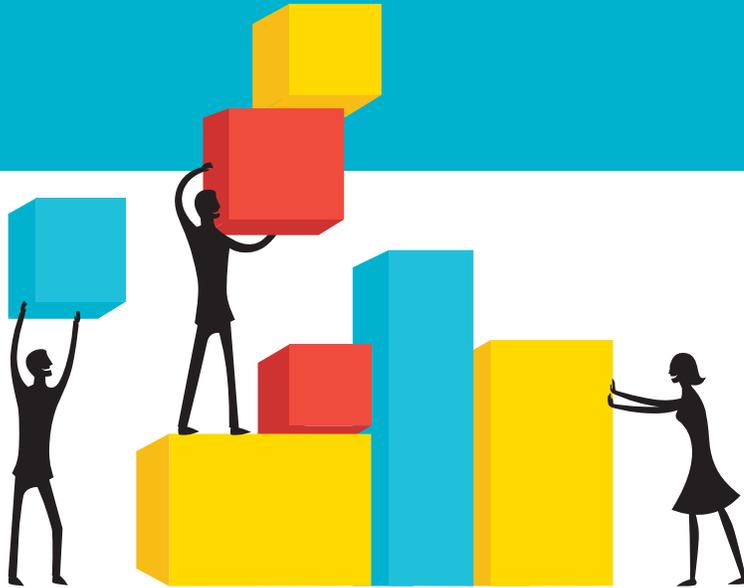


Choice Plan

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



We Work For Your Benefit.

Select Plan (Same as a DHMO)¹

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

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

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

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

Access PPO

- You may use any licensed dentist or choose from over 135,000 participating dentists nationwide.
- The use of a network dentist can significantly reduce your out-of-pocket costs (Dominion members save an average of 20%).⁴
- Deductible: An annual deductible of \$50 per person (\$150 family maximum) is required on basic care and major restorative care.
- Annual Maximum: Benefits are subject to an annual maximum of \$1,000 per insured person.
- There are no waiting periods for diagnostic and preventive care. To be eligible for basic care, you must have completed 3 (three) 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.
- Claims Filing: Benefits will be paid to you or they may be assigned directly to your dentist. 99% of all claims are submitted by the dentist.⁵ Your dentist may use the standard American Dental Association claims form. Claims can be filed electronically;
Mailed To: Dominion Dental Services, P.O. Box 1126, Elk Grove Village, IL 60009; **Or Faxed To:** 888-208-8290.

3 Dominion Dental Services, Inc. Competitive Network Survey, 1st Quarter 2012. Mid-Atlantic includes D.C., Delaware, Maryland, Pennsylvania and Virginia. Participating dentists are subject to change.
 4 Dominion Dental Services, Inc. - based on review of 2010 PPO claims data.
 5 Dominion Dental Services, Inc. Internal Performance Report, 2011.

How do I enroll?

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

Who is eligible?

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

What if I change jobs?

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

Can I make changes on the Internet?

Yes. Dominion provides members with secure online access to:

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

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

What is my monthly cost?

Select Plan 607x

Subscriber Only	\$19.52
Subscriber and One Dependent	\$32.55
Subscriber and Two or More Dependents	\$43.92

Access PPO 100/75/50

Subscriber Only	\$36.36
Subscriber and One Dependent	\$67.95
Subscriber and Two or More Dependents	\$103.18

Dominion Dental Services, Inc. is licensed as a Dental Plan Organization in Virginia, Maryland and Delaware, a Risk Assuming PPO in Pennsylvania and an Accident and Health Insurer in D.C.

A New Level of Service¹

- Less than 0.2% of our members called with a service issue.
- ID cards and member packets were mailed within 4 days of enrollment.
- Over 94% group retention rate.
- 95% of Dominion members have access to at least two dentists within 10 miles.

¹ Dominion Dental Services, Inc. Internal Performance Report, 2011.





Choice Plan Comparison

Select Plan 607x (Same as a DHMO)¹

Summary of Benefits	Your Coverage ²
Diagnostic & Preventive Care <ul style="list-style-type: none"> • Oral exams • Bitewing X-rays • Topical fluoride for children • Semiannual (2) teeth cleanings • Sealants 	100%
Basic Care <ul style="list-style-type: none"> • Fillings <ul style="list-style-type: none"> ◦ Amalgam (silver) ◦ Composite (white) • Full and panoramic X-rays • Extraction, erupted tooth 	70-85%
Major Restorative Care³ Prosthetics <ul style="list-style-type: none"> • Crowns and bridges • Dentures • Relining of dentures Periodontics <ul style="list-style-type: none"> • Root planing and therapy Endodontics <ul style="list-style-type: none"> • Root canals Oral Surgery <ul style="list-style-type: none"> • Extraction of impacted teeth 	60-75%
Orthodontics <ul style="list-style-type: none"> • Children • Adults 	45%
Benefit Features	Your Coverage
Office Visit	\$10 Copayment
Deductibles	None
Annual Maximum	None
Waiting Periods	None
Claim Forms	None ⁴
Receive Care From	Select Plan Dentist

1. Same as a DHMO with fixed member copayments, no annual maximum dollar limits, no waiting periods, no deductibles, no pre-authorization paperwork or pre-treatment estimates and no claim forms (except in the case of out-of-area emergencies).
2. Approximate percentage of coverage based on the Captiva Context Fee Schedule's 80th percentile. A specific copayment schedule is enclosed.
3. As performed by a General Practitioner.
4. Out-of-area emergency care reimbursement requires a receipt or other proof of loss.

Access PPO 100/75/50

Summary of Benefits	Your Coverage
Diagnostic & Preventive Care <ul style="list-style-type: none"> • Oral exams • Bitewing X-rays • Topical fluoride for children • Semiannual (2) teeth cleanings 	100%
Basic Care¹ <ul style="list-style-type: none"> • Fillings <ul style="list-style-type: none"> ◦ Amalgam (silver) ◦ Composite (white) • Full and panoramic X-rays • Extraction, erupted tooth 	75%
Major Restorative Care² Prosthetics <ul style="list-style-type: none"> • Crowns and bridges • Dentures • Relining of dentures Periodontics <ul style="list-style-type: none"> • Root planing and therapy Endodontics <ul style="list-style-type: none"> • Root canals Oral Surgery <ul style="list-style-type: none"> • Extraction of impacted teeth 	50%
Orthodontics	0%
Benefit Features	Your Coverage
Office Visit	No Charge
Deductibles ³	\$50 (\$150)
Annual Maximum ³	\$1,000
Waiting Periods	Yes
Claim Forms	Yes
Receive Care From	Any Dentist or Access PPO Dentist

1. New applicants must first complete 3 months of continuous coverage.
2. New applicants must first complete 12 months of continuous coverage.
3. Deductibles and annual maximums are per insured person. Deductibles apply to basic care and major restorative care.

DOMINION DENTAL SERVICES, INC. ENROLLMENT CARD

SELECT ONE: **Select Plan**
 Access PPO

Enrollment Information

Last Name		First Name		M.I.
Social Security Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YY)	
Home Address			Home Phone	
City	State	ZIP	Work Phone	
Email Address			Hire Date	

List All Your Eligible Dependents Below

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

SELECT PLAN	Dental Office Name & Code #
Provider Selection	(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 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 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
		City of Alexandria	

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

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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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. **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.

DCAPP09

Description of Benefits & Member Copayments

ADA CODE	BENEFIT	MEMBER COPAYMENT (\$)
DIAGNOSTIC / PREVENTIVE / ADJUNCTIVE		
D9439	Office visit.....	\$10
D0120	Periodic oral evaluation	No Charge
D0140	Limited oral evaluation - problem focused.....	No Charge
D0150	Comprehensive oral evaluation.....	No Charge
D0160	Detailed and ext. oral eval. - problem focused.....	No Charge
D0170	Re-evaluation - limited, problem focused (established patient; not postoperative visit)	No Charge
D0210	Intraoral complete series (including bitewings).....	No Charge
D0220	Intraoral - periapical first film	No Charge
D0230	Intraoral - periapical each additional film	No Charge
D0240	Intraoral - occlusal film.....	No Charge
D0250/60	Extraoral - first and each additional film.....	No Charge
D0270/72/74	Bitewing x-ray - one, two or four film(s).....	No Charge
D0277	Vertical bitewings - seven to eight films	No Charge
D0330	Panoramic film	25
D0460	Pulp vitality tests.....	No Charge
D0470	Diagnostic casts (not in conj. with Ortho).....	No Charge
D1110	Prophylaxis - teeth cleaning; adult (one per six months, per member).....	No Charge
D1120	Prophylaxis - teeth cleaning; child (one per six months, per member. Exclusive of ADA code D1201).....	No Charge
D1201	Topical fluoride with prophylaxis (child).....	No Charge
D1203	Topical fluoride without prophylaxis (child)	No Charge
D1310	Nutritional counseling for control and treatment of dental disease	No Charge
D1320/30	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth (up to 14 years of age).....	15
D9110	Palliative (emergency) treatment	33
D9210/15	Local anesthesia	No Charge
D9211	Regional block anesthesia.....	No Charge
D9212	Trigeminal division block anesthesia.....	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	28
D9310	Consultation (diagnostic service provided by dentist or specialist other than practitioner providing treatment).....	34
D9910	Application of desensitizing medicament.....	17
D9930	Emergency visit during office hours	39
D9990	Broken office appointment - per ½ hour.....	22
SPACE MAINTAINERS		
D1510/20	Space maintainer fixed/removable - unilateral.....	111
D1515/25	Space maintainer fixed/removable - bilateral	129
D1550	Recementation of space maintainer	28
RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (Silver)		
D2140	Amalgam - one surface, primary or permanent.....	17
D2150	Amalgam - two surfaces, primary or permanent.....	20
D2160	Amalgam - three surfaces, primary or permanent	26
D2161	Amalgam - four or more surfaces, primary or permanent	31
RESIN/COMPOSITE RESTORATIONS (Tooth Colored)		
D2330	Resin - one surface, anterior	44
D2331	Resin - two surfaces, anterior.....	51
D2332	Resin - three surfaces, anterior.....	60
D2335	Resin - four or more surfaces, anterior	69
D2391	Resin - one surface, posterior.....	47
D2392	Resin - two surfaces, posterior.....	54
D2393	Resin - three surfaces, posterior.....	63
D2394	Resin - four or more surfaces, posterior.....	72
D2940	Sedative filling	29
D2951	Pin retention - per tooth in addition to restoration.....	17
D3110/20	Pulp cap direct/indirect (excl. final rest).....	18
CROWN & BRIDGE*		
D2390	Resin based composite crown, anterior	134
D2510	Inlay - metallic - one surface	282
D2520	Inlay - metallic - two surfaces.....	282
D2530	Inlay - metallic - three or more surfaces	290
D2542	Onlay - metallic - two surfaces.....	338
D2543	Onlay - metallic - three surfaces.....	380
D2544	Onlay - metallic - four or more surfaces.....	380

ADA CODE	BENEFIT	MEMBER COPAYMENT (\$)
D2610	Inlay - porcelain/ceramic - one surface.....	\$272
D2620	Inlay - porcelain/ceramic - two surfaces.....	294
D2630	Inlay - porcelain/ceramic - three surfaces	314
D2642	Onlay - porcelain/ceramic - two surfaces	327
D2643	Onlay - porcelain/ceramic - three surfaces.....	339
D2644	Onlay - porcelain/ceramic - four or more surfaces	339
D2650	Inlay - resin based composite - one surface.....	258
D2651	Inlay - resin based composite - two surfaces	258
D2652	Inlay - resin based composite - three or more surfaces	258
D2662	Onlay - resin based composite - two surfaces.....	303
D2663	Onlay - resin based composite - three surfaces.....	303
D2664	Onlay - resin based composite - four or more surfaces	303
D2710	Crown - resin based composite - indirect	196
D2712	Crown - 3/4 resin based composite (excluding veneers).....	381
D2720/21/22	Crown - resin with metal.....	309
D2740	Crown - porcelain/ceramic substrate	399
D2750/51/52	Crown - porcelain fused to metal.....	361
D2780/81/82	Crown - 3/4 cast with metal.....	238
D2783	Crown - 3/4 porcelain/ceramic.....	349
D2790/91/92	Crown - full cast metal.....	348
D2793	Crown - prefabricated stainless steel	103
D2910/20	Recement inlay/crown per unit	31
D2930	Crown - prefabricated stainless steel - primary tooth	91
D2931	Crown - prefabricated stainless steel - permanent tooth.....	99
D2932	Crown - prefabricated resin	99
D2950	Core buildup, including any pins	85
D2952	Cast post & core in addition to crown	129
D2954	Prefabricated post & core in addition to crown	106
D2955	Post removal (not in conj. w/ endo therapy).....	76
D2970	Temporary crown (w/ perm. crown).....	No Charge
D2980	Crown repair, by report.....	72
PROSTHETICS (DENTURES)		
D5110/20	Complete upper/lower denture.....	502
D5130/40	Immediate upper/lower denture	526
D5211/12	Upper/lower, resin base partial denture (including any conventional clasps, rests & teeth).....	489
D5213/14	Upper/lower, cast base partial denture with resin base (incl. conventional clasps, rests & teeth).....	533
D5281	Removable unilateral partial - one piece cast metal (incl. clasps and teeth).....	314
D5410/11	Adjust complete denture, upper/lower.....	25
D5421/22	Adjust partial denture, upper/lower	25
D5510/5610	Repair denture base (complete or resin)	63
D5520	Replace missing/broken teeth (each tooth).....	63
D5620	Repair cast framework	63
D5630/60	Clasp replaced, repaired or added.....	82
D5640	Replace broken tooth, per tooth	63
D5650	Add tooth to existing partial denture	63
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary or mandibular).....	186
D5710/11	Rebase complete denture, upper/lower	201
D5720/21	Rebase partial denture, upper/lower	201
D5730/31	Reline complete denture, upper/lower (chairside)	113
D5740/41	Reline partial denture, upper/lower (chairside).....	113
D5750/51	Reline complete upper/lower: lab	176
D5760/61	Reline upper/lower partial: lab.....	176
D5810/11	Interim complete denture, upper/lower.....	276
D5820/21	Interim partial denture, upper/lower	276
D5850/51	Tissue conditioning, upper/lower, per unit.....	53
BRIDGE & PONTICS*		
D6210/11/12	Pontic - metal	348
D6240/41/42	Pontic - porcelain fused to metal	361
D6245	Pontic - porcelain/ceramic.....	396
D6250/51/52	Pontic - resin with metal	309
D6545	Retainer - cast metal for a resin bonded fixed.....	187
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	293
D6600	Inlay - porcelain/ceramic, two surfaces	162
D6601	Inlay - porcelain/ceramic, three or more surfaces.....	173
D6602	Inlay - cast high noble metal, two surfaces.....	180
D6603	Inlay - cast high noble metal, three or more surfaces	212
D6604	Inlay - cast predom. base metal, two surfaces	\$116

Plan 607x

ADA CODE	BENEFIT	MEMBER COPAYMENT (\$)
D6605	Inlay - cast predom. base metal, three or more surfaces	148
D6606	Inlay - cast noble metal, two surfaces	146
D6607	Inlay - cast noble metal, three or more surfaces	158
D6608	Onlay - porcelain/ceramic, two surfaces	178
D6609	Onlay - porcelain/ceramic, three or more surfaces	186
D6610	Onlay - cast high noble metal, two surfaces	212
D6611	Onlay - cast high noble metal, three or more surfaces	227
D6612	Onlay - cast predom. base metal, two surfaces	148
D6613	Onlay - cast predom. base metal, three or more surfaces	162
D6614	Onlay - cast noble metal, two surfaces	158
D6615	Onlay - cast noble metal, three or more surfaces	169
D6720/21/22	Crown - resin w/ metal	309
D6740	Crown - porcelain/ceramic	396
D6750/51/52	Crown - porcelain to metal	361
D6780	Crown - 3/4 cast high noble metal	348
D6781	Crown - 3/4 cast predominantly base metal	336
D6782	Crown - 3/4 cast noble metal	344
D6783	Crown - 3/4 porcelain/ceramic	350
D6790/91/92	Crown - full cast metal	348
D6930	Recement fixed partial bridge	46
D6970/71	Cast post & core	129
D6972	Prefabricated post & core - in addition to bridge retainer	106
D6973	Core buildup for retainer, including any pins	85
D6975	Coping - metal	222
D6976	Each additional cast post - same tooth	88
D6977	Each additional prefabricated post - same tooth	41
D6980	Fixed partial denture repair, by report	117

ENDODONTICS ¹		
D3220	Therapeutic pulpotomy (excl. final rest)	54
D3221	Pulpal debridement, primary and perm. teeth	58
D3310	Anterior (excl. final rest)	225
D3320	Bicuspid (excl. final rest)	290
D3330	Molar (excl. final rest)	361
D3333	Internal root repair of perforation defects	65
D3346	Re-treatment - anterior	251
D3347	Re-treatment - bicuspid	322
D3348	Re-treatment - molar	380
D3410	Apicoectomy/periradicular surgery, anterior	206
D3421	Apicoectomy - bicuspid (first root)	232
D3425	Apicoectomy - molar (first root)	245
D3426	Apicoectomy - (each additional root)	97
D3430	Retrograde filling - per root	77
D3450	Root amputation - per root	135
D3920	Hemisection (including any root removal)	135
D3950	Canal prep/fit of preformed dowel or post	97

PERIODONTICS ¹		
D0180	Comprehensive periodontal evaluation - new or established patient - not in conjunction with D0150, limited to once per 18 months	35
D4210	Gingivectomy/gingivoplasty - four or more teeth per quad.	187
D4211	Gingivectomy/gingivoplasty one-to-three teeth per quad.	64
D4240	Gingival flap procedure, including root planing, per quad.	277
D4241	Gingival flap procedure, including root planing - one-to-three teeth, per quadrant	67
D4260	Osseous (bone) surgery - four or more per quad.	386
D4261	Osseous (bone) surgery - one - three teeth per quad.	258
D4268	Surgical revision procedure, per tooth	236
D4274	Distal or proximal wedge procedure	206
D4341	Perio scaling & root planing four or more per quad.	76
D4342	Perio scaling & root planing one-to-three teeth per quad.	41
D4355	Full mouth debridement	58
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	64
D4910	Periodontal maintenance	59
D9940	Occlusal guard by report	197
D9950	Occlusion analysis - mounted case	70
D9951	Occlusal adjustment, limited	44
D9952	Occlusal adjustment, complete	182

ORAL SURGERY ¹		
D7111	Extraction, coronal remnants - deciduous tooth	24
D7140	Extraction - erupted tooth or exposed root	45
D7210	Surgical extraction - erupted tooth	92
D7220	Removal of impacted tooth - soft tissue	111
D7230	Removal of impacted tooth - partially bony	131

ADA CODE	BENEFIT	MEMBER COPAYMENT (\$)
D7240	Removal of impacted tooth - completely bony	\$164
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	144
D7250	Removal of residual tooth roots	98
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	148
D7280	Surgical access of an unerupted tooth	93
D7291	Trasseptal fibrotomy/supra crestal fibrotomy, by report	37
D7310/20	Alveoloplasty per quadrant	92
D7510	Incision/draining of abscess, soft tissue	63
D7960	Frenulectomy (frenectomy or frenotomy)	162

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

ORTHODONTICS ²		
D8660	Pre-orthodontic treatment visit, records and models	413
D8070	Comprehensive orthodontic treatment of the transitional dentition	3,304
D8080	Comprehensive orthodontic treatment of adolescent dentition	3,422
D8090	Comprehensive orthodontic treatment of adult dentition	3,658
D8670	Periodic orthodontic visit (beyond 24 months of treatment) per month charge	118
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	413

²Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See limitation #17 for additional coverage exclusions.

- 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.
 - Implantation and related restorative procedures.
 - Unlisted procedures.
 - Services obtained outside of the dental office in which enrolled and that 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 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 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.
 - The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

- Plan Limitations
- 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 (6) 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 4381 to one 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.

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

We are continually expanding our network of dentists. For the most up-to-date listing of all participating general dentists and specialists visit us on the web at DominionDental.com. A printed list can also be requested by calling our Member Services Department toll-free at 888-518-5338.

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101 Chestnut Street, Suite 130
Gaithersburg, MD 20877

#2432 (301) 977-3766
Gerry Dubin, DMD, P.C.
9069 Shady Grove Ct.
Gaithersburg, MD 20877

#463 (301) 963-0665
The Dental Suite
Flower Hill Shopping Center,
18218 Flower Hill Way
Gaithersburg, MD 20879

#2854 (301) 208-0002
TLC Modern Dentistry
18220 Contour Rd.
Gaithersburg, MD 20877

Germantown

#4687 (301) 515-0030
Family Dental Care
19729 Executive Park circle
Germantown, MD 20874

#37733 (301) 528-5490
Peter S. DeMizio, DDS, Inc.
22 Executive Park Ct
Germantown, MD 20874

#2703‡ (301) 515-9677
Seneca Park Dental
13529 Clopper Rd.
Germantown, MD 20874

#50893 (301) 528-6633
Smile Design Dental
19735 Germantown RD, Suite 170
Germantown, MD 20874

Kensington

#14880 (301) 946-5600
Robert Barnett DDS
3720 Farragut Avenue, Suite 101
Kensington, MD 20895

Olney

#50918 (301) 260-0949
Premier Dental Clinic
17904 Georgia Ave, Suite 110
Olney, MD 20832

Rockville

#33849 (301) 424-7150
AA Dental Clinic
751 Rockville Pike, Suite 10A
Rockville, MD 20852

#37547 (301) 838-9300
Arif Masood, MSD, PC
9850 Key West Ave, Ste 302
Rockville, MD 20850

#2745* (301) 231-0173
Chetan H. Parikh, D.M.D., PA
5808 Hubbard Dr.
Rockville, MD 20852

#50814 (301) 881-3368
Happy Dental
4701 Randolph Road, Suite 210
Rockville, MD 20852

#1041* (301) 340-2309
Hysosik Kim, D.D.S.
785-A Rockville Pike
Rockville, MD 20852

#447 (301) 881-5800
Montrose Dental Office
6232 Montrose Road
Rockville, MD 20852

#37655 (301) 926-4408
North Potomac Smiles LLC
15200 Shady Grove Road, Suite
408
Rockville, MD 20850

#37731 (301) 770-3929
Rockville Family Dental Group
5806 Hubbard Dr
Rockville, MD 20852

Silver Spring

#37792 (301) 438-2003
Aegis Dental Group
14440 Layhill Rd
Silver Spring, MD 20906

#51014† (301) 445-4888
Asma Nuh DDS PA
1016 Merrimac Dr
Silver Spring, MD 20903

#8779 (301) 460-1212
Aspen Hill General And Cosmetic
Dentistry
13975 Connecticut Avenue, Suite
200
Silver Spring, MD 20906

#339* (301) 585-1515
City Place Dental
8780 Georgia Ave
Silver Spring, MD 20910

#1753 (301) 495-3000
Hedyeh Atashbar, D.D.S.
1109 Spring Street, Suite 702
Silver Spring, MD 20910

#844 (301) 589-1143
Negin A. Moazami, D.D.S.
8630 Fenton Street, Suite 902
Silver Spring, MD 20910

#51079 (301) 384-6600
Silver Spring Dental Care LLC
13321 New Hampshire Ave, Suite
201
Silver Spring, MD 20904

#50327 (301) 933-1401
TLC Modern Dentistry LLC
13623 H-I Georgia Ave
Silver Spring, MD 20906

Takoma Park

#282 (301) 270-4023
Warner Family Dental Center
7000 Carroll Ave.
Takoma Park, MD 20912

#692 (301) 891-2300
William E. Vaughan, D.D.S.
7600 Maple Ave. Suite 6
Takoma Park, MD 20912

Wheaton

#192* (301) 942-5500
Sterling Dental Centers
12114 Georgia Avenue
Wheaton, MD 20902

PRINCE GEORGES COUNTY Bowie

#68505 (301) 262-1112
Kemmerton Family Dentistry
6000 Laurel-Bowie Rd, Suite 101
Bowie, MD 20715

#332 (301) 249-1841
Neville McKen, D.D.S.
3060 Mitchellville Rd, Suite 213
Bowie, MD 20715

#14419 (301) 262-0800
Tanzania Davis DDS
3231 Superior Lane, Suite A 22
Bowie, MD 20715

Capitol Heights

#161 (301) 333-5882
Gentle Dental Care / Dr. Vincent
Davis
9146 Edgeworth Drive
Capitol Heights, MD 20743

#333 (301) 336-7535
Neville McKen, D.D.S.
9171 Central Ave., Suite L9
Capitol Heights, MD 20743

Clinton

#2862 (301) 868-8659
Alpha Dental Care, LLC
8975 Woodyard Rd
Clinton, MD 20735

#37717 (301) 877-1622
Alvin B. Williams, DDS
9135 Piscataway Rd, #105
Clinton, MD 20735

#735* (301) 868-6703
Joseph A. Maloney, D.D.S.
9131 Piscataway Rd., Suite 739
Clinton, MD 20735

College Park

#37542 (301) 927-2500
College Park Dental
7305 Baltimore Ave., #204
College Park, MD 20740

#346 (301) 927-9011
Daniel J. Lane, D.D.S.
7307 Baltimore Ave., Suite 113
College Park, MD 20740

Fort Washington

#50328 (240) 253-1965
All Smiles Dental Care
12803 Old Fort Rd, Suite 203
Fort Washington, MD 20744

#334* (301) 567-1992
Neville McKen, D.D.S.
8602 Dover St.
Fort Washington, MD 20744

#330 (301) 203-7035
Pamela V. Hymes, D.D.S., PA
10905 Fort Washington Rd., Suite
203
Fort Washington, MD 20744

Greenbelt

#1187 (301) 345-8600
Greenbelt Dental Care, P.C.
7525 Greenway Center Dr., Suite
201
Greenbelt, MD 20770

Hyattsville

#51085 (301) 559-1659
Brian C Moore DMD PC
3311 Toledo Terr, Suite C102
Hyattsville, MD 20782

#960* (301) 577-6333
Daniel De Haas, D.D.S.
7101 Annapolis Road
Hyattsville, MD 20784

#407 (301) 927-1616
Friendship Dental
6525 Belcrest Rd., Suite 208
Hyattsville, MD 20782

#1331 (301) 445-5800
Gentle Dental Care/ Dr. Vincent
Davis
1836 Metzert Rd., #118
Hyattsville, MD 20783

#2370 (301) 386-3533
Hall and Associates
7221 East Ridge Drive
Hyattsville, MD 20785

#2523 (301) 434-3300
Tajicks Dental Clinic
7411 Riggs Rd., #108
Hyattsville, MD 20783

Landover Hills

#191* (301) 577-2610
Sterling Dental Centers
7503 A Annapolis Road
Landover Hills, MD 20784

Largo

#186 (301) 773-4177
Harry J. Klapper, D.D.S.
1300 Mercantile Ln., Suite 100E
Largo, MD 20774

#1270 (301) 341-2131
Yardee Dental/ Dr. Jemi Sanusi
1400 Mercantile Ln. Ste.224
Largo, MD 20774

Laurel

#1053 (301) 953-3021
Drs. Batz and Weiner, Lake Dental
8363 Cherry Lane
Laurel, MD 20707

#1199 (301) 604-8117
John N. Kim, D.D.S., P.A.
8301 Cherry Ln.
Laurel, MD 20707

#2118 (301) 623-3737
Ulery Dental & Orthodontics
12793 Laurel Bowie Road
Laurel, MD 20708

Oxon Hill

#324 (301) 567-3122
David G. O'Neal, D.D.S., & Assoc.
6188 Oxon Hill Rd., Suite 200
Oxon Hill, MD 20745

#37629 (301) 505-6055
Quentin E. Monroe Dental Services
5448 St. Barnabas Rd.
Oxon Hill, MD 20745

#68487* (866) 838-3430
Smile America Dental
1004 White Oak Dr
Oxon Hill, MD 20745

Riverdale

#210† (301) 864-5200
The Dental Group
6200 Baltimore Ave., Ste. 200
Riverdale, MD 20737

Temple Hills

#37663 (301) 702-4080
All Smiles Dental Care
3847 Branch Ave, Suite 124
Temple Hills, MD 20748

#51072 (301) 423-6423
Oral Health Associates
4316 St Barnabas Rd
Temple Hills, MD 20748

Upper Marlboro

#187 (301) 627-1414
Harry J. Klapper, D.D.S.
5749 Crain Hwy.
Upper Marlboro, MD 20772

WASHINGTON COUNTY Hagerstown

#462 (301) 797-7078
Antietam Valley Dental Center
1246 Maryland Avenue
Hagerstown, MD 21740

Hancock

#68461 (301) 678-6788
Antietam Valley Dental Center
257 W Main St
Hancock, MD 21750

WICOMICO COUNTY Salisbury

#2767 (410) 546-5900
Delaware Maryland Dental
123 West College Ave.
Salisbury, MD 21804

#2319 (410) 742-0166
George C. Viertl, D.D.S., P.C.
560 Riverside Dr., Suite B206
Salisbury, MD 21801

WORCESTER COUNTY Ocean Pines

#33847 (410) 208-0054
Robert D. Steinberg, D.D.S.
11204 Racetrack Rd, Pavillions
Suite 102
Ocean Pines, MD 21811

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.
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.



Access PPO Plan Coverage Schedule

Dominion Dental Services, Inc.
115 South Union Street
Suite 300
Alexandria, VA 22314
(888) 518-5338
DominionDental.com

PID1235

**Access PPO Plan
100/75/50/0**

Benefit Coverage	In-Network	Out-of-Network
Class I	100%	100%
Class II	75%	75%
Class III	50%	50%
Class IV	0%	0%
Endo/Perio	<i>Class III Benefits</i>	<i>Class III Benefits</i>

Annual Deductible	In-Network	Out-of-Network
Amount	\$50	\$50
Max per Family	\$150	\$150
Applies to all Benefits	<i>No, Waived on Class I Benefits</i>	<i>No, Waived on Class I Benefits</i>

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

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

Waiting Periods	In-Network	Out-of-Network
Class I	NONE	NONE
Class II	3 Months	3 Months
Class III	12 Months	12 Months
Class IV	N/A	N/A

- Deductible is combined for all services for each Calendar Year per Member – maximum \$150 per family.
- Waiting period credit will be given for the length of time Member was covered under each benefit classification under the current employer's prior dental plan.
- Services may be received from any licensed dentist.
- If course of treatment is to exceed \$300, prior review is requested.

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

Class I. Diagnostic and Preventive Services:

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation
2. One emergency or problem focused exam (D0140) per Calendar Year
3. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year (one additional cleaning is covered during pregnancy and for diabetic patients)
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)

Class II. Basic Services:

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)

Class III. Major Services:

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 hyperplastic 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 per quadrant of mouth per 6 months

Class IV. Orthodontia Services: Not Covered

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

- a. Occlusal adjustment performed with covered surgery
 - d. Gingivectomy and gingival curettage
 - e. Osseous surgery including flap entry and closure
 - f. Pedicle or free soft tissue graft
 - g. One appliance (night guards) per 5 years
 - h. One full mouth debridement per lifetime
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 rebasing of existing removable dentures per 24 months (only after 12 months from date of last placement)