



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 # _____