

TAKE CARE OF YOUR TEETH WITH DOMINION DENTAL SERVICES

Dental disease is preventable. Dominion plans encourage the early detection of dental problems and routine maintenance. We help you take better care of your teeth and now it can cost you less to do it.

Dominion gives you the choice of three different dental options - choose the one that's right for you and your family.

Choose our Select Plan (same as a DHMO)¹ or Discount Program² and use a pre-qualified network dentist, or choose our Access PPO Plan that allows you to visit any licensed dentist.

When you enroll, Membership ID cards and detailed benefit information will be mailed to your home address. The dental benefits you've been waiting for are now available!

WE WORK FOR YOUR BENEFIT.

¹ Same as a DHMO with fixed member copayments, no annual maximum dollar limits, no waiting periods, no deductibles, no pre-authorization paperwork or pre-treatment estimates and no claim forms or proof of loss (except in the case of out-of-area emergencies).

² This 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 providers for services provided by contracted providers.

THREE UNIQUE OPTIONS TO CHOOSE FROM!

DISCOUNT PROGRAM 6000x¹

The Discount Program 6000x provides substantial discounts on most dental procedures. Simply choose a general dentist from our Discount dental network. Your general dentist will provide almost all services and charge you according to a discounted fee schedule. If specialty care is required, your general dentist will refer you to a participating specialist who will provide care at a 25% discount.

You will pay only the discounted member fees directly to your dentist at the time of service. There are no claim forms, waiting periods, maximum limits, pre-authorization requirements or deductibles. Over 250 procedures are included. The complete list of covered procedures and member fees will be mailed to you with your membership card. A summary of the procedures and member fees is included in this brochure.

DISCOUNT PROGRAM SERVICES INCLUDE:

- No charge for routine annual cleanings
- No charge for oral examinations
- No charge for topical fluoride for children

These “no-charge” procedures account for over 35% of dental services most frequently performed for adults and almost 60% of the most frequently performed services for children.²

You will receive more extensive care (fillings, dentures, crowns, root canals, periodontal care, oral surgery, etc.) at fees 40% to 55% lower than usual and customary charges (please see the *Plan Comparison* chart).

Orthodontia is also covered for adults and children!

SELECT PLAN 605x³

The Select Plan 605x offers great value and extended coverage for your premium dollar. Choose a general dentist from our exclusive Select Plan dental network. Your general dentist will provide almost all services and charge you according to the *Description of Benefits and Member Copayments*. If specialty care is required, your general dentist will refer you to a participating specialist who will provide care at a 25% discount.

You will pay any copayments due under the Select Plan directly to your plan dentist⁴ at the time of service. There are no claim forms,⁴ waiting periods, maximum limits, pre-authorization requirements or deductibles. Over 250 procedures are covered. The complete list of covered procedures will be mailed to you with your membership card. A summary of covered procedures and copayments is included in this brochure.

SELECT PLAN 605x BENEFITS INCLUDE:

- No charge for routine semiannual cleanings
- No charge for oral examinations
- No charge for bitewing x-rays
- No charge for topical fluoride for children

These “no-charge” procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children.²

You will receive more extensive care (fillings, dentures, crowns, root canals, periodontal care, oral surgery, etc.) at fees 55% to 70% lower than usual and customary charges. (please see the *Plan Comparison* chart).

Orthodontia is also covered for adults and children!

ACCESS PPO PLAN

Access PPO is designed to provide members with maximum access to dentists. Members may seek dental services from any licensed dentist or use a participating Access PPO network dentist for greater coverage.

When dental care is received and expenses incurred, payments will be made in accordance with the list of benefits and services in the *Certificate of Coverage* that will be mailed to you with your membership card. A summary of the plan benefits can be found in the *Plan Comparison* in this brochure.

IN-NETWORK ACCESS PPO BENEFITS INCLUDE:

- No charge for routine semiannual cleanings
- No charge for oral examinations
- No charge for bitewing x-rays
- No charge for topical fluoride for children

These “no-charge” procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children.²

More extensive care (fillings, dentures, crowns, root canals, periodontal care, oral surgery, etc.) is covered at increasing levels, progressing through years 1, 2 and 3 (please see the *Plan Comparison* chart).

There is an annual deductible of \$50 per insured person (family maximum of \$150) applicable to all services. A maximum benefit of \$1,000 per calendar year, per insured person will be paid.

There are no waiting periods under the Access PPO plan.

1 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 providers for services provided by contracted providers.

2 Dental Services, Inc. - based on annual review of utilization data.

3 Same as a DHMO with fixed member copayments, no annual maximum dollar limits, no waiting periods, no deductibles, no pre-authorization paperwork or pre-treatment estimates and no claim forms or proof of loss (except in the case of out-of-area emergencies).

4 Out-of-area emergency care reimbursement requires a receipt or other proof of loss.

PLAN COMPARISON

| RATES | | Discount Program ¹ 6000x | Select Plan ¹ 605x | | Access PPO Plan (Not available in New Jersey) | | | | | |
|---|--|--|----------------------------------|---------|--|---------------------|---------------------|---------------------|---------------------|---------------------|
| | | DC, DE, MD, PA, VA | DC, MD, PA, VA | DE | Area 1 | Area 2 | Area 3 | Area 4 | | |
| Monthly Premium | Member | \$7.50 | \$19.90 | \$23.88 | \$29.74 | \$32.15 | \$33.33 | \$38.17 | | |
| | Member + 1 | \$10.00 | \$36.86 | \$44.22 | \$63.85 | \$69.01 | \$71.54 | \$81.95 | | |
| | Member + 2 or More | \$10.00 | \$54.98 | \$62.96 | \$92.40 | \$99.87 | \$103.56 | \$118.61 | | |
| PROCEDURES AND COVERED SERVICES | | | | | In-Network | | | Out-of-Network | | |
| | | | | | Year 1 ² | Year 2 ² | Year 3 ² | Year 1 ² | Year 2 ² | Year 3 ² |
| Diagnostic & Preventive Care | | 60-100% | 100% | | 100% | 100% | 100% | 90% | 90% | 90% |
| • Oral Examination | | 100% | 100% | | 100% | 100% | 100% | 90% | 90% | 90% |
| • Bitewing X-rays | | 60% | 100% | | 100% | 100% | 100% | 90% | 90% | 90% |
| • Topical Fluoride for Children | | 100% | 100% | | 100% | 100% | 100% | 90% | 90% | 90% |
| • Teeth Cleanings | | 100% - 1 per year | 100% - 2 per year | | 2 per year | 2 per year | 2 per year | 2 per year | 2 per year | 2 per year |
| Basic Care | | 45-60% | 65-80% | | 40% | 60% | 80% | 30% | 50% | 70% |
| • Fillings | | | | | | | | | | |
| Amalgam (Silver) | | 45% | 70% | | 40% | 60% | 80% | 30% | 50% | 70% |
| Composite (White) | | 55% | 65% | | 40% | 60% | 80% | 30% | 50% | 70% |
| • Full & Panoramic X-rays | | 60% | 80% | | 40% | 60% | 80% | 30% | 50% | 70% |
| Major Restorative Care | | 40-50% | 55-65% | | 15% | 25% | 50% | 10% | 20% | 40% |
| Prosthetics | | | | | | | | | | |
| • Crowns & Fixed Bridgework | | 40% | 55% | | 15% | 25% | 50% | 10% | 20% | 40% |
| • Dentures | | 45% | 60% | | 15% | 25% | 50% | 10% | 20% | 40% |
| • Relining of Dentures | | 45% | 60% | | 15% | 25% | 50% | 10% | 20% | 40% |
| Periodontics | | | | | | | | | | |
| • Root Planing and Therapy | | 45% | 65% | | 15% | 25% | 50% | 10% | 20% | 40% |
| Endodontics | | | | | | | | | | |
| • Root Canal Therapy | | 45% | 65% | | 15% | 25% | 50% | 10% | 20% | 40% |
| Oral Surgery | | | | | | | | | | |
| • Extraction of Impacted Teeth | | 50% | 65% | | 15% | 25% | 50% | 10% | 20% | 40% |
| Orthodontics | | 50% | 50% | | 0% | 0% | 0% | 0% | 0% | 0% |
| • Children | | 50% | 50% | | No Coverage | | | | | |
| • Adults | | 50% | 50% | | | | | | | |
| BENEFIT FEATURES | | | | | | | | | | |
| Office Visit Charge | | \$15 | \$10 | | None | | | | | |
| Deductibles | | None | None | | \$50 per insured person (\$150 family max) | | | | | |
| Maximum Annual Limit | | None | None | | \$1,000 per insured person | | | | | |
| Waiting Periods | | None | None | | None | | | | | |
| Claim Forms | | None | None ³ | | Yes | | | | | |
| Receive Care From | | Discount network dentist | Select Plan network dentist | | Access PPO network dentist or any licensed dentist | | | | | |
| PPO ZIP Code Legend (First 3 Digits of Home ZIP Code) | | | | | PPO rates valid from 1/1/10 to 12/1/10. | | | | | |
| Area 1 | 150-169, 177, 179-181, 188-189, 193-196, 224-225, 230-232, 240-244 | | | Area 3 | 170-176, 178, 182-187, 190-192, 198-199, 206-212, 214-219, 226-229, 238, 245 | | | | | |
| Area 2 | 197, 201, 220-221, 233-237 | | | Area 4 | 200, 202-205, 222-223 | | | | | |

1 Provided by Dominion Dental Services, Inc. Approximate percentage of coverage based on the Captiva Fee Schedule's 80th percentile. A specific fee schedule applies and will be mailed with your Membership Card. Please see the *Summary of Member Fees* inside the brochure for a sample of member fees.

2 Year 1 benefits apply during the subscriber's first 12 months of continuous coverage. Year 2 benefits apply during the subscriber's second 12 months of continuous coverage and Year 3 benefits apply during the subscriber's third 12 months of continuous coverage.

3 Out-of-area emergency care reimbursement requires a receipt or other proof of loss.

DISCOUNT PROGRAM 6000x SUMMARY OF SERVICES AND MEMBER FEES*

| DIAGNOSTIC/PREVENTIVE | MEMBER FEES |
|--|-------------|
| Office visits | \$15 |
| Oral examinations and diagnosis | No Charge |
| X-rays: | |
| Complete series | 66 |
| Single periapical | 14 |
| Bitewing | 14 |
| Panoramic x-rays | 59 |
| Each additional film | No Charge |
| Pulp vitality test | 28 |
| Diagnostic models | No Charge |
| Teeth cleaning (one per 12 months per member) | No Charge |
| Topical fluoride (children only) | No Charge |
| Nutritional counseling | No Charge |
| Oral hygiene instruction | No Charge |
| Sealant - per tooth (up to age 14) | 28 |
| Space maintainers: | |
| Unilateral | 167 |
| Bilateral | 237 |
| Recementation | 41 |
| Emergency (palliative) treatment per visit | 60 |
| Local anesthesia | No Charge |
| Nitrous oxide (per visit - if available) | 33 |
| Second opinion/consultation, per session (by another plan dentist) | 59 |
| Broken appointments (without 24 hours notice - per 1/2 hour) | 29 |
| RESTORATIVE DENTISTRY (FILLINGS) | |
| Amalgam restorations (silver): | |
| One surface filling, primary/permanent | 63 |
| Two surfaces filling, primary/permanent | 81 |
| Three surfaces filling, primary/permanent | 97 |
| Four or more surfaces filling, primary/permanent | 116 |
| Resin composite restorations (tooth colored): | |
| One surface filling, anterior | 76 |
| Two surface filling, anterior | 97 |
| Three surface filling, anterior | 119 |
| Four or more surfaces filling, anterior | 150 |
| Pin retention (per tooth, add to restoration) | 34 |
| Pulp cap direct/indirect (excl. final restoration) | 40 |
| Sedative filling | 56 |
| CROWN & BRIDGE (CAPS, FIXED TOOTH REPLACEMENT) | |
| Inlay - one surface | 472 |
| Onlay - two surface | 541 |
| Resin crown (lab processed) | 356 |
| Temporary crown (in conjunction with permanent crown) | No Charge |
| Resin with metal crown | 619 |
| Porcelain crown fused to metal | 644 |
| Full cast crown | 581 |
| Recementation: inlay/crown per unit | 57 |
| Cast post and core in addition to crown | 221 |
| Prefabricated post and core in addition to crown | 173 |
| Stainless steel crown (permanent) | 159 |
| Core build-up, including any pins | 158 |
| Crown repair (by report) | 120 |
| PONICS | |
| Cast (metal) | 644 |
| Porcelain with metal | 644 |
| Resin with metal | 619 |
| BRIDGE RETAINERS | |
| Retainer - cast metal for resin bonded fixed | 289 |
| Abutment crown - resin with metal | 619 |
| Abutment crown - porcelain fused to metal | 644 |
| Crown - 3/4 cast high noble metal | 539 |
| PROSTHETICS (REMOVABLE) | |
| Complete denture - upper or lower | 778 |
| Immediate denture - upper or lower | 837 |
| Partial denture: | |
| Upper/lower resin base with conventional clasps/rests | 601 |
| Upper/lower cast metal base with resin saddle | 834 |
| Removable unilateral partial -1 piece cast metal with clasps and pontics | 469 |
| Interim complete/partial dentures (upper/lower) | 390 |
| Complete denture adjustments | 44 |
| Reline - laboratory, complete/partial denture | 239 |
| Repairs: | |
| Repair complete denture base | 98 |
| Replace missing/broken tooth complete denture (per tooth) | 86 |
| Clasp added to partial denture | 137 |

| ENDODONTICS ¹ (ROOT CANAL) | MEMBER FEES |
|--|-------------|
| Pulpotomy | \$97 |
| Anterior | 358 |
| Bicuspid | 429 |
| Molar | 444 |
| Apicoectomy - anterior | 526 |
| Apicoectomy - bicuspid (first root) | 327 |
| Apicoectomy - molar (first root) | 432 |
| Apicoectomy - (each additional root) | 164 |
| PERIODONTICS (GUM TREATMENT) | |
| Gingivectomy per quadrant (four or more teeth) | 338 |
| Gingivectomy per quadrant (one to three teeth) | 113 |
| Gingival flap surgery per quadrant (one to three teeth) | 120 |
| Periodontal scaling and root planing per quadrant (four or more teeth) | 126 |
| Periodontal maintenance procedures | 76 |
| ORAL SURGERY¹ | |
| Extraction, without complication | 78 |
| Root removal - exposed roots | 81 |
| Surgical extraction, erupted | 151 |
| Impaction: | |
| Soft tissue | 178 |
| Partially bony | 231 |
| Residual tooth root removal | 164 |

¹ As performed by a General Dentist. See Plan Exclusion #15 below.

| ORTHODONTICS | MEMBER FEES |
|--|-------------|
| Initial records and study models | 413 |
| Two year case (child) | 3,422 |
| Two year case (adult) | 3,658 |

6000x Program Exclusions

- Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any federal, state, municipal, county or other subdivision's program (with the exception of Medicaid).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the sole discretion of the Participating Dentist, 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 or war, including declared or undeclared war or acts of war.
- Replacement due to loss or theft of prosthetic appliance.
- General anesthesia and sedation.
- Services that cannot be performed because of the general health of the patient.
- Implantation and related restorative procedures.
- Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or Dominion Dental Services USA, Inc.
- Services related to the treatment of TMD (Temporal Mandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above member fees do not apply when performed by a Program Specialist (with the exception of orthodontics). Specialist, if available, will reduce fees 25% from Usual, Customary, and Reasonable (UCR) fees, except in the State of Delaware. In Delaware, Program Specialists will provide a reduction from their UCR that will vary between specialists.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- The Invisalign system and similar specialized braces are not a covered benefit. Member fees will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

6000x Program Limitations

- Replacement of a bridge, crown or denture within five (5) years after the date it was originally installed.
- Replacement of filling within two (2) years after original date of placement.
- Teeth cleaning (prophylaxis) at intervals of less than 12 months.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Full mouth x-rays or panoramic film - one set every three years.
- Retreatment of root canal within two (2) years of the original treatment.
- Limit D4381 to one procedure per tooth, three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months must have pocket depths of five (5) millimeters or greater.

*This is only a summary of the 252 procedures covered. Please visit our website for a complete list of covered procedures.

SELECT PLAN 605x SUMMARY OF BENEFITS AND MEMBER COPAYMENTS*

| DIAGNOSTIC/PREVENTIVE | MEMBER COPAYMENT |
|--|------------------|
| Office visits | \$10 |
| Oral examinations and diagnosis | No Charge |
| X-rays: | |
| Complete series | 26 |
| Single periapical | No Charge |
| Bitewing | No Charge |
| Panoramic x-rays | 30 |
| Each additional film | No Charge |
| Pulp vitality test | No Charge |
| Diagnostic models | No Charge |
| Teeth cleaning (1 per six months per member) | No Charge |
| Topical fluoride (children only) | No Charge |
| Nutritional counseling | No Charge |
| Oral hygiene instruction | No Charge |
| Sealant - per tooth (up to age 14) | 18 |
| Space maintainers: | |
| Unilateral | 129 |
| Bilateral | 174 |
| Recementation | 31 |
| Emergency (palliative) treatment per visit | 40 |
| Local anesthesia | No Charge |
| Nitrous oxide (per visit - if available) | 35 |
| Second opinion/consultation, per session (by another plan dentist) | 39 |
| Broken appointments (without 24 hours notice - per 1/2 hour) | 23 |
| RESTORATIVE DENTISTRY (FILLINGS) | |
| Amalgam restorations (silver): | |
| One surface filling, primary/permanent | 33 |
| Two surface filling, primary/permanent | 41 |
| Three surface filling, primary/permanent | 52 |
| Four or more surfaces filling, primary/permanent | 62 |
| Resin composite restorations (tooth colored): | |
| One surface filling, anterior | 61 |
| Two surface filling, anterior | 73 |
| Three surface filling, anterior | 86 |
| Four or more surfaces filling, anterior | 104 |
| Pin retention (per tooth, add to restoration) | 20 |
| Pulp cap direct/indirect (excl. final restoration) | 24 |
| Sedative filling | 35 |
| CROWN & BRIDGE (CAPS, FIXED TOOTH REPLACEMENT) | |
| Inlay - one or two surface | 390 |
| Onlay - two surface | 423 |
| Resin crown (lab processed) | 246 |
| Temporary crown (in conjunction with permanent crown) | No Charge |
| Resin with metal crown | 470 |
| Porcelain crown fused to metal | 470 |
| Full cast crown | 457 |
| Recementation: inlay/crown per unit | 38 |
| Cast post and core in addition to crown | 171 |
| Prefabricated post and core in addition to crown | 140 |
| Stainless steel crown (permanent) | 112 |
| Core build-up, including any pins | 113 |
| Crown repair (by report) | 88 |
| PONTICS | |
| Cast (metal) | 457 |
| Porcelain with metal | 470 |
| Resin with metal | 470 |
| BRIDGE RETAINERS | |
| Retainer - cast metal for resin bonded fixed | 221 |
| Abutment crown - resin with metal | 470 |
| Abutment crown - porcelain fused to metal | 470 |
| Crown - 3/4 cast high noble metal | 457 |
| PROSTHETICS (REMOVABLE) | |
| Complete denture - upper or lower | 577 |
| Immediate denture - upper or lower | 615 |
| Partial denture: | |
| Upper/lower resin base with conventional clasps/rests | 533 |
| Upper/lower cast metal base with resin saddle | 627 |
| Removable unilateral partial -1 piece cast metal with clasps and pontics | 345 |
| Interim complete/partial dentures (upper/lower) | 289 |
| Complete denture adjustments | 30 |
| Reline - laboratory, complete/partial denture | 186 |
| Repairs: | |
| Repair complete denture base | 73 |
| Replace missing/broken tooth complete denture (per tooth) | 73 |
| Clasp added to partial denture | 97 |

| ENDODONTICS ¹ (ROOT CANAL) | MEMBER COPAYMENT |
|---|------------------|
| Pulpotomy | \$70 |
| Anterior | 282 |
| Bicuspid | 343 |
| Molar | 423 |
| Apicoectomy - anterior | 269 |
| Apicoectomy - bicuspid (first root) | 289 |
| Apicoectomy - molar (first root) | 329 |
| Apicoectomy - (each additional root) | 128 |
| PERIODONTICS (GUM TREATMENT) | |
| Gingivectomy per quadrant (four or more teeth) | 242 |
| Gingivectomy per quadrant (one to three teeth) | 86 |
| Gingival flap surgery per quadrant (1-3 teeth) | 82 |
| Periodontal scaling and root planing per quadrant (4 or more teeth) | 96 |
| Periodontal maintenance procedures | 60 |
| ORAL SURGERY¹ | |
| Extraction, without complication | 40 |
| Root removal - exposed roots | 57 |
| Surgical extraction, erupted | 115 |
| Impaction: | |
| Soft tissue | 130 |
| Partially bony | 171 |
| Residual tooth root removal | 123 |

¹ As performed by a General Dentist. See Plan Exclusion #15 below.

ORTHODONTICS

| | |
|--|-------|
| Initial records and study models | 413 |
| Two year case (child) | 3,422 |
| Two year case (adult) | 3,658 |

605x PLAN EXCLUSIONS

- Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any federal, state, municipal, county, or other subdivision's program (with the exception of Medicaid).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the sole discretion of the Participating Dentist, 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 or war, including declared or undeclared war or acts of war.
- Replacement due to loss or theft of prosthetic appliance.
- General anesthesia and sedation.
- Services that cannot be performed because of the general health of the patient (Does not apply in VA).
- Implantation and related restorative procedures.
- Services obtained outside of the dental office in which enrolled and which are not pre-authorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporal Mandibular Disorder).
- Services related to procedures which are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Plan Specialist (with the exception of Orthodontics). Plan Specialist, if available, will reduce fees 25% from Usual, Customary, and Reasonable (UCR) fees, except in the State of Delaware. In Delaware, Plan Specialists will provide a reduction from their UCR that will vary between specialists.
- Elective surgery including, but not limited to extraction of non-pathologic, asymptomatic impacted teeth.
- 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.

605x PLAN LIMITATIONS

- Replacement of a bridge, crown or denture within 5 years after the date it was originally installed.
- Replacement of filling within 2 years after original date of placement.
- Teeth cleaning (Prophylaxis) at intervals of less than six months.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Full mouth x-rays or panoramic film - one set every three years.
- Retreatment of root canal within 2 years of the original treatment.
- Limit 4381 to one benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five millimeters or greater.

*This is only a summary of the 252 procedures covered. Please visit our website for a complete list of covered procedures.

ACCESS PPO PLAN DESCRIPTION OF BENEFITS

The Access PPO plan will pay the applicable percentage of usual and customary charges for covered dental procedures and services after any required deductible amount is met, as shown below.

- There is a calendar year deductible of \$50 per insured person applicable to all services. The maximum annual deductible is \$150 per family.
- There is a \$1,000 per calendar year maximum benefit per insured person.
- There are no waiting periods.
- Services may be received from any licensed dentist.
- If the course of treatment is to exceed \$300, prior review is requested.

Class I. Diagnostic & Preventive Services Include:

1. Two evaluations per calendar year including a maximum of one comprehensive evaluation;
2. One emergency or problem focused exam (D0140) per calendar year;
3. Two prophylaxis (cleaning, scaling and polishing teeth) per calendar year;
4. One topical fluoride per calendar year, to age 16;
5. Bitewing x-rays, 2 per calendar year;
6. Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service).

| | In-Network | | | Out-of-Network | | |
|---------------------|------------|--------|--------|----------------|--------|--------|
| CLASS I: We pay* | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 |
| | 100% | 100% | 100% | 90% | 90% | 90% |

Class II. Basic Services Include:

1. Simple extraction of teeth;
2. Amalgam and composite fillings (restoration of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations);
3. Periapical x-rays;
4. One diagnostic x-ray, full or panoramic per 36 months;
5. Pin retention of fillings (multiple pins on the same tooth are allowable as one pin);
6. Antibiotic injections administered by a dentist;
7. Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment).

| | In-Network | | | Out-of-Network | | |
|----------------------|------------|--------|--------|----------------|--------|--------|
| CLASS II: We pay* | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 |
| | 40% | 60% | 80% | 30% | 50% | 70% |

Class III. Major Services Include:

1. 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. Reimplantation or transplantation of a natural tooth;
 - f. Excision of a tumor or cyst and incision and drainage of an abscess or cyst.
2. 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.
3. Periodontic services, limited to:
 - a. Two periodontal cleanings following surgery per calendar year (D4341 is not considered surgery);
 - b. One root scaling and planing, once per quadrant of mouth per 6 months;
 - c. Occlusal adjustment, performed with covered surgery;
 - d. Gingivectomy and gingival curettage;
 - e. Osseous surgery including flap entry and closure;
 - f. Pedicle or free soft tissue graft;
 - g. One appliance (night guards) in 5-years.
4. One study model per 36 months;
5. Crown build-up for non-vital teeth;
6. Recementing bridges, inlays, onlays and crowns;
7. One repair of dentures or fixed bridgework per 24 months;
8. General anesthesia and analgesic, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery;
9. Restoration services, limited to:
 - a. Gold or porcelain inlays, onlays, and crowns for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling;
 - b. Replacement of existing inlay, onlay, or crown, after 5 years of the restoration initially placed or last replaced (Will not apply if replacement is necessary due to the extraction of functioning natural teeth after the effective date of coverage);
 - c. Stainless steel crowns;
 - d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
10. Prosthetic services, limited to:
 - a. Initial placement of dentures or fixed bridgework (including acid etch metal bridges);
 - b. Replacement of dentures or fixed bridgework 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 rebasting of existing removable dentures per 24 months (only after 12 months from date of last placement).

| | In-Network | | | Out-of-Network | | |
|-----------------------|------------|--------|--------|----------------|--------|--------|
| CLASS III: We pay* | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 |
| | 15% | 25% | 50% | 10% | 20% | 40% |

Class IV. Orthodontia Services:

Not covered under this plan.

ACCESS PPO PLAN EXPENSES NOT COVERED:

No benefits will be paid for expenses incurred:

1. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
2. Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law.
3. Services and treatment provided without charge or for which there would be no charge in the absence of insurance.
4. Services not listed as covered.
5. Hospitalization for any dental procedure.
6. Services and treatment for which Member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.
7. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
8. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
9. Replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; sealants; periodontal splinting of teeth.
11. Services for increasing vertical dimension, restoring occlusion, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
12. Oral hygiene instructions; plaque control; completion of a claim form; acid etch; broken appointments; prescription or take-home fluoride; or diagnostic photographs.
13. Dispensing of drugs.
14. Diagnosis or treatment of temporomandibular joint (TMJ) syndromes, problems and/or occlusal disharmony.
15. Procedures that in the opinion of Dominion Dental Services 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.
16. Treatment of cleft palate, anodontia, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.
18. Maryland policyholders only: 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.

*Percent of usual and customary charges paid by carrier after any deductible is met.

** Year 1 benefits apply during the first 12 months of continuous coverage. Year 2 benefits apply during the second 12 months of continuous coverage and Year 3 benefits apply during the third 12 months of continuous coverage.

WHO IS ELIGIBLE?

You and your dependents are eligible. Dependents include your spouse, unmarried children under age 19 for the Access PPO Plan or under age 20 with the Discount Program and Select Plans, and unmarried children who are full-time students up to age 23.

When enrolling dependents between the age of 19 and 23, please provide documentation of full-time student status along with your application.

How do I Join?

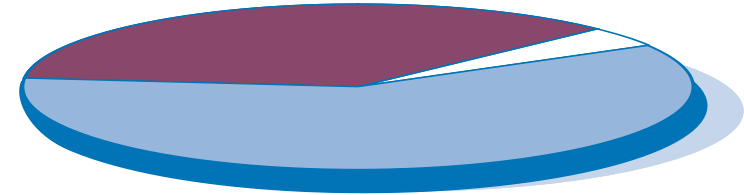
1. To pay annually by check, complete the *ENROLLMENT CARD* and submit it with a check for 12 months of premium plus the \$20 enrollment fee. Go to Step 3.
2. To pay by debit to your checking account or credit card account, please fill out the *PAYMENT AUTHORIZATION CARD*. Be sure to select either the automatic monthly debit option or annual payment option.
 - When you choose the monthly payment option future monthly installments will be debited directly from your account. You will not receive monthly bills. The \$20 enrollment fee will be charged along with your first month's payment. Please attach a voided check to *PAYMENT AUTHORIZATION CARD* when selecting this option.
 - When you choose the annual payment option you will be charged (debited) one time for 12 months of premium and the \$20 enrollment fee.
 - There is a minimum participation requirement of 1 year.
3. Fill out the *ENROLLMENT CARD*. Be sure to list all dependents you want covered. Additional dependents can be listed on the back of the *ENROLLMENT CARD*, if necessary.
 - Select either the Discount Program, Select Plan or Access PPO Plan.
 - If you choose either the Discount Program or the Select Plan, please select a dentist and fill in the *Dental Office Name & Code #* box.
 - Sign and date the appropriate section of the *ENROLLMENT CARD*.
4. Return the completed *ENROLLMENT CARD*, *PAYMENT AUTHORIZATION CARD* (if applicable) or payment (if applicable) to:

Dominion Dental Services, Inc.
P.O. Box 75314
Charlotte, NC 28275-5314

 - A Membership Card and coverage information will be mailed to you on or before your first day of eligibility.

The following explanation as required by the Maryland Insurance Administration.

Select Plan Premium Dollar Distribution



- 61% Dentist Compensation
- 37% Administration Costs
- 2% Other

Dominion is licensed as a Dental Plan Organization (DPO) in the State of Maryland. Select Plan network dentists are paid through a combination of member copayments and capitation dollars (predetermined monthly payments per member).

This chart shows how premium dollars were distributed in 2008 between dentist compensation and administration costs.

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DominionDental.com/edental/picpa

