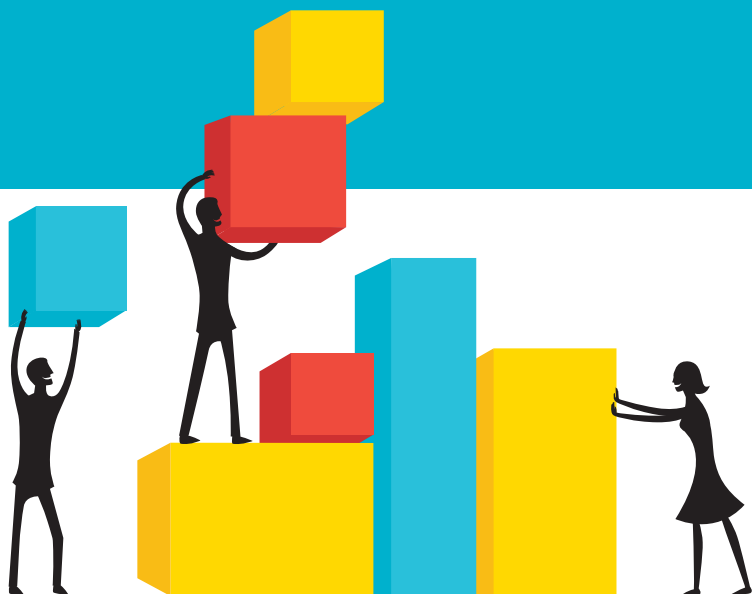


Choice Plan

You can choose from any of our plan designs: Select Plan (same as a DHMO)¹ and Access PPO. The following information summarizes each plan.



We Work For Your Benefit.[®]

For full details of the coverages, limitations and exclusions, please read the enclosed Description of Benefits and Member Copayments (Select Plan) and Coverage Schedule (Access PPO).

Need to find a participating dentist?
Simply visit DominionDental.com.

Select Plan (Same as a DHMO)¹

- No annual maximum dollar limits, waiting periods, pre-existing condition exclusions, deductibles or claim forms²
- Choose any in-network dentist from one of the largest DHMO-style networks in the Mid-Atlantic³
- Family members may select different dentists
- All network dentists are licensed, regulated and must meet Dominion's Credentialing and Quality Assurance Program standards
- Quality care at predetermined fees
- Extensive coverage for over 250 procedures
- No charge for oral exams, routine semi-annual cleanings, bitewing X-rays or topical fluoride for children
- Additional cleaning covered for diabetes and expecting mothers
- Orthodontic benefits provided for adults and children
- Specialty care is also provided by Plan Specialists at rates 25% less than usual and customary charge (Specialty care in Delaware may differ)
- Out-of-Area Emergency Care: You are covered up to \$100 for palliative emergency dental treatment arising from accidental injury or illness while temporarily more than 50 miles from home. The \$100 limit does not apply in Pennsylvania.
- 15% discount on all implant services

Access PPO

- You may use any licensed dentist or choose from over 217,000 participating dentists nationwide.
 - The use of a network dentist can significantly reduce your out-of-pocket costs (Dominion members save an average of 11%).⁴ Out-of-network dentists may charge above the amount covered by the Dominion plan, which will be balanced billed to you, the member. To ensure you do not receive additional out-of-pocket charges, visit a dentist in the Dominion Dental PPO network.
 - Deductible: There are no deductibles.
 - Annual Maximum: Benefits are subject to an annual maximum of \$1,000 per insured person.
 - There are no waiting periods.
 - Claims Filing: Benefits will be paid to you or they may be assigned directly to your dentist. 99% of all claims are submitted by the dentist.⁵ Your dentist may use the standard American Dental Association claims form. Claims can be filed electronically;
- Mailed To:** Dominion Dental Services, P.O. Box 1126, Elk Grove Village, IL 60009; **Or Faxed To:** 888-208-8290.

¹ Same as a DHMO plan 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 Out-of-area emergency care requires a receipt or other proof of loss.

³ Dominion Dental Services, Inc. Competitive Network Survey, 4th Quarter 2013. Mid-Atlantic includes D.C., Delaware, Maryland, Pennsylvania and Virginia. Participating dentists are subject to change.
⁴ Dominion Dental Services, Inc. - based on review of 2nd Quarter 2014 PPO claims data.
⁵ Dominion Dental Services, Inc. Internal Performance Report, 2013.

How do I enroll?

1. Complete the enclosed enrollment card.
 - List all dependents you want covered.
 - Be sure to check the appropriate box - Select Plan or Access PPO.
 - **Select Plan Only** - You must choose a primary care dentist before or after enrollment. You can find a current list of dentists online at DominionDental.com/find-a-dentist. You can also call us at 888-518-5338 to request that one be mailed to you. After your effective date, simply call the dental office you selected and make an appointment. Except for out-of-area emergency care, you must receive treatment at the dental office you selected.
2. Return the completed enrollment card to your Benefit Administrator or as directed.
3. A membership card, benefit description and certificate of coverage will be mailed to you on or before your first day of eligibility.
4. If you have any questions regarding your date of eligibility, please contact your Benefits Department.

Who is eligible?

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

What if I change jobs?

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

Can I make changes on the Internet?

Yes. Dominion provides members with secure online access to:

- ID card requests
- Plan information
- Dentist search
- **Dental office transfers (Select Plan Only)**
- Contact information
- Member services requests and general correspondence

What is my monthly cost?

Select Plan 705x

Subscriber Only	\$16.69
Subscriber and Spouse	\$30.87
Subscriber and Child/ren	\$36.19
Subscriber and Family	\$46.05

Access PPO 100/80/0/0

Subscriber Only	\$17.80
Subscriber and Spouse	\$35.62
Subscriber and Child/ren	\$34.51
Subscriber and Family	\$56.99

Please note the benefits are licensed dental products, but they are not pediatric dental essential health benefits offered by a stand-alone dental plan under the Affordable Care Act.

Dominion Dental Services, Inc. is licensed as a Dental Plan Organization in Virginia, Maryland and Delaware, a Risk Assuming PPO in Pennsylvania and an Accident and Health Insurer in D.C. Dominion is a Qualified Health Plan issuer in the DC Health Link, Delaware Health Insurance Marketplace, Maryland Health Connection, Pennsylvania Health Insurance Marketplace and Virginia Health Insurance Marketplace.

A New Level of Service¹

- Less than 0.1% of our members called with a service issue.
- ID cards and member packets were mailed within 4 days of enrollment.
- 96% member satisfaction rate.²
- Over 95% of Dominion members have access to at least two dentists within 10 miles.

¹ Dominion Dental Services, Inc. Internal Performance Report, 2013.

² Dominion Dental Services, Inc. Member Satisfaction Survey, January 2014.



All changes are confirmed by return email. For more information, visit DominionDental.com.

We Work For Your Benefit.® Dominion Dental Services (Dominion) is an agile and innovative administrator of dental and vision benefits in the Mid-Atlantic, offering managed care and indemnity programs, claims adjudication and comprehensive plan administration. Among our 550,000 customers are leading health plans, employer groups, municipalities, associations and individuals. The Dominion group of companies includes Dominion Dental Services, Inc., a licensed issuer of dental plans, and Dominion Dental Services USA, Inc., a licensed administrator of dental and vision benefits.

115 South Union Street, Suite 300
Alexandria, VA 22314
888-518-5338 (Phone)
855-485-0115 (Fax)
DominionDental.com

DOMINION
DENTAL
Services, Inc.



Choice Plan Comparison

Select Plan 705x (Same as a DHMO)¹

Summary of Benefits	Your Coverage ²
Diagnostic & Preventive Care <ul style="list-style-type: none"> • Oral exams • Bitewing X-rays • Topical fluoride for children • Semiannual (2) teeth cleanings • Sealants 	100%
Basic Care <ul style="list-style-type: none"> • Fillings <ul style="list-style-type: none"> ◦ Amalgam (silver) ◦ Composite (white) • Full and panoramic X-rays • Extraction, erupted tooth 	60-75%
Major Restorative Care³ Prosthetics <ul style="list-style-type: none"> • Crowns and bridges • Dentures • Relining of dentures Periodontics <ul style="list-style-type: none"> • Root planing and therapy Endodontics <ul style="list-style-type: none"> • Root canals Oral Surgery <ul style="list-style-type: none"> • Extraction of impacted teeth 	55-70%
Orthodontics <ul style="list-style-type: none"> • Children • Adults 	45%
Benefit Features	Your Coverage
Office Visit	\$10 Copayment
Deductibles	None
Annual Maximum	None
Waiting Periods	None
Claim Forms	None ⁴
Receive Care From	Select Plan Dentist

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. Approximate percentage of coverage based on the Context4Healthcare's 80th percentile. A specific copayment schedule is enclosed.
3. As performed by a General Practitioner.
4. Out-of-area emergency care reimbursement requires a receipt or other proof of loss.

Access PPO 100/80/0/0

Summary of Benefits	Your Coverage
Diagnostic & Preventive Care <ul style="list-style-type: none"> • Oral exams • Bitewing X-rays • Full and panoramic X-rays • Topical fluoride for children • Semiannual (2) teeth cleanings • Sealants 	100%
Basic Care <ul style="list-style-type: none"> • Fillings <ul style="list-style-type: none"> ◦ Amalgam (silver) ◦ Composite (white) • Extraction, erupted tooth Periodontics <ul style="list-style-type: none"> • Root planing and therapy Endodontics <ul style="list-style-type: none"> • Root canals Oral Surgery <ul style="list-style-type: none"> • Extraction of impacted teeth 	80%
Major Restorative Care Prosthetics <ul style="list-style-type: none"> • Crowns and bridges • Dentures • Relining of dentures 	0%
Orthodontics	0%
Benefit Features	Your Coverage
Office Visit	No Charge
Deductibles	None
Annual Maximum ¹	\$1,000
Waiting Periods	None
Claim Forms	Yes
Receive Care From	Any Dentist or Access PPO Dentist

1. Annual maximums are per insured person.

Description of Benefits & Member Copayments

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	10
D0120	Periodic oral eval - established patient	0
D0140	Limited oral eval - problem focused	0
D0145	Oral eval for a patient under 3 years of age	0
D0150	Comprehensive oral eval - new or established patient	0
D0160	Detailed and extensive oral eval - problem focused	0
D0170	Re-evaluation - limited, problem focused	0
D0210	Intraoral - complete series (including bitewings)	26
D0220	Intraoral - periapical first film	0
D0230	Intraoral - periapical each add. film	0
D0240	Intraoral - occlusal film	0
D0250/60	Extraoral - first film and each add. film	0
D0270-74	Bitewing x-rays - 1 to 4 films	0
D0277	Vertical bitewings - 7 to 8 films	0
D0330	Panoramic film	30
D0340	Cephalometric Film	0
D0350	Oral/facial photographic images	0
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
D1110	Prophylaxis (cleaning) - adult	0
D1110*	Additional cleaning (expecting mothers or Diabetics)	40
D1120	Prophylaxis (cleaning) - child	0
D1203	Topical application of fluoride - child	0
D1204	Topical application of fluoride - adult	0
D1206	Topical fluoride varnish for mod/high risk caries patients	0
D1310	Nutritional counseling for control of dental disease	0
D1320/30	Oral hygiene instructions	0
D1351	Sealant - per tooth	18
D1352	Prev resin rest. mod/high caries risk - perm. tooth	18
SPACE MAINTAINERS		
D1510/20	Space maintainer - fixed/removable - unilateral	136
D1515/25	Space maintainer - fixed/removable - bilateral	184
D1550	Re-cementation of space maintainer	33
RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (SILVER)		
D2140	Amalgam - one surface, prim. or perm.	37
D2150	Amalgam - two surfaces, prim. or perm.	46
D2160	Amalgam - three surfaces, prim. or perm.	58
D2161	Amalgam - >=4 surfaces, prim. or perm.	69
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		
D2330	Resin-based composite - one surface, anterior	64
D2331	Resin-based composite - two surfaces, anterior	76
D2332	Resin-based composite - three surfaces, anterior	90
D2335	Resin-based composite - >=4 surfaces, anterior	109
D2391	Resin-based composite - one surface, posterior	68
D2392	Resin-based composite - two surfaces, posterior	80
D2393	Resin-based composite - three surfaces, posterior	93
D2394	Resin-based composite - >=4 surfaces, posterior	112
D2940	Sedative filling	37
D2951	Pin retention - per tooth, in addition to restoration	22
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28
CROWN & BRIDGE*		
D2390	Resin-based composite crown, anterior	175
D2510	Inlay - metallic - one surface	390
D2520	Inlay - metallic - two surfaces	390
D2530	Inlay - metallic - three or more surfaces	407
D2542	Onlay - metallic-two surfaces	423
D2543	Onlay - metallic-three surfaces	511
D2544	Onlay - metallic-four or more surfaces	511
D2610	Inlay - porcelain/ceramic - one surface	410
D2620	Inlay - porcelain/ceramic - two surfaces	410
D2630	Inlay - porcelain/ceramic - >=3 surfaces	427
D2642	Onlay - porcelain/ceramic - two surfaces	439
D2643	Onlay - porcelain/ceramic - three surfaces	459
D2644	Onlay - porcelain/ceramic - >=4 surfaces	459
D2650	Inlay - resin-based composite - one surface	425
D2651	Inlay - resin-based composite - two surfaces	425
D2652	Inlay - resin-based composite - >=3 surfaces	425
D2662	Onlay - resin-based composite - two surfaces	429
D2663	Onlay - resin-based composite - three surfaces	429
D2664	Onlay - resin-based composite - >=4 surfaces	429
D2710	Crown - resin based composite (indirect)	259
D2712	Crown - 3/4 resin-based composite (indirect)	450

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
D2720/21/22	Crown - resin with metal	470
D2740	Crown - porcelain/ceramic substrate	531
D2750/51/52	Crown - porcelain fused metal	495
D2780/81/82	Crown - 3/4 cast with metal	457
D2783	Crown - 3/4 porcelain/ceramic	469
D2790/91/92	Crown - full cast metal	481
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	41
D2930	Prefab. stainless steel crown - prim. tooth	105
D2931	Prefab. stainless steel crown - perm. tooth	119
D2932	Prefabricated resin crown	135
D2950	Core buildup, including any pins	120
D2952	Cast post and core in addition to crown	181
D2954	Prefab. post and core in addition to crown	148
D2955	Post removal (not in conj. with endo. therapy)	101
D2970	Temporary crown (fractured tooth)	0
D2980	Crown repair, by report	93
PROSTHETICS (DENTURES)		
D5110/20	Complete denture - maxillary/mandibular	664
D5130/40	Immediate denture - maxillary/mandibular	708
D5211/12	Maxillary/mandibular partial denture - resin base	613
D5213/14	Maxillary/mandibular partial denture - cast metal	722
D5225/26	Maxillary/mandibular partial denture - flexible base	722
D5281	Rem. unilateral partial denture - one piece cast metal	397
D5410/11	Adjust complete denture - maxillary/mandibular	35
D5421/22	Adjust partial denture - maxillary/mandibular	35
D5510/5610	Repair broken denture base (complete/resin)	84
D5520	Replace missing or broken teeth - complete denture	84
D5620	Repair cast framework	84
D5630/60	Clasp repaired, replaced or added	112
D5640	Replace broken teeth - per tooth	84
D5650	Add tooth to existing partial denture	84
D5670/71	Replace all teeth and acrylic on cast metal framework	263
D5710/11	Rebase complete maxillary/mandibular denture	253
D5720/21	Rebase maxillary/mandibular partial denture	253
D5730/31	Reline complete maxillary/mandibular denture (chairside) ..	152
D5740/41	Reline maxillary/mandibular partial denture (chairside) ..	152
D5750/51	Reline complete maxillary/mandibular denture (lab)	214
D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D5810/11	Interim complete denture - maxillary/mandibular	333
D5820/21	Interim partial denture - maxillary/mandibular	333
D5850/51	Tissue conditioning - maxillary/mandibular	75
BRIDGE & PONTICS*		
D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT		
(incl. D0360-D0363 cone beam imaging w/ implants)		
D6210/11/12	Pontic - metal	481
D6240/41/42	Pontic - porcelain fused metal	495
D6245	Pontic - porcelain/ceramic	531
D6250/51/52	Pontic - resin with metal	470
D6545	Retainer - cast metal for resin bonded fixed prosthesis	233
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	364
D6600	Inlay - porc./ceramic, two surfaces	410
D6601	Inlay - porc./ceramic, >=3 surfaces	427
D6602	Inlay - cast high noble metal, two surfaces	390
D6603	Inlay - cast high noble metal, >=3 surfaces	407
D6604	Inlay - cast predominantly base metal, two surfaces	390
D6605	Inlay - cast predominantly base metal, >=3 surfaces	407
D6606	Inlay - cast noble metal, two surfaces	390
D6607	Inlay - cast noble metal, >=3 surfaces	407
D6608	Onlay - porc./ceramic, two surfaces	439
D6609	Onlay - porc./ceramic, three or more surfaces	459
D6610	Onlay - cast high noble metal, two surfaces	423
D6611	Onlay - cast high noble metal, >=3 surfaces	511
D6612	Onlay - cast predominantly base metal, two surfaces	423
D6613	Onlay - cast predominantly base metal, >=3 surfaces	511
D6614	Onlay - cast noble metal, two surfaces	423
D6615	Onlay - cast noble metal, >=3 surfaces	511
D6720/21/22	Crown - resin with metal	470
D6740	Crown - porcelain/ceramic	531
D6750/51/52	Crown - porcelain fused metal	495
D6780	Crown - 3/4 cast high noble metal	457
D6781	Crown - 3/4 cast predominantly base metal	457
D6782	Crown - 3/4 cast noble metal	457
D6783	Crown - 3/4 porc./ceramic	469
D6790/91/92	Crown - full cast metal	481
D6930	Recement fixed partial denture	66
D6970	Post and core in addition to fixed part. dent. ret.	180
D6972	Prefab post and core in addition to fixed part. dent. ret.	148

Plan 705x

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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D6973	Core build up for retainer, including any pins.....	119
D6975	Coping - metal.....	298
D6976	Each add. indirectly fabricated post - same tooth.....	119
D6977	Each add. prefab post - same tooth.....	55
D6980	Fixed partial denture repair, by report.....	157

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia.....	0
D9220	Deep sedation/general anesthesia - first 30 min.....	205
D9221	Deep sedation/general anesthesia - each add. 15 min.....	103
D9241	Intravenous conscious sedation/analgesia - first 30 min.....	205
D9242	IV conscious sedation/analgesia - each add. 15 min.....	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9310	Consultation (diagnostic service by nontreating dentist).....	42
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9990	Broken office appointment.....	50

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement, prim. and perm. teeth.....	87
D3310	Endodontic therapy, anterior tooth.....	325
D3320	Endodontic therapy, bicuspid tooth.....	395
D3330	Endodontic therapy, molar.....	488
D3333	Internal root repair of perforation defects.....	96
D3346	Retreat of prev. root canal therapy, anterior.....	356
D3347	Retreat of prev. root canal therapy, bicuspid.....	418
D3348	Retreat of prev. root canal therapy, molar.....	527
D3410	Apicoectomy/periradicular surgery, anterior.....	310
D3421	Apicoectomy/periradicular surgery, bicuspid (first root).....	333
D3425	Apicoectomy/periradicular surgery, molar (first root).....	379
D3426	Apicoectomy/periradicular surgery (each add. root).....	148
D3430	Retrograde filling - per root.....	113
D3450	Root amputation - per root.....	202
D3920	Hemisection, not inc. root canal therapy.....	202
D3950	Canal prep/fitting of preformed dowel or post.....	125

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	265
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	94
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	324
D4241	Gingival flap proc., inc. root planing - <=3 cont. teeth, per quad.....	90
D4260	Osseous surgery - >3 cont. teeth, per quad.....	485
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	360
D4268	Surgical revision proc., per tooth.....	329
D4274	Distal or proximal wedge procedure.....	308
D4341	Perio scaling and root planing - >3 cont teeth, per quad.....	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	57
D4355	Full mouth debridement.....	77
D4381	Localized delivery of chemotherapeutic agents.....	90
D4910	Periodontal maintenance.....	66
D9940	Occlusal guard, by report.....	298
D9950	Occlusion analysis - mounted case.....	81
D9951	Occlusal adjustment - limited.....	62
D9952	Occlusal adjustment - complete.....	255

ORAL SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth.....	45
D7140	Extraction, erupted tooth or exposed root.....	63
D7210	Surgical rem. of erupted tooth req. bone cut.....	127
D7220	Removal of impacted tooth - soft tissue.....	144
D7230	Removal of impacted tooth - partially bony.....	189
D7240	Removal of impacted tooth - completely bony.....	227
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	181
D7250	Surgical removal of residual tooth roots.....	136
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth.....	211
D7280	Surgical access of an unerupted tooth.....	111
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report.....	41
D7310/20	Alveoloplasty, per quad.....	135
D7510	Incision and drainage of abscess - intraoral soft tissue.....	91
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	256

¹As performed by a Participating General Dentist. See Plan Exclusion #13.

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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ORTHODONTICS²

D8660	Pre-orthodontic treatment visit.....	413
D8070	Comp. ortho. treatment - transitional dentition.....	3304
D8080	Comp. ortho. treatment - adolescent dentition.....	3422
D8090	Comp. ortho. treatment - adult dentition.....	3658
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

² Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

- Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
- 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, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized 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 (Temporomandibular 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 copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion Dental Services to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating 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.

Plan Limitations

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- 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%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Full mouth debridement is covered once per lifetime.
- Procedure Code D4381 is limited to one (1) 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 (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc.
Current Dental Terminology © American Dental Association.

Access PPO Coverage Schedule

Access PPO Plan 100/80/0/0

<u>Benefit Coverage</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Class I	100%	100%
Class II	80%	80%
Class III	0%	0%
Class IV	0%	0%
Endo/Perio	<i>Class II Benefits</i>	<i>Class II Benefits</i>

<u>Annual Deductible</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Amount	\$0	\$0
Max per Family	\$0	\$0
Applies to all Benefits	N/A	N/A

<u>Maximums</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Annual	\$1,000	\$1,000
Lifetime Ortho	N/A	N/A

* Annual Maximum applies to Class I, Class II and Class III Benefits.

<u>Waiting Periods</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Class I	NONE	NONE
Class II	NONE	NONE
Class III	N/A	N/A
Class IV	N/A	N/A

- Services may be received from any licensed dentist.
- If course of treatment is to exceed \$300, prior review is requested.

Dominion Dental Services, Inc.
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Alexandria, VA 22314
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PID 2593

Plan will pay either the Participating Dentist's negotiated fee or the Maximum Allowable Charge (subject to benefit coverage percentage) for dental procedures and services as shown below, after any required Annual Deductible.

Class I. Diagnostic and Preventive Services:

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. Periapical x-rays
7. One diagnostic x-ray, full or panoramic per 60 months
8. Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service)
9. One sealant per tooth per lifetime, to age 16 (limited to permanent 1st and 2nd molars)

Class II. Basic Services:

1. Simple extraction of teeth
2. Amalgam and composite fillings excluding posterior composite fillings (restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months
3. Pin retention of fillings (multiple pins on the same tooth are allowable as one pin)
4. Antibiotic injections administered by a dentist
5. Space maintainers to preserve space between teeth for premature loss of a primary tooth, (does not include use for orthodontic treatment)
6. 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
7. 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
8. Periodontic services, limited to:
 - a. Two periodontal cleanings following surgery per Calendar Year (D4341 is not considered surgery)
 - b. One root scaling and planing per quadrant of mouth per 24 months from age 21
 - 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) per 5 years within 6 months of osseous surgery
 - h. One full mouth debridement per lifetime

Class III. Major Services: Not Covered

1. One study model per 36 months
2. Crown build-up for non-vital teeth
3. Recementing bridges, inlays, onlays and crowns after first 12 months and per 12 months per tooth thereafter
4. One repair of dentures or fixed bridgework per 24 months
5. General anesthesia and analgesic, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery
6. 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 7 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 up to age 14 (one per tooth per lifetime)
 - d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
7. 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 7 years from the date of last placement
- c. Addition of teeth to existing partial denture
- d. One relining or rebasing of existing removable dentures per 24 months (only after 24 months from date of last placement, unless an immediate prosthesis replacing at least 3 teeth)

Class IV. Orthodontia Services: Not Covered

Diagnostic, active and retention treatment to include removable fixed appliance therapy and comprehensive therapy

Plan Exclusions:

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 (Pennsylvania policyholders only).
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. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Implants; replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; 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.