



**Member Dental & Vision Program**  
.....  
**Smile. We've Got You Covered.**





DOMINION NATIONAL IS A  
**LEADING**  
INSURER AND  
ADMINISTRATOR OF



## WE PROUDLY SERVE



HEALTH  
PLANS



EMPLOYER  
GROUPS



MUNICIPALITIES



ASSOCIATIONS



INDIVIDUALS

Dominion National is the brand name for the Dominion group of companies. Dental plans are underwritten by Dominion Dental Services, Inc. (DDSI). 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. Vision Plans are underwritten by DDSI in all other states where Dominion National operates. The Discount Program is offered through DDSUSA.



PLANS AS  
*unique*  
AS YOU

Dominion National understands that every individual is unique, which is why we've designed plans and programs that work for you. Our goal is to offer flexible options and exceptional service, so you can focus on what makes you thrive.

This exclusive program is made available<sup>1</sup> 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 lifestyle and needs.

<sup>1</sup> This program is available only to members of qualified associational groups. Qualified associational groups must be located in DC, DE, MD, PA or VA and have a group contract with Dominion. Coverage may not be available in all states. Please contact Dominion National for more information.



# A VARIETY OF DENTAL OPTIONS AVAILABLE



## PPO PLAN HIGHLIGHTS

AVAILABLE TO MEMBERS 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 on Basic option

Plans ranging from \$1,000 to \$1,500 annual maximum limits



## SELECT PLAN<sup>1</sup> 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

No annual maximum limit on services

Orthodontic coverage for both children and adults

Discounts on implant services

Extra cleanings for diabetics and expecting mothers available at a copayment



## ELITE EPO 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

<sup>1</sup> 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.

# DOMINION PLAN HIGHLIGHTS COMPARISON

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

## DOMINION NATIONAL MEMBERS HAVE ACCESS TO ROBUST DENTAL NETWORKS.



In fact, 90% of Dominion members have access to two dentists within 10 miles.<sup>3</sup>

<sup>1</sup> Deductibles apply to all services.

<sup>2</sup> Deductibles apply to basic care and major restorative care.

<sup>3</sup> Dominion National Network Analysis Report, 2023. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia. Participating dentists are subject to change.

# PLAN COMPARISON

Procedures and Covered Services	Choice PPO Basic						Choice PPO Premium		Select Plan Premium <sup>1</sup>	Elite ePPO Basic <sup>1</sup>
	In- Network			Out-of-Network			In- Network	Out-of- Network		
	Year 1 <sup>2</sup>	Year 2 <sup>2</sup>	Year 3 <sup>2</sup>	Year 1 <sup>2</sup>	Year 2 <sup>2</sup>	Year 3 <sup>2</sup>				
Diagnostic and Preventive Care  Oral Exams  Bitewing X-Rays  Teeth cleanings (two per year)  Topical fluoride for children  Basic Care  Full and panoramic X-rays  Amalgam fillings (silver)  Composite fillings (white)  Extraction, erupted tooth  Major Restorative Care  Prosthetics  Crowns  Bridges  Dentures  Relining of dentures  Periodontics (root planing and therapy)  Endodontics (root canals)  Oral Surgery (extraction of impacted teeth)  Orthodontics (adults and children)	100%	100%	100%	90%	90%	90%	100%	90%	100%	100%
	100%	100%	100%	90%	90%	90%	100%	90%	100%	100%
	100%	100%	100%	90%	90%	90%	100%	90%	100%	100%
	100%	100%	100%	90%	90%	90%	100%	90%	100%	100%
	100%	100%	100%	90%	90%	90%	100%	90%	100%	100%
	50%	60%	80%	30%	50%	70%	80%	70%	75-85%	80-90%
	50%	60%	80%	30%	50%	70%	100% (Class I)	90% (Class I)	85%	100% (Class I)
	50%	60%	80%	30%	50%	70%	80%	70%	85%	90%
	50%	60%	80%	30%	50%	70%	80%	70%	75%	90%
	50%	60%	80%	30%	50%	70%	80%	70%	75%	80%
Benefit Features  Office Visit  Deductibles  Annual Maximums  Waiting Periods  Receive Care From	15%	25%	50%	10%	20%	40%	50%	40%	60%	60%
	15%	25%	50%	10%	20%	40%	50%	40%	65%	60%
	15%	25%	50%	10%	20%	40%	50%	40%	70%	75%
	15%	25%	50%	10%	20%	40%	50%	40%	70%	80%
	15%	25%	50%	10%	20%	40%	50%	40%	70%	70%
	15%	25%	50%	10%	20%	40%	50%	40%	70%	50%
	15%	25%	50%	10%	20%	40%	50%	40%	70%	70%
	0%	0%	0%	0%	0%	0%	0%	0%	45%	0%
	None			None			None		\$10	None
\$50 per member (max per family \$150) <sup>3</sup>			\$50 per member (max per family \$150) <sup>3</sup>			\$50 per member (max per family \$150) <sup>4</sup>		None	\$25 per member (max per family \$75) <sup>4</sup>	
\$1,000 per insured person			\$1,000 per insured person			\$1,500 per insured person		None	\$1,500 per insured person	
None			None			Yes <sup>5</sup>		None	None	
Choice PPO network dentist or any licensed dentist			Choice PPO network dentist or any licensed dentist			Choice PPO network dentist or any licensed dentist		Select Plan Network Dentist	Elite ePPO network dentist	

In the event of ambiguity, or conflict between this summary and the plan document, the plan document shall control.

- 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.

# MONTHLY RATES - EFFECTIVE 1/1/26 - 12/1/26

Rates are valid through December 2026. You will receive a notice if there is a change to the plan rates or covered benefits prior to January 2027.

<b>Choice PPO Basic</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Subscriber	\$17.80	\$19.41	\$19.47	\$21.05	\$21.31	\$21.55	\$22.63	\$23.97
Subscriber + 1 Dependent	\$33.28	\$36.30	\$36.41	\$39.36	\$39.85	\$40.30	\$42.32	\$44.82
Family	\$51.97	\$56.68	\$56.85	\$61.47	\$62.22	\$62.93	\$66.08	\$69.98
<b>Choice PPO Premium</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Subscriber	\$23.34	\$25.75	\$25.85	\$28.21	\$28.60	\$28.96	\$30.58	\$32.58
Subscriber + 1 Dependent	\$43.65	\$48.16	\$48.33	\$52.76	\$53.48	\$54.16	\$57.18	\$60.93
Family	\$68.16	\$75.20	\$75.47	\$82.38	\$83.51	\$84.57	\$89.29	\$95.14
<b>SELECT PLAN Premium</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Subscriber	\$13.76	\$14.77	\$14.81	\$15.79	\$15.95	\$16.11	-	\$17.61
Subscriber + 1 Dependent	\$25.74	\$27.62	\$27.69	\$29.53	\$29.83	\$30.12	-	\$32.94
Family	\$40.19	\$43.12	\$43.23	\$46.11	\$46.58	\$47.03	-	\$51.43
<b>Elite ePPO Basic</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Subscriber	\$14.53	\$15.64	\$15.68	\$16.76	\$16.94	\$17.11	-	-
Subscriber + 1 Dependent	\$27.17	\$29.24	\$29.32	\$31.35	\$31.68	\$31.99	-	-
Family	\$42.43	\$45.66	\$45.78	\$48.95	\$49.46	\$49.95	-	-
<b>Discount Program</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Subscriber	\$7.50	\$7.50	\$7.50	\$7.50	\$7.50	\$7.50	-	-
Subscriber + 1 Dependent	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	-	-
Family	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	-	-

The numbers 1 through 8 refer to the rating regions detailed in the table on the following page.

# RATING REGIONS

Region Legend	
Region 1	PA counties: Allegheny, Armstrong <sup>1</sup> , Beaver, Bedford, Blair, Bradford <sup>1</sup> , Butler, Cambria, Cameron, Carbon <sup>1</sup> , Clarion, Clearfield <sup>1</sup> , Clinton, Crawford <sup>1</sup> , Elk <sup>1</sup> , Erie, Fayette, Forrest <sup>1</sup> , Greene, Huntingdon <sup>1</sup> , Indiana, Jefferson <sup>1</sup> , Lackawanna, Lawrence, Luzerne, Lycoming, McKean <sup>1</sup> , Mercer, Monroe, Pike <sup>1</sup> , Potter <sup>1</sup> , Somerset <sup>1</sup> , Sullivan <sup>1</sup> , Susquehanna <sup>1</sup> , Tioga <sup>1</sup> , Venango, Warren <sup>1</sup> , Washington, Wayne <sup>1</sup> , Westmoreland, Wyoming <sup>1</sup>
Region 2	PA counties: Adams <sup>2</sup> , Berks, Bucks, Centre, Chester, Columbia <sup>1</sup> , Cumberland <sup>2</sup> , Dauphin <sup>2</sup> , Delaware, Franklin <sup>2</sup> , Fulton <sup>1</sup> , Juniata <sup>1</sup> , Lancaster, Lebanon, Lehigh, Mifflin, Montgomery, Montour <sup>1</sup> , Northampton, Northumberland <sup>1</sup> , Perry <sup>1</sup> , Philadelphia, Schuylkill, Snyder <sup>1</sup> , Union <sup>1</sup> , York <sup>2</sup> Additional States: KY <sup>1,2</sup> , NE <sup>1,2</sup> , OH <sup>1,2</sup> , OK <sup>1,2</sup> , UT <sup>1,2</sup> , WV <sup>1,2</sup>
Region 3	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 Additional States: AL <sup>1,2</sup> , IN <sup>1,2</sup> , MT <sup>1,2</sup> , TN <sup>1,2</sup>
Region 4	VA counties: Accomack, Albemarle, Amelia, Augusta, Bedford, Bedford City, Bland <sup>2</sup> , Botetourt, Bristol City <sup>2</sup> , Brunswick, Buchanan <sup>2</sup> , Buckingham, Buena Vista City, Campbell, Caroline, Charles City, Charlottesville City, Chesapeake City, Chesterfield, Colonial Heights City, Craig, Culpeper, Cumberland, Danville City <sup>2</sup> , Dickenson <sup>2</sup> , Dinwiddie, Emporia City, Essex, Fluvanna, Franklin <sup>2</sup> , Franklin City, Frederick, Galax City <sup>2</sup> , Giles <sup>2</sup> , Gloucester, Goochland, Grayson <sup>2</sup> , Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City <sup>2</sup> , Henrico, Henry <sup>2</sup> , Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee <sup>2</sup> , Louisa, Lunenburg, Madison, Martinsville City <sup>2</sup> , Mathews, Mecklenburg, Middlesex, Montgomery <sup>2</sup> , Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City <sup>2</sup> , Nottoway, Orange, Page, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Pulaski <sup>2</sup> , Radford City <sup>2</sup> , Rappahannock, Richmond, Roanoke City <sup>2</sup> , Roanoke <sup>2</sup> , Rockingham, Russell <sup>2</sup> , Salem, Winchester City, Wise <sup>2</sup> , Wythe <sup>2</sup> , York Additional States: AR <sup>1,2</sup> , AZ <sup>1,2</sup> , FL <sup>1,2</sup> , GA <sup>1,2</sup> , IA <sup>1,2</sup> , IL <sup>1,2</sup> , KS <sup>1,2</sup> , MI <sup>1,2</sup> , MO <sup>1,2</sup> , MS <sup>1,2</sup> , ND <sup>1,2</sup> , NJ <sup>2,3</sup> , NM <sup>1,2</sup> , RI <sup>1,2</sup> , SD <sup>1,2</sup> , TX <sup>1,2</sup>
Region 5	MD counties: Montgomery, Prince George's Additional States: ID <sup>1,2</sup> , LA <sup>1,2</sup> , NH <sup>1,2</sup> , NV <sup>1,2</sup> , NY <sup>1,2</sup>
Region 6	DC VA counties: Alexandria City, Arlington, Clarke, Fairfax, Fairfax City, Falls Church City, Fauquier, Fredericksburg City, Loudoun, Manassas City, Manassas Park City, Prince William, Spotsylvania, Stafford, Warren Additional State: SC <sup>1,2</sup>
Region 7	States: CA <sup>1,2</sup> , HI <sup>1,2</sup> , OR <sup>1,2</sup> , VT <sup>1,2</sup> , WY <sup>1,2</sup>
Region 8	DE Additional States: AK <sup>1,2</sup> , CO <sup>1,2</sup> , CT <sup>1,2</sup> , MA <sup>1,2</sup> , ME <sup>1,2</sup> , MN <sup>1,2</sup> , NC <sup>1,2</sup> , WA <sup>1,2</sup> , WI <sup>1,2</sup>

1 Select Plan is not available.

2 Elite ePPO Plan is not available.

3 In NJ, the Select Plan is only available to individuals who reside in Camden, Cumberland or Gloucester County.



# ENROLL IN OUR VISION PLAN



## VISION PLAN 6030 HIGHLIGHTS: ALL STATES

\$10 copay  
on annual  
in-network  
eye exams and  
lenses

You may use any licensed vision provider or choose from over 107,000 participating providers nationwide including Pearle Vision, JCPenney, For Eyes Optical, Hour Eyes and Target Optical, along with independent optometrists, ophthalmologists and opticians.<sup>1</sup>

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:

- o Use Vision Benefit Maximizer® to find a provider by location and frame inventory at \$0 out-of-pocket cost
- o Find out which frames looks best by face shape, hair color, skin tone and more!
- o Select lens types and coatings based on prescription, lifestyle and price.

Vision Plan 6030 At A Glance				
Benefit Summary	Copay	Frequency	Maximum Allowances: Preferred Provider	
Exam	\$10	12 Months		
Lenses	\$10	12 Months	Frame	\$120
Frames	None	12 Months	Contact Lenses (instead of glasses)	\$100
Contact Lenses (instead of glasses)	None	12 Months		
Lenses Benefit Options (in-network) (in addition to lenses copayment above)			Maximum Allowances: Non-Preferred Provider	
UV Coating	\$12		Exam	\$32
Tint	\$10		Frames	\$60
Scratch Resistance	\$10		Single Vision Lenses	\$24
Polycarbonate	\$25		Bifocal Lenses	\$36
Anti-Reflective	\$40		Trifocal Lenses	\$46
Standard Progressive	\$50		Contact Lenses	\$75
Other Add Ons	Retail Discount		Monthly Premium	
			Subscriber	\$8.42
			Subscriber + 1	\$14.58
			Subscriber + 2 or More	\$21.10

1 Dominion National Network Analysis Report, 2024. Participating providers are subject to change. All other brand names, product names or trademarks belongs to their respective holders.

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](https://eDental.DominionNational.com).

# DISCOUNT DENTAL PROGRAM<sup>1</sup>



## DISCOUNT PROGRAM HIGHLIGHTS

AVAILABLE IN DC, MD, PA, VA AND PARTS OF NJ<sup>2</sup>

Must use a participating dentist

Predictable, fixed fees for covered dental procedures

No waiting periods or deductibles

No annual maximum limit

Orthodontic discounts for both children and adults

Discounts on implant services

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

Discount Program Monthly Rates	
Subscriber	\$7.50
Subscriber + 1 or More	\$10.00

Procedures and Discounted Services <sup>3</sup>	
Diagnostic and Preventive Care	65-100%
Oral Exams	100%
Bitewing X-Rays	65%
Teeth cleanings (one per year)	100%
Basic Care	60-70%
Full and panoramic X-rays	65%
Amalgam fillings (silver)	70%
Composite fillings (white)	60%
Extraction, erupted tooth	65%
Major Restorative Care	50-65%
Prosthetics	
Crowns	50%
Bridges	55%
Dentures	60%
Relining of dentures	55%
Periodontics (root planing and therapy)	60%
Endodontics (root canals)	65%
Oral Surgery (extraction of impacted teeth)	60%
Orthodontics (adults and children)	45%

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

<sup>2</sup> In New Jersey, the Discount Program is available in Camden, Cumberland and Gloucester counties only.

<sup>3</sup> Based on the Context4Healthcare's 80th percentile. Discounts 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](http://eDental.DominionNational.com).



# VALUE-ADDED MEMBER BENEFITS

As a Dominion National member, you have access to additional benefits to help support you on your health and wellness journey.



## DISCOUNT HEARING PROGRAM THROUGH AMPLIFON HEARING HEALTH CARE

Dominion has partnered with global hearing care leader Amplifon to bring you a hearing discount program that offers savings averaging 64% off the retail price on more than 1,400 hearing aid options.<sup>1</sup>

Visit [amplifonusa.com/dn](https://amplifonusa.com/dn) or call 855.565.1072 to connect with a hearing care advocate today.



## MEMBER SAVINGS ON ORAL CARE PRODUCTS WITH Z DENTAL

Access exclusive discounts on premium oral care products and accessories offered by Z Dental. Members can purchase the following types of Z Dental products at up to 50% off the already discounted price:

- Z Sonic Water Flosser
- Z Sonic Pulse Toothbrush
- Z Sonic Featherweight Toothbrush
- Z Sonic Mini Toothbrush

To learn more and view products, visit [MyZSonic.com/DN](https://MyZSonic.com/DN) and be sure to enter promo code "DOMINION."



1. Based on Amplifon Hearing Health Care average member savings data for 2020. Pricing valid only at participating in-network locations. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services and its own financial and contractual obligations. Dominion Dental Services, Inc., which operates under the trade name "Dominion National," and Amplifon are independent, unaffiliated companies. Dominion National is not a provider of, nor provides coverage for, hearing health care services. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp. Notice of this Amplifon offering is for informational purposes only and is not medical advice.

## 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.
  - Please select a dentist and fill in the "Dental Office Name & Code #" box in the Enrollment Card. You can find a list of participating Select Plan dentists at [www.dominiondentists.com/edental](http://www.dominiondentists.com/edental) - Please note that, on the website, the Code # is listed as "Facility #". You may select a dentist later, however, you must select a dentist 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?

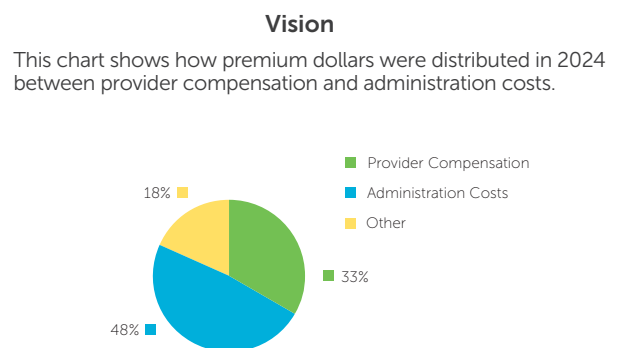
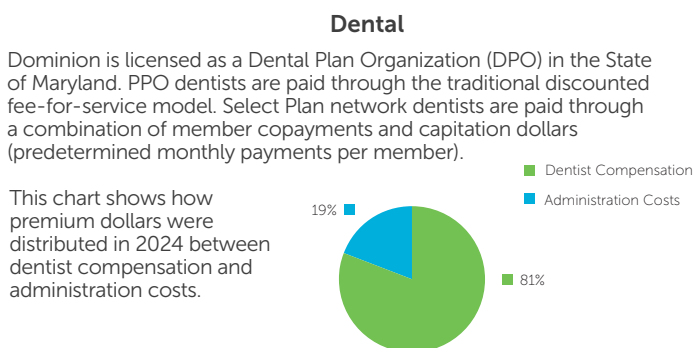
When you enroll, a Membership ID card and detailed coverage information will be sent to you. Once you are a member, you can create an online account where you can find a dentist and view ID cards and plan information.

**Member Portal:** [DominionMembers.com](http://DominionMembers.com)

**Dominion National Go Mobile Communication Service:** Register by calling 888.596.0716

## MARYLAND PREMIUM DISTRIBUTION CHART

The following explanation as required by the Maryland Insurance Administration.







# DOMINION<sup>®</sup> NATIONAL

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With a strict commitment to quality  
care, adherence to the highest ethical  
standards and constant attention to  
administrative responsiveness, speed  
and accuracy...

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

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P.O. Box 21522  
Eagan, MN 55121-0522  
888.518.5338

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**IMPORTANT NOTICE:**

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

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

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 development malformations where, in the opinion of the Participating Dentist, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
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<sup>1</sup> 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<sup>1</sup> 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 1<sup>st</sup> and 2<sup>nd</sup> 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)

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

**IMPORTANT NOTICE:**

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

10. Simple extraction of teeth
11. Amalgam and composite fillings (restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations), per tooth, per surface every 24 months
12. Pin retention of fillings (multiple pins on the same tooth are allowable as one pin)
13. Antibiotic injections administered by a dentist
14. Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)
15. Oral surgery, including postoperative care for: a. Removal of teeth, including impacted teeth; b. Extraction of tooth root; c. Alveolectomy, alveoplasty, and frenectomy; d. Excision of pericoronal gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy; e. Reimplantation or transplantation of a natural tooth and f. Excision of a tumor or cyst and incision and drainage of an abscess or cyst
16. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to: a. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage); b. Pulpotomy; c. Apicoectomy and d. Retrograde fillings, per root per lifetime
17. Periodontic services, limited to: a. Two periodontal cleanings following surgery per Calendar Year (D4341 is not considered surgery); b. One root scaling and planing per quadrant of mouth per 24 months from age 21; c. Occlusal adjustment performed with covered surgery; d. Gingivectomy and gingival curettage; e. Osseous surgery including flap entry and closure; f. One pedicle or free soft tissue graft per site per lifetime; g. One appliance (night guards) per 5 years within 6 months of osseous surgery and h. One full mouth debridement per lifetime
18. One study model per 36 months
19. Crown build-up for non-vital teeth
20. Recementing bridges, inlays, onlays and crowns after first 12 months and per 12 months per tooth thereafter
21. One repair of dentures or fixed bridgework per 24 months
22. General anesthesia and analgesic, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery
23. Restoration services, limited to: a. Gold or porcelain inlays, onlays, and crowns for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling; b. Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially placed or last replaced (will not apply if replacement is necessary due to the extraction of functioning natural teeth after the effective date of coverage); c. Stainless steel crowns up to age 14 (one per tooth per lifetime) and d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
24. Prosthetic services, limited to: a. Initial placement of dentures or fixed bridgework (including acid etch metal bridges); b. Replacement of dentures or fixed bridgework that cannot be repaired after 7 years from the date of last placement; c. Addition of teeth to existing partial denture; d. One relining or rebasing of existing removable dentures per 24 months (only after 24 months from date of last placement, unless an immediate prosthesis replacing at least 3 teeth).
25. Orthodontia for adults is not covered.
4. Services not listed as covered.
5. Hospitalization for any vision procedure.
6. Services and treatment for which Member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.
7. Orthoptic or vision training and any associated supplemental testing.
8. Plano lenses.
9. Two pair of glasses, in lieu of bifocals or trifocals.
10. Medical or surgical treatment of the eyes.
11. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
12. Customization of bifocal lenses to a progressive or no-line lens.
13. Photo-chromatic lenses.
14. Sub-normal vision aids or non-prescription lenses.
15. Services rendered or materials purchased outside the U.S. or Canada, unless: a) the Member resides in the U.S. or Canada; and b) the charges are incurred while on a business or pleasure trip.
16. Charges in excess of the usual and customary charge for the service or materials.
17. Charges incurred after: a) the Policy ends; or b) the Member's coverage under the Policy ends, except as stated in the Policy. Maryland policyholders only: Also subject to the Extension of Benefits provision.
18. Experimental or non-conventional treatment or device as determined by treating provider.
19. Spectacle lens treatments or "add-ons," except solid tints (#1 & #2), and oversize lenses.
20. High Index lenses of any material type.
21. Lost or broken materials, except when replaced at normal intervals when services are available.
22. Maryland policyholders only: Any bill, or demand for payment, for a vision service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

**Vision Plan Limitations**

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

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

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

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

**Vision Plan Exclusions**

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



## NOTICE OF NONDISCRIMINATION

Discrimination is against the law. The Dominion National group of companies (including insurer Dominion Dental Services, Inc. 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 or whose primary language is not English, such as:**

- ✓ Qualified sign language interpreters.
- ✓ Written information in other formats (large print, audio, accessible electronic format, other formats).
- ✓ Qualified interpreters, and information written in other languages.

If you need these services, call 888.518.5338 (TTY: 711).

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. You can file a grievance by mail, fax, or email at:

**Dominion National**  
PO Box 21522 Eagan, MN 55121-0522  
888.518.5338 (TTY: 711), fax: 703.518.4450  
**CRC@DominionNational.com**

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  
Toll-free: 800.368.1019, 800.537.7697 (TDD)

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



# NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

We provide language assistance services and auxiliary aids free of charge by calling 888.518.5338 (TTY: 711).

Ofrecemos servicios de asistencia lingüística y ayuda auxiliar sin costo llamando al 888.518.5338 (TTY: 711).

請致電 888.518.5338 (TTY: 711) 获取我们免费提供的语言协助服务和辅助工具。

我們免費提供語言協助服務與輔助工具，若有需要請致電 888.518.5338 (TTY: 711)。

Мы бесплатно предоставляем услуги языковой поддержки и вспомогательные средства по телефону 888.518.5338 (TTY: 711).

Nagbibigay kami ng mga serbisyo ng tulong sa wika at mga dagdag na tulong nang walang bayad sa pamamagitan ng pagtawag sa 888.518.5338 (TTY: 711).

Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ và các thiết bị hỗ trợ miễn phí thông qua số 888.518.5338 (TTY: 711).

نوفر خدمات المساعدة اللغوية والمساعدات الإضافية مجاناً عن طريق الاتصال بالرقم 888.518.5338 (TTY: 711).

888.518.5338 (TTY: 711) 번으로 전화하시면 무료로 언어 지원 서비스와 보조 지원 서비스를 제공해 드립니다.

Prestamos serviços linguísticos e de assistência auxiliar gratuitos ligando para o número 888.518.5338 (TTY: 711).

Nous fournissons des services d'assistance linguistique et des aides auxiliaires à titre gratuit au 888.518.5338 (TTY : 711).

Nou bay sèvis asistans pou lang ak èd siplemantè gratis; pou jwenn èd rele nan 888.518.5338 (TTY: 711).

Forniamo gratuitamente servizi di assistenza linguistica e supporti ausiliari chiamando il numero 888.518.5338 (TTY: 711).

અમે 888.518.5338 (TTY: 711) પર કોલ કરીને નિ:શુલ્ક ભાષા સહાય સેવાઓ અને સહાયક સહાય પ્રદાન કરીએ છીએ.

Zapewniamy bezpłatne usługi językowe i pomocnicze pod numerem telefonu 888.518.5338 (TTY: 711).

የቋንቋ እገዛ አገልግሎቶች እና የኦግዚሊሪ እርዳታዎችን በ 888.518.5338 (TTY: 711) ላይ በመደወል ከክፍያ ነጻ እናቀርባለን።

भाषा सहायता सेवाएं और सहायक उपकरण नि:शुल्क प्राप्त करने के लिए 888.518.5338 (TTY: 711) पर कॉल करें।

Dominion National is the brand name for the Dominion group of companies. Dental plans are underwritten by Dominion Dental Services, Inc. (DDSI). 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. Vision Plans are underwritten by DDSI in all other states where Dominion National operates. The Discount Program is offered through DDSUSA.

## DOMINION NATIONAL PAYMENT AUTHORIZATION CARD

### Automatic Payment Plan

Choose one of our two convenient options below.

**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: \_\_\_\_\_

### TERMS AND AUTHORIZATION

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

**Pay By Checking Account Debit:** By selecting the Automatic Monthly Debits and submitting a voided check or a check for the first month's premium, you authorize Dominion National or its authorized agent 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:** In exchange for providing the dental and vision coverage selected in my enrollment form, I understand that Dominion, or its authorized agent, will automatically deduct the monthly premium amount on or after the 20th day of each month from the credit card or bank account listed above.<sup>1</sup> Automatic deductions will begin the month before the Effective Date. For example, if the Effective Date of coverage is 1/1/2026, the first automatic debit will be made on or after 12/20/2025. This authorization will remain in effect unless I give 30 days advance written notice of termination to Dominion. 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 for each return.

<sup>1</sup> Maryland subscribers will be debited on or after the 1st day of each month, beginning the month of the Effective Date. For example, if the Effective Date for a Maryland subscriber is 1/1/2026, the first automatic debit will be made on or after 1/1/2026.

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

### Agent/Broker Use Only

Agent/Broker # \_\_\_\_\_ <<Broker\_ID>> General Agent # \_\_\_\_\_

## Non-Virginia Residents

**Dominion Dental Services, Inc. d/b/a Dominion National**  
Arlington, VA

**Avalon Insurance Company**  
Harrisburg, PA

## Dental/Vision Enrollment Card

**DENTAL****SELECT ONE:**

- ☐ I choose the Dominion Discount Program<sup>1</sup>  
☐ I choose the Dominion Select Plan Premium<sup>2</sup>  
☐ I choose the Dominion Elite ePPO<sup>2</sup>  
☐ I choose the Dominion Choice PPO<sup>2</sup>  
     ☐ Choice PPO Basic  
     ☐ Choice PPO Premium

**VISION****SELECT ONE:**

- ☐ I choose the Avalon vision<sup>3</sup> plan 6030

**Enrollment Information**

Last Name		First Name		M.I.
Social Security Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YY)	
Home Address			Home Phone	
City	State	ZIP	Work Phone	
Cell Phone*			Hire Date	
Email Address**				
<p>* 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.</p>			<p>** 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.</p>	

**List All Your Eligible Dependents Below**

Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse				
Child				
Child				
Child				
Child				
Child				

**SELECT PLAN**

Provider Selection

Dental Office Name & Code #  
(As Indicated on Your Dentist Directory)

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 # <<Broker ID>>	Group # <<Group	Group Name	Coverage Eff. Date
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**Dominion National, P.O. Box 75314 Charlotte, NC 28275-5314**

<sup>1</sup> 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.

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

<sup>3</sup> The vision plans are underwritten by Avalon Insurance Company and administered by Dominion Dental Services USA, Inc. d/b/a Dominion National.

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

**Dental/Vision Enrollment Card**

**DENTAL** ☐ I choose the Dominion Select Plan Premium<sup>1</sup>  
**SELECT ONE:** ☐ I choose the Dominion Elite ePPO<sup>1</sup>  
☐ I choose the Dominion Choice PPO<sup>1</sup>  
☐ Choice PPO Basic  
☐ Choice PPO Premium

**VISION** ☐ I choose the Avalon vision<sup>2</sup> plan 6030  
**SELECT ONE:**

**Enrollment Information**

Last Name		First Name		M.I.
Social Security Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YY)	
Home Address			Home Phone	
City	State	ZIP	Work Phone	
Cell Phone*			Hire Date	
Email Address**				

\* 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**

Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse				
Domestic Partner				
Child				
Child				
Child				
Child				
Child				
Child				

**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 #	Group #	Group Name	Coverage Eff. Date
<<Broker ID>>	<<Group		

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

<sup>1</sup> The dental plans are underwritten by Dominion Dental Services, Inc. d/b/a Dominion National.

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

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.



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

Arlington, VA

**Discount Program Enrollment Card**
☐ I choose the Dominion Discount Program<sup>1</sup>
**Enrollment Information**

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

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**

Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse				
Child				
Child				
Child				
Child				
Child				
Child				

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 # <<Broker ID>>	Coverage Eff. Date	<b>7000x</b>
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**Dominion National, P.O. Box 75314 Charlotte, NC 28275-5314**
<sup>1</sup> 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.