



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.

Dominion Dental Services (Dominion) is a leading administrator of dental and vision³ benefits in the Mid-Atlantic.⁴ Among our 470,000 customers are leading health plans, employer groups, municipalities, associations and individuals.

- 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 (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.
- ³ Vision plans are underwritten by Security Life Insurance Company of America, and are marketed and administered by Dominion Dental Services USA, Inc.
- ⁴ Includes DC, Delaware, Maryland, Pennsylvania and Virginia.

Three Unique Options to Choose From!

Discount Program 6000x¹

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 35% to 60% lower than usual and customary charges (please see the *Plan Comparison* chart).

Orthodontia is also covered for adults and children!

Select Plan 603x³

Select Plan 603x 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 dentist 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 603x Benefits Include:

- No charge for oral examinations
- No charge for bitewing x-rays
- No charge for topical fluoride for children
- \$10 copay for routine semiannual cleanings (children)
- \$13 copay for routine semiannual cleanings (adults)

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 603x | | Access PPO Plan | | | | | |
|---------------------------------------|--------------------------|--|-------------------------------|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | | DC,DE,MD,NJ,PA,VA | DC,MD,PA,VA | DE | Area 1 | Area 2 | Area 3 | Area 4 | | |
| Monthly Premium | Member | \$7.50 | \$16.14 | \$19.36 | \$37.33 | \$40.34 | \$41.83 | \$47.91 | | |
| | Member + 1 | \$10.00 | \$29.84 | \$35.82 | \$80.13 | \$86.60 | \$89.78 | \$102.85 | | |
| | Member + 2 or More | \$10.00 | \$44.42 | \$51.04 | \$115.97 | \$125.34 | \$129.96 | \$148.86 | | |
| 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 and Preventive Care | 45-100% | 100% | 100% | 100% | 100% | 100% | 100% | 90% | 90% | 90% |
| Oral exams | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 90% | 90% | 90% |
| Bitewing X-rays | 45% | 100% | 100% | 100% | 100% | 100% | 100% | 90% | 90% | 90% |
| Topical fluoride for children | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 90% | 90% | 90% |
| Teeth cleanings (amount per year) | 100% (1) | 85% (2) | 85% (2) | 100% (2) | 100% (2) | 100% (2) | 100% (2) | 90% (2) | 90% (2) | 90% (2) |
| Basic Care | 45-50% | 60-75% | 60-75% | 40% | 60% | 80% | 30% | 50% | 70% | |
| Fillings | | | | 40% | 60% | 80% | 30% | 50% | 70% | |
| Amalgam (silver) | 50% | 70% | 70% | 40% | 60% | 80% | 30% | 50% | 70% | |
| Composite (white) | 50% | 60% | 60% | 40% | 60% | 80% | 30% | 50% | 70% | |
| Full and panoramic X-rays | 45% | 75% | 75% | 40% | 60% | 80% | 30% | 50% | 70% | |
| Major Restorative Care | 35-60% | 55-70% | 55-70% | 15% | 25% | 50% | 10% | 20% | 40% | |
| Prosthetics | | | | 15% | 25% | 50% | 10% | 20% | 40% | |
| Crowns and bridges | 45% | 55% | 55% | 15% | 25% | 50% | 10% | 20% | 40% | |
| Dentures | 45% | 60% | 60% | 15% | 25% | 50% | 10% | 20% | 40% | |
| Relining of dentures | 35% | 50% | 50% | 15% | 25% | 50% | 10% | 20% | 40% | |
| Periodontics | | | | 15% | 25% | 50% | 10% | 20% | 40% | |
| Root planing and therapy | 50% | 60% | 60% | 15% | 25% | 50% | 10% | 20% | 40% | |
| Endodontics | | | | 15% | 25% | 50% | 10% | 20% | 40% | |
| Root canals | 60% | 70% | 70% | 15% | 25% | 50% | 10% | 20% | 40% | |
| Oral Surgery | | | | 15% | 25% | 50% | 10% | 20% | 40% | |
| Extraction of impacted teeth | 40% | 55% | 55% | 15% | 25% | 50% | 10% | 20% | 40% | |
| Orthodontics | 45% | 45% | 45% | 0% | 0% | 0% | 0% | 0% | 0% | |
| Children and adults | 45% | 45% | 45% | 0% | 0% | 0% | 0% | 0% | 0% | |
| Benefit Features | | | | | | | | | | |
| Office Visit | \$15 | \$10 | \$10 | None | | | | | | |
| Deductibles | None | None | None | \$50 per insured person (\$150 family maximum) | | | | | | |
| Annual Maximum | None | None | None | \$1,000 per insured person | | | | | | |
| Waiting Periods | None | None | None | None | | | | | | |
| Claim Forms | None | None | None ³ | Yes | | | | | | |
| Receive Care From | Discount Network Dentist | Select Plan Network Dentist | Select Plan Network Dentist | Access PPO network dentist or any licensed dentist | | | | | | |

| Access PPO Zip Code Legend (First 3 Digits of Home Zip Code) | | | | Access PPO rates valid from 1/1/12 to 12/1/12 | | | |
|--|---|--|---------------|---|--|--|--|
| Area 1 | 150-169, 177, 179-181, 188-189, 193-196, 224-225, 230-232 | | Area 3 | 170-176, 178, 182-187, 190-192, 198-199, 206-212, 214-219, 226-229, 238 | | | |
| 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 Context 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. 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 |
| Pontics | |
| 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 | .597 |
| Anterior | .358 |
| Bicuspid | .429 |
| Molar | .444 |
| Apicoectomy - anterior | .526 |
| Apicoectomy - bicuspid (first root) | .327 |
| Apicoectomy - molar (first root) | .432 |
| Apicoectomy - (each additional root) | .164 |
| Periodontics¹ (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 |

Discount Program 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.

Discount Program 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 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 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 Teethkeepers.com for a complete list of covered procedures.

Select Plan 603x Summary of Benefits and Member Copayments*

| Diagnostic/Preventive | Member Fees |
|---|-------------|
| Office visits (includes sterilization charge) | \$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) - adults | .13 |
| Teeth cleaning (1 per six months per member) - children | .10 |
| Topical fluoride (children only) | No Charge |
| Nutritional counseling | No Charge |
| Oral hygiene instruction | No Charge |
| Sealant - per tooth (up to age 14) | .21 |
| Space maintainers: | |
| Unilateral | .135 |
| Bilateral | .187 |
| Recementation | .32 |
| 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) | .40 |
| Broken appointments (without 24 hours notice - per 1/2 hour) | .23 |
| Restorative Dentistry (Fillings) | |
| Amalgam restorations (silver): | |
| One surface filling, primary/permanent | .37 |
| Two surface filling, primary/permanent | .46 |
| Three surface filling, primary/permanent | .58 |
| Four or more surfaces filling, primary/permanent | .70 |
| Resin composite restorations (tooth colored): | |
| One surface filling, anterior | .66 |
| Two surface filling, anterior | .79 |
| Three surface filling, anterior | .95 |
| Four or more surfaces filling, anterior | 1.14 |
| Pin retention (per tooth, add to restoration) | .20 |
| Pulp cap direct/indirect (excl. final restoration) | .27 |
| Sedative filling | .37 |
| Crown & Bridge (Caps, Fixed Tooth Replacement) | |
| Inlay - one or two surface | .407 |
| Onlay - two surface | .458 |
| Resin crown (indirect) | .258 |
| Temporary crown (in conjunction with permanent crown) | No Charge |
| Resin with metal crown | .495 |
| Porcelain crown fused to metal | .497 |
| Full cast crown | .470 |
| Recementation: inlay/crown per unit | .40 |
| Cast post and core in addition to crown | .176 |
| Prefabricated post and core in addition to crown | .146 |
| Stainless steel crown (permanent) | .114 |
| Core build-up, including any pins | .118 |
| Crown repair (by report) | .96 |
| Pontics | |
| Cast (metal) | .470 |
| Porcelain with metal | .497 |
| Resin with metal | .495 |
| Bridge Retainers | |
| Retainer - cast metal for resin bonded fixed | .238 |
| Abutment crown - resin with metal | .495 |
| Abutment crown - porcelain fused to metal | .497 |
| Crown - 3/4 cast high noble metal | .470 |
| Prosthetics (Removable) | |
| Complete denture - upper or lower | .606 |
| Immediate denture - upper or lower | .627 |
| Partial denture: | |
| Upper/lower resin base with conventional clasps/rests | .564 |
| Upper/lower cast metal base with resin saddle | .652 |
| Removable unilateral partial - 1 piece cast metal with clasps and pontics | .364 |
| Interim complete/partial dentures (upper/lower) | .314 |
| Complete denture adjustments | .33 |
| Reline - laboratory, complete/partial denture | .194 |
| Tissue conditioning upper/lower per unit | .68 |
| Repairs: | |
| Repair complete denture base | .75 |
| Replace missing/broken tooth complete denture (per tooth) | .75 |
| Clasp added to partial denture | .100 |

| Endodontics ¹ (Root Canal) | Member Copayment |
|---|------------------|
| Pulpotomy | \$70 |
| Anterior | .296 |
| Bicuspid | .363 |
| Molar | .444 |
| Apicoectomy - anterior | .280 |
| Apicoectomy - bicuspid (first root) | .316 |
| Apicoectomy - molar (first root) | .363 |
| Apicoectomy - (each additional root) | .132 |
| Periodontics¹ (Gum Treatment) | |
| Gingivectomy per quadrant (four or more teeth) | .255 |
| Gingivectomy per quadrant (one to three teeth) | .91 |
| Gingival flap surgery per quadrant (1-3 teeth) | .97 |
| Periodontal scaling and root planing per quadrant (4 or more teeth) | .99 |
| Periodontal maintenance procedures | .67 |
| Oral Surgery¹ | |
| Extraction, without complication | .50 |
| Root removal - exposed roots | .62 |
| Surgical extraction, erupted | .120 |
| Impaction: | |
| Soft tissue | .137 |
| Partially bony | .178 |
| Residual tooth root removal | .128 |
| 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 |

Select Plan 603x 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 opinion 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 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.

Select Plan 603x Plan 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 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 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 Teethkeepers.com 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 | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 |
| We Pay* | 100% | 100% | 100% | 90% | 90% | 90% |

Class II. Basic Services Include:

1. Simple extraction of teeth;
2. Amalgam and composite fillings (restorations 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 I | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 |
| We Pay* | 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 pericoronal gingiva, exostosis, or hyper plastic 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 I | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 |
| We Pay* | 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 and unmarried children up to age 26.

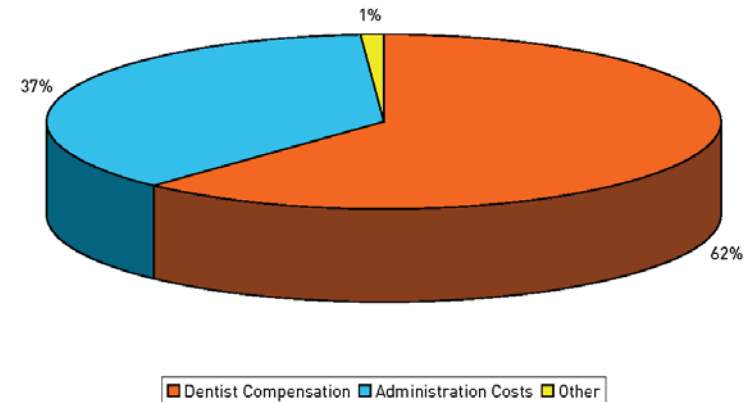
How do I Join?

1. To pay annually by check, complete the Enrollment Card and submit it with a check for 12 months of premium. 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. 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.
 - 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. **(There is a separate enrollment card for Virginia).**
 - 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 \$20 ENROLLMENT FEE WILL BE WAIVED FOR ALL ENROLLMENTS FOR A LIMITED TIME ONLY.

The following explanation as required by the Maryland Insurance Administration.

Select Plan Premium Dollar Distribution



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 2009 between dentist compensation and administration costs.



115 South Union Street, Suite 300
Alexandria, VA 22314
888-518-5338 (Phone)
703-518-0627 (Fax)
DominionDental.com

Teethkeepers.com

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. Whether you choose the monthly or annual option with automatic deductions 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**
 ANNUAL PAYMENT

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**
 ANNUAL PAYMENT

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

* By submitting a check for the first month's premium and application fee, you authorize Dominion Dental Services, Inc. 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 Dental Services Inc. to automatically deduct premium payments from the credit card or checking account noted above. By selecting the Automatic Monthly Debits option you further agree to automatic deductions of future monthly premiums.

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

Pay By Credit Card: By selecting the Automatic Monthly Debits option you authorize Dominion Dental Services Inc. 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 Dental Services Inc. 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 Dental Services, Inc. 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 Dental Services, Inc. to automatically deduct the premium and application fee 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 a Maryland group will be debited on or after the 1st of each month).

Signature: _____ **Date:** _____

Agent/Broker Use Only

Agent/Broker # _____ General Agent # _____

Non-Virginia Residents Use This Form

DOMINION DENTAL SERVICES, INC. ENROLLMENT CARD

SELECT ONE: DISCOUNT PROGRAM¹ SELECT PLAN ACCESS PPO PLAN

Enrollment Information

| | | | | |
|---|-------|--|----------------------|------|
| Last Name | | First Name | | M.I. |
| Social Security Number | | 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 dental coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

List All Your Eligible Dependents Below

| Last name (if different) | First Name | M.I. | Sex(M/F) | Birthdate (MM/DD/YY) |
|--------------------------|------------|------|----------|----------------------|
| Spouse | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |

SELECT PLAN Provider Selection _____ Dental Office Name & Code # _____
 (As Indicated on Your Dentist Directory)

If I am enrolling in the Select Plan, I agree to remain in Plan a minimum of twelve (12) months. If I cancel before the end of the 12 month period, I may be responsible for the usual, customary and reasonable charges for services received, reduced by the sum of the subscription dues and copayments paid. I understand and agree that my signature on this enrollment form serves as my legal commitment to the Plan 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, Inc., 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.

Signature: _____ Date: _____

| | | | |
|--|------------------|--------|--------------------|
| Agent/Broker # | Program Name | Code # | Coverage Eff. Date |
| 00000000T0007620000 | Teethkeepers.com | | |
| Dominion Dental Services, Inc., 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. The discount program is marketed and administered by Dominion Dental Services USA, Inc.

District of Columbia - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Maryland** - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Virginia** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TCAPP10TK

Virginia Residents Use This Form

DOMINION DENTAL SERVICES, INC. ENROLLMENT CARD

SELECT ONE: Discount Program¹ Select Plan Access PPO Plan

Enrollment Information

| | | |
|------------------------|--|---|
| Last Name | First Name | M.I. |
| Social Security Number | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Birthdate (MM/DD/YY) |
| Home Address | | Home Phone |
| City | State | ZIP |
| Email Address | | Work Phone |
| | | Does this plan replace other dental coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No |

List All Your Eligible Dependents Below (list any additional on a separate sheet)

| Last name (if different) | First Name | M.I. | Sex(M/F) | Birthdate (MM/DD/YY) |
|--------------------------|------------|------|----------|----------------------|
| Spouse | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |

| | |
|---|-----------------------------|
| SELECT PLAN Provider Selection | Dental Office Name & Code # |
|---|-----------------------------|

If I am enrolling in the Select Plan, I agree to remain in Plan a minimum of twelve (12) months. If I cancel before the end of the 12 month period, I may be responsible for the usual, customary and reasonable charges for services received, reduced by the sum of the subscription dues and copayments paid. I understand and agree that my signature on this enrollment form serves as my legal commitment to the Plan 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, Inc., 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. I, the undersigned applicant, certify that I have read, or had read to me, the completed application and I realize that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

Signature: _____ Date: _____

| | | | |
|---------------------|------------------|--------|--------------------|
| Agent/Broker # | Program Name | Code # | Coverage Eff. Date |
| 00000000T0007620000 | Teethkeepers.com | | |

Dominion Dental Services, Inc., 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. The discount program is marketed and administered by Dominion Dental Services USA, Inc.

District of Columbia - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Maryland** - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Virginia** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.