Member Dental & Vision Program
Smile. We've Got You Covered.
DOMINION NATIONAL IS A LEADING INSURER AND ADMINISTRATOR OF DENTAL + VISION BENEFITS

AMONG OUR OVER 900,000\(^1\) CUSTOMERS ARE LEADING

HEALTH PLANS  EMPLOYER GROUPS  MUNICIPALITIES  ASSOCIATIONS  INDIVIDUALS

---

\(^1\) Dominion National Internal Performance Report, March 2018.

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.
Dominion National recognizes that you’re a unique individual and we’ve designed plans and programs that work for you. Dental and vision insurance may not be your passion, but it’s ours. We seek a better way to serve you through a variety of plans and exceptional service so that you can focus on what makes you extraordinary and fulfilled.

This exclusive program is made available¹ to you and your family through your membership and offers dental and vision benefits directly to individuals who are self-employed, do not have a dental or vision benefit offered by their employer or union or are looking for additional benefits. Choose the plan that best fits your needs.

¹ This program is available only to members of qualified associational groups. Qualified associational groups must be located in DC, DE, MD, PA or VA, but individual members of those groups may reside elsewhere. Any reference to geographic availability of plans relates to the residence of individual members and is predicated on their associational group qualifying for this program.
DIVERSE DENTAL OPTIONS TO CHOOSE FROM

**PPO PLAN HIGHLIGHTS**
AVAILABLE IN ALL STATES

- Flexibility to use any dentist
- Lower out-of-pocket cost when using a network dentist
- Extra cleaning for diabetics and expecting mothers
- No waiting periods or deductibles
- Plans ranging from $1,000 to $1,500 annual maximum limits

**SELECT PLAN¹ HIGHLIGHTS**
AVAILABLE IN DC, DE, MD, PA, VA AND PARTS OF NJ

- Must use a participating dentist
- Predictable, fixed fees for dental procedures
- No waiting periods or deductibles
- Orthodontic coverage for both children and adults
- Discounts on implant services
- Extra cleanings for diabetics and expecting mothers available at a copayment

**ELITE EPPO PLAN HIGHLIGHTS**
AVAILABLE IN DC, MD, PA AND VA

- Must use a participating dentist
- Predictable, fixed fees for dental procedures
- No waiting periods
- Annual rollover benefits
- Implant coverage
- Extra cleanings for diabetics and expecting mothers available at a copayment

1 Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles.
Select Plan limited in NJ to individuals who reside in Camden, Cumberland or Gloucester County.

Enclosed you will find 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. For the complete list of exclusions and limitations that apply to a specific plan, please obtain the plan document online at eDental.DominionNational.com.
## DOMINION PLAN HIGHLIGHTS COMPARISON

<table>
<thead>
<tr>
<th>Feature</th>
<th>Choice PPO Basic</th>
<th>Choice PPO Premium</th>
<th>Select Plan Premium</th>
<th>Elite ePPO Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must use a participating dentist</td>
<td></td>
<td></td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>Waiting periods</td>
<td></td>
<td>◯</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No charge for routine semiannual cleanings</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>Additional cleaning covered for diabetics and expecting mothers</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>Orthodontics (adults and children)</td>
<td></td>
<td></td>
<td>◯</td>
<td></td>
</tr>
<tr>
<td>Implant service discounts or coverage</td>
<td></td>
<td>◯</td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>Fixed fees for dental procedures</td>
<td></td>
<td></td>
<td>◯</td>
<td>◯</td>
</tr>
<tr>
<td>Office visit charge</td>
<td>N/A</td>
<td>N/A</td>
<td>$10</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual maximum</td>
<td>$1,000</td>
<td>$1,500</td>
<td>No limit</td>
<td>$1,500</td>
</tr>
<tr>
<td>Annual rollover benefits</td>
<td></td>
<td></td>
<td>◯</td>
<td></td>
</tr>
<tr>
<td>Deductibles per member (x3 family max)</td>
<td>$50(^1)</td>
<td>$50(^2)</td>
<td>None</td>
<td>$25(^2)</td>
</tr>
</tbody>
</table>

1  Deductibles apply to all services.
2  Deductibles apply to basic care and major restorative care.
In the event of ambiguity, or conflict between this summary and the plan document, the plan document shall control.

Based on the Context4Healthcare's 80th percentile. Coverage for orthodontia is based on the 80th percentile of Dominion’s out-of-network claims data for D8080 and D8090 (excluding Invisalign) from 2015 to 2018. Based on zip 223. A specific fee schedule applies and will be sent with your membership card. To view the Description of Member Fees, go to eDental.DominionNational.com.

Year 1 benefits apply during the subscriber’s first 12 months of continuous coverage. Year 2 benefits apply during the subscriber’s second 12 months of continuous coverage. Year 3 benefits apply during the subscriber’s third 12 months of continuous coverage.

Deductibles apply to basic care and major restorative care. To be eligible for major restorative care, you must have completed 6 (six) 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.

---

**PLAN COMPARISON**

<table>
<thead>
<tr>
<th>Procedures and Covered Services</th>
<th>In- Network</th>
<th>In- Network</th>
<th>Out-of-Network</th>
<th>Out-of-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Exams</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Bitewing X-Rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Teeth cleanings (two per year)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Topical fluoride for children</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Basic Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full and panoramic X-rays</td>
<td>50%</td>
<td>60%</td>
<td>80%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Amalgam fillings (silver)</td>
<td>50%</td>
<td>60%</td>
<td>80%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Composite fillings (white)</td>
<td>50%</td>
<td>60%</td>
<td>80%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Extraction, erupted tooth</td>
<td>50%</td>
<td>60%</td>
<td>80%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Major Restorative Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetics</td>
<td>15%</td>
<td>25%</td>
<td>50%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Crowns</td>
<td>15%</td>
<td>25%</td>
<td>50%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Bridges</td>
<td>15%</td>
<td>25%</td>
<td>50%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Dentures</td>
<td>15%</td>
<td>25%</td>
<td>50%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Relining of dentures</td>
<td>15%</td>
<td>25%</td>
<td>50%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Periodontics (root planing and therapy)</td>
<td>15%</td>
<td>25%</td>
<td>50%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Endodontics (root canals)</td>
<td>15%</td>
<td>25%</td>
<td>50%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Oral Surgery (extraction of impacted teeth)</td>
<td>15%</td>
<td>25%</td>
<td>50%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Orthodontics (adults and children)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

---

**Benefit Features**

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>None</th>
<th>$10</th>
<th>None</th>
<th>None</th>
<th>None</th>
<th>None</th>
<th>$10</th>
<th>None</th>
<th>None</th>
<th>None</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles</strong></td>
<td>$50 per member (max per family $150)^3</td>
<td>$50 per member (max per family $150)^4</td>
<td>None</td>
<td>$25 per member (max per family $75)^4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Maximums</strong></td>
<td>$1,000 per insured person</td>
<td>$1,500 per insured person</td>
<td>None</td>
<td>$1,500 per insured person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waiting Periods</strong></td>
<td>None</td>
<td>Yes^5</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Receive Care From</strong></td>
<td>Choice PPO network dentist or any licensed dentist</td>
<td>Choice PPO network dentist or any licensed dentist</td>
<td>Select Plan Network Dentist</td>
<td>Elite ePPO network dentist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

1. Based on the Context4Healthcare’s 80th percentile. Coverage for orthodontia is based on the 80th percentile of Dominion’s out-of-network claims data for D8080 and D8090 (excluding Invisalign) from 2015 to 2018. Based on zip 223. A specific fee schedule applies and will be sent with your membership card. To view the Description of Member Fees, go to eDental.DominionNational.com.
2. Year 1 benefits apply during the subscriber’s first 12 months of continuous coverage. Year 2 benefits apply during the subscriber’s second 12 months of continuous coverage. Year 3 benefits apply during the subscriber’s third 12 months of continuous coverage.
3. Deductibles apply to all services.
4. Deductibles apply to basic care and major restorative care.
5. There are no waiting periods for diagnostic and preventive care or basic care. To be eligible for major restorative care, you must have completed 6 (six) 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.

---

In the event of ambiguity, or conflict between this summary and the plan document, the plan document shall control.
MONTHLY RATES - EFFECTIVE 1/1/19 - 12/1/19

Rates are valid through December 2019. You will receive a notice if there is a change to the plan rates or covered benefits prior to January 2020.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Choice PPO Basic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber + 1 Dependent</td>
<td>$33.28</td>
<td>$36.30</td>
<td>$36.41</td>
<td>$39.36</td>
<td>$39.85</td>
<td>$40.30</td>
<td>$42.32</td>
<td>$44.82</td>
</tr>
<tr>
<td>Family</td>
<td>$51.97</td>
<td>$56.68</td>
<td>$56.85</td>
<td>$61.47</td>
<td>$62.22</td>
<td>$62.93</td>
<td>$66.08</td>
<td>$69.98</td>
</tr>
<tr>
<td><strong>Choice PPO Premium</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber</td>
<td>$23.34</td>
<td>$25.75</td>
<td>$25.85</td>
<td>$28.21</td>
<td>$28.60</td>
<td>$28.96</td>
<td>$30.58</td>
<td>$32.58</td>
</tr>
<tr>
<td>Subscriber + 1 Dependent</td>
<td>$43.65</td>
<td>$48.16</td>
<td>$48.33</td>
<td>$52.76</td>
<td>$53.48</td>
<td>$54.16</td>
<td>$57.18</td>
<td>$60.93</td>
</tr>
<tr>
<td>Family</td>
<td>$68.16</td>
<td>$75.20</td>
<td>$75.47</td>
<td>$82.38</td>
<td>$83.51</td>
<td>$84.57</td>
<td>$89.29</td>
<td>$95.14</td>
</tr>
<tr>
<td><strong>SELECT PLAN Premium</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber</td>
<td>$13.76</td>
<td>$14.77</td>
<td>$14.81</td>
<td>$15.79</td>
<td>$15.95</td>
<td>$16.11</td>
<td>-</td>
<td>$17.61</td>
</tr>
<tr>
<td>Subscriber + 1 Dependent</td>
<td>$25.74</td>
<td>$27.62</td>
<td>$27.69</td>
<td>$29.53</td>
<td>$29.83</td>
<td>$30.12</td>
<td>-</td>
<td>$32.94</td>
</tr>
<tr>
<td>Family</td>
<td>$40.19</td>
<td>$43.12</td>
<td>$43.23</td>
<td>$46.11</td>
<td>$46.58</td>
<td>$47.03</td>
<td>-</td>
<td>$51.43</td>
</tr>
<tr>
<td><strong>Elite ePPO Premium</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber</td>
<td>$14.53</td>
<td>$15.64</td>
<td>$15.68</td>
<td>$16.76</td>
<td>$16.94</td>
<td>$17.11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Subscriber + 1 Dependent</td>
<td>$27.17</td>
<td>$29.24</td>
<td>$29.32</td>
<td>$31.35</td>
<td>$31.68</td>
<td>$31.99</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Family</td>
<td>$42.43</td>
<td>$45.66</td>
<td>$45.78</td>
<td>$48.95</td>
<td>$49.46</td>
<td>$49.95</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Discount Program</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber</td>
<td>$7.50</td>
<td>$7.50</td>
<td>$7.50</td>
<td>$7.50</td>
<td>$7.50</td>
<td>$7.50</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Subscriber + 1 Dependent</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Family</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
<td>$10.00</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
## RATING REGIONS

<table>
<thead>
<tr>
<th>Region</th>
<th>Legend</th>
<th>Counties/States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 2</td>
<td>PA counties: Adams, Berks, Bucks, Centre, Chester, Columbia, Cumberland, Dauphin, Delaware, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Schuylkill, Snyder, Union, York</td>
<td>Additional States: KY, NE, OH, OK, UT, WV</td>
</tr>
<tr>
<td>Region 3</td>
<td>MD counties: Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Queen Anne’s, St. Mary’s, Somerset, Talbot, Washington, Wicomico, Worcester</td>
<td>Additional States: AL, IN, MT, TN</td>
</tr>
<tr>
<td>Region 4</td>
<td>VA counties: Accomack, Albemarle, Amelia, Augusta, Bedford, Bedford City, Bland, Botetourt, Bristol City, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Charles City, Charlottesville City, Chesapeake City, Chesterfield, Colonial Heights City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fluvanna, Franklin, Franklin City, Frederick, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Louisa, Lunenburg, Madison, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Washington, Waynesboro City, Winchester City, Wise, Wythe, York</td>
<td>Additional States: AR, AZ, FL, GA, IA, IL, KS, MI, MO, MS, ND, NJ, NM, RI, SD, TX</td>
</tr>
<tr>
<td>Region 5</td>
<td>MD counties: Montgomery, Prince George’s</td>
<td>Additional States: ID, LA, NH, NV, NY</td>
</tr>
<tr>
<td>Region 6</td>
<td>DC</td>
<td></td>
</tr>
<tr>
<td>Region 7</td>
<td>States: CA, HI, OR, VT, WY</td>
<td></td>
</tr>
<tr>
<td>Region 8</td>
<td>DE</td>
<td>Additional States: AK, CO, CT, MA, ME, MN, NC, WA, WI</td>
</tr>
</tbody>
</table>

1 Select Plan is not available except in NJ where it is limited to individuals who reside in Camden, Cumberland or Gloucester County.
2 Elite ePPO Plan is not available.
ENROLL IN OUR VISION PLAN

VISION PLAN 6030 HIGHLIGHTS: ALL STATES

You may use any licensed vision provider or choose from over 60,000 participating providers nationwide including Wal-Mart, Pearle Vision, Sears Optical, J.C. Penney, For Eyes Optical, Hour Eyes and Target Optical, along with independent optometrists, ophthalmologists and opticians.¹

No annual charge in-network for eyeglass frames up to $120 or contact lenses up to $100

15% discount off LASIK standard prices; 5% discount off promotional pricing

Smart Buyer Program: A helpful guide for purchasing eyewear:
- Use Vision Benefit Maximizer® to find a provider by location and frame inventory at $0 out-of-pocket cost
- Find out which frames looks best by face shape, hair color, skin tone and more!
- Select lens types and coatings based on prescription, lifestyle and price.

**Vision Plan 6030 At A Glance**

<table>
<thead>
<tr>
<th>Benefit Summary</th>
<th>Copay</th>
<th>Frequency</th>
<th>Maximum Allowances: Preferred Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$10</td>
<td>12 Months</td>
<td>Frame</td>
</tr>
<tr>
<td>Lenses</td>
<td>$10</td>
<td>12 Months</td>
<td>Frame</td>
</tr>
<tr>
<td>Frames</td>
<td>None</td>
<td>12 Months</td>
<td>Contact Lenses (instead of glasses)</td>
</tr>
<tr>
<td>Contact Lenses (instead of glasses)</td>
<td>None</td>
<td>12 Months</td>
<td>Contact Lenses (instead of glasses)</td>
</tr>
</tbody>
</table>

**Lenses Benefit Options (in-network)**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Maximum Allowances: Non-Preferred Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>UV Coating</td>
<td>Exam $32</td>
</tr>
<tr>
<td>Tint</td>
<td>Frames $60</td>
</tr>
<tr>
<td>Scratch Resistance</td>
<td>Single Vision Lenses $24</td>
</tr>
<tr>
<td>Polycarbonate</td>
<td>Bifocal Lenses $36</td>
</tr>
<tr>
<td>Anti-Reflective</td>
<td>Trifocal Lenses $46</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>Contact Lenses $75</td>
</tr>
<tr>
<td>Other Add Ons</td>
<td>Monthly Premium</td>
</tr>
<tr>
<td>Retail Discount</td>
<td>Subscriber $8.42</td>
</tr>
<tr>
<td></td>
<td>Subscriber + 1 $14.58</td>
</tr>
<tr>
<td></td>
<td>Subscriber + 2 or More $21.10</td>
</tr>
</tbody>
</table>

¹ Dominion National Internal Performance Report, November 2017. Participating providers are subject to change. All other brand names, product names or trademarks belongs to their respective holders. Please note the benefits are licensed vision products, but they are not pediatric vision essential health benefits offered by a stand-alone vision plan under the Affordable Care Act.

Enclosed you will find 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. For the complete list of exclusions and limitations that apply to a specific plan, please obtain the plan document online at eDental.DominionNational.com.
As a lower-cost alternative to a dental insurance plan, Dominion also offers a dental discount program.

**DISCOUNT PROGRAM HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Must use a participating dentist</th>
<th>Predictable, fixed fees for dental procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>No waiting periods or deductibles</td>
<td>No annual maximum limit</td>
</tr>
<tr>
<td>Orthodontic discounts for both children and adults</td>
<td>Discounts on implant services</td>
</tr>
</tbody>
</table>

Extra cleanings for diabetics and expecting mothers available at a fee

### Discount Program Features

- Must use a participating dentist
- Waiting periods: None
- No charge for routine annual cleanings
- Additional cleaning covered for diabetics and expecting mothers
- Orthodontics (adults and children)
- Implant service discounts
- Fixed fees for dental procedures
- Office visit charge: $15
- Annual maximum: No limit
- Annual rollover benefits: N/A
- Deductibles per member (x3 family max): None

### Procedures and Discounted Services

<table>
<thead>
<tr>
<th>Procedures and Discounted Services</th>
<th>Discounted Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Care</td>
<td>65-100%</td>
</tr>
<tr>
<td>Oral Exams</td>
<td>100%</td>
</tr>
<tr>
<td>Bitewing X-Rays</td>
<td>65%</td>
</tr>
<tr>
<td>Teeth cleanings (one per year)</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Care</td>
<td>60-70%</td>
</tr>
<tr>
<td>Full and panoramic X-rays</td>
<td>65%</td>
</tr>
<tr>
<td>Amalgam filings (silver)</td>
<td>70%</td>
</tr>
<tr>
<td>Composite filings (white)</td>
<td>60%</td>
</tr>
<tr>
<td>Extraction, erupted tooth</td>
<td>65%</td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>50-65%</td>
</tr>
<tr>
<td>Prosthetics</td>
<td></td>
</tr>
<tr>
<td>Crowns</td>
<td>50%</td>
</tr>
<tr>
<td>Bridges</td>
<td>55%</td>
</tr>
<tr>
<td>Dentures</td>
<td>60%</td>
</tr>
<tr>
<td>Relining of dentures</td>
<td>55%</td>
</tr>
<tr>
<td>Periodontics (root planing and therapy)</td>
<td>60%</td>
</tr>
<tr>
<td>Endodontics (root canals)</td>
<td>65%</td>
</tr>
<tr>
<td>Oral Surgery (extraction of impacted teeth)</td>
<td>60%</td>
</tr>
<tr>
<td>Orthodontics (adults and children)</td>
<td>45%</td>
</tr>
</tbody>
</table>

### Discount Program Monthly Rates

<table>
<thead>
<tr>
<th>Monthly Rates</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber</td>
<td>$7.50</td>
</tr>
<tr>
<td>Subscriber + 1 or More</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

---

1. 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 providers for services provided by contracted providers.
2. In New Jersey, the Discount Program is available in Camden, Cumberland and Gloucester counties only.
3. Based on the Context4Healthcare’s 80th percentile. Coverage for orthodontia is based on the 80th percentile of Dominion’s out-of-network claims data for D8080 and D8090 (excluding Invisalign) from 2015 to 2018. Based on zip 223. A specific fee schedule applies and will be sent with your membership card. To view the Description of Member Fees, go to eDental.DominionNational.com.
WHO IS ELIGIBLE FOR THE DENTAL & VISION PLAN?
You and your dependents are eligible. Dependents include your spouse and unmarried children up to age 26, regardless of student status. Dependents are covered up to the child’s birthday unless otherwise indicated in the Certificate of Coverage.

HOW DO I ENROLL?
There are two ways for you to enroll.

1. Go to your online enrollment site, which contains detailed plan comparisons and FAQs to assist you. Select your state and county to view the plans available to you. This will also allow you to begin the online enrollment process.
2. You may also fill out the hard copy Enrollment Card by selecting a dental and/or vision plan or the discount program and/or vision plan. Be sure to list all dependents you want covered. Additional dependents can be listed on the back of the Enrollment Card, if necessary. There is a minimum participation requirement of one year.
   • If you choose a Select Plan, please select a dentist and fill in the Dental Office Name & Code # box. You may find this information by going to your online enrollment site ("Find Dentist"). On the website the Code # is listed as “Facility #.” You may also select a dentist later; however, you must make a selection prior to receiving care.
   • Sign and date the appropriate section of the Enrollment Card.
   • To pay by debit to your checking account or credit card, please fill out the Payment Authorization Card.
   • When you choose the monthly payment option, future monthly installments will be debited directly from your account. You will not receive monthly bills. Please attach a voided check to the Payment Authorization Card.
   • Return the completed Enrollment Card, Payment Authorization Card (if applicable) or payment (if applicable) to:
     Dominion National
     P.O. Box 75314
     Charlotte, NC 28275-5314

WHAT HAPPENS AFTER I ENROLL?
When you enroll, a Membership ID card and detailed coverage information will be sent to you on or before your first day of eligibility. Once you are a member, you can create online accounts where you can find a dentist and view ID cards and plan information.

   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

MARYLAND PREMIUM DISTRIBUTION CHART
The following explanation as required by the Maryland Insurance Administration.

### PPO & Select Plan
Dominion is licensed as a Dental Plan Organization (DPO) in the State of Maryland. 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.

<table>
<thead>
<tr>
<th>Provider Compensation</th>
<th>Administration Costs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>32%</td>
<td>62%</td>
<td>6%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Provider Compensation</th>
<th>Administration Costs</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>23%</td>
<td>56%</td>
<td>22%</td>
</tr>
</tbody>
</table>
With a strict commitment to quality care, adherence to the highest ethical standards and constant attention to administrative responsiveness, speed and accuracy...

251 18th Street South, Suite 900
Arlington, VA 22202
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\(^1\), PPO and ePPO 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 attending dentist, are not necessary for the patient’s dental health.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or developmental abnormalities where, in the opinion of the Participating Dentist, such services should not be performed in a dental office.
6. Dispensing of drugs.
8. 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.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this program.
11. Services related to the treatment of TMD (Temporomandibular Disorder).
12. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
13. Services and treatment provided without charge or for which there would be no charge in the absence of insurance.
14. 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.
15. Services and treatment for which Member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.
16. 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\(^1\) Exclusions
1. 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.
2. 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.
3. 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
1. Diagnosis or treatment of temporomandibular joint (TMJ) syndromes, problems and/or occlusal disharmony.
2. Treatment of cleft palate, anodontia, malignancies or neoplasms.
3. 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
1. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
2. 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\(^1\) Limitations
1. Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year.
3. Select Plan - two (2) teeth cleanings (prophylaxis) are covered per calendar year. Discount Program - one (1) teeth cleaning (prophylaxis) is covered per calendar year.
4. One (1) topical fluoride or fluoride varnish is covered per calendar year.
5. Two (2) bitewing x-rays are covered per calendar year.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
7. One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
10. 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%.
11. Relining and rebasing of dentures is covered once every 24 months.
12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
13. Root planing or scaling is covered once every 24 months per quadrant.
14. Full mouth debridement is covered once per lifetime.
15. 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.
16. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
17. 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.

1. Two evaluations per Calendar Year including a maximum of one comprehensive evaluation per 36 months
2. One emergency or problem focused exam (D0140) per Calendar Year
3. Two prophylaxis (cleaning, scaling and polishing teeth) per Calendar Year
4. One topical fluoride per Calendar Year, to age 16
5. Bitewing x-rays, 2 per Calendar Year
6. Periapical x-rays
7. One diagnostic x-ray, full or panoramic per 60 months
8. Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service)
9. One sealant per tooth per lifetime, to age 16 (limited to permanent 1st and 2nd molars)
10. 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.
SAMPLE EXCLUSIONS & LIMITATIONS

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 periocoronal 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. Periodontal services, limited to: a. Two periodontal cleanings following surgery per Calendar Year (P4341 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.

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.

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 power 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.
2. Spectacles or frames: Plan will pay for frames once every 12 months.
3. Contact Lens: Plan will pay for contact lenses once every 12 months.
4. Prescribing and ordering proper lenses.
5. Assisting with selection of frames.
7. 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.

14
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. 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 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 ayudó, 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 보양하는 사람이 귀하의 건강보험이나 이 안내문에 관련한 어떤 사항이든 도움말 또는 정보가 필요할 때는, 무료로 귀하의 언어를 통하여 도움을 받을 권리가 있습니다. 통역사에게 문서하려면 888.518.5338 으로 전화해 주십시오.

Vietnamese: Thông báo này có thể chứa những thông tin quan trọng về đơn xin của quý khách hỗ trợ hoặc 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 đã 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 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 phải sinh chỉ phi 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.
If you need help, or are helping someone else, or have questions or need assistance about your health plan or this notice, you have the right to obtain help in your language at no cost. To speak with an interpreter, call 888.518.5338.

Arabic: حكّل النقطة من خلال خطط الصحة. إذا كنت تحتاج إلى مساعدة، أو كنت تساعد شخصًا آخر، أو لديك أسئلة أو حاجة إلى المساعدة، فإنك تستطيع الحصول على معلومات حول خطط الصحة أو هذا الإشعار، فتنبغي أن تتخذ أي إجراءات نEEDED قبل المواعيد المحددة، للحفاظ على تغطية صحتك أو مساعدة الآخرين. 

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 certos 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.

Italian: Questo avviso potrebbe avere importanti informazioni circa la vostra applicazione o copertura attraverso il vostro programma di salute. Cercone le principali date in questo avviso; potrebbe essere necessario applicare misure ritorcendo alcune scadenze per mantenere il vostro programma di salute o per contribuire con i costi. Se voi, o qualcuno di voi state aiutando, ha quesiti o necessita di assistenza o informazione circa il vostro programma di salute o questo avviso, voi avrete il diritto a 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 posiadającym planie. Zalecam zapoznać się z kluczowymi terminami w tym powiadomieniu; może istnieć konieczność podjęcia działania przed upłygnięciem 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 ustrym, prosimy zadzwonić pod numer 888.518.5338.

French Creole: Avi sila a ka genyen enfòmsayon ki enpòt kon-sèn hòt aplikasyon w lan oubyen asirans ou atravè plan lasante w la. Chèche dat enpòt yo ki nan asi sila a; ou ka gen pou w fè se fèn bagay anvan kò yazal se li pou sa men nan an a oubyen pou yo ede w ak kò dejans. Si ouwenm, oubyen yon lòt moun w ap ede, genyen kesyon oubyen be younger ed oswa plis enfòmsayon sou plan lasante w oswa sou avi asi sila a, ou genyen dwa pou w resewa asistans nan lang ou pale a san li pa koute w anyen ditou. Pou w pale ak yo entèpré, 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.
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.

Pay by Credit Card Debit:  □  Automatic Monthly Debits

- Credit Card Number: ________________________________  C.C. Verification Code: ______
- Credit Card Type:  □ Visa  □ MasterCard  □ American Express  □ Discover
- Name as it appears on card: ________________________________
- Expiration Date: ______________

Pay by Checking Account Debit:  □  Automatic Monthly Debits

- Bank Name: ________________________________
- Bank Routing Number: ________________________________
- Bank Account Number: ________________________________

* 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 no 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: ________________

Agent/Broker Use Only

Agent/Broker # 1244  General Agent # ________________________________
## Dental/Vision Enrollment Card

### DENTAL
**SELECT ONE:**
- I choose the Dominion Discount Program
- I choose the Dominion Select Plan Premium
- I choose the Dominion Elite ePPO (NO DE)
- I choose the Dominion Choice PPO
  - Choice PPO Basic
  - Choice PPO Premium

### VISION
**SELECT ONE:**
- I choose the Avalon vision plan
  - 6030

## Enrollment Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Sex</th>
<th>Birthdate (MM/DD/YY)</th>
<th>Home Address</th>
<th>Home Phone</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Work Phone</th>
<th>Cell Phone*</th>
<th>Hire Date</th>
<th>Email Address**</th>
</tr>
</thead>
</table>

* 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.

** 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.

## List All Your Eligible Dependents Below

<table>
<thead>
<tr>
<th>Last Name (if different)</th>
<th>First Name</th>
<th>M.I.</th>
<th>Sex (M/F)</th>
<th>Birthdate (MM/DD/YY)</th>
</tr>
</thead>
</table>
- Spouse                   |            |      |           |                      |
- Child                   |            |      |           |                      |
- Child                   |            |      |           |                      |
- Child                   |            |      |           |                      |
- Child                   |            |      |           |                      |

### SELECT PLAN or DISCOUNT PROGRAM

- **Provider Selection:**
  - Dental Office Name & Code #
  - (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 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.

**Signature** ___________________________ **Date** ______________

### Agent/Broker #
- 1244

### Group #
- 367289

### Group Name
- Coverage Eff. Date

---

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.
2. The dental plans are underwritten by Dominion Dental Services, Inc. d/b/a Dominion National.
3. 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.

**DMN(DC-DE-MD-PA)18DVGR**
Dental/Vision Enrollment Card

DENTAL
SELECT ONE:  ☐ I choose the Dominion Select Plan Premium
☐ I choose the Dominion Elite ePPO
☐ I choose the Dominion Choice PPO
☐ Choice PPO Basic
☐ Choice PPO Premium

VISION
SELECT ONE:  ☐ 6030

Enrollment Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Sex</th>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Work Phone</th>
<th>Home Phone</th>
<th>Birthdate (MM/DD/YY)</th>
<th>Cell Phone*</th>
<th>Email Address**</th>
</tr>
</thead>
</table>

* 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.

** 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.

List All Your Eligible Dependents Below

<table>
<thead>
<tr>
<th>Last Name (if different)</th>
<th>First Name</th>
<th>M.I.</th>
<th>Sex (M/F)</th>
<th>Birthdate (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SELECT PLAN

Provider Selection

Dental Office Name & Code #
(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.

The undersigned applicant and agent certify that the applicant has read, or had read to him, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy. 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.

Signature ___________________________ Date _____________

Agent/Broker Signature ___________________________ Date _____________

Agent/Broker # 1244 Group # 367289 Group Name ___________________________ Date _____________ Coverage Eff. Date

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

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

Virginia - Any person who, with the intent to defraud or knowing that s/he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

DMN(VA-ONLY)18DVGR
I choose the Dominion Discount Program¹

<table>
<thead>
<tr>
<th>Enrollment Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Home Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Email Address*</td>
</tr>
</tbody>
</table>

* 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.

** 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.

Does this plan replace other coverage?  ☐ Yes ☐ No

Please check the appropriate dependent coverage  ☐ Subscriber Only  ☐ Subscriber & 1 or More Dependents

List All Your Eligible Dependents Below

<table>
<thead>
<tr>
<th>Last Name (if different)</th>
<th>First Name</th>
<th>M.I.</th>
<th>Sex (M/F)</th>
<th>Birthdate (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 # 1244 (group 367289)  Coverage Eff. Date  7000x

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.