

DENTAL CARE. THE NEED IS REAL.

Take care of your teeth with Dominion Dental Services

Dominion Dental Services, Inc. (DOMINION) is a Managed Care Dental Plan that has contracted with carefully selected, established members of the dental profession to deliver QUALITY dental services to our subscribers.

Dental disease is preventable. DOMINION plans encourage the early detection of dental problems and routine maintenance. We help you take better care of your teeth and now it can cost you less to do it!

Our network of participating dentists provides:

- Extensive coverage
- Quality dental care at predetermined fees
- Your choice of convenient private offices
- Treatment that emphasizes prevention and early detection of dental problems

Plan 605xs benefits include:

- No charge for oral examinations
- No charge for routine semiannual cleanings
- No charge for bitewing X-rays
- No charge for topical fluoride for children

These procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children¹.

You will receive more extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, etc.) at fees up to 65% lower than usual and customary charges (see SAVINGS COMPARISON chart). You only pay the amount listed. Specialty care is provided at the listed copayment whether performed by a participating general dentist or a participating specialist. Referrals to a specialist must be made by the member's participating dentist..

¹ Based on utilization data provided by independent actuaries.

Your choice of participating dentists

You may select any general dentist from our enclosed list of participants. If you need specific information on these offices, please access our website at www.DominionDental.com or call our Member Services Department.

Each family member may select a different participating dentist. And, if you ever need to change your dentist for any reason, just access our website or call our Member Services Department.

Who is eligible?

You and your dependents are eligible. Dependents include your spouse, unmarried children under age 21, and unmarried children who are full-time students (up to age 24).

Out-of-Area Emergency Care

You are covered for emergency dental treatment arising from accidental injury or illness while temporarily more than 50 miles from home. Simply use any convenient dentist and submit the receipt to DOMINION for reimbursement.

SAVINGS COMPARISON

<u>Procedure</u>	<u>Avg. Chg.*</u>	<u>Your Fee</u>
Oral examination	\$69	No Charge
Bitewing X-rays (2 Films)	\$35	No Charge
Topical Fluoride (Children)	\$37	No Charge
Semiannual Cleaning	\$78	No Charge
Complete Series X-rays	\$110	\$26
Filling (3 Surface-Silver)	\$152	\$52
CROWN (Porcelain/Metal)	\$792	\$470
Root Canal (Anterior Tooth)	\$574	\$282
Complete Denture	\$1210	\$577
Extraction - (Erupted Tooth)	\$109	\$57

Orthodontic treatment available from participating dentists

* Based on the Captiva Context Fee Schedule's 80th percentile.

PLAN FEATURES

- no Deductibles
- no Pre-authorization Paperwork
- no Claim Forms
- no Maximum Annual Dollar Limits
- no Pre-existing Condition Exclusions
- no Waiting periods

How do I join?

- Select a dentist.
- Fill out the attached application. Be sure to list all dependents you want covered.
- Return the completed application to your Benefits Administrator.
- A Membership Card and Certificate of Coverage will be mailed to you on or before your first day of eligibility.
- If you have any questions regarding your date of eligibility, please contact your Benefits Department.

How do I receive care?

After your effective date, simply call the dental office you selected, make an appointment, and present your membership card upon arrival.

You will receive treatment at the dental office listed on your membership card, except when an emergency arises or when otherwise directed by your Plan Dentist.

What if I change jobs?

If you leave your place of employment, you will have the option of converting your coverage to a DOMINION program using an alternate method of payment.

Dominion Dental Services, Inc., P.O. Box 75314, Charlotte, NC 28275-0314		Subscriber Enrollment Information		First		M.I.		Sex	
Social Security Number		Last Name		City		State		Zip	
Home Address		Dental Office Code # and Name (As indicated on your Provider Directory)		Home Telephone		Work Telephone			
Date of Birth									
Last Name (if Different)		First		M.I.		Sex		Birthdate	
Spouse		Soc. Sec. #		Soc. Sec. #		Soc. Sec. #		Soc. Sec. #	
Child		Soc. Sec. #		Soc. Sec. #		Soc. Sec. #		Soc. Sec. #	
Child		Soc. Sec. #		Soc. Sec. #		Soc. Sec. #		Soc. Sec. #	
Signature		Signature		Signature		Signature		Signature	
Subscriber's Signature X		Date		Date		Date		Date	
Code #		Group #		Group Name		Coverage Eff. Date		Plan #	
				State of Delaware				DE 605xs	

If I am voluntarily paying 100% of the cost of this Plan, without employer contribution, I agree to remain in Plan a minimum of 12 months and/or be responsible for a minimum of twelve months of Subscription Dues. 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 dentists and other providers of dental services. Information will be released to Dominion Dental Services, Inc. for the purpose of Quality Assurance and/or utilization review. Authorization will be limited to the term of coverage of this policy. A copy of this form will be made available to subscriber or their authorized representative upon request.

Group Plan 605xs Summary of Benefits and Member Copayments

SMILE. WE'VE GOT YOU COVERED.

Can I make changes on the Internet?

An interactive website is provided for your use. It allows online access to Plan information and permits changes to member records. Features include:

- New Dentist Search
- Membership transfers to new dentist
- Benefit schedules and coverage provisions
- Email access to our Member Services Department
- New membership card requests

All changes are confirmed by return email. For more information, visit us at www.DominionDental.com.

Monthly Rates:

Group Dental (Plan 605xs)	
Subscriber Only	\$20.36
Subscriber & Spouse	\$34.10
Subscriber & Child/ren	\$41.30
Family	\$48.50

Rates effective from 7/1/07 to 6/30/08

For more information, call the DOMINION toll-free helpline: 1-888-518-5338



115 South Union St. • Suite 300
Alexandria, VA 22314
1-888-518-5338
(fax) 703-518-8849

www.DominionDental.com

DIAGNOSTIC/PREVENTIVE	MEMBER FEES
Office visits (includes sterilization charge)	\$10
Oral examinations and diagnosis	No Charge
X-rays:	
Complete series	26
Single periapical	No Charge
Bitewing	No Charge
Panoramic x-rays	30
Each additional film	No Charge
Pulp vitality test	No Charge
Diagnostic models	No Charge
Teeth cleaning (1 per six months per member)	No Charge
Topical fluoride (children only)	No Charge
Nutritional counseling	No Charge
Oral hygiene instruction	No Charge
Sealant - per tooth (up to age 14)	18
Space maintainers:	
Unilateral	129
Bilateral	174
Recementation	31
Emergency (palliative) treatment per visit	40
Local anesthesia	No Charge
Nitrous oxide (per visit - if available)	35
Second opinion/consultation, per session (by another plan dentist)	39
Broken appointments (without 24 hours notice - per 1/2 hour)	23
RESTORATIVE DENTISTRY (FILLINGS)	
Amalgam restorations (silver):	
One surface filling, primary/permanent	33
Two surface filling, primary/permanent	41
Three surface filling, primary/permanent	52
Four or more surfaces filling, primary/permanent	62
Resin composite restorations (tooth colored):	
One surface filling, anterior	61
Two surface filling, anterior	73
Three surface filling, anterior	86
Four or more surfaces filling, anterior	104
Pin retention (per tooth, add to restoration)	20
Pulp cap direct/indirect (excl. final restoration)	24
Sedative filling	35
CROWN & BRIDGE (CAPS, FIXED TOOTH REPLACEMENT)	
Inlay - one or two surface	390
Onlay - two surface	423
Resin crown (lab processed)	246
Temporary crown (in conjunction with permanent crown)	No Charge
Resin with metal crown	470
Porcelain crown fused to metal	470
Full cast crown	457
Recementation: inlay/crown per unit	38
Cast post and core in addition to crown	171
Prefabricated post and core in addition to crown	140
Stainless steel crown (permanent)	112
Core build-up, including any pins	113
Crown repair (by report)	88
PONICS	
Cast (metal)	457
Porcelain with metal	470
Resin with metal	470
BRIDGE RETAINERS	
Retainer - cast metal for resin bonded fixed	221
Abutment crown - resin with metal	470
Abutment crown - porcelain fused to metal	470
Crown - 3/4 cast high noble metal	457
PROSTHETICS (REMOVABLE)	
Complete denture - upper or lower	577
Immediate denture - upper or lower	615
Partial denture:	
Upper/lower resin base with conventional clasps/rests	533
Upper/lower cast metal base with resin saddle	627
Removable unilateral partial -1 piece cast metal with clasps and pontics	345
Interim complete/partial dentures (upper/lower)	289
Complete denture adjustments	30
Reline - laboratory, complete/partial denture	186
Tissue conditioning upper/lower per unit	65
Repairs:	
Repair complete denture base	73
Replace missing/broken tooth complete denture (per tooth)	73
Clasp added to partial denture	97

ENDODONTICS ¹ (ROOT CANAL)	MEMBER FEES
Pulpotomy	\$70/93
Anterior	282/447
Bicuspid	343/520
Molar	423/610
Apicoectomy - anterior	269/283
Apicoectomy - bicuspid	289/362
Apicoectomy - molar (first root)	329/362
Apicoectomy - (each additional root)	128/95
Retrograde filling (per root)	98/119
PERIODONTICS (GUM TREATMENT)	
Gingivectomy per quadrant (4 or more teeth)	242/332
Gingivectomy per quadrant (1-3 teeth)	86/163
Gingival flap surgery per quadrant	296/407
Gingival flap surgery per quadrant (1-3 teeth)	82/339
Osseous (bone) surgery per quadrant (1-3 teeth)	329/356
Periodontal scaling and root planing per quadrant (4 or more teeth)	96/226
Periodontal maintenance procedures	60/124
ORAL SURGERY¹	
Extraction, without complication	40/57
Root removal - exposed roots	57/77
Surgical extraction, erupted	115/119
Impaction:	
Soft tissue	130/129
Partially bony	171/220
Completely bony	206/299
Residual tooth root removal	123/114
Alveoloplasty (per quadrant)	122/147

¹ Specialty care is provided at the listed copayment whether performed by a participating general dentist or a participating specialist. Referrals to a specialist must be made by the member's participating general dentist. If the listed procedure contains a slash (/), the second listed fee represents the copayment due to the specialist after referral.

ORTHODONTICS ²	MEMBER FEES
Initial records and study models	413
2-year case (child)	3,422
2-year case (adult)	3,658

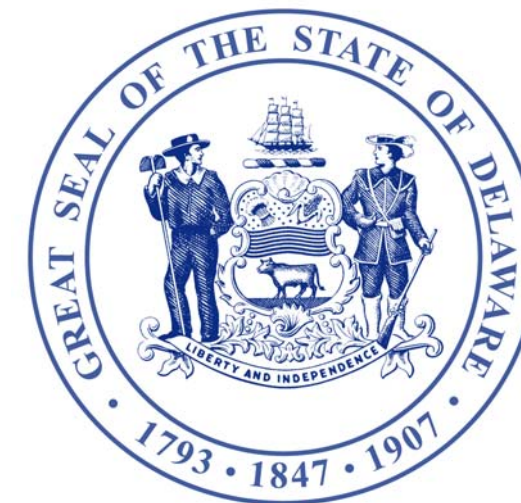
² Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the Orthodontist's UCR fees. See limitation #18 for additional coverage exclusions.

PLAN EXCLUSIONS

- Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any federal, state, municipal, county, or other subdivision's program (with the exception of Medicaid).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the sole discretion of the Participating Dentist, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war.
- Replacement due to loss or theft of prosthetic appliance.
- General anesthesia and sedation.
- Services that cannot be performed because of the general health of the patient.
- Implantation and related restorative procedures.
- Unlisted procedures are not covered.
- Services obtained outside of the dental office in which enrolled and which are not pre-authorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporal Mandibular Disorder).
- Services performed by a Plan Specialist without referral from a Participating General Dentist (with the exception of Orthodontics).
- Elective surgery including, but not limited to extraction of non-pathologic, asymptomatic impacted teeth.
- 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.

PLAN LIMITATIONS

- Replacement of a bridge, crown or denture within 5 years after the date it was originally installed.
- Replacement of filling within 2 years after original date of placement.
- Teeth cleaning (Prophylaxis) at intervals of less than six months.
- 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%.
- Full mouth x-rays or panoramic film - one set every three years.
- Retreatment of root canal within 2 years of the original treatment.
- Limit 4381 to one 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 millimeters or greater.



GROUP DENTAL PLAN 605XS

DOMINION
DDS
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Services, Inc.