



# Ortho Discount PROGRAM

## PROGRAM FEATURES

- NO Deductibles
- NO Waiting Periods
- NO Pre-authorization Paperwork
- NO Lifetime Maximums
- NO Pre-existing Condition Exclusions
- NO Claim Forms



### ORTHO DISCOUNT PROGRAM

- Quality care at predetermined fees.
- Choose any in-network orthodontist from one of the largest discount dental networks in the Mid-Atlantic.<sup>1</sup>
- Family members may select different orthodontists.
- All network orthodontists are licensed, regulated and must meet Dominion’s Credentialing and Quality Assurance Program standards.



### WHO IS ELIGIBLE?

Everyone is eligible to enroll. The program is available on a per member basis.



### WHAT IS MY COST?

You will pay a one-time charge per member for three years of access to reduced fees.

- Existing Dominion PPO Member.....\$49
- Not an Existing Dominion PPO Member.....\$99



### IS THIS A DENTAL INSURANCE PLAN?

No. 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.



### SECURE ONLINE ACCESS TO YOUR ACCOUNT

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



### MEMBER PORTAL

[DominionMembers.com](http://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](http://DominionNational.com/mobile)



## Orthodontic Discount Services and Member Fees<sup>2</sup>

D8010 - D8050 Phase I treatment.....	15% Discount <sup>2</sup>
D8660 Pre-orthodontic treatment visit.....	\$413
D8070 Comp. ortho. treatment - transitional dentition .....	\$3,304
D8080 Comp. ortho. treatment - adolescent dentition .....	\$3,422
D8090 Comp. ortho. treatment - adult dentition .....	\$3,658
D8670 Periodic ortho. treatment visit (as part of contract) .....	\$118
D8680 Orthodontic retention (rem. of appl. and placement of retainer(s)) .....	\$413

2 Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees.

### HOW DO I ENROLL?

- Complete the enclosed enrollment card.
- You must receive care from a participating Discount Network orthodontist to receive discounts on services. You can find a current list of orthodontists online at [DominionNational.com/find-a-dentist](http://DominionNational.com/find-a-dentist).
- After your effective date, simply call the participating orthodontist and make an appointment.
- You may pay a one-time payment by either credit card or check.
- Return the completed application and payment to Dominion National; P.O. Box 75314; Charlotte, NC 28275-5314.
- An ID card will be sent to you on or before your first day of eligibility.
- If your application and payment are received by the 25th of the month, your program will be effective on the first day of the following month.

### PROGRAM EXCLUSIONS

1. Services which are covered under Medicare, worker's compensation, employer's liability laws or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
2. Services which, in the opinion of the Program, are not necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
4. Hospitalization for any dental procedure.
5. 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.
6. Procedures not listed as covered benefits under this Program.
7. 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).
8. Services related to the treatment of TMD (Temporomandibular Disorder).

Only current ADA CDT codes are considered valid by Dominion National.

Current Dental Terminology © American Dental Association.



**Questions?**  
Please contact your Benefit Administrator or call Dominion's Customer Service at **888.518.5338**.

1 Dominion National Network Analysis Report, 2018. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia. Participating dentists are subject to change.

Only one Payment Authorization Card is required for each family that would like to enroll.

## DOMINION NATIONAL ONE-TIME PAYMENT AUTHORIZATION CARD

**PAY BY CREDIT CARD DEBIT:**

Credit Card Number: \_\_\_\_\_

C.C.Verification Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Credit Card Type:

Visa  MasterCard  American Express  Discover

Name as it appears on card: \_\_\_\_\_

**PAY BY CHECKING ACCOUNT DEBIT:**

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**Payment Authorization:** By signing the Payment Authorization form you authorize Dominion National to automatically deduct premium payments from the credit card or checking account noted above. You will pay a one-time charge per member for three years of access to the Ortho Discount Program. Existing Dominion PPO members will pay \$49 per member and all other members will pay \$99 per member. In the event that any electronic debit or transfer is returned, I agree that a \$25.00 returned item fee will be automatically charged to my account. **There is no application fee.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A separate Ortho Discount Program Enrollment Card is required for each individual that would like to enroll.

Dominion National

Arlington, VA

## ORTHO DISCOUNT PROGRAM ENROLLMENT CARD

I choose the Dominion Ortho Discount Program<sup>1</sup>

### Enrollment Information

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

Does this plan replace other coverage?  Yes  No

Employer \_\_\_\_\_

I understand and agree that my signature on this enrollment form serves as my legal commitment to the Program 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 USA, Inc. d/b/a Dominion National 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 #	Coverage Eff. Date	ORTHO DISCOUNT
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**Dominion National, P.O. Box 75314 Charlotte, NC 28275-5314**

This is a reduced fee-for-service program designed specifically for individuals. It is not an insurance product, regulated by the State Insurance Department, or covered by any state's guarantee fund or corporation.

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# DOMINION NATIONAL

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Find out more about our competitively  
priced and quality oriented dental  
and vision plans today.

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

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WE WORK  
FOR YOUR  
**Benefit**<sup>®</sup>