

# DENTAL CARE. *The need is real.*



## TAKE CARE OF YOUR TEETH WITH DOMINION DENTAL SERVICES

*Dominion Dental Services, Inc. (DOMINION) is a Managed Care Dental Plan that has contracted with carefully selected, established members of the dental profession to deliver QUALITY dental services to our subscribers.*

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

## OUR NETWORK OF PARTICIPATING DENTISTS PROVIDES:

- Extensive coverage
- Quality dental care at predetermined fees
- Your choice of convenient private offices
- Treatment that emphasizes prevention and early detection of dental problems



## PLAN 505x BENEFITS INCLUDE:

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

These procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children<sup>1</sup>.

You will receive more extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, etc.) at fees up to 70% lower than usual and customary charges (see **SAVINGS COMPARISON** chart). You only pay the amount listed. Specialty care is also provided by Plan Specialists at rates 25% less than usual and customary.

## YOUR CHOICE OF PARTICIPATING DENTISTS

You may select any general dentist from our enclosed list of participants. If you need specific information on these offices, please access our website at [www.DominionDental.com](http://www.DominionDental.com) or call our Member Services Department.

Each family member may select a different participating dentist. And, if you ever need to change your dentist for any reason, just access our website or call our Member Services Department.



## WHO IS ELIGIBLE?

You and your dependents are eligible. Dependents include your spouse, unmarried children under age 20, and unmarried children who are full-time students (up to age 23).

## OUT-OF-AREA EMERGENCY CARE

You are covered for palliative emergency dental treatment arising from accidental injury or illness while temporarily more than 50 miles from home. Simply use any convenient dentist and submit the receipt to DOMINION for reimbursement.

## SAVINGS COMPARISON

Procedure	Avg. Chg.*	Your Fee
Comp. Oral examination	\$59	No Charge
Bitewing X-rays (2 Films)	\$31	No Charge
Topical Fluoride	\$26	No Charge
Semiannual Cleaning	\$61	No Charge
Complete Series X-rays	\$86	\$22
Filling (3 Surface-Silver)	\$139	\$45
Crown (Porcelain/Metal)	\$703	\$392
Root Canal (Anterior Tooth)	\$474	\$235
Complete Denture	\$1 129	\$515
Simple Extraction	\$104	\$52

\* Based on the National Dental Advisory Services (NDAS) 80th percentile fee information.

## PLAN FEATURES

- NO Deductibles
- NO Waiting Periods
- NO Pre-authorization Paperwork
- NO Claim Forms
- NO Maximum Annual Dollar Limits
- NO Pre-existing Condition Exclusions



## HOW DO I JOIN?

- Select a dentist.
- Fill out the attached application. Be sure to list all dependents you want covered.
- Return the completed application to your Benefits Administrator.
- A Membership Card and Certificate of Coverage will be mailed to you on or before your first day of eligibility.
- If you have any questions regarding your date of eligibility, please contact your Benefits Department.

## HOW DO I RECEIVE CARE?

After your effective date, simply call the dental office you selected, make an appointment, and present your membership card upon arrival.

You will receive treatment at the dental office listed on your membership card, except when an emergency arises or when otherwise directed by your Plan Dentist.



## WHAT IF I CHANGE JOBS?

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

Dominion Dental Services, Inc., P.O. Box 75314, Charlotte, NC 28275-0314

Subscriber Enrollment Information

Social Security Number	Last Name		City		State		Zip		M.I.		Sex						
Home Address	Dental Office Code # and Name (As indicated on your Provider Directory)		Home Telephone		Work Telephone		First		Last Name (if Different)		Birthdate						
Date of Birth	Dental Office Code # and Name (As indicated on your Provider Directory)		City		State		Zip		M.I.		Sex						
Last Name (if Different)			First			Last Name (if Different)			First			Last Name (if Different)					
Spouse			Child			Child			Child			Child					
Spouse			Child			Child			Child			Child					
Spouse			Child			Child			Child			Child					
Signature												Date					
Administrative Use Only												Coverage Eff. Date		Plan #			
Code #												Group #		Group Name		505x	

**Subscriber's Signature X**

If I am voluntarily paying 100% of the cost of this Plan, without employer contribution, I agree to remain in Plan a minimum of 12 months and/or be responsible for a minimum of twelve months of Subscription Dues. I understand and agree that my signature on this enrollment form serves as my legal commitment to the Plan and its terms. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by dentists and other providers of dental services. Information will be released to Dominion Dental Services, Inc. for the purpose of Quality Assurance and/or utilization review. Authorization will be limited to the term of coverage of this policy. A copy of this form will be made available to subscriber or their authorized representative upon request.

<sup>1</sup> Dominion Dental Services, Inc. - based on annual review of utilization data.



**CAN I MAKE CHANGES ON THE INTERNET?**

An interactive website is provided for your use. It allows on-line access to Plan information and permits changes to member records. Features include:

- **New Dentist Search**
- **Membership transfers to new dentist**
- **View benefit schedules and coverage provisions**
- **Leave email for our Member Services Department**
- **Request a new membership card**

All changes are confirmed by return email. For more information, visit us at [www.DominionDental.com](http://www.DominionDental.com).



**WHAT IS MY COST?**

The DOMINION dental plan is available to you through your employer for the monthly payroll deductions of:

Subscriber Only	\$16.74
Subscriber & One Dependent	\$31.02
Subscriber & Two or More Dependents	\$46.28

For more information, call the DOMINION toll-free helpline: 1-888-518-5338



115 South Union St. • Suite 300  
Alexandria, VA 22314  
1-888-518-5338  
(fax) 703-518-8849

[www.DominionDental.com](http://www.DominionDental.com)

**District of Columbia - WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Pennsylvania -** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia -** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

DIAGNOSTIC/PREVENTIVE	MEMBER FEES
Office Visits (Includes Sterilization Charge)	\$10
Oral Examinations and Diagnosis	No Charge
X-rays:	
Complete Series	22
Single Periapical	No Charge
Bitewing	No Charge
Panoramic X-rays	22
Each Additional Film	No Charge
Pulp Vitality Test	No Charge
Diagnostic Models	No Charge
Teeth Cleaning (1 per six months per member)	No Charge
Topical Fluoride	No Charge
Nutritional Counseling	No Charge
Oral Hygiene Instruction	No Charge
Sealant - per Tooth	16
Space Maintainers:	
Unilateral	112
Bilateral	151
Recementation	27
Emergency (palliative) Treatment per Visit	35
Local Anesthesia	No Charge
Nitrous Oxide (per visit - if available)	30
Second Opinion/Consultation, per Session (by another Plan Dentist)	34
Broken Appointments (without 24 hours notice - per 1/2 hour)	20
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>	
Amalgam Restorations (silver):	
One Surface Filling, Primary/Permanent	29
Two Surfaces Filling, Primary/Permanent	36
Three Surfaces Filling, Primary/Permanent	45
Four or More Surfaces Filling, Primary/Permanent	54
Resin Composite Restorations (tooth colored):	
One Surface Filling, Anterior	53
Two Surface Filling, Anterior	63
Three Surface Filling, Anterior	75
Four or More Surfaces Filling, Anterior	90
Pin Retention (per tooth, add to restoration)	17
Pulp Cap Direct/Indirect (excl. final restoration)	20
Sedative Filling	30
<b>CROWN &amp; BRIDGE (CAPS, FIXED TOOTH REPLACEMENT)</b>	
Inlay - One, Two or Three Surface	339
Onlay - 2 Surface	339
Resin Crown (lab processed)	246
Temporary Crown (in conjunction with permanent crown)	No Charge
Resin with Metal Crown	392
Porcelain Crown Fused to Metal	392
Full Cast Crown	381
Recementation: Inlay/Crown per Unit	31
Cast Post and Core in Addition to Crown	142
Prefabricated Post and Core in Addition to Crown	116
Stainless Steel Crown (primary or permanent)	93
Core Build-Up, including any pins	94
Recementation: Bridge	52
<b>PONICS</b>	
Cast (metal)	381
Porcelain with Metal	392
Resin with Metal	392
<b>BRIDGE RETAINERS</b>	
Retainer - Cast Metal for Resin Bonded Fixed	358
Abutment Crown - Resin with Metal	357
Abutment Crown - Porcelain Fused to Metal	392
Crown - 3/4 Cast High Noble Metal	365
<b>PROSTHETICS (REMOVABLE)</b>	
Complete Denture - Upper or Lower	515
Immediate Denture - Upper or Lower	549
Partial Denture:	
Upper/Lower Resin Base with Conventional Clasps/Rests	476
Upper/Lower Cast Metal Base with Resin Saddle	560
Removable Unilateral Partial -I Piece Cast Met with Clasps and Pontics	308
Interim Complete/Partial Dentures (upper/lower)	258
Complete Denture Adjustments	27
Reline - Laboratory, Complete/Partial Denture	166
Tissue Conditioning Upper/Lower per Unit	58
Repairs:	
Repair Complete Denture Base	65
Replace Missing/Broken Tooth Complete Denture (per tooth)	65
Clasp Added To Partial Denture	86

ENDODONTICS <sup>1</sup> (ROOT CANAL)	MEMBER FEES
Pulpotomy	\$58
Anterior	235
Bicuspid	286
Molar	353
Apicoectomy - Anterior	224
Apicoectomy - Bicuspid	241
Apicoectomy - Molar (first root)	274
Apicoectomy - (each additional root)	106
Retrograde Filling (per root)	82
<b>PERIODONTICS<sup>1</sup> (GUM TREATMENT)</b>	
Gingivectomy per Quadrant (4 or more teeth)	202
Gingivectomy per Tooth	72
Gingival Curettage per Quadrant	103
Gingival Flap Surgery per Quadrant	246
Osseous (bone) Surgery per Quadrant (1-3 teeth)	274
Periodontal Scaling and Root Planing per Quadrant	90
Periodontal Maintenance Procedures	56
<b>ORAL SURGERY<sup>1</sup></b>	
Extraction, Without Complication	52
Root Removal - Exposed Roots	67
Surgical Extraction, Erupted	94
Impaction:	
Soft Tissue	106
Partially Bony	140
Completely Bony	169
Residual Tooth Root Removal	101
Alveoloplasty (per quadrant)	100

1 As performed by a General Dentist. See Plan Exclusion #16 below.

ORTHODONTICS	MEMBER FEES
Initial Records and Study Models	350
2-Year Case (Child)	2,900
2-Year Case (Adult)	3,100

- PLAN EXCLUSIONS**
- Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any federal, state, municipal, county, or other subdivision's program (with the exception of Medicaid).
  - Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
  - Cosmetic, elective or aesthetic dentistry.
  - Oral surgery requiring the setting of fractures or dislocations.
  - Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the sole discretion of the Participating Dentist, such services should not be performed in a dental office.
  - Dispensing of drugs.
  - Hospitalization for any dental procedure.
  - Treatment required for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war.
  - Replacement due to loss or theft of prosthetic appliance.
  - General anesthesia and sedation.
  - Services that cannot be performed because of the general health of the patient.
  - Implantation and related restorative procedures.
  - Unlisted procedures are not covered.
  - Services obtained outside of the dental office in which enrolled and which are not pre-authorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
  - Services related to the treatment of TMD (Temporal Mandibular Disorder).
  - Services related to procedures which are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Plan Specialist (with the exception of Orthodontics). Plan Specialist, if available, will reduce fees 25% from Usual, Customary, and Reasonable (UCR) fees, except in the State of Delaware. In Delaware, Plan Specialists will provide a reduction from their UCR that will vary between specialists.
  - Elective surgery including, but not limited to extraction of non-pathologic, asymptomatic impacted teeth.
- PLAN LIMITATIONS**
- Replacement of a bridge, crown or denture within 5 years after the date it was originally installed.
  - Replacement of filling within 2 years after original date of placement.
  - Teeth cleaning (Prophylaxis) at intervals of less than six months.
  - Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
  - Full mouth x-rays or panoramic film - one set every three years.
  - Retreatment of root canal within 2 years of the original treatment.



SMILE.  
WE'VE GOT YOU COVERED.

