

Dominion

Dental Services

Plan 603X

Presented by

Professional Benefit Administrators 1 (800) 578-2082

SUMMARY OF BENEFITS AND COPAYMENTS

Enrollee pays

DIAGNOSTIC
Office Visit/Infectious Disease Control\$ 10.00
Oral examinationNo Cost
Bitewing radiograph(s)No Cost
Panoramic film \$30.00
Pulp vitality testsNo Cost

PREVENTIVE

Prophylaxis (adult/child) one per six month periodAdult- 13.00;	Child - \$10.00
Topical application of fluoride including, excluding prophylaxis (to age 19)	No Cost

RESTORATIVE

Amalgam - one surface	\$ 37.00
Amalgam - four+ surfaces	\$ 70.00
Resin - one surface	\$ 66.00
Resin - four+ surfaces	\$ 114.00
Sedative filling	\$ 37.00
Pin retention, per tooth, add restorative	\$ 20.00

ORAL SURGERY

Routine extraction - single tooth, without complication		\$ 50.00
Surgical removal of erupted tooth	\$120.00	
Removal of impacted tooth - soft tissue	\$137.00	
Removal of impacted tooth - completely bony		\$219.00
Alveoplasty per quadrant	\$128.00	

PERIODONTICS

Gingivectomy per quadrant	\$255.00
Gingival flap procedure, per quadrant	\$316.00
Root planing & periodontal scaling, per quadrant	\$ 99.00
Osseous (bone) surgery, per quadrant	\$359.00
Occlusal guards, by report	\$258.00

PROSTHETICS

Crown - porcelain/ceramic	\$535.00	
Crown - porcelain fused to metal	\$497.00	
Crown - full cast metal	\$470.00	
Crown - resin with metal	\$495.00	
Cast post & core in addition to crown	\$176.00	
Denture - complete upper or lower	\$606.00	
Removable unilateral partial - 1 piece cast metal, incl. clasps & teeth	•••	\$364.00
Rebase complete/partial upper & lower	\$226.00	
Reline complete/partial upper & lower	\$134.00	
Reline upper/lower partial, lab	\$194.00	
Bridge pontic – metal		

ENDODONTICS

Root canal - anterior, excl. final restoration.	\$296.00
Root canal - bicuspid, excl. final restoration	\$363.00
Root canal - molar, excl. final restoration	\$444.00

ADJUNCTIVE GENERAL SERVICES

Palliative (emergency) treatment of	\$ 40.00	
Local anesthesia	No Cost	
Consultation/second opinion, per session, by another plan dentist	\$ 40.00	
Broken appointment, w/o 24 hr notice - per 1/2 hr		\$ 23.00

ORTHODONTICS

Records & study models	\$413.00
Two year case, adolescent	\$3,422.00

Please note: This is only a summary of the co-payments and benefits. For more information on Dental Plans, please call:

1 (800) 578-2082

An Evidence of Coverage will be sent to you upon enrollment.

• HOW IT WORKS

When you enroll in Dominion Dental Services, select a Participating Dentist from the list. This location is now the center for all of your dental needs.

After you have enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that fully describes the benefits of your dental plan as well as a Dominion Dental membership card. This card will have the address and telephone number of your participating panel dentist. To receive all necessary dental care covered by the plan, simply call your selected provider to make an appointment.

Remember to always contact your selected panel dentist. **Dental services which are not performed by your panel provider nor prior authorized by Dominion will not be covered by the Dominion Dental program.**

• WHO CAN JOIN

You can also enroll your eligible dependents, which include your lawful spouse and unmarried children; including step-children, legally adopted and foster children to the limiting age as specified by state law.

Dominion Dental Services - Plan 603X

Bi-Weekly Payrol	l Deduction
Individual	\$16.00
Employee + 1	\$20.00
Family	\$25.00
Monthly Bankd	raft Rates
ndividual	\$34.66
Employee + 1	\$43.33
Family	\$51 17

• ADVANTAGES

$\sqrt{}$ NO CLAIM FORMS

The dental location you choose provides all primary dental services. There are no claim forms to complete or percentage of usual charges for you to pay.

$\sqrt{}$ NO DEDUCTIBLES

In the Dominion Dental program there are no required deductibles to pay so your benefits begin immediately.

\checkmark NO DOLLAR LIMIT OF DENTAL BENEFITS

No annual limit.

$\sqrt{}$ NO PRE-EXISTING CONDITONS RESTRICTED

These conditions are not excluded in a Dominion Dental program. Exception: Work in progress.

\checkmark prepaid plan saves on dental cost

Your out-of-pocket savings could be substantial. You know the exact cost prior to treatment and this aids in better fiscal planning for you and your family.

$\sqrt{}$ QUALITY REVIEW OF DENTAL PROVIDERS

On site audit of participating dental locations to insure that established standards of quality are maintained.

\checkmark SPECIALTY SERVICES

Should the services of a specialist be necessary, you may be referred by your participating general dentist to any participating specialist listed in our directory. If you are treated by a participating specialist, you will receive a 25% reduction off that specialist's normal fees. Payment for services performed by a non-participating specialist is the responsibility of the member.

• SUMMARY OF BENEFITS

The Dominion Dental program provides all reasonable and customary dental care (subject to the provisions, limitations and exclusions as shown in the Combined Evidence of Coverage and Disclosure Form) if care is rendered by your assigned Dominion Dental panel dentist. There is no cost for covered services to the primary enrollee or eligible dependent enrollee except for co-payments on certain procedures. (See Description of Benefits and Co-payments on reverse side.)

• EMERGENCY SERVICES

You are also covered for out-of-area dental emergencies. This program will pay dental expenses incurred up to a maximum of \$50.00 during each 12 calendar months. "Out-Of-Area" means 35 miles or more from your selected Dominion Dental participating dentist's office.

Please note: With Dominion Dental you receive a 25% discount on specialty care.

For more information on why Dominion Dental should be your prepaid Dental Plan, please call:

1 (800) 578-2082

Click here to go to Enrollment Form