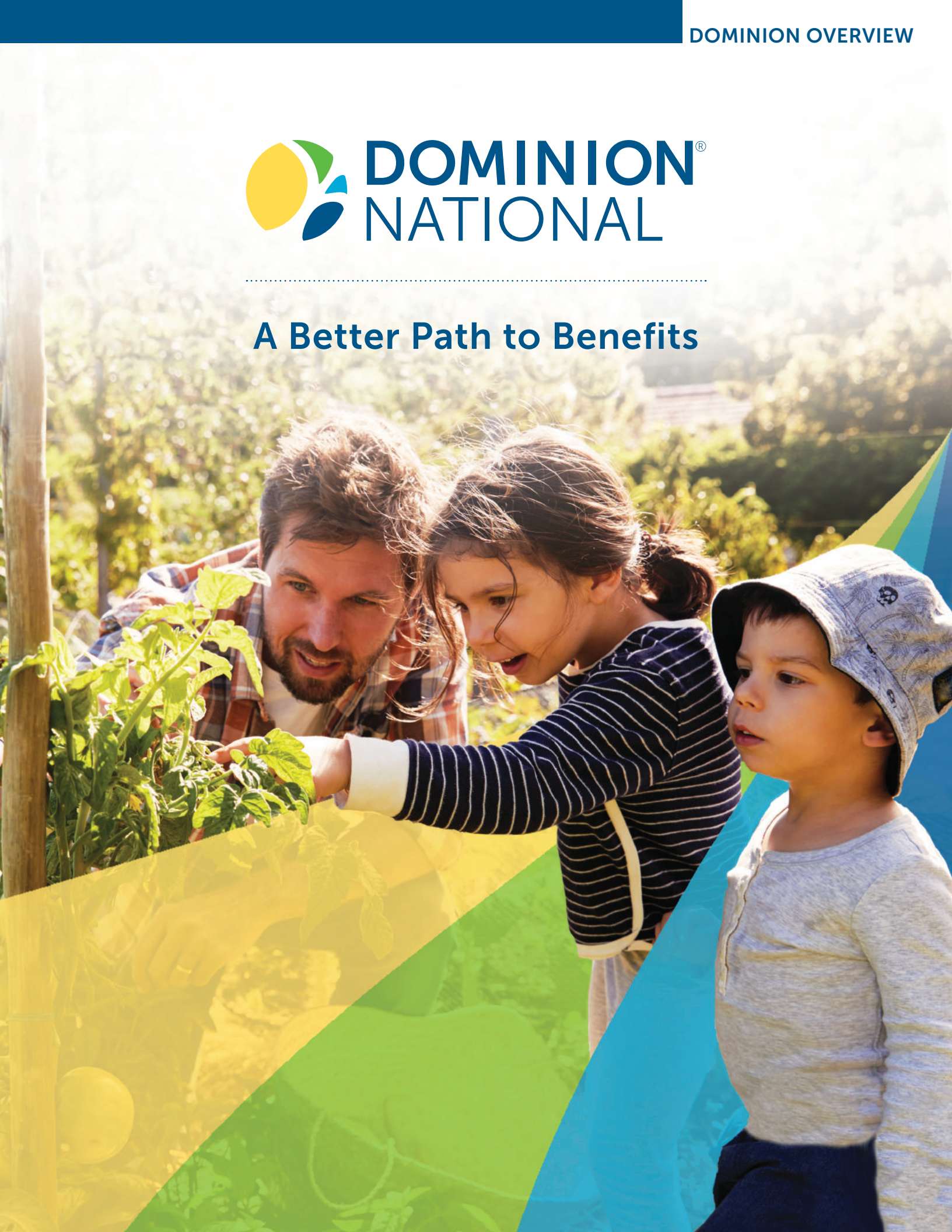




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## A Better Path to Benefits



# A COMPANY AS *unique* AS YOU

Dominion National recognizes that you're a unique individual and we've designed plans and programs that work for you. We seek a better way to serve you through customized plans and exceptional service so that you can focus on what makes you extraordinary and fulfilled.

## WE WORK FOR THE BENEFIT OF OVER 900,000 MEMBERS,<sup>1</sup> DELIVERING:

### EXTENSIVE NETWORKS

Choice PPO network offers access to over 300,000 dentists nationally.<sup>1,3</sup>

Elite PPO and Elite ePPO networks provide unmatched flexibility and lower out-of-pocket costs.

Select Plan network is one of the largest in the Mid-Atlantic region.<sup>3,4</sup>

Leading vision network with over 60,000 provider listings.<sup>1,3</sup>

To find a participating provider, please visit **DominionNational.com**.



### A COMMITMENT TO MEMBER SATISFACTION

In a recent Member Satisfaction Survey, 97% of the respondents were satisfied with Dominion as their dental plan.<sup>2</sup>



### TOLL-FREE, 24 HOUR ACCESS at 888.518.5338

Eligibility and claim information is available for members, benefit administrators and dentists.



### SECURE ONLINE ACCESS TO YOUR ACCOUNT

Access your digital ID card, find a provider and more through secure online resources.



### MEMBER PORTAL

<https://DominionMembers.com>



### GO MOBILE COMMUNICATION SERVICE

Register by calling 888.596.0716 or texting "DN GO" to 73529



### MyDOMINION MOBILE APP

Download at [DominionNational.com/mobile](https://DominionNational.com/mobile)

<sup>1</sup> Dominion National Internal Performance Report, March 2018.

<sup>2</sup> Dominion National Member Satisfaction Survey, November 2017.

<sup>3</sup> Participating providers are subject to change.

<sup>4</sup> Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, March 2018. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

Dental plans are underwritten by Dominion Dental Services, Inc. in DC, DE, MD, OR, PA and VA. Dental and vision plans are underwritten by Dominion National Insurance Company in GA and NJ. Dominion Dental Services USA, Inc. (DDSUSA) is a licensed administrator of dental and vision benefits. Vision plans are underwritten by Avalon Insurance Company, and administered by DDSUSA, in DC, DE, MD, PA and VA. The Discount Program is offered through DDSUSA in DC, DE, MD, NJ, PA and VA.



# SELECT PLAN<sup>1</sup> 705xs-DE SUMMARY OF BENEFITS

BENEFIT	Average Charge <sup>2</sup>	Your Fee	In Network Savings	Out of Network Savings
<b>DIAGNOSTIC &amp; PREVENTIVE (D&amp;P)</b>				
Oral exams	\$67	No Charge	100%	N/A
Bitewing X-rays (2 films)	\$58	No Charge	100%	N/A
Topical fluoride for children	\$48	No Charge	100%	N/A
Semiannual (2) teeth cleanings	\$113	No Charge	100%	N/A
Sealants	\$69	\$18	74%	N/A
Complete Series X-rays	\$182	\$26	86%	N/A
<b>BASIC RESTORATIVE</b>				
Fillings (3-surface/silver)	\$259	\$58	78%	N/A
Extraction, erupted tooth	\$219	\$63	71%	N/A
<b>PERIODONTICS</b>				
Root planing and therapy	\$334	\$105	69%	N/A
<b>ENDODONTICS</b>				
Root canal (anterior tooth)	\$1,112	\$325	71%	N/A
<b>ORAL SURGERY</b>				
Extraction of impacted teeth	\$705	\$189	73%	N/A
<b>MAJOR RESTORATIVE</b>				
Crowns (porcelain/metal)	\$1,441	\$495	66%	N/A
Complete dentures	\$2,189	\$664	70%	N/A
Implants	N/A	N/A	15% Discount	N/A
<b>ORTHODONTICS</b>				
Adult	\$8,545	\$3,658	57%	N/A
Child	\$6,490	\$3,422	47%	N/A
<b>ORTHODONTICS AGE LIMIT</b>			None	
<b>ORTHODONTICS LIFETIME MAXIMUM</b>			None	
<b>OFFICE VISIT CHARGE</b>			\$10	N/A
<b>DEDUCTIBLE</b>				
Individual			None	
Family			None	
Does the deductible apply to D&P?			N/A	
<b>ANNUAL MAXIMUM</b>			None	
Is the annual maximum waived on D&P?			N/A	
<b>WAITING PERIODS</b>			None	
<b>CLAIM FORMS</b>			None <sup>3</sup>	
<b>RECEIVE CARE FROM</b>			Select Plan Dentist	
<b>OUT-OF-NETWORK ALLOWANCE</b>			N/A	
<b>PLAN ID</b>			3961	

<sup>1</sup> Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. Specialty care is provided whether performed by a Participating General Dentist or a Participating Specialist. Referrals to a specialist must be made by a member's Participating General Dentist.

<sup>2</sup> Based on the Context4Healthcare's 80th percentile.

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

## HOW DO I ENROLL?

- To enroll with Dominion or for questions regarding your date of eligibility, please contact your Benefit Administrator.
- Select Plan Only - You must choose a primary care dentist before or after enrollment. You can find a current list of dentists online at [DominionNational.com/find-a-dentist](http://DominionNational.com/find-a-dentist). 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.
- A membership card, benefit description and certificate of coverage will be sent to you on or before your first day of eligibility.

## 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.

## HOW DO I FIND A PARTICIPATING DENTIST?

For a complete listing of participating dentists, please visit [DominionNational.com/find-a-dentist](http://DominionNational.com/find-a-dentist).

## HOW DO I FILE A CLAIM FOR THE PPO PLAN?

Benefits will be paid to you or they may be assigned directly to your dentist. Your dentist may use the standard American Dental Association claims form. Claims can be filed electronically; Mailed To: Dominion National, P.O. Box 1126, Elk Grove Village, IL 60009; Or Faxed To: 888.208.8290.

## 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.

## DOES DOMINION HAVE A MOBILE APP?

Yes. The MyDominion mobile app provides members with easy access to account and plan information. With MyDominion, you can:

- Find a dentist
- View ID cards
- View plan information

For more information, visit [DominionNational.com/mobile](http://DominionNational.com/mobile).

## CAN I MAKE CHANGES ONLINE?

Yes. Dominion provides members with secure online access to:

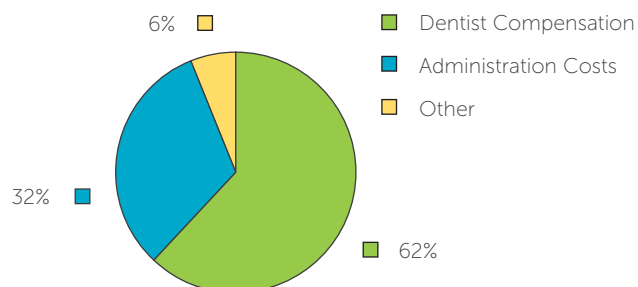
- ID cards
- Plan information
- Dentist search
- Dental cost calculator
- Dental office transfers (Select Plan Only)
- Contact information
- Member services requests and general correspondence

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

## HOW WERE PREMIUM DOLLARS DISTRIBUTED?

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

This chart shows how premium dollars were distributed in 2017 between dentist compensation and administration costs.



**IMPORTANT NOTICE:**

This is a sample listing of exclusions and limitations relating to the product type; however, the complete list of exclusions and limitations may differ depending on the specific plan you choose. Please refer to your Summary of Benefits to determine covered procedures. For the complete list of exclusions and limitations that apply to a specific plan, please obtain the plan document from your Benefit Administrator.

**Select Plan, Discount Program<sup>1</sup>, PPO and ePPO Exclusions**

- Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Reconstructive, plastic, 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 opinion 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, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this program.
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- Services and treatment provided without charge or for which there would be no charge in the absence of insurance.
- 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 program.
- Services and treatment for which Member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.
- Procedures that in the opinion of Dominion National 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.

**Select Plan and Discount Program<sup>1</sup> Exclusions**

- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. In Delaware, Participating Specialists will provide a reduction from their UCR that will vary between specialists.
- 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.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or Dominion National (with the exception of out-of-area emergency dental services).

**PPO and ePPO Exclusions**

- Diagnosis or treatment of temporomandibular joint (TMJ) syndromes, problems and/or occlusal disharmony.
- Treatment of cleft palate, anodontia, malignancies or neoplasms.
- 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.

**PPO Exclusions**

- Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
- Implants; replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.

**Select Plan and Discount Program<sup>1</sup> Limitations**

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year.
- Select Plan - two (2) teeth cleanings (prophylaxis) are covered per calendar year. Discount Program - one (1) teeth cleaning (prophylaxis) is covered per calendar year.
- One (1) topical fluoride or fluoride varnish is covered per calendar year.
- Two (2) bitewing x-rays are covered per calendar year.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
- One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1<sup>st</sup> and 2<sup>nd</sup> molars).
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- 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%.
- Relining and rebasing of dentures is covered once every 24 months.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant.
- Full mouth debridement is covered once per lifetime.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

**PPO and ePPO Limitations**

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

- Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months
- One emergency or problem focused exam (D0140) per Calendar Year
- Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year
- One topical fluoride per Calendar Year, to age 16
- Bitewing x-rays, 2 per Calendar Year
- Periapical x-rays
- One diagnostic x-ray, full or panoramic per 60 months
- Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service)
- One sealant per tooth per lifetime, to age 16 (limited to permanent 1<sup>st</sup> and 2<sup>nd</sup> molars)

<sup>1</sup> This is not an insurance plan. It is a reduced fee-for-service program designed specifically for individuals. Members pay a predetermined reduced fee for listed services provided by contracted providers. Dominion does not pay contracted providers for services.

**IMPORTANT NOTICE:**

This is a sample listing of exclusions and limitations relating to the product type; however, the complete list of exclusions and limitations may differ depending on the specific plan you choose. Please refer to your Summary of Benefits to determine covered procedures. For the complete list of exclusions and limitations that apply to a specific plan, please obtain the plan document from your Benefit Administrator.

10. Simple extraction of teeth
11. Amalgam and composite fillings (restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months
12. Pin retention of fillings (multiple pins on the same tooth are allowable as one pin)
13. Antibiotic injections administered by a dentist
14. Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)
15. 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 periocoronary gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy; e. Reimplantation or transplantation of a natural tooth and f. Excision of a tumor or cyst and incision and drainage of an abscess or cyst
16. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to: a. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage); b. Pulpotomy; c. Apicoectomy and d. Retrograde fillings, per root per lifetime
17. 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 24 months from age 21; c. Occlusal adjustment performed with covered surgery; d. Gingivectomy and gingival curettage; e. Osseous surgery including flap entry and closure; f. One pedicle or free soft tissue graft per site per lifetime; g. One appliance (night guards) per 5 years within 6 months of osseous surgery and h. One full mouth debridement per lifetime
18. One study model per 36 months
19. Crown build-up for non-vital teeth
20. Recementing bridges, inlays, onlays and crowns after first 12 months and per 12 months per tooth thereafter
21. One repair of dentures or fixed bridgework per 24 months
22. General anesthesia and analgesic, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery
23. 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 7 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 up to age 14 (one per tooth per lifetime) and d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
24. 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 7 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 24 months from date of last placement, unless an immediate prosthesis replacing at least 3 teeth.
25. Orthodontia for adults is not covered.
4. Services not listed as covered.
5. Hospitalization for any vision procedure.
6. Services and treatment for which Member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.
7. Orthoptic or vision training and any associated supplemental testing.
8. Plano lenses.
9. Two pair of glasses, in lieu of bifocals or trifocals.
10. Medical or surgical treatment of the eyes.
11. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
12. Customization of bifocal lenses to a progressive or no-line lens.
13. Photo-chromatic lenses.
14. Sub-normal vision aids or non-prescription lenses.
15. Services rendered or materials purchased outside the U.S. or Canada, unless: a) the Member resides in the U.S. or Canada; and b) the charges are incurred while on a business or pleasure trip.
16. Charges in excess of the usual and customary charge for the service or materials.
17. Charges incurred after: a) the Policy ends; or b) the Member's coverage under the Policy ends, except as stated in the Policy. Maryland policyholders only: Also subject to the Extension of Benefits provision.
18. Experimental or non-conventional treatment or device as determined by treating provider.
19. Spectacle lens treatments or "add-ons," except solid tints (#1 & #2), and oversize lenses.
20. High Index lenses of any material type.
21. Lost or broken materials, except when replaced at normal intervals when services are available.
22. Maryland policyholders only: Any bill, or demand for payment, for a vision service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

**Vision Plan Limitations**

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

- A. Services: Include, but are not limited to:
1. Vision Examinations - Each Subscriber and eligible Dependent(s) is entitled to a complete analysis of the eyes and related structures to determine vision problems and other abnormalities. Plan will cover such service once every 12 months. Where the vision examination shows new lenses or frames or both are necessary for proper visual health, such materials will be covered, together with certain services as necessary.
  2. Prescribing and ordering proper lenses.
  3. Assisting with selection of frames.
  4. Verifying accuracy of finished lenses.
  5. Proper fitting and adjustments.
- B. Materials:
1. Lenses: Plan will pay for lenses on a new prescription for standard lenses once every 12 months. The lens allowance equals two (2) lenses. If only one (1) lens is needed the allowance will be half (1/2) the lens allowance.
  2. Frames: Plan will pay for frames once every 12 months.
  3. Contact Lenses: Plan will pay for contact lenses once every 12 months.

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

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

**Vision Plan Exclusions**

1. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
2. Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
3. Services and treatment provided without charge or for which there would be no charge in the absence of insurance. DOES NOT APPLY TO MEDICAID.



## Nondiscrimination and Foreign Language Assistance Notice

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

Dominion National provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters or written information in other formats (large print, audio, accessible electronic format, other formats). Dominion National provides free language service to people whose primary language is not English, such as: qualified interpreters, and information written in other languages.

If you need these services, contact our Civil Rights Coordinator.

If you believe that Dominion National has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator at Dominion National, Attn: Civil Rights Coordinator, 251 18th Street South, Arlington, VA 22202; call 888.518.5338, fax (703) 518-8849 (Attn: Civil Rights Coordinator), or email at [CRC@dominionnational.com](mailto:CRC@dominionnational.com). You can file a grievance by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice may have important information about your application or coverage through your health plan. Look for key dates in this notice; you may need to take action by certain deadlines to keep your health coverage or help with costs. If you, or someone you're helping, has questions or needs assistance or information about your health plan or this notice, you have the right to get help in your language at no cost. To talk to an interpreter, call 888.518.5338.

**Spanish:** Este aviso puede contener información importante acerca de su solicitud o cobertura a través de su plan de salud. Ponga atención a la fechas importantes en este aviso; es posible que tenga que actuar antes de ciertas fechas límite para mantener su cobertura de salud o con ayuda del costo. Si usted, o alguien a quien usted ayuda, tiene preguntas o necesita asistencia o información acerca de su plan de salud o este aviso, tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.518.5338.

**Chinese:** 本通知可能包含有关您的健康计划申请或涵盖范围的重要信息。请注意本通知中的重要日期；您可能需要在具体的截止日期前采取行动维护您的健康涵盖范围或缴纳费用。如果您自己或者您提供帮助的人对您的健康计划或本通知有任何疑问或者需要获得帮助或信息，您有权免费获得以您的语言提供的帮助。欲与翻译员通话，请拨打电话 888.518.5338。

**Korean:** 이 안내문에는 귀하의 건강보험을 통한 신청 또는 보장에 관한 중요한 정보가 포함될 수 있습니다. 이 안내문의 주요 날짜를 확인해 주십시오! 건강보험을 유지하거나 비용 지원을 위해 특정 마감일까지 관련 조치를 해야 할 수도 있습니다. 귀하 또는 귀하가 부양하는 사람이 귀하의 건강보험이나 이 안내문에 관하여 문의 사항이 있거나 도움말 또는 정보가 필요할 때는, 무료로 귀하의 언어를 통하여 도움을 받을 권리가 있습니다. 통역사에게 문의하려면 888.518.5338 으로 전화해 주십시오.

**Vietnamese:** Thông báo này có thể chứa những thông tin quan trọng về đơn xin của quý khách hoặc phạm vi bảo hiểm trong chương trình bảo hiểm sức khỏe của quý khách hàng. Hãy xem những ngày quan trọng trong thông báo này; quý khách có thể cần xử lý trước khi đến hạn cuối để duy trì bảo hiểm sức khỏe hoặc để giảm chi phí. Nếu quý khách hàng, hoặc người nào đó đang trợ giúp cho quý khách hàng, có câu hỏi hay cần trợ giúp hay thông tin về chương trình bảo hiểm sức khỏe của quý khách, quý khách có quyền yêu cầu được trợ giúp bằng ngôn ngữ của quý khách mà không phát sinh chi phí nào. Để kết nối với thông dịch viên, hãy gọi 888.518.5338.

**Russian:** Данное уведомление может содержать важную информацию по вашей заявке и медицинской страховке. Просмотрите ключевые даты в этом уведомлении – может понадобиться придерживаться некоторых сроков для сохранения медицинской страховки или же внести плату. Если у вас или помогающего вам есть вопросы, а также нужна помощь или информация по медицинской страховке или по данному уведомлению, позвоните на бесплатный телефон. Для соединения с переводчиком, звоните 888.518.5338.

**Tagalog:** Ang abisong ito ay maaaring may mahalagang impormasyon tungkol sa aplikasyon mo o pagsakop sa pamamagitan ng iyong planong pangkalusugan. Maghanap ng mga pangunahing petsa sa abisong ito; maaaring kailanganin mong kumilos bago ang mga ilang deadline para mapanatili ang pagsakop sa kalusugan mo o makatulong sa mga gastos. Kung ikaw o sinumang tinutulungan mo ay may mga tanong o kailangan ng tulong o impormasyon tungkol sa iyong planong pangkalusugan o sa abisong ito, may karapatan kang humingi ng tulong sa wika mo nang libre. Para makipag-usap sa tagapagsaling-wika, tumawag sa 888.518.5338.

**Arabic:** حول التغطية من خلال خطتك الصحية. ابحث عن التواريخ الرئيسية في هذا الإشعار؛ ربما تحتاج إلى اتخاذ إجراء من خلال بعض المواعيد النهائية حول طلبك أو للحفاظ على التغطية الصحية الخاصة بك أو المساعدة في سداد التكاليف. إذا كنت تحتاج إلى مساعدة، أو كنت تساعد شخصاً آخر، أو كان لديك أسئلة أو بحاجة إلى المساعدة أو بحاجة للحصول على معلومات حول خطتك الصحية أو حول هذا الإشعار، فإليك الحق في الحصول على المساعدة بلغتك الأم مجاناً. للتحدث إلى مترجم فوري، اتصل بالرقم 888.518.5338 على الرقم

**Portuguese:** Este aviso pode ter informações importantes sobre a sua aplicação ou cobertura de plano de saúde. Olhe para as datas importantes neste aviso; pode ser necessário tomar medidas em determinados prazos para manter a sua cobertura de saúde ou ajudar com os custos. Se você, ou alguém que você está ajudando, tem dúvidas ou precisa de assistência ou informação sobre seu plano de saúde ou este aviso, você tem o direito de obter ajuda na sua língua sem nenhum custo. Para falar com um intérprete, ligue para 888.518.5338.

**French:** Le présent avis peut avoir information importante concernant votre application ou la couverture à travers de votre plan sanitaire. Regarde pour clef dates dans cet avis ; vous pourriez devoir prendre des mesures à certaines dates pour maintenir votre plan sanitaire ou de l'aide à payer les coûts. Si vous, ou quelqu'un vous les aidez avoir des questions ou il a besoin d'aide ou information concernant votre plan sanitaire ou cet avis, vous avez le droit à obtenir de l'aide dans votre langue à titre gratuit. Pour parler à un interprète, appel 888.518.5338.

**Gujarati:** આ નોટિસ માં તમારી અરજી અથવા તમારી આરોગ્ય યોજના મારફતે કવરેજ વિશે મહત્વની જાણકારી હોઈ શકે છે. આ નોટિસ માં મહત્વ ની તારીખો જુઓ; તમારા આરોગ્ય કવરેજ ને જાળવવા માટે અથવા ખર્ચ બચાવવા માટે અમુક ચોક્કસ મુદતો સુધી તમને પગલાં લેવા પડી શકે છે. જો તમે, અથવા જેની તમે મદદ કરી રહ્યા છો, તેમણે કોઈ સવાલ હોય અથવા સહાય કે તમારી આરોગ્ય યોજના અથવા આ નોટિસ વિશે માહિતી જોઈએ, તો તમને તમારી ભાષા માં કોઈ પણ ખર્ચ વગર મદદ મેળવવા નું અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, 888.518.5338 ફોન કરો.

**Italian:** Questo avviso potrebbe avere importanti informazioni circa la vostra applicazioni o copertura attraverso il vostro programma di salute. Cercate les principali date in questo avviso; pottrebe essere necessario applicare missuri ritoccando alcune scadenze per mantenere le vostre programma di salute o per contribuire con i costi. Se voi, o qualcuno voi state aiutando, ha quesiti o necessita di assistenza o informazione circa il vostro programma di salute o questo avviso, voi avvere può le diritto per ottenere aiuto in la vostra lingua gratuitamente. Per parlare con un interprete, chiamate 888.518.5338.

**Polish:** To powiadomienie może zawierać ważne informacje na temat Pana/Pani wniosku lub zakresu ubezpieczenia w posiadanym planie. Zalecamy zapoznać się z kluczowymi terminami w tym powiadomieniu; może istnieć konieczność podjęcia działania przed upłynięciem pewnych terminów, aby utrzymać ubezpieczenie zdrowotne lub uzyskać pomoc w kosztach. Jeżeli Pan/Pani lub ktoś, komu Pan/Pani pomaga, ma pytania bądź potrzebuje pomocy lub informacji w sprawie planu ubezpieczenia zdrowotnego albo tego powiadomienia, przysługuje Panu/Pani prawo do nieodpłatnego uzyskania pomocy w ojczystym języku. Aby porozmawiać z tłumaczem ustnym, prosimy zadzwonić pod numer 888.518.5338.

**French Creole:** Avi sila a ka genyen enfòmasyon ki enpòtan konsènan aplikasyon w lan oubyen asirans ou atravè plan lasante w la. Chèche dat enpòtan yo ki nan avi sila a; ou ka gen pou w fè sèten bagay anvan kèk dat limit pou w sa kenbe asirans ou a oubyen pou yo ede w ak kèk depans. Si oumenm, oubyen yon lòt moun w ap ede, genyen kesyon oubyen bezwen èd oswa plis enfòmasyon sou plan lasante w oswa sou avi sila a, ou genyen dwa pou w resewva asistans nan lang ou pale a san li pa koute w anyen ditou. Pou w pale ak yon entèprèt, rele 888.518.5338.

**German:** Diese Mitteilung enthält eventuell wichtige Informationen bezüglich Ihres Antrages auf oder Ihres Schutzes durch Ihre Krankenversicherung. Suchen Sie nach Schlüsseldaten in diesem Dokument. Eventuell müssen Sie innerhalb von gewissen Fristen handeln um Ihren Versicherungsschutz zu behalten oder Hilfe mit Kosten zu erhalten. Fall Sie oder jemand, dem/der Sie helfen, Fragen hat oder Hilfe benötigt bezüglich dieser Mitteilung oder der Krankenversicherung, haben Sie Anspruch auf kostenlose Hilfe in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, rufen Sie an unter 888.518.5338.

**Amharic:** ይህ ማሳሰቢያ፡ ስለመጠየቅዎ ወይም በጤና እቅድዎ አማካኝነት ስለሚያገኙት ሽፋን አስፈላጊ መረጃ ሊይዝ ይችላል። በዚህ ማሳሰቢያ ላይ የሚገኙትን ወሳኝ ቀናት ይመልከቱ፤ የጤና ሽፋንዎን ይዘው ለመቆየት ወይም በወጪዎች ረገድ እገዛ ለማግኘት፤ እርምጃ ሊወሰድባቸው በሚገቡ በተወሰኑ ቀናቶች ውስጥ እርምጃ መውሰድ ይኖርብዎ ይሆናል። እርስዎ ወይም እርስዎ የሚረዱት ግለሰብ ስለ ጤና እቅድዎ ጥያቄዎች ካለዎት/ካላቸው ወይም እገዛ አሊያም መረጃ ከፈለጉ እገዛውን ያለምንም ክፍያ በቋንቋዎ የማግኘት መብት አለዎት። ከአስተርጓሚ ጋር ለመነጋገር 888.518.5338 ብለው ይደውሉ።



Dental/Vision Enrollment Card	
<b>DENTAL</b> <input type="checkbox"/> I choose the Dominion PPO <sup>1</sup> <b>SELECT ONE:</b> <input type="checkbox"/> I choose the Dominion ePPO <sup>1</sup> <input type="checkbox"/> I choose the Dominion Select Plan <sup>1</sup>	<b>VISION</b> <input type="checkbox"/> I choose the Avalon vision <sup>2</sup> plan <b>SELECT ONE:</b>

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	
Cell Phone*			Hire Date	
Email Address**				
<small>* By providing your cell phone number above, you authorize Dominion National to send Short Message Service (SMS) or text message communications directly to your cell phone. You may revoke your consent to receiving text communications at any time by replying "STOP" upon receipt of a message. Message and Data Rates May Apply.</small>			<small>** Provide your e-mail address above to consent to electronic distribution (no paper copies) of your benefit plan documents through our secure member portal. You may provide a revised e-mail address, revoke your consent to electronic distribution, or request a paper copy of any electronic documents free of charge by calling 888.518.5338.</small>	

List All Your Eligible Dependents Below				
Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse				
Child				
Child				
Child				
Child				
Child				

SELECT PLAN Provider Selection	Dental Office Name & Code # (As Indicated on Your Dentist Directory)
<p>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.</p> <p>I understand and agree that my signature on this enrollment form serves as my legal commitment to the Plan and its terms. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by providers of dental and/or vision services. Information will be released to Dominion National, if enrolled in the dental plan and Avalon Insurance Company if enrolled in vision plan, for the purpose of investigation or evaluation of care in connection with a claim or complaint. Authorization will be limited to the term of coverage of this contract. A copy of this form will be made available to subscriber or their authorized representative upon request.</p>	
Signature _____ Date _____	

Agent/Broker #	Group #	Group Name    New Castle County	Coverage Eff. Date
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**Dominion National, P.O. Box 75314 Charlotte, NC 28275-5314**

<sup>1</sup> The dental plans are underwritten by Dominion Dental Services, Inc. d/b/a Dominion National.  
<sup>2</sup> The vision plans are underwritten by Avalon Insurance Company and administered by Dominion Dental Services USA, Inc. d/b/a Dominion National.

Delaware - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. District of Columbia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Dominion National recognizes that you need quick and convenient access to real-time benefit information and resources. We also understand that each of our customers is unique and has different communication preferences so we've created a variety of online tools to provide you with instant access to your account when and wherever you need it.

## MEMBER PORTAL

<https://DominionMembers.com>

Online Access - Real Time, Password Protected

### PORTAL FEATURES



ID Cards



Dental Cost Calculator



Find a Provider



Member Service Requests



Obtain Plan Information and Certificates of Coverage

### LOGIN INSTRUCTIONS



Go to <https://DominionMembers.com>.

Select "Create New Account" and complete login request form. You will receive a confirmation email within 24 hours with your login information.

You will be prompted to change your password. Change the password to one that you will remember. Passwords must have a minimum of eight characters including at least one capital letter, one number and one special character (!\$%\*).

Log back into the portal and enter your password.

## CONNECT ON DOMINION NATIONAL GO

Receive personalized account communications straight to your mobile device by connecting on Dominion National Go. Text notifications also provide an easier way to access your digital ID card, find a provider and stay informed.

### BENEFITS OF CONNECTING ON GO



#### Valuable Resources On-The-Go

Access your ID card and provider search information in seconds



#### Overall Wellness

We'll help you stay healthy with messages tailored to your needs



#### Stay Informed

You will be notified when there are important items that need your attention

### HOW IT WORKS



Go combines text with secure web messaging that you can access from your smartphone, tablet or computer. Text notifications take you directly to your private message where you can take action or get support. Your personal feed conveniently retains all of your notifications in one place.

### THREE WAYS TO REGISTER



Call 888.596.0716



Text "DN GO" to 73529



Visit [bit.ly/connectongo](http://bit.ly/connectongo)

The Dominion National mobile communications service is provided by Relay Network. Review Terms and Conditions at <https://my.relayit.com/terms-and-conditions>, which includes your consent to receive notifications via automated text message from Dominion National. Not required to purchase goods and services from Dominion. You may revoke your consent to receiving text communications at any time by replying "STOP" upon receipt of a message. Message and data rates may apply.

# MYDOMINION MOBILE APP

The MyDominion mobile app provides members with easy access to account and plan information.

## WITH MYDOMINION, YOU CAN:



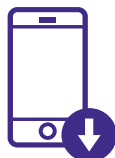
Find A Dentist



View ID Cards



View Plan Information



The MyDominion app is compatible with iPhone® and Android™ and can be downloaded through our website at [DominionNational.com/mobile](https://DominionNational.com/mobile).

## HOW DO I FIND A PARTICIPATING DENTIST?

Dominion National has extensive networks providing access to over 300,000 national PPO dentist listings and one of the largest Select Plan and ePPO networks in the Mid-Atlantic region.<sup>1</sup> Follow the below instructions to find a participating dentist.








### INSTRUCTIONS

Go to [DominionNational.com/find-a-dentist](https://DominionNational.com/find-a-dentist).

Utilize the searchable features to find general dentists and specialists near your home or office. You may filter your search by city, state or zip code, dentist name and type or language(s) spoken.

**You must select your plan type in the dropdown menu in order to determine the corresponding network.**

Once you have entered in the search criteria, click "Find" and your results will be displayed. Search results provide detailed contact information including:

-  Office and email addresses
-  Office and emergency phone numbers
-  Dentist status (accepting new members)
-  Hours of operation
-  Handicap accessibility
-  Language(s) spoken
-  Directions to the dental office



### SELECT PLAN ONLY

Select Plan<sup>2</sup> members must select a participating dentist prior to making a dental appointment. Except for out-of-area emergency care, you must receive treatment at the dental office you selected. Family members may use different participating dentists.

#### HOW TO CHOOSE YOUR DENTIST:

**Option 1:** Create your online account through Dominion's Member Portal at <https://DominionMembers.com>. Once you have logged in, simply go to your "Member Summary" and select the "Change Dentist" option in the bottom left menu.

**Option 2:** Call Dominion at 888.518.5338.



### CAN'T FIND THE DENTIST OF YOUR CHOICE?

Nominate them for consideration in the Dominion network by going to [DominionNational.com/find-a-dentist](https://DominionNational.com/find-a-dentist) and clicking "Nominate Your Dentist."

1. Dominion National Internal Performance Report, November 2017. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia. Participating providers are subject to change.  
2. Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only.

Dental plans are underwritten by Dominion Dental Services, Inc. in DC, DE, MD, OR, PA and VA. Dental and vision plans are underwritten by Dominion National Insurance Company in GA and NJ. Dominion Dental Services USA, Inc. (DDSUSA) is a licensed administrator of dental and vision benefits. Vision plans are underwritten by Avalon Insurance Company, and administered by DDSUSA, in DC, DE, MD, PA and VA. The Discount Program is offered through DDSUSA in DC, DE, MD, NJ, PA and VA.