



Take care of your teeth with Dominion Dental Services



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

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

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

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

We Work For Your Benefit.

Dominion Dental Services (Dominion) is a leading administrator of dental benefits in the Mid-Atlantic.² Among our 400,000 customers are leading health plans, employer groups, municipalities, associations and individuals.

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

² Includes DC, Delaware, Maryland, Pennsylvania and Virginia.

Two Unique Options to Choose From!

Select Plan 603x¹

Select Plan 603x offers great value and extended coverage for your premium dollar. Choose a general dentist from our exclusive Select Plan dental network. Your general dentist will provide almost all services and charge you according to the *Description of Benefits and Member Copayments*. If specialty care is required, your general dentist will refer you to a participating specialist who will provide care at a 25% discount.

You will pay any copayments due under the Select Plan directly to your plan dentist at the time of service. There are no claim forms,² waiting periods, maximum limits, pre-authorization requirements or deductibles. Over 250 procedures are covered. The complete list of covered procedures will be mailed to you with your membership card. A summary of covered procedures and copayments is included in this brochure.

Select Plan 603x Benefits Include:

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

These “no-charge” procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children.³

You will receive more extensive care (fillings, dentures, crowns, root canals, periodontal care, oral surgery, etc.) at fees 50% to 70% lower than usual and customary charges (please see the *Plan Comparison* chart).

Orthodontia is also covered for adults and children!

Access PPO Plan

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

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

In-Network Access PPO Benefits

Include:

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

These “no-charge” procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children.³

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

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

There are no waiting periods under the Access PPO plan.

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

² Out-of-area emergency care reimbursement requires a receipt or other proof of loss. Dental Services, Inc. - based on annual review of utilization data.

³ Dominion Dental Services, Inc. - based on annual review of utilization data.

Plan Comparison

Rates		Select Plan ¹ 603x		Access PPO Plan			
		DC,MD,PA,VA	DE	Area 1	Area 2	Area 3	Area 4
Monthly Premium	Member	\$16.14	\$19.36	\$35.89	\$38.79	\$40.22	\$46.07
	Member + 1	\$29.84	\$35.82	\$77.05	\$83.27	\$86.33	\$98.90
	Member + 2 or More	\$44.42	\$51.04	\$111.51	\$120.52	\$124.96	\$143.14

Procedures and Covered Services			In-Network			Out-of-Network		
			Year 1 ²	Year 2 ²	Year 3 ²	Year 1 ²	Year 2 ²	Year 3 ²
Diagnostic and Preventive Care		100%	100%	100%	100%	90%	90%	90%
	Oral exams	100%	100%	100%	100%	90%	90%	90%
	Bitewing X-rays	100%	100%	100%	100%	90%	90%	90%
	Topical fluoride for children	100%	100%	100%	100%	90%	90%	90%
	Teeth cleanings (amount per year)	85% (2)	100% (2)	100% (2)	100% (2)	90% (2)	90% (2)	90% (2)
Basic Care		60-80%	40%	60%	80%	30%	50%	70%
	Fillings							
	Amalgam (silver)	70%	40%	60%	80%	30%	50%	70%
	Composite (white)	60%	40%	60%	80%	30%	50%	70%
	Full and panoramic X-rays	80%	40%	60%	80%	30%	50%	70%
Major Restorative Care		50-60%	15%	25%	50%	10%	20%	40%
	Prosthetics							
	Crowns and bridges	50%	15%	25%	50%	10%	20%	40%
	Dentures	55%	15%	25%	50%	10%	20%	40%
	Relining of dentures	55%	15%	25%	50%	10%	20%	40%
	Periodontics							
	Root planing and therapy	60%	15%	25%	50%	10%	20%	40%
	Endodontics							
	Root canals	60%	15%	25%	50%	10%	20%	40%
	Oral Surgery							
	Extraction of impacted teeth	60%	15%	25%	50%	10%	20%	40%
Orthodontics		45%	0%	0%	0%	0%	0%	0%
	Children and adults	45%	0%	0%	0%	0%	0%	0%

Benefit Features			
Office Visit		\$10	None
Deductibles		None	\$50 per insured person (\$150 family maximum)
Annual Maximum		None	\$1,000 per insured person
Waiting Periods		None	None
Claim Forms		None ³	Yes
Receive Care From	Select Plan Network Dentist		Access PPO network dentist or any licensed dentist

Access PPO Zip Code Legend (First 3 Digits of Home Zip Code)			Access PPO rates valid from 1/1/11 to 12/1/11
Area 1	150-169, 177, 179-181, 188-189, 193-196, 224-225, 230-232, 240-244	Area 3	170-176, 178, 182-187, 190-192, 198-199, 206-212, 214-219, 226-229, 238, 245
Area 2	197, 201, 220-221, 233-237	Area 4	200, 202-205, 222-223

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

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

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

Select Plan 603x Summary of Benefits and Member Copayments*

Diagnostic/Preventive	Member Fees
Office visits (includes sterilization charge)	\$10
Oral examinations and diagnosis	No Charge
X-rays:	
Complete series	.26
Single periapical	No Charge
Bitewing	No Charge
Panoramic x-rays	.30
Each additional film	No Charge
Pulp vitality test	No Charge
Diagnostic models	No Charge
Teeth cleaning (1 per six months per member) - adults	.13
Teeth cleaning (1 per six months per member) - children	.10
Topical fluoride (children only)	No Charge
Nutritional counseling	No Charge
Oral hygiene instruction	No Charge
Sealant - per tooth (up to age 14)	.21
Space maintainers:	
Unilateral	.135
Bilateral	.187
Recementation	.32
Emergency (palliative) treatment per visit	.40
Local anesthesia	No Charge
Nitrous oxide (per visit - if available)	.35
Second opinion/consultation, per session (by another plan dentist)	.40
Broken appointments (without 24 hours notice - per 1/2 hour)	.23
Restorative Dentistry (Fillings)	
Amalgam restorations (silver):	
One surface filling, primary/permanent	.37
Two surface filling, primary/permanent	.46
Three surface filling, primary/permanent	.58
Four or more surfaces filling, primary/permanent	.70
Resin composite restorations (tooth colored):	
One surface filling, anterior	.66
Two surface filling, anterior	.79
Three surface filling, anterior	.95
Four or more surfaces filling, anterior	1.14
Pin retention (per tooth, add to restoration)	.20
Pulp cap direct/indirect (excl. final restoration)	.27
Sedative filling	.37
Crown & Bridge (Caps, Fixed Tooth Replacement)	
Inlay - one or two surface	.407
Onlay - two surface	.458
Resin crown (indirect)	.258
Temporary crown (in conjunction with permanent crown)	No Charge
Resin with metal crown	.495
Porcelain crown fused to metal	.497
Full cast crown	.470
Recementation: inlay/crown per unit	.40
Cast post and core in addition to crown	.176
Prefabricated post and core in addition to crown	.146
Stainless steel crown (permanent)	.114
Core build-up, including any pins	.118
Crown repair (by report)	.96
Pontics	
Cast (metal)	.470
Porcelain with metal	.497
Resin with metal	.495
Bridge Retainers	
Retainer - cast metal for resin bonded fixed	.238
Abutment crown - resin with metal	.495
Abutment crown - porcelain fused to metal	.497
Crown - 3/4 cast high noble metal	.470
Prosthetics (Removable)	
Complete denture - upper or lower	.606
Immediate denture - upper or lower	.627
Partial denture:	
Upper/lower resin base with conventional clasps/rests	.564
Upper/lower cast metal base with resin saddle	.652
Removable unilateral partial -1 piece cast metal with clasps and pontics	.364
Interim complete/partial dentures (upper/lower)	.314
Complete denture adjustments	.33
Retine - laboratory, complete/partial denture	.194
Tissue conditioning upper/lower per unit	.68
Repairs:	
Repair complete denture base	.75
Replace missing/broken tooth complete denture (per tooth)	.75
Clasp added to partial denture	.100

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

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

Orthodontics	Member Copayment
Initial records and study models	.413
Two year case (child)	3,422
Two year case (adult)	3,658

Select Plan 603x Plan Exclusions

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

Select Plan 603x Plan Limitations

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

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

Access PPO Plan Description of Benefits

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

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

Class I. Diagnostic & Preventive Services Include:

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

	In-Network			Out-of-Network		
Class I	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
We Pay*	100%	100%	100%	90%	90%	90%

Class II. Basic Services Include:

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

	In-Network			Out-of-Network		
Class I	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
We Pay*	40%	60%	80%	30%	50%	70%

Class III. Major Services Include:

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

	In-Network			Out-of-Network		
Class I	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
We Pay*	15%	25%	50%	10%	20%	40%

Class IV. Orthodontia Services:

Not covered under this plan.

ACCESS PPO PLAN EXPENSES NOT COVERED:

No benefits will be paid for expenses incurred:

1. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
2. Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law.
3. Services and treatment provided without charge or for which there would be no charge in the absence of insurance.
4. Services not listed as covered.
5. Hospitalization for any dental procedure.
6. Services and treatment for which Member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.
7. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
8. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
9. Replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
10. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; sealants; periodontal splinting of teeth.
11. Services for increasing vertical dimension, restoring occlusion, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
12. Oral hygiene instructions; plaque control; completion of a claim form; acid etch; broken appointments; prescription or take-home fluoride; or diagnostic photographs.
13. Dispensing of drugs.
14. Diagnosis or treatment of temporomandibular joint (TMJ) syndromes, problems and/or occlusal disharmony.
15. Procedures that in the opinion of Dominion Dental Services are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, anodontia, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.
18. Maryland policyholders only: Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

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

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