

# Select Plan<sup>1</sup> 605xsd

## Great value, fixed fees and special features!

### Plan Features

- NO** Annual Maximums
- NO** Deductibles
- NO** Waiting Periods
- NO** Claim Forms<sup>2</sup>
- NO** Pre-authorization Paperwork
- NO** Pre-existing Condition Exclusions

### Select Plan (Same as a DHMO)<sup>1</sup>

- Choose any in-network dentist from one of the largest DHMO-style networks in the Mid-Atlantic<sup>3</sup>
- Family members may select different dentists
- All network dentists are licensed, regulated and must meet Dominion's Credentialing and Quality Assurance Program standards
- Quality care at predetermined fees
- Extensive coverage for over 250 procedures
- No charge for oral exams, routine semi-annual cleanings, bitewing X-rays or topical fluoride for children
- Additional cleaning covered for diabetics and expecting mothers
- Orthodontic benefits provided for adults and children
- 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.
- Out-of-Area Emergency Care: You are covered up to \$100 for palliative emergency dental treatment arising from accidental injury or illness while temporarily more than 50 miles from home. The \$100 limit does not apply in Pennsylvania.

1 Same as a DHMO plan with fixed member copayments, no annual maximum dollar limits, no waiting periods, no deductibles, no pre-authorization paperwork or pre-treatment estimates and no claim forms (except in the case of out-of-area emergencies).

2 Out-of-area emergency care reimbursement requires a receipt or other proof of loss.

3 Dominion Dental Services, Inc. Competitive Network Survey, 4th Quarter 2012. Mid-Atlantic includes D.C., Delaware, Maryland, Pennsylvania and Virginia. Participating dentists are subject to change.

4 Based on the Captiva context fee schedule's 80th percentile fee information.

5 There is a \$10 office visit fee.



### We Work For Your Benefit.

**For full details of the coverages, limitations and exclusions, please read the enclosed Description of Benefits and Member Copayments.**

**Need to find a participating dentist?  
Simply visit [DominionDental.com](http://DominionDental.com).**

### Savings Comparison

Procedure	Average Charge <sup>4</sup>	Your Fee <sup>5</sup>	Your Savings
Oral Exam	\$86	No Charge	100%
Bitewing X-rays (2 Films)	\$40	No Charge	100%
Topical Fluoride for Children	\$42	No Charge	100%
Semiannual Cleaning	\$90	No Charge	100%
Complete Series X-rays	\$130	\$26	80%
Filling (3-Surface/Silver)	\$194	\$52	73%
Root Canal (Anterior Tooth)	\$897	\$282	69%
Perio Scaling/Root Planing	\$247	\$96	61%
Crown (Porcelain/Metal)	\$1,210	\$470	61%
Complete Denture	\$1,493	\$577	61%
Extraction, Erupted Tooth	\$139	\$57	59%
Child Orthodontics	\$6,244	\$3,422	52%
Adult Orthodontics	\$6,244	\$3,658	41%