ Follow the below instructions to find a participating dentist.

INSTRUCTIONS

Go to DominionNational.com/find-a-dentist.

Utilize the searchable features to find general dentists and specialists near your home or office. You may filter your search by city, state or zip code, dentist name and type or language(s) spoken.

You must select your plan type in the dropdown menu in order to determine the corresponding network.

Once you have entered in the search criteria, click "Find" and your results will be displayed. Search results provide detailed contact information including:



Office and email addresses



Office and emergency phone numbers



Dentist status (accepting new members)



Hours of operation



Handicap accessibility



Language(s) spoken



Directions to the dental office



SELECT PLAN ONLY

Select Plan² members must select a participating dentist prior to making a dental appointment. Except for out-of-area emergency care, you must receive treatment at the dental office you selected. Family members may use different participating dentists.

HOW TO CHOOSE YOUR DENTIST:

Option 1: Create your online account through Dominion's Member Portal at <https://DominionMembers.com>. Once you have logged in, simply go to your "Member Summary" and select the "Change Dentist" option in the bottom left menu.

Option 2: Call Dominion at 888.518.5338.



CAN'T FIND THE DENTIST OF YOUR CHOICE?

Nominate them for consideration in the Dominion network by going to DominionNational.com/find-a-dentist and clicking "Nominate Your Dentist."

1. Dominion National Internal Performance Report, November 2017. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia. Participating providers are subject to change.
2. 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.

Dental plans are underwritten by Dominion Dental Services, Inc. in DC, DE, MD, OR, PA and VA. Dental and vision plans are underwritten by Dominion National Insurance Company in GA and NJ. Dominion Dental Services USA, Inc. (DDSUSA) is a licensed administrator of dental and vision benefits. Vision plans are underwritten by Avalon Insurance Company, and administered by DDSUSA, in DC, DE, MD, PA and VA. The Discount Program is offered through DDSUSA in DC, DE, MD, NJ, PA and VA.

DN(IC).OMR.082918



Ortho Discount

PROGRAM

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.¹
- 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.



SECURE ONLINE ACCESS TO YOUR ACCOUNT

Access your digital ID card, find a provider and more through secure online resources.



MEMBER PORTAL

DominionMembers.com



GO MOBILE COMMUNICATION SERVICE

Register by calling 888.596.0716 or texting "DN GO" to 73529



MyDOMINION MOBILE APP

Download at DominionNational.com/mobile



Orthodontic Discount Services and Member Fees²

D8010 - D8050 Phase I treatment.....	15% Discount ²
D8660 Pre-orthodontic treatment visit	\$413
D8070 Comp. ortho. treatment - transitional dentition	\$3,304
D8080 Comp. ortho. treatment - adolescent dentition	\$3,422
D8090 Comp. ortho. treatment - adult dentition	\$3,658
D8670 Periodic ortho. treatment visit (as part of contract)	\$118
D8680 Orthodontic retention (rem. of appl. and placement of retainer(s))	\$413

2 Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees.

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 sent 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.

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.
4. Hospitalization for any dental procedure.
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).

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

Current Dental Terminology © American Dental Association.



Questions?

Please contact your Benefit Administrator or call Dominion's Customer Service at **888.518.5338**.

1 Dominion National Network Analysis Report, 2018. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia. Participating dentists are subject to change.

A separate Ortho Discount Enrollment Card is required for each individual that would like to enroll.

Dominion National

Arlington, VA

Ortho Discount Program Enrollment Card

☐ I choose the Dominion Ortho Discount Program¹

Enrollment Information

Last Name		First Name		M.I.
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Birthdate (MM/DD/YY)		
Home Address			Home Phone	
City	State	ZIP	Work Phone	
Email Address				
Does this plan replace other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer				
<p>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.</p>				
Signature _____			Date _____	
Agent/Broker #			Coverage Eff. Date	ORTHO DISCOUNT

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

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 no application fee.

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: _____

Agent/Broker Use Only

Agent/Broker # _____ General Agent # _____



ROLLOVER BENEFITS



Rollover BENEFITS

MAXIMIZING BENEFIT VALUE AND FLEXIBILITY

Rollover benefits add extra value to your Dominion National dental plan by allowing you to carry over a portion of your unused benefit maximum year after year. You are given the flexibility to save up and plan for more costly dental procedures in a way that works best for you. This feature is included with your Dominion plan – allowing you to rest easy knowing that you can have more benefits should you need them in the future.

Rollover benefits are easy and automatic.

- A member may be eligible to roll over a portion of his or her unused annual maximum per benefit or calendar year¹ for Diagnostic & Preventive (Class I), Basic (Class II) and Major (Class III) services. The amount of rollover benefits may not exceed the rollover maximum (see chart below). Rollover does not apply to benefits that are subject to a lifetime maximum, such as orthodontics.

- To qualify for rollover benefits, you must submit a claim for at least one Class I covered service in the benefit or calendar year.¹ In addition, your paid claims must not exceed the annual rollover threshold (see chart below).
- Your regular annual maximum dollars are used first. Rollover benefit dollars, or annual rollover amounts, are used after the annual maximum is met.
- If you disenroll from your plan for any length of time for any reason (for example, if you marry and enroll under your spouse's plan), you will lose your current rollover balance.

Rollover Amounts

Rollover amounts vary based on your benefit's annual maximum. Annual rollover amount shows the amount you can roll over to the next year and beyond, while rollover maximum is the capped total you can accumulate. The chart below shows how rollover benefits are calculated.

Annual Maximum	Rollover Threshold (Paid Claims)	Annual Rollover Amount	Rollover Maximum
Refer to Summary of Benefits	50% of Annual Maximum	50% of Annual Maximum Minus Benefits Paid	125% of Annual Maximum

For example: If you have a \$1,000 annual maximum and \$200 has been paid by Dominion for your benefits, your rollover threshold would be \$500 (50% of \$1,000), your annual rollover amount to the next year would be \$300 (\$500 rollover threshold - \$200 benefits paid) and your rollover maximum would be \$1,250 (125% of \$1,000).

**For questions, contact your Benefit Administrator or Dominion's
Customer Service at 888.518.5338.**

¹ To determine whether your plan is benefit or calendar year, please reference your Summary of Benefits or contact your Benefit Administrator.