Teethkeepers

A program brought to you by
Dominion Dental Services, Inc.

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, which allows you to visit any licensed dentist.

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

We Work For Your Benefit.

Dominion Dental Services (Dominion) is a leading administrator of dental and vision[2] benefits in the Mid-Atlantic.[3] Among our nearly 500,000 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 Vision plans are underwritten by Avalon Insurance Company (a Dominion affiliate) and are marketed and administered by Dominion Dental Services USA, Inc.

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

Non-VA

Two Unique Dental Programs to Choose From!

Select Plan 603x[1]

Select Plan 603x offers great value and extended coverage for your premium dollar. You must choose a general dentist from our Select Plan dental network. Your general dentist will provide 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 55% to 70% lower than usual and customary charges (please see the *Plan Comparison* chart).

Orthodontia is also covered for adults and children!

Access PPO Plan

Access PPO is designed to provide members with maximum access to dentists. Members may seek dental services from any licensed dentist or use a participating Access PPO network dentist for greater coverage at the lowest out-of-pocket cost.

When dental care is received and expenses incurred, payments will be made in accordance with the list of benefits and services in the *Coverage Schedule* that will be mailed to you with your membership card. A summary of the plans' 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 yer, 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

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

Plan Comparison

Rates		Select Plan[1] 603x		Access PPO Plan 1			
		DC,MD,PA,VA	DE	Area 1	Area 2	Area 3	Area 4
Monthly Premium	Member	$16.14	$19.36	$29.86	$32.27	$33.46	$38.33
	Member + 1	$29.84	$35.82	$64.10	$69.28	$71.83	$82.28
	Member + 2 or More	$44.42	$51.04	$92.77	$100.27	$103.97	$119.09

Procedures and Covered Services		In-Network			Out-of-Network		
		Year 1[3]	Year 2[3]	Year 3[3]	Year 1[3]	Year 2[3]	Year 3[3]
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	**60-75%**	**40%**	**60%**	**80%**	**30%**	**50%**	**70%**
Full and panoramic X-rays	45%	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%
Extraction, erupted tooth	60%	40%	60%	80%	30%	50%	70%
Major Restorative Care	**55-70%**	**15%**	**25%**	**50%**	**10%**	**20%**	**40%**
Prosthetics							
Crowns and bridges	55%	15%	25%	50%	10%	20%	40%
Dentures	60%	15%	25%	50%	10%	20%	40%
Relining of dentures	50%	15%	25%	50%	10%	20%	40%
Periodontics							
Root planing and therapy	60%	15%	25%	50%	10%	20%	40%
Endodontics							
Root canals	70%	15%	25%	50%	10%	20%	40%
Oral Surgery							
Extraction of impacted teeth	55%	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[4] ($150 family maxiumum)
Annual Maximum	None	$1,000 per insured person
Waiting Periods	None	None
Claim Forms	None[2]	Yes
Receive Care From	Select Plan Network Dentist	Access PPO network dentist or any licensed dentist

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

[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] Deductibles apply to all services.

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/permanen	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	114
Pin retention (per tooth, add to restoration)	20
Pulp cap direct/indirect (excl. final restoration)	27
Sedative filling	37
Crown & Bridge (Caps, Fixed Tooth Replacement)	
Inlay - one or two surface	407
Onlay - two surface	458
Resin crown (indirect)	258
Temporary crown (in conjunction with permanent crown)	No Charge
Resin with metal crown	495
Porcelain crown fused to metal	497
Full cast crown	470
Recementation: inlay/crown per unit	40
Cast post and core in addition to crown	176
Prefabricated post and core in addition to crown	146
Stainless steel crown (permanent)	114
Core build-up, including any pins	118
Crown repair (by report)	96
Pontics	
Cast (metal)	470
Porcelain with metal	497
Resin with metal	495
Bridge Retainers	
Retainer - cast metal for resin bonded fixed	238
Abutment crown - resin with metal	495
Abutment crown - porcelain fused to metal	497
Crown - 3/4 cast high noble metal	470
Prosthetics (Removable)	
Complete denture - upper or lower	606
Immediate denture - upper or lower	627
Partial denture:	
Upper/lower resin base with conventional clasps/rests	564
Upper/lower cast metal base with resin saddle	652
Removable unilateral partial -1 piece cast metal with clasps and pontics	364
Interim complete/partial dentures (upper/lower)	314
Complete denture adjustments	33
Reline - laboratory, complete/partial denture	194
Tissue conditioning upper/lower per unit	68
Repairs:	
Repair complete denture base	75
Replace missing/broken tooth complete denture (per tooth)	75
Clasp added to partial denture	100

Endodontics[1] (Root Canal)	Member Copayment
Pulpotomy	$70
Anterior	296
Bicuspid	363
Molar	444
Apicoectomy - anterior	280
Apicoectomy - bicuspid (first root)	316
Apicoectomy - molar (first root)	363
Apicoectomy - (each additional root)	132
Periodontics[1] (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 Surgery[1]	
Extraction, without complication	50
Root removal - exposed roots	62
Surgical extraction, erupted	120
Impaction:	
Soft tissue	137
Partially bony	178
Residual tooth root removal	128

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

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

Select Plan 603x Plan Exclusions

1. 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).
2. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry.
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 or war, including declared or undeclared war or acts of war.
9. Replacement due to loss or theft of prosthetic appliance.
10. General anesthesia and sedation.
11. Services that cannot be performed because of the general health of the patient (does not apply in VA).
12. Implantation and related restorative procedures.
13. 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.
14. Services related to the treatment of TMD (Temporal Mandibular Disorder).
15. 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.
16. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
17. 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

1. Replacement of a bridge, crown or denture within five (5) years after the date it was originally installed.
2. Replacement of filling within two (2) years after original date of placement.
3. Teeth cleaning (prophylaxis) at intervals of less than six months.
4. 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%.
5. Full mouth x-rays or panoramic film – one set every three years.
6. Retreatment of root canal within two (2) years of the original treatment.
7. 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 250+ procedures that are covered. Please visit Teethkeepers.com for a complete list of covered procedures.**

Access PPO Plan 1 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 periocoronal 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. Pedical 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 fl uoride; or diagnostic photographs.
13. Dispensing of drugs.
14. Diagnosis or treatment of temporomandibular joint (TMJ) syndromes, problems and/or occlusal disharmony.
15. Procedures that in the opinion of Dominion Dental Services are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, anodontia, malignancies or neoplasms.
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.
18. Maryland policyholders only: Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

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

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

Who is Eligible?

You and your dependents are eligible. Dependents include your spouse and unmarried children up to age 26.

How do I Join?

1. To pay annually by check, complete the Enrollment Card and submit it with a check for 12 months of premium. Go to Step 3.

2. To pay by debit to your checking account or credit card account, please fill out the Payment Authorization Card. Be sure to select either the automatic monthly debit option or annual payment option.
   - When you choose the monthly payment option future monthly installments will be debited directly from your account. You will not receive monthly bills. Please attach a voided check to Payment Authorization Card when selecting this option.
   - When you choose the annual payment option you will be charged (debited) one time for 12 months of premium.
   - There is a minimum participation requirement of one year.

3. Fill out the Enrollment Card. Be sure to list all dependents you want covered. Additional dependents can be listed on the back of the Enrollment Card, if necessary.
   - Select either the Discount Program, Select Plan or Access PPO Plan.
   - If you choose either the Discount Program or the Select Plan, please select a dentist and fill in the Dental Office Name & Code # box.
   - Sign and date the appropriate section of the Enrollment Card.

4. Return the completed Enrollment Card, Payment Authorization Card (if applicable) or payment (if applicable) to:

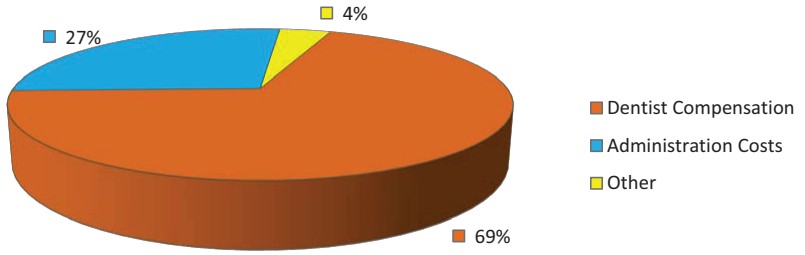
   Dominion Dental Services, Inc.
   P.O. Box 75314
   Charlotte, NC 28275-5314

   - A Membership Card and coverage information will be mailed to you on or before your first day of eligibility.

THE $20 ENROLLMENT FEE WILL BE WAIVED FOR ALL ENROLLMENTS FOR A LIMITED TIME ONLY.

The following explanation as required by the Maryland Insurance Administration.

Select Plan Premium Dollar Distribution



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

This chart shows how premium dollars were distributed in 2011 between dentist compensation and administration costs.

DOMINION DDS DENTAL Services, Inc.

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888-518-5338 (Phone)
703-518-0627 (Fax)
DominionDental.com

Teethkeepers.com/eHealth

Payment Authorization Card

Our Pre-authorized Payment Plan

Just authorize us to debit your personal checking account ***or*** credit card account and we'll do the rest. Whether you choose the monthly or annual option with automatic deductions there will be no more paperwork, no more checks to write and no worries about coverage disruption. It's easy, secure, and automatic.

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

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

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

Name as it appears on card: _____

Expiration Date: _____

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

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

* By submitting a check for the first month's premium and application fee, you authorize Dominion Dental Services, Inc. to automatically deduct future monthly premium payments from your checking account.

Terms and Authorization

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

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

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

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

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

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

Signature: _____ **Date:** _____

Agent/Broker Use Only

Agent/Broker # _____ General Agent # _____

Go to next page for enrollment form.

Dominion Dental Services, Inc.
Alexandria, VA

Enrollment Card

SELECT PLAN:

- ☐ ~~Discount Program~~[1]
- ☐ Select Plan
- ☐ Access PPO Option 1 (1889)
- ☐ Access PPO Option 2 (1891)
- ☐ Access PPO Option 3 (1890)

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			
Does this plan replace other dental 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				
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, I agree to remain in Plan a minimum of twelve (12) months. If I cancel before the end of the 12 month period, I may be responsible for the usual, customary and reasonable charges for services received, reduced by the sum of the subscription dues and copayments paid.

I understand and agree that my signature on this enrollment form serves as my legal commitment to the Plan and its terms. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by dentists and other providers of dental services. Information will be released to Dominion Dental Services, Inc., for the purpose of 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 #	Group #	Group Name	Coverage Eff. Date
14800000T00	10510000	eHealth	

Dominion Dental Services, 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.~~

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

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