DOMINION NATIONAL

ORTHO DISCOUNT PROGRAM
Orthodontic program for adults and children

Ortho Discount Program
• Quality care at predetermined fees
• Choose any in-network orthodontist from one of the largest discount dental networks in the Mid-Atlantic¹
• 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.

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.
• 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 mailed 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.

Can I make changes online?
Yes. Dominion provides members with secure online access to:
• ID card requests
• Program information
• Dentist search
• Contact information
• Member services requests and general correspondence

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

¹ Dominion National Competitive Network Survey, 1st Quarter 2016. Mid-Atlantic includes D.C., Delaware, Maryland, Pennsylvania and Virginia. Participating dentists are subject to change.
Orthodontic Discount Services and Member Fees

D8010 - D8050 Phase I treatment
D8660  Pre-orthodontic treatment visit
D8070  Comp. ortho. treatment - transitional dentition
D8080  Comp. ortho. treatment - adolescent dentition
D8090  Comp. ortho. treatment - adult dentition
D8670  Periodic ortho. treatment visit (as part of contract)
D8680  Orthodontic retention (rem. of appl. and placement of retainer(s))

1 Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist’s UCR fees. See exclusion #9 for additional coverage exclusions.

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.
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).
9. 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.

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

Current Dental Terminology © American Dental Association.

Dominion Dental Services, Inc. d/b/a Dominion National 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.
Find out more about our competitively priced and quality oriented dental and vision plans today.

For more information, visit DominionNational.com.

The Dominion National group of companies includes Dominion Dental Services, Inc., a licensed issuer of dental plans, and Dominion Dental Services USA, Inc., a licensed administrator of dental and vision benefits. Vision plans are underwritten by Avalon Insurance Company.
**DOMINION NATIONAL PAYMENT AUTHORIZATION CARD**

**OUR PRE-AUTHORIZED PAYMENT PLAN**

Just authorize us to debit your personal checking account or credit card account and we'll do the rest. There will be no more paperwork, no more checks to write and no worries about coverage disruption. It's easy, secure and automatic.

<table>
<thead>
<tr>
<th>PAY BY CREDIT CARD DEBIT:</th>
<th>❑ AUTOMATIC MONTHLY DEBITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Card Number:</td>
<td>_________________________</td>
</tr>
<tr>
<td>C.C. Verification Code:</td>
<td>________</td>
</tr>
<tr>
<td>Credit Card Type:</td>
<td>❑ Visa  ❑ MasterCard  ❑ American Express  ❑ Discover</td>
</tr>
<tr>
<td>Name as it appears on card:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAY BY CHECKING ACCOUNT DEBIT:</th>
<th>❑ AUTOMATIC MONTHLY DEBITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Name:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Bank Routing Number:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Bank Account Number:</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

* By submitting a check for the first month's premium, you authorize Dominion National to automatically deduct future monthly premium payments from your checking account.

**TERMS AND AUTHORIZATION**

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

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

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

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

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

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

Signature: ___________________________ Date: _____________

Dominion Dental Services, Inc. d/b/a Dominion National.

<table>
<thead>
<tr>
<th>Agent/Broker Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent/Broker # _____________ General Agent # ________________________</td>
</tr>
</tbody>
</table>
I choose the Dominion Ortho Discount Program

### Enrollment Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birthdate (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

DOMINION NATIONAL

Dominion National, P.O. Box 75314 Charlotte, NC 28275-5314

1 This is a reduced fee-for-service program designed specifically for individuals. It is not an insurance product, regulated by the State Insurance Department, or covered by any state’s guarantee fund or corporation.
The Dominion National family of companies (including insurers Dominion Dental Services, Inc. and Dominion National Insurance Company of New Jersey) 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. 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)


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 las 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期限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某个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 도움을 줄 필요가 있을 때는, 무료로 귀하의 언어를 통하여 도움을 받을 권리를 있습니다. 통역사에게 문의하려면 888.518.5338으로 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 hãy thông tin với chúng tôi để có hướng dẫn cụ thể của quý khách. Quý khách có quyền yêu cầu được trợ giúp bằng ngôn ngữ của quý khách mà không phải 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.
The Dominion National group of companies includes Dominion Dental Services, Inc., a licensed issuer of dental plans, and Dominion Dental Services USA, Inc., a licensed administrator of dental and vision benefits. Vision plans are underwritten by Avalon Insurance Company.