2021

Teethkeepers

A program brought to you
by Dominion National

Dental & Vision Benefits for Everyone

DOMINION®
NATIONAL

DOMINION NATIONAL IS A
LEADING
INSURER AND
ADMINISTRATOR OF

DENTAL + VISION
BENEFITS

AMONG OUR OVER 900,000[1]
CUSTOMERS ARE LEADING

HEALTH PLANS | EMPLOYER GROUPS | MUNICIPALITIES | ASSOCIATIONS | INDIVIDUALS

1 Dominion National Internal Performance Report, 2019.

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

PLANS AS *unique* AS YOU

Dominion National recognizes that you're a unique individual and we've designed plans and programs that work for you. Dental and vision insurance may not be your passion, but it's ours. We seek a better way to serve you through a variety of plans and exceptional service so that you can focus on what makes you extraordinary and fulfilled.

The Teethkeepers program is available to everyone and offers dental and vision benefits directly to individuals who are self-employed, do not have a dental or vision benefit offered by their employer or are looking for additional benefits. Choose the plan that best fits your needs.

DIVERSE DENTAL OPTIONS TO CHOOSE FROM

PPO PLAN HIGHLIGHTS

AVAILABLE IN CT[1], DC, DE, GA, MD, NJ, OR, PA AND VA

- Flexibility to use any dentist
- Lower out-of-pocket cost when using a network dentist
- Plans ranging from $750 to $1,500 annual maximum limit (no limit on PPO Preventive)
- No waiting periods on PPO Preventive, Basic and Plus options

SELECT PLAN HIGHLIGHTS

AVAILABLE IN DC, DE, MD, PA, VA AND PARTS OF NJ[2]

- Must use a participating dentist
- Predictable, fixed fees for dental procedures
- No waiting periods or deductibles
- No annual maximum limit on services
- Orthodontic coverage for both children and adults
- Discounts on implant services
- Extra cleanings for diabetics and expecting mothers available at a copayment

ELITE EPPO PLAN HIGHLIGHTS

AVAILABLE IN DC, MD, PA AND VA

- Must use a participating dentist
- Predictable, fixed fees for dental procedures
- No waiting periods
- Annual rollover benefits
- Implant coverage

1 PPO Basic not available.

2 Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, the Select Plan is available in Camden, Cumberland and Gloucester counties only.

Enclosed you will find a sample listing of exclusions and limitations relating to the product type; however, the complete list of exclusions and limitations may differ depending on the specific plan you choose. For the complete list of exclusions and limitations that apply to a specific plan, please obtain the plan document online at Teethkeepers.com.

ADULT PLAN HIGHLIGHTS COMPARISON

	PPO Preventive	PPO Basic	PPO Plus	PPO Premium	Select Plan Basic	Select Plan Premium	Elite ePPO
Must use a participating dentist					•	•	•
Waiting periods				•			
No charge for routine semiannual cleanings (in-network)	•	•	•	•		•	•
Additional cleaning covered for diabetics and expecting mothers					•	•	
Orthodontics					•	•	
Implant service discounts or coverage					•	•	•
Fixed fees for dental procedures					•	•	•
Office visit charge	N/A	N/A	N/A	N/A	$10	$10	N/A
Annual maximum	No limit	$1,000	$750	$1,500	No limit	No limit	$1,500
Annual rollover benefits							•
Deductibles per adult (x3 adult max)	$50[1]	$50[1]	$50[1]	$50[2]	None	None	$25[2]
Pediatric pairing	PPO Basic *Kids*	PPO Basic *Kids*	PPO Basic *Kids*	PPO Premium *Kids*	Select Plan Basic *Kids*	Select Plan Premium *Kids*	PPO Basic *Kids*

DOMINION NATIONAL MEMBERS HAVE ACCESS TO A ROBUST DENTAL NETWORK.

In fact, 98% of Dominion members have access to two dentists within 10 miles of their homes.[3]

Effective January 1, 2014, most Americans must obtain pediatric dental coverage for dependents under the age of 19 that complies with the EHB provisions under the Patient Protection and Affordable Care Act (PPACA). If you do not have this coverage through your health insurance plan, you may enroll your dependent(s) in Dominion's pediatric dental plan to ensure that you are meeting the requirements of PPACA. If you choose to enroll in a Select Plan, Elite ePPO or PPO plan, your dependents under the age of 19 will automatically be enrolled in the pediatric dental plan. For full coverage details regarding Dominion's certified pediatric dental plans, please visit DominionNational.com/pediatric. Plans in Connecticut do not qualify as a certified Pediatric Dental EHB plan under the Affordable Care Act. If you require an EHB plan, then you will need to go directly through the Exchange in order to enroll in an EHB plan.

1 Deductibles apply to all services.
2 Deductibles apply to basic care and major restorative care.
3 Dominion National Network Analysis Report, 2019. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia. Participating dentists are subject to change.

PLAN COMPARISON - *ADULTS* (AGE 19 & OVER)

Procedures and Covered Services	PPO Preventive[1]		PPO Basic[1]						PPO Plus[1]		PPO Premium[1]		Select Plan Basic[7]	Select Plan Premium[7]	Elite ePPO Basic[7]
			In-Network			Out-of-Network									
	In-Network	Out-of-Network	Year 1[3]	Year 2[3]	Year 3[3]	Year 1[3]	Year 2[3]	Year 3[3]	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	In-Network
Diagnostic and Preventive Care	100%	80%	100%	100%	100%	90%	90%	90%	100%	90%	100%	90%	90-100%	100%	100%
Oral Exams	100%	80%	100%	100%	100%	90%	90%	90%	100%	90%	100%	90%	100%	100%	100%
Bitewing X-Rays	100%	80%	100%	100%	100%	90%	90%	90%	100%	90%	100%	90%	100%	100%	100%
Teeth cleanings (two per year)	100%	80%	100%	100%	100%	90%	90%	90%	100%	90%	100%	90%	90%	100%	100%
Basic Care	0%	0%	50%	60%	80%	30%	50%	70%	50%	40%	80%	70%	70-85%	75-85%	80-90%
Full and panoramic X-rays	100% (Class I)	80% (Class I)	50%	60%	80%	30%	50%	70%	100% (Class I)	90% (Class I)	100% (Class I)	90% (Class I)	85%	85%	100% (Class I)
Amalgam fillings (silver)	0%	0%	50%	60%	80%	30%	50%	70%	50%	40%	80%	70%	80%	85%	90%
Composite fillings (white)	0%	0%	50%	60%	80%	30%	50%	70%	50%	40%	80%	70%	75%	75%	90%
Extraction, erupted tooth	0%	0%	50%	60%	80%	30%	50%	70%	50%	40%	80%	70%	70%	75%	80%
Major Restorative Care[4]	0%	0%	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%	60-70%	60-70%	50-80%
Prosthetics															
Crowns	0%	0%	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%	60%	60%	60%
Bridges	0%	0%	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%	65%	65%	60%
Dentures	0%	0%	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%	70%	70%	75%
Relining of dentures	0%	0%	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%	65%	70%	80%
Periodontics	0%	0%	15%	25%	50%	10%	20%	40%	50% (Class II)	40% (Class II)	50%	40%	70%	70%	70%
Endodontics	0%	0%	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%	70%	70%	50%
Oral Surgery	0%	0%	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%	70%	70%	70%
Orthodontics	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Benefit Features															
Office Visit	None		None						None		None		$10	$10	None
Deductibles	$50 per adult (adult max $150)[2]		$50 per adult (adult max $150)[2]						$50 per adult (adult max $150)[2]		$50 per adult (adult max $150)[5]		None	None	$25 per adult (adult max $75)[5]
Annual Maximums	No limit		$1,000 per insured person						$750 per insured person		$1,500 per insured person		No limit	No limit	$1,500 per insured person
Waiting Periods	None		None						None		Yes[6]		None	None	None
Receive Care From	Elite PPO Network Dentist (DC, DE, MD, PA, VA), Choice PPO Network Dentist (CT, GA, NJ, OR) or any licensed dentist												Select Plan Network Dentist		Elite ePPO Network Dentist

In the event of ambiguity, or conflict between this summary and the plan document, the plan document shall control.

1 In CT and GA, out-of-network coinsurances will be the same as the in-network coinsurances (PPO Basic not available in CT). When using an out-of-network provider, members may incur any charges exceeding the allowed amount.
2 Deductibles apply to all services.
3 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.
4 In NJ, Year 1 Major Restorative Care coinsurance is 30% in-network and 25% out-of-network. Year 2 Major Restorative Care coinsurance is 40% in-network and 30% out-of-network.
5 Deductibles apply to basic care and major restorative care.
6 There are no waiting periods for diagnostic and preventive care. To be eligible for basic care, you must have completed 6 (six) months of continuous coverage. To be eligible for major restorative care, you must have completed 12 (twelve) months of continuous coverage. Waiting period credit will be given for the length of time an insured was covered under each benefit classification under the current employer's prior dental coverage.
7 Based on the Context4Healthcare's 80th percentile for zip 220. Coverage for ortho is based on Dominion's 80th percentile of in-network and out-of-network claims data for D8080 and D8090 from 2016 to 2019. Specific fee schedules apply to adult and pediatric plans and can be viewed at Teethkeepers.com and DominionNational.com/pediatric.

MONTHLY RATES - EFFECTIVE 1/1/21-12/1/21

Rates are valid through December 2021. You will receive a notice if there is a change to the plan rates or covered benefits prior to January 2022.

PPO PER ADULT (Age)	1	2	3	4	5	6	7	8	9[1]	10[1]	11[1]	12[1,2]
PPO Preventive (19-29)	$8.78	$11.89	$9.59	$9.53	$8.11	$6.91	$8.13	$8.13	$9.75	$10.31	$14.35	$10.78
PPO Preventive (30-45)	$9.85	$13.35	$10.77	$10.70	$9.11	$7.76	$9.13	$9.13	$10.95	$11.58	$16.12	$12.11
PPO Preventive (46+)	$11.00	$14.90	$12.02	$11.94	$10.16	$8.66	$10.19	$10.19	$12.22	$12.92	$17.99	$13.51
PPO Basic (19-29)	$18.02	$23.87	$19.20	$17.39	$17.65	$15.04	$16.03	$16.03	$20.13	$19.58	$26.62	-
PPO Basic (30-45)	$20.23	$26.80	$21.56	$19.52	$19.82	$16.88	$18.00	$18.00	$22.60	$21.98	$29.90	-
PPO Basic (46+)	$22.58	$29.91	$24.06	$21.79	$22.12	$18.84	$20.09	$20.09	$25.22	$24.53	$33.38	-
PPO Plus (19-29)	$13.90	$18.02	$15.02	$13.69	$13.85	$11.80	$12.91	$12.91	$16.32	$14.60	$20.60	$20.28
PPO Plus (30-45)	$15.61	$20.23	$16.87	$15.37	$15.55	$13.24	$14.49	$14.49	$18.32	$16.39	$23.13	$22.77
PPO Plus (46+)	$17.42	$22.57	$18.83	$17.15	$17.35	$14.78	$16.18	$16.18	$20.45	$18.29	$25.82	$25.42
PPO Premium (19-29)	$24.39	$33.43	$26.03	$23.48	$24.66	$21.01	$23.60	$23.60	$29.20	$28.37	$35.60	$33.29
PPO Premium (30-45)	$27.39	$37.54	$29.22	$26.36	$27.69	$23.59	$26.50	$26.50	$32.79	$31.85	$39.98	$37.38
PPO Premium (46+)	$30.57	$41.89	$32.61	$29.42	$30.90	$26.32	$29.57	$29.57	$36.59	$35.55	$44.63	$41.73
PPO PER CHILD (Under Age 19) (Max Charge of 3 per family)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9[1]**	**10[1]**	**11[1]**	**12[1,2]**
PPO Basic Kids	$18.95	$23.95	$19.79	$17.59	$19.42	$16.54	$19.50	$19.50	$22.61	$21.95	$27.10	$26.76
PPO Premium Kids	$23.82	$30.95	$24.20	$22.00	$24.91	$21.22	$24.00	$24.00	$27.45	$26.95	$34.20	$40.10
SELECT PLAN PER ADULT (Age)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Select Plan Basic (19-29)	$14.40	$21.90	$10.50	$8.20	$9.84	$7.89	$14.38	$13.51	$13.57	-	-	-
Select Plan Basic (30-45)	$16.17	$24.58	$11.79	$9.20	$11.04	$8.86	$16.14	$15.17	$15.23	-	-	-
Select Plan Basic (46+)	$18.04	$27.44	$13.16	$10.27	$12.32	$9.89	$18.02	$16.94	$17.00	-	-	-
Select Plan Premium (19-29)	$18.13	$30.74	$13.32	$10.59	$12.34	$9.79	$18.28	$17.27	$17.46	-	-	-
Select Plan Premium (30-45)	$20.36	$34.52	$14.95	$11.89	$13.86	$10.99	$20.53	$19.39	$19.60	-	-	-
Select Plan Premium (46+)	$22.72	$38.52	$16.69	$13.27	$15.47	$12.27	$22.91	$21.64	$21.87	-	-	-
SELECT PLAN PER CHILD (Under Age 19) (Max Charge of 3 per family)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Select Plan Basic Kids	$15.45	$17.22	$10.35	$8.81	$11.95	$10.20	$17.45	$16.95	$16.00	-	-	-
Select Plan Premium Kids	$21.95	$26.35	$14.20	$12.66	$16.70	$14.95	$22.45	$21.95	$21.45	-	-	-
Elite ePPO PER ADULT (Age)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Elite ePPO Basic (19-29)	$21.74	-	$24.64	$22.27	$19.72	$16.80	$20.26	$20.26	-	-	-	-
Elite ePPO Basic (30-45)	$24.40	-	$27.66	$25.00	$22.14	$18.86	$22.75	$22.75	-	-	-	-
Elite ePPO Basic (46+)	$27.24	-	$30.87	$27.90	$24.71	$21.05	$25.39	$25.39	-	-	-	-
Elite ePPO PER CHILD (Under Age 19) (Max Charge of 3 per family)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
PPO Basic Kids	$18.95	-	$19.79	$17.59	$19.42	$16.54	$19.50	$19.50	-	-	-	-

1 PPO plans in regions 9, 10, 11 and 12 are only available on the Choice PPO network.

2 Plans in CT do not qualify as a certified Pediatric Dental EHB plan under the Affordable Care Act. If you require an EHB plan, then you will need to go directly through the Exchange in order to enroll in an EHB plan.

How to Calculate Your Monthly Rates

1. Determine your rating region based on your county or state of residence. See Region Legend on page 8.
2. Locate your monthly premium in the chart by referencing the rating region, your plan choice and your age band (range). This is your monthly rate if you are the only subscriber.
3. For each dependent, repeat step 2. You will only be charged for up to three child dependents.
4. Add up each family member's rate to determine your total monthly premium.

Example: A family of four living in Virginia, with two adults in the 30-45 age band and two children under age 19 enrolling in the PPO Basic plan:

1. Richmond City is in Region 8.
2. PPO Basic monthly rate in Region 8 in the 30-45 age band = $18.00.
3. Primary Subscriber (Adult 1) and Adult Dependent (Adult 2) = (2 x $18.00 = $36.00) + Dependent Child 1 and Dependent Child 2 = (2 x $19.50 = $39.00).
4. $36.00 + $39.00 = $75.00.

RATING REGIONS

Region Legend	
Region 1	DC
Region 2	DE
Region 3	MD counties: Montgomery, Prince George's
Region 4	MD counties: Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, Worcester
Region 5	PA counties: Adams[2,3], Berks, Bucks, Centre, Chester, Columbia, Cumberland, Dauphin, Delaware, Franklin[2,3], Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Schuylkill, Snyder, Union, York[2,3]
Region 6	PA counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Clarion, Clearfield, Clinton, Crawford, Elk, Erie, Fayette, Forrest, Greene, Huntingdon, Indiana, Jefferson, Lackawanna, Lawrence, Luzerne, Lycoming, McKean, Mercer, Monroe, Pike, Potter, Somerset, Sullivan, Susquehanna, Tioga, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming
Region 7	VA counties: Alexandria City, Arlington, Clarke, Fairfax, Fairfax City, Falls Church City, Fauquier, Fredericksburg City, Loudoun, Manassas City, Manassas Park City, Prince William, Spotsylvania, Stafford, Warren
Region 8	VA counties: Accomack, Albemarle, Alleghany, Amelia, Amherst, Appomattox, Augusta, Bath, Bedford[1], Bedford City[1], Bland[1], Botetourt, Brunswick, Buchanan[1], Buckingham, Buena Vista City, Campbell[1], Caroline, Carroll[1], Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City[1], Dinwiddie, Emporia City, Essex, Floyd[1], Fluvanna, Franklin[1], Franklin City, Frederick[1], Galax City[1], Giles[1], Gloucester, Goochland, Grayson[1], Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lexington City, Louisa, Lunenburg, Lynchburg City, Madison, Martinsville City[1], Mathews, Mecklenburg, Middlesex, Montgomery[1], Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Nottoway, Orange, Page, Patrick[1], Petersburg City, Pittsylvania[1], Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Pulaski[1], Radford City[1], Rappahannock, Richmond, Richmond City, Roanoke[1], Roanoke City[1], Rockbridge, Rockingham, Salem City[1], Shenandoah, Smyth[1], Southampton, Staunton City, Suffolk City, Surry, Sussex, Tazewell[1], Virginia Beach City, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wythe[1], York
Region 9[3]	NJ counties: Atlantic[1], Bergen[1], Burlington[1], Camden, Cape May[1], Cumberland, Essex[1], Gloucester, Hudson[1], Hunterdon[1], Mercer[1], Middlesex[1], Monmouth[1], Morris[1], Ocean[1], Passaic[1], Salem[1], Somerset[1], Sussex[1], Union[1], Warren[1]
Region 10	GA: All counties[1,3]
Region 11	OR: All counties[1,3]
Region 12[4]	CT: All counties[1,3]

1 Select Plan is not available.
2 PPO is not available.
3 ePPO is not available.
4 Plans in CT do not qualify as a certified Pediatric Dental EHB plan under the Affordable Care Act. If you require an EHB plan, then you will need to go directly through the Exchange in order to enroll in an EHB plan.

ENROLL IN THE VISION PLAN

VISION PLAN 6030 HIGHLIGHTS

AVAILABLE IN DC, DE, GA, MD, NJ, OR, PA AND VA

$10 copay on annual in-network eye exams and lenses

You may use any licensed vision provider or choose from over 82,000 participating providers nationwide including Wal-Mart, Pearle Vision, Sears Optical, J.C. Penney, For Eyes Optical, Hour Eyes and Target Optical, along with independent optometrists, ophthalmologists and opticians[1]

No annual charge in-network for eyeglass frames up to $120 or contact lenses up to $100

15% discount off LASIK standard prices; 5% discount off promotional pricing

Smart Buyer Program: A helpful guide for purchasing eyewear:

- Use Vision Benefit Maximizer® to find a provider by location and frame inventory at $0 out-of-pocket cost
- Find out which frames looks best by face shape, hair color, skin tone and more!

Vision Plan 6030 At A Glance

Benefit Summary	Copay	Frequency
Exam	$10	12 Months
Lenses	$10	12 Months
Frames	None	12 Months
Contact Lenses (instead of glasses)	None	12 Months

Lenses Benefit Options (in-network) (in addition to lenses copayment above)	
UV Coating	$12
Tint	$10
Scratch Resistance	$10
Polycarbonate	$25
Anti-Reflective	$40
Standard Progressive	$50
Other Add Ons	Retail Discount

Maximum Allowances: Preferred Provider	
Frame	$120
Contact Lenses (instead of glasses)	$100

Maximum Allowances: Non-Preferred Provider	
Exam	$32
Frames	$60
Single Vision Lenses	$24
Bifocal Lenses	$36
Trifocal Lenses	$46
Contact Lenses	$75

Monthly Premium	
Subscriber	$8.99
Subscriber + 1	$15.57
Subscriber + 2 or More	$22.54

1 Dominion National Internal Performance Report, 2019. Participating providers are subject to change. All other brand names, product names or trademarks belongs to their respective holders.

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

Enclosed you will find a sample listing of exclusions and limitations relating to the product type; however, the complete list of exclusions and limitations may differ depending on the specific plan you choose. For the complete list of exclusions and limitations that apply to a specific plan, please obtain the plan document online at Teethkeepers.com.

DISCOUNT DENTAL PROGRAM[1]

DISCOUNT PROGRAM HIGHLIGHTS

AVAILABLE IN DC, DE, MD, PA, VA AND PARTS OF NJ[2]

- Must use a participating dentist
- Predictable, fixed fees for dental procedures
- No waiting periods or deductibles
- No annual maximum limit on services
- Orthodontic coverage for both children and adults
- Discounts on implant services

Extra cleanings for diabetics and expecting mothers available at a fee

Discount Program Features	
Must use a participating dentist	•
Waiting periods	None
No charge for routine annual cleanings	•
Additional cleaning covered for diabetics and expecting mothers	•
Orthodontics (adults and children)	•
Implant service discounts	•
Fixed fees for dental procedures	•
Office visit charge	$15
Annual maximum	No limit
Annual rollover benefits	N/A
Deductibles per adult (x3 adult max)	None
Pediatric pairing	N/A

Discount Program Monthly Rates	
Subscriber	$7.50
Subscriber + 1 or More	$10.00

Procedures and Discounted Services[3]	
Diagnostic and Preventive Care	65-100%
Oral Exams	100%
Bitewing X-Rays	65%
Teeth cleanings (one per year)	100%
Basic Care	60-70%
Full and panoramic X-rays	65%
Amalgam filings (silver)	70%
Composite filings (white)	60%
Extraction, erupted tooth	65%
Major Restorative Care	45-65%
Prosthetics	
Crowns	45%
Bridges	55%
Dentures	60%
Relining of dentures	55%
Periodontics	60%
Endodontics	65%
Oral Surgery	60%
Orthodontics (adults/children)	40-45%

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. The Discount Program provides discounted fees for children; however, it does not include an EHB compliant pediatric plan.

2 In New Jersey, the Discount Program is available in Camden, Cumberland and Gloucester counties only.

3 Based on the Context4Healthcare's 80th percentile for zip 220. Coverage for ortho is based on Dominion 's 80th percentile of in-network and out-of-network claims data for D8080 and D8090 from 2016-2019. A specific fee schedule applies and can be viewed at Teethkeepers.com.

WHO IS ELIGIBLE FOR THE DENTAL & VISION PLAN?

You and your dependents are eligible. Dependents include your spouse and unmarried children up to age 26, regardless of student status. Dependents are covered up to the child's birthday unless otherwise indicated in the plan document.

HOW DO I JOIN THE DENTAL & VISION PLAN?

There are two ways for you to enroll.

1. Go to Teethkeepers.com, which contains detailed plan comparisons and FAQs to assist you. Select your state and county to view the plans available to you. This will also allow you to begin the online enrollment process.
2. You may also fill out the hard copy Enrollment Card by selecting a dental and/or vision plan or the discount program and/or vision plan. 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 minimum participation requirement of one year.
   - If you choose a Select Plan, please select a dentist and fill in the Dental Office Name & Code # box. You may find this information by going online to DominionNational.com/teethkeepersdentists. On the website the Code # is listed as "Facility #". You may also select a dentist later; however, you must make a selection prior to receiving care.
   - Sign and date the appropriate section of the Enrollment Card.
   - To pay by debit to your checking account or credit card, please fill out the Payment Authorization Card.
   - 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 the Payment Authorization Card.
   - Return the completed Enrollment Card, Payment Authorization Card (if applicable) or payment (if applicable) to:

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

WHAT HAPPENS AFTER I ENROLL?

When you enroll, a Membership ID card and detailed coverage information will be sent to you on or before your first day of eligibility. Once you are a member, you can create online accounts where you can find a dentist and view ID cards and plan information.

Member Portal: DominionMembers.com
Go Mobile Communication Service: Register by calling 888.596.0716 or texting "DN GO" to 73529
MyDominion Mobile App: Download at DominionNational.com/mobile

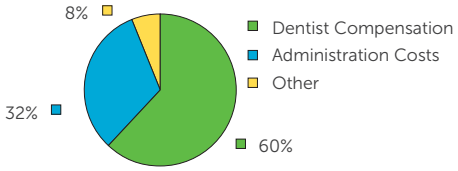
MARYLAND PREMIUM DISTRIBUTION CHART

The following explanation as required by the Maryland Insurance Administration.

Dental

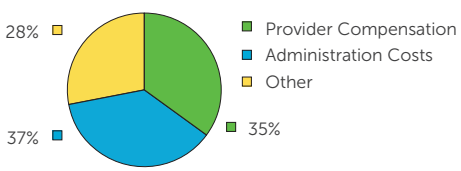
Dominion is licensed as a Dental Plan Organization (DPO) in the State of Maryland. PPO dentists are paid through the traditional discounted fee-for-service model. Select Plan network dentists are paid through a combination of member copayments and capitation dollars (predetermined monthly payments per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

This chart shows how premium dollars were distributed in 2019 between dentist compensation and administration costs.



Vision

This chart shows how premium dollars were distributed in 2019 between provider compensation and administration costs.



DOMINION®
NATIONAL

With a strict commitment to quality care, adherence to the highest ethical standards and constant attention to administrative responsiveness, speed and accuracy...

WE WORK FOR YOUR Benefit®

251 18th Street South, Suite 900
Arlington, VA 22202
888.518.5338

DOMINION® NATIONAL

IMPORTANT NOTICE:

This is a sample listing of exclusions and limitations relating to the product type; however, the complete list of exclusions and limitations may differ depending on the specific plan you choose. For the complete list of exclusions and limitations that apply to a specific plan, please obtain the plan document online at Teethkeepers.com.

Select Plan, Discount Program[1], PPO and ePPO Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. 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.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. 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.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services related to the treatment of TMD (Temporomandibular Disorder).
12. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars.

Select Plan and Discount Program[1] Exclusions

1. Services which are not necessary for the patient's dental health as determined by the Plan.
2. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars, as determined by the Plan.
3. 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 plan specialist (with the exception of orthodontics and palliative emergency pain treatment). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
4. 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.
5. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or Dominion National (with the exception of out-of-area emergency dental services).

PPO and ePPO Exclusions

1. Diagnosis or treatment of temporomandibular joint (TMJ) syndromes, problems and/or occlusal disharmony.
2. Treatment of cleft palate, malignancies or neoplasms.
3. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 12 months (PPO) or 36 months (ePPO) of Member's continuous coverage under the program.
4. Procedures that 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.
5. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.

PPO Exclusions

1. Implants and related services; replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; sealants; periodontal splinting of teeth.

Select Plan and Discount Program[1] Limitations

1. Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year.
3. Select Plan - two (2) teeth cleanings (prophylaxis) are covered per calendar year. Discount Program - one (1) teeth cleaning (prophylaxis) is covered per calendar year.
4. One (1) topical fluoride or fluoride varnish is covered per calendar year.
5. Two (2) bitewing x-rays are covered per calendar year.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
7. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
8. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
9. 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%.
10. Relining and rebasing of dentures is covered once every 24 months.
11. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
12. Root planing or scaling is covered once every 24 months per quadrant.
13. Full mouth debridement is covered once per lifetime.
14. 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.
15. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
16. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.
17. Select Plan – orthodontia treatment is limited to once per lifetime.

Select Plan and PPO Limitations

1. Coronectomy - intentional partial tooth removal, once per lifetime
2. Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years
3. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure once per two years
4. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available)

PPO and ePPO Limitations

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.

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months
2. One emergency or problem focused exam (D0140) per Calendar Year
3. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year
4. Bitewing x-rays, 2 per Calendar Year

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 contracted providers for services.

IMPORTANT NOTICE:

This is a sample listing of exclusions and limitations relating to the product type; however, the complete list of exclusions and limitations may differ depending on the specific plan you choose. For the complete list of exclusions and limitations that apply to a specific plan, please obtain the plan document online at Teethkeepers.com.

5. Periapical x-rays
6. One diagnostic x-ray, full or panoramic per 60 months
7. Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service)
8. Simple extraction of teeth
9. Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), excluding pre-molar and molar composite fillings, per tooth, per surface every 24 months
10. Pin retention of fillings (multiple pins on the same tooth are allowable as one pin)
11. Antibiotic injections administered by a dentist
12. Oral surgery, including postoperative care for: a. Removal of teeth, including impacted teeth; b. Extraction of tooth root; c. Alveolectomy, alveoplasty,and frenectomy; d. Excision of periocoronal gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy; e. Tooth reimplantation and/or stabilization; f. Tooth transplantation; and g. Excision of a tumor or cyst and incision and drainage of an abscess or cyst
13. 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 and d. Retrograde fillings, one per root per lifetime
14. Periodontic services, limited to: a. Two periodontal maintenance following surgery per Calendar Year; b. One scaling and root planing per quadrant per 24 months from age 21; c. Occlusal adjustment performed with covered surgery; d. Gingivectomy; e. Osseous surgery including flap entry and closure; f. One pedicle or free soft tissue graft per site per lifetime; g. One occlusal guard (night guards) per 5 years within 6 months of osseous surgery; and h. One full mouth debridement per lifetime
15. One study model per 36 months
16. Crown build-up for non-vital teeth
17. Recementing bridges, inlays, onlays and crowns after first 12 months and per 12 months per tooth thereafter
18. One repair of dentures or fixed bridgework per 24 months
19. General anesthesia and analgesic, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery
20. Restoration services, limited to: a. Cast metal, resin-based, gold or porcelain/ceramic inlay, onlay, and crown limited to a 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; d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
21. Prosthetic services, limited to: a. Initial placement of dentures or fixed bridgework; b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement; c. Addition of teeth to existing partial denture; and 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
22. Orthodontia for adults is not covered.

Vision 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. DOES NOT APPLY TO MEDICAID.
4. Services not listed as covered.
5. Hospitalization for any vision procedure.
6. Services and treatment for which Member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.
7. Orthoptic or vision training and any associated supplemental testing.
8. Plano lenses.
9. Two pair of glasses, in lieu of bifocals or trifocals.
10. Medical or surgical treatment of the eyes.
11. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
12. Customization of bifocal lenses to a progressive or no-line lens.
13. Photo-chromatic lenses.
14. Sub-normal vision aids or non-prescription lenses.
15. Services rendered or materials purchased outside the U.S. or Canada, unless: a) the Member resides in the U.S. or Canada; and b) the charges are incurred while on a business or pleasure trip.
16. Charges in excess of the usual and customary charge for the service or materials.
17. Charges incurred after: a) the Policy ends; or b) the Member's coverage under the Policy ends, except as stated in the Policy. Maryland policyholders only: Also subject to the Extension of Benefits provision.
18. Experimental or non-conventional treatment or device as determined by treating provider.
19. Spectacle lens treatments or "add-ons," except solid tints (#1 & #2), and oversize lenses.
20. High Index lenses of any material type.
21. Lost or broken materials, except when replaced at normal intervals when services are available.
22. Maryland policyholders only: Any bill, or demand for payment, for a vision 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.

Vision Plan Limitations

Plan will pay for eligible expenses (subject to benefit coverage) incurred by or on behalf of Subscriber and/or their Dependents while covered under the Policy including:

A. Services: Include, but are not limited to:

1. Vision Examinations - Each Subscriber and eligible Dependent(s) is entitled to a complete analysis of the eyes and related structures to determine vision problems and other abnormalities. Plan will cover such service once every 12 months. Where the vision examination shows new lenses or frames or both are necessary for proper visual health, such materials will be covered, together with certain services as necessary.
2. Prescribing and ordering proper lenses.
3. Assisting with selection of frames.
4. Verifying accuracy of finished lenses.
5. Proper fitting and adjustments.

B. Materials:

1. Lenses: Plan will pay for lenses on a new prescription for standard lenses once every 12 months. The lens allowance equals two (2) lenses. If only one (1) lens is needed the allowance will be half (1/2) the lens allowance.
2. Frames: Plan will pay for frames once every 12 months.
3. Contact Lenses: Plan will pay for contact lenses once every 12 months.

Plan Limitations: In no event will payment exceed the lesser of:

1. The actual cost of covered services or materials; or
2. The limits of the Policy, shown in this schedule.

NONDISCRIMINATION AND FOREIGN LANGUAGE ASSISTANCE NOTICE

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

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

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

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

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

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW., Room 509F, HHH Building
Washington, D.C. 20201
Toll-free: 800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

Language assistance

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

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

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

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

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

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무료전화통역서비스888.518.5338 (TTY: 711).

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

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

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

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

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

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

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

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

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

Dominion National Payment Authorization Card

Our Pre-authorized Payment Plan

Just authorize us to debit your personal checking account or credit card account and we'll do the rest. There will be no more paperwork, no more checks to write and no worries about coverage disruption. It's easy, secure and automatic.

Pay By Credit Card Debit: ❑ **Automatic Monthly Debits**

Credit Card Number: _____ C.C. Verification Code: _____

Credit Card Type: ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

Name as it appears on card: _____

Expiration Date: _____

Pay By Checking Account Debit: ❑ **Automatic Monthly Debits**

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

* By submitting a check for the first month's premium, you authorize Dominion National to automatically deduct future monthly premium payments from your checking account.

Terms and Authorization

Payment Authorization: By signing the Payment Authorization form you authorize Dominion National to automatically deduct premium payments from the credit card or checking account noted above. By selecting the Automatic Monthly Debits option you further agree to automatic deductions of future monthly premiums.

Application Fee: There is no application fee.

Pay By Credit Card: By selecting the Automatic Monthly Debits option you authorize Dominion National to automatically deduct future monthly premium payments from your credit card account.

Pay By Bank Account Debit: By selecting the Automatic Monthly Debits and submitting a voided check you authorize Dominion National to automatically deduct future monthly premium payments from your checking account.

TERMS: This authorization will remain in effect unless 30 days advance written notice of termination is received by Dominion National In the event that any electronic debit or transfer is returned, I agree that a $25.00 returned item fee will be automatically charged to my account.

AUTHORIZATION: I authorize Dominion National to automatically deduct the premium from any credit card OR bank account stated above. Members who choose the Automatic Monthly Debits will be debited on or about the 20th of each month (subscribers enrolling in Maryland will be debited on or after the 1st of each month).

Signature: _____ Date: _____

Agent/Broker Use Only

Agent/Broker # _____ General Agent # _____

Connecticut Residents

Dominion Dental Services, Inc.
Arlington, VA

Individual Dental Enrollment Card

SELECT ONE: ☐ I choose the Dominion Choice PPO
☐ Choice PPO Premium
☐ Choice PPO Plus
☐ Choice PPO Preventive

Enrollment Information

Last Name	First Name	M.I.
Sex ☐ M ☐ F	Birthdate (MM/DD/YY)	
Home Address	Home Phone	
City / State / ZIP	Work Phone	
Email Address*	Cell Phone**	

* Provide your e-mail address above to consent to electronic distribution (no paper copies) of your benefit plan documents in addition to any notices, disclosures and communications required by law, which distribution will be made available through our secure member portal or emailed to you directly. You may provide a revised e-mail address, revoke your consent to electronic distribution, or request a paper copy of any electronic documents free of charge by calling 888.518.5338.

** By providing your cell phone number above, you authorize Dominion National to send Short Message Service (SMS) or text message communications directly to your cell phone. You may revoke your consent to receiving text communications at any time by replying "STOP" upon receipt of a message. Message and Data Rates May Apply.

Does this plan replace other coverage? ☐ Yes ☐ No

List All Your Eligible Dependents Below

Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse/Civil Union Partner/ Domestic Partner				
Child				
Child				
Child				
Child				
Child				
Child				

To the best of my knowledge and belief, all statements made in this enrollment form are true and complete. Additionally, 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 providers of dental services. Information will be released to Dominion National, if enrolled in the dental plan, for the purpose of investigation or evaluation of care in connection with a claim or complaint. Authorization will be limited to the term of coverage of this contract. A copy of this form will be made available to employee or their authorized representative upon request.

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.

Signature _____ Date _____

Agent/Broker #	Coverage Eff. Date

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

DC, DE, MD & PA Residents

Dominion Dental Services, Inc.
Arlington, VA

Avalon Insurance Company
Harrisburg, PA

Dental and Vision Enrollment Card

DENTAL
SELECT ONE:

- ☐ I choose the Dominion Discount Program[1]
- ☐ I choose the Dominion Select Plan Basic[2]
- ☐ I choose the Dominion Select Plan Premium[2]
- ☐ I choose the Dominion Elite ePPO[2]
- ☐ I choose the Dominion Elite PPO[2]
  - ☐ Elite PPO Preventive
  - ☐ Elite PPO Basic
  - ☐ Elite PPO Plus
  - ☐ Elite PPO Premium

VISION
SELECT ONE:

- ☐ I choose the Avalon vision[3] plan 6030

Enrollment Information

Last Name	First Name	M.I.
Sex ☐ M ☐ F	Birthdate (MM/DD/YY)	
Home Address		Home Phone
City	State / ZIP	Work Phone
Email Address*		Cell Phone**

* Provide your e-mail address above to consent to electronic distribution (no paper copies) of your benefit plan documents in addition to any notices, disclosures and communications required by law, which distribution will be made available through our secure member portal or emailed to you directly. You may provide a revised e-mail address, revoke your consent to electronic distribution, or request a paper copy of any electronic documents free of charge by calling 888.518.5338.

** By providing your cell phone number above, you authorize Dominion National to send Short Message Service (SMS) or text message communications directly to your cell phone. You may revoke your consent to receiving text communications at any time by replying "STOP" upon receipt of a message. Message and Data Rates May Apply.

Does this plan replace other coverage? Dental ☐ Yes ☐ No Vision ☐ Yes ☐ No

List All Your Eligible Dependents Below

Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse/Domestic Partner				
Child				
Child				
Child				
Child				
Child				

SELECT PLAN or DISCOUNT PROGRAM
Provider Selection

Dental Office Name & Code #
(As Indicated on Your Dentist Directory)

If I am enrolling in the Select Plan and I am voluntarily paying 100% of the cost of this plan, without employer contribution, 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 providers of dental and/or vision services. Information will be released to Dominion National, if enrolled in the dental plan and Avalon Insurance Company if enrolled in vision plan, for the purpose of investigation or evaluation of care in connection with a claim or complaint. 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 #	Coverage Eff. Date

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

[1] This is a reduced fee-for-service program designed specifically for individuals. It is not an insurance product, regulated by the State Insurance Department, or covered by any state's guarantee fund or corporation.
[2] The dental plans are underwritten by Dominion Dental Services, Inc.
[3] The vision plans are underwritten by Avalon Insurance Company and administered by Dominion Dental Services USA, Inc.

Delaware - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. District of Columbia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.

Georgia Residents

Dominion Dental Services, Inc.
Arlington, VA

Individual Dental/Vision Enrollment Card

SELECT ONE:
- ☐ I choose the Dental Choice PPO Basic Plan
- ☐ I choose the Dental Choice PPO Plus Plan
- ☐ I choose the Dental Choice PPO Premium Plan
- ☐ I choose the Dental Choice PPO Preventive Plan
- ☐ I choose the Vision Plan

Enrollment Information

Last Name	First Name	M.I.
Sex ☐ M ☐ F	Birthdate (MM/DD/YY)	
Home Address	Home Phone	
City / State / ZIP	Work Phone	
Email Address*	Cell Phone**	

* Provide your e-mail address above to consent to electronic distribution (no paper copies) of your benefit plan documents in addition to any notices, disclosures and communications required by law, which distribution will be made available through our secure member portal or emailed to you directly. You may provide a revised e-mail address, revoke your consent to electronic distribution, or request a paper copy of any electronic documents free of charge by calling 888.518.5338.

** By providing your cell phone number above, you authorize Dominion National to send Short Message Service (SMS) or text message communications directly to your cell phone. You may revoke your consent to receiving text communications at any time by replying "STOP" upon receipt of a message. Message and Data Rates May Apply.

Does this plan replace other coverage? ☐ Yes ☐ No

List All Your Eligible Dependents Below

Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse/Civil Union Partner/ Domestic Partner				
Child				
Child				
Child				
Child				
Child				
Child				

To the best of my knowledge and belief, all statements made in this enrollment form are true and complete. Additionally, 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 providers of dental and/or vision services. Information will be released to Dominion National, if enrolled in the dental plan or vision plan,, for the purpose of investigation or evaluation of care in connection with a claim or complaint. Authorization will be limited to the term of coverage of this contract. A copy of this form will be made available to employee or their authorized representative upon request.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature _____ Date _____

Agent/Broker #	Coverage Eff. Date

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

New Jersey Residents

Dominion Dental Services, Inc.
Arlington, VA

Individual Dental/Vision Application

SELECT ONE:

- ☐ I choose the Select Plan Basic Plan
- ☐ I choose the Select Plan Premium Plan
- ☐ I choose the Choice PPO Plan
  - ☐ Choice PPO Basic Plan
  - ☐ Choice PPO Premium Plan
  - ☐ Choice PPO Preventive Plan
  - ☐ Choice PPO Plus Plan
- ☐ I choose the Vision Plan
- ☐ I choose the Select Plan Basic *Pediatric* 702xs Plan
- ☐ I choose the Select Plan Premium *Pediatric* 706s Plan
- ☐ I choose the Choice PPO *Pediatric* Plan
  - ☐ Choice PPO Basic *Pediatric* Plan
  - ☐ Choice PPO Premium *Pediatric* Plan

Applicant/Member's Personal Representative

Last Name	First Name	M.I.
Sex ☐M ☐F	Birthdate (MM/DD/YY)	
Home Address		Home Phone
City	State / ZIP	Work Phone
Email Address*		Cell Phone**

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Does this plan replace other coverage? ☐ Yes ☐ No

List All Eligible Dependents Below

Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse/Civil Union Partner/ Domestic Partner				
Child				
Child				
Child				
Child				
Child				
Child				

SELECT PLAN
Provider Selection

Dental Office Name & Code #
(As Indicated on Your Dentist Directory)

To the best of my knowledge and belief, all statements made in this application are true and complete. Additionally, I understand and agree that my signature on this application 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 providers of dental and/or vision services. Information will be released to Dominion National, if enrolled in the dental plan or vision plan,, for the purpose of investigation or evaluation of care in connection with a claim or complaint. Authorization will be limited to the term of coverage of this contract. A copy of the form will be made available to the Applicant/Member's Personal Representative or their authorized representative upon request.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Signature _____ Date _____

Agent/Broker #	Coverage Eff. Date

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

Oregon Residents

Dominion National
Arlington, VA

Individual Dental/Vision Enrollment Card

SELECT ONE:
- ☐ I choose the Choice PPO Basic Plan
- ☐ I choose the Choice PPO Premium Plan
- ☐ I choose the Choice PPO Plus Plan
- ☐ I choose the Choice PPO Preventive Plan
- ☐ I choose the Vision Plan

Enrollment Information

Last Name	First Name	M.I.
Sex ☐ M ☐ F	Birthdate (MM/DD/YY)	
Home Address	Home Phone	
City / State / ZIP	Work Phone	
Email Address*	Cell Phone**	

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Does this plan replace other coverage? ☐ Yes ☐ 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				

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 providers of dental services. Information will be released to Dominion National for the purpose of investigation or evaluation of care in connection with a claim or complaint. 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 #	Coverage Eff. Date

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

Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company may be guilty of a crime. Penalties may include imprisonment, fines, and denial of insurance benefits.

The state of Oregon recognizes and authorizes domestic partnerships. An Oregon registered domestic partnership is defined as a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon.

The dental and vision plans are underwritten by Dominion Dental Services, Inc.

Dominion Dental Services, Inc.
251 18th Street South, Suite 900
Arlington, VA 22202

Virginia Residents

Avalon Insurance Company
2500 Elmerton Avenue
Harrisburg, PA 17177

Dental and Vision Enrollment Card

DENTAL
SELECT ONE:

- ☐ I choose the Dominion Select Plan Basic[1]
- ☐ I choose the Dominion Select Plan Premium[1]
- ☐ I choose the Dominion Elite ePPO[1]
- ☐ I choose the Dominion Elite PPO[1]
  - ☐ Elite PPO Preventive
  - ☐ Elite PPO Basic
  - ☐ Elite PPO Plus
  - ☐ Elite PPO Premium

VISION
SELECT ONE:

- ☐ I choose the Avalon vision[2] plan 6030

Enrollment Information

Last Name	First Name	M.I.
Sex ☐ M ☐ F	Birthdate (MM/DD/YY)	
Home Address		Home Phone
City	State / ZIP	Work Phone
Email Address*		Cell Phone**

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Does this plan replace other coverage? Dental ☐ Yes ☐ No Vision ☐ Yes ☐ 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				

SELECT PLAN
Provider Selection

Dental Office Name & Code #
(As Indicated on Your Dentist Directory)

The undersigned applicant and agent certify that the applicant has read, or had read to him, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by providers of dental and/or vision services. Information will be released to Dominion National, if enrolled in the dental plan and Avalon Insurance Company if enrolled in vision plan, for the purpose of investigation or evaluation of care in connection with a claim or complaint. Authorization will be limited to the term of coverage of this contract. A copy of this form will be made available to member or their authorized representative upon request.

The Elite PPO includes waiting periods for basic and major services. The Elite PPO and Vision Plan may have a reduction of benefits as the result of another insurer providing coverage for the same loss.

I, the undersigned applicant and agent, if applicable, 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 Signature _____ Date _____

Agent/Broker #	Coverage Eff. Date

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

[1] The dental plan is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as "Dominion").
[2] The vision plans are underwritten by Avalon Insurance Company and administered by Dominion Dental Services USA, Inc.

Virginia - Any person who, with the intent to defraud or knowing that s/he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Virginia Residents

Dominion Dental Services USA, Inc.
d/b/a Dominion National

Arlington, VA

Discount Program Enrollment Card

☐ I choose the Dominion Discount Program[1]

Enrollment Information

Last Name	First Name	M.I.
Sex ☐ M ☐ F	Birthdate (MM/DD/YY)	
Home Address	Home Phone	
City / State / ZIP	Work Phone	
Email Address*	Cell Phone**	

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Does this plan replace other coverage? ☐ Yes ☐ No

Please check the appropriate dependent coverage ☐ Subscriber Only ☐ Subscriber & 1 or More Dependents

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				

I understand and agree that my signature on this enrollment form serves as my legal commitment to the Program and its terms. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by dentists and other providers of dental services. Information will be released to Dominion Dental Services USA, Inc. d/b/a Dominion National for the purpose of Quality Assurance and/or utilization review. Authorization will be limited to the term of coverage of this contract. A copy of this form will be made available to subscriber or their authorized representative upon request.

Signature _____ Date _____

Agent/Broker #	Coverage Eff. Date	**7000x**

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

[1] This is a reduced fee-for-service program designed specifically for individuals. It is not an insurance product, regulated by the State Insurance Department, or covered by any state's guarantee fund or corporation.

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