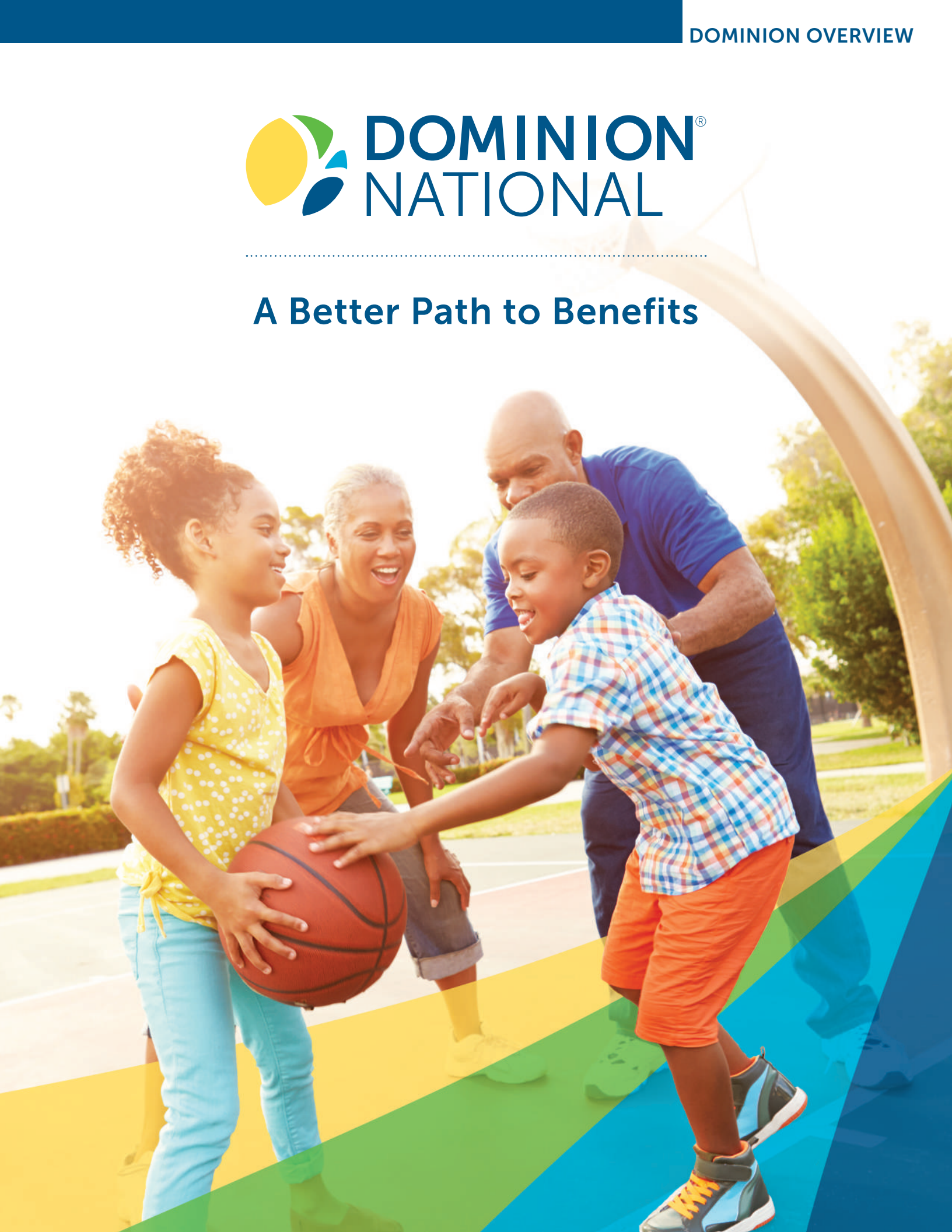




A Better Path to Benefits



A COMPANY AS *unique* AS YOU

Dominion National recognizes that you're a unique individual and we've designed plans and programs that work for you. We seek a better way to serve you through customized plans and exceptional service so that you can focus on what makes you extraordinary and fulfilled.

WE WORK FOR THE BENEFIT OF OVER 900,000 MEMBERS,¹ DELIVERING:

EXTENSIVE NETWORKS

Choice PPO and Choice ePPO networks offer access to over 350,000 dentists nationally.^{1,3}

Elite ePPO and Elite Plus ePPO networks provide unmatched flexibility and lower out-of-pocket costs.

Select Plan network is one of the largest in the Mid-Atlantic region.^{3,4}

Leading vision network with over 82,000 provider listings.^{1,3}

To find a participating provider, please visit
DominionNational.com.



A COMMITMENT TO MEMBER SATISFACTION

In a recent Member Satisfaction Survey, 97% of the respondents were satisfied with Dominion as their dental plan.²



TOLL-FREE, 24 HOUR ACCESS at **888.518.5338**

Eligibility and claim information is available for members, benefit administrators and dentists.



SECURE ONLINE ACCESS TO YOUR ACCOUNT

Access your digital ID card, find a provider and more through secure online resources.



MEMBER PORTAL 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

¹ Dominion National Internal Performance Report, 2019.

² Dominion National Member Satisfaction Survey, November 2019.

³ Participating providers are subject to change.

⁴ Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only. Dominion National Network Analysis Report, 2018. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia.

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.



CHOICE PPO

SUMMARY OF BENEFITS

COMMONWEALTH OF VIRGINIA / THE LOCAL CHOICE

BENEFIT	CHOICE PPO	
	In Network	Out of Network
DIAGNOSTIC & PREVENTIVE (D&P)		
Oral exams	100%	100%
Bitewing X-rays	100%	100%
Topical fluoride for children	100%	100%
Semiannual (2) teeth cleanings	100%	100%
Sealants	100%	100%
BASIC RESTORATIVE		
Fillings	80%	80%
Extraction, erupted tooth	80%	80%
PERIODONTICS		
Root planing and therapy	80%	80%
ENDODONTICS		
Root canals	80%	80%
ORAL SURGERY		
Extraction of impacted teeth	80%	80%
MAJOR RESTORATIVE		
Crowns and bridges	50%	50%
Dentures	50%	50%
Implants	50%	50%
ORTHODONTICS	50%	50%
ORTHODONTICS AGE LIMIT	None	
ORTHODONTICS LIFETIME MAXIMUM	\$2,000	
OFFICE VISIT CHARGE	N/A	
DEDUCTIBLE		
Individual	\$50	
Family	\$150	
Does the deductible apply to D&P?	No	
ANNUAL MAXIMUM	\$2,000	
Is the annual maximum waived on D&P?	Yes	
ANNUAL MAXIMUM ROLLOVER	N/A	
WAITING PERIODS	None	
CLAIM FORMS	Yes	
RECEIVE CARE FROM	Any Dentist or Choice PPO Dentist	
OUT-OF-NETWORK ALLOWANCE¹	MAC	

¹ Out-of-Network Allowance: A limitation on a billed charge, as determined by the Plan, by geographic area where the expenses are incurred. Please note when using out-of-network services members may incur any charges exceeding the allowed amount.

HOW DO I ENROLL?

- To enroll with Dominion or for questions regarding your date of eligibility, please contact your Benefit Administrator.
- Select Plan Only - You must choose a primary care dentist before or after enrollment. You can find a current list of dentists online at DominionNational.com/find-a-dentist. After your effective date, simply call the dental office you selected and make an appointment. Except for out-of-area emergency care, you must receive treatment at the dental office you selected.
- A membership card, benefit description and certificate of coverage will be sent to you on or before your first day of eligibility.

WHO IS ELIGIBLE?

You and your dependents are eligible. Dependents include your spouse and unmarried children under age 26. Refer to your policy documents for further details regarding your dependent coverage.

HOW DO I FIND A PARTICIPATING DENTIST?

For a complete listing of participating dentists, please visit DominionNational.com/find-a-dentist.

HOW DO I FILE A CLAIM FOR THE PPO PLAN?

Benefits will be paid to you or they may be assigned directly to your dentist. Your dentist may use the standard American Dental Association claims form. Claims can be filed electronically; Mailed To: Dominion National, P.O. Box 1126, Elk Grove Village, IL 60009; Or Faxed To: 888.208.8290.

WHAT IF I CHANGE JOBS?

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

DOES DOMINION HAVE A MOBILE APP?

Yes. The MyDominion mobile app provides members with easy access to account and plan information. With MyDominion, you can:

- Find a dentist
- View ID cards
- View plan information

For more information, visit DominionNational.com/mobile.

CAN I MAKE CHANGES ONLINE?

Yes. Dominion provides members with secure online access to:

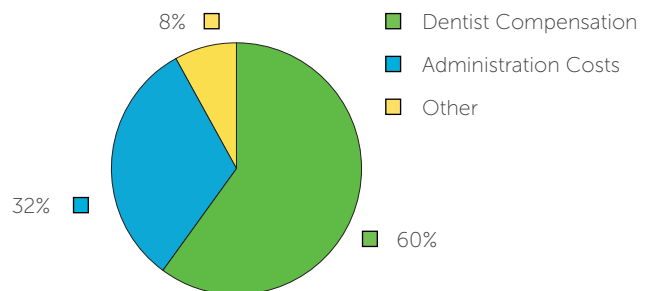
- ID cards
- Plan information
- Dentist search
- Dental cost calculator
- Dental office transfers (Select Plan Only)
- Contact information
- Customer service requests and general correspondence

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

HOW WERE PREMIUM DOLLARS DISTRIBUTED?

The following explanation as required by the Maryland Insurance Administration. Dominion is licensed as a Dental Plan Organization (DPO) in the State of Maryland. PPO and ePPO 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 2019 between dentist compensation and administration costs.



**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 Program¹, PPO and ePPO Exclusions

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the plan.
3. Oral surgery requiring the setting of fractures or dislocations.
4. 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.
5. Dispensing of drugs.
6. Hospitalization for any dental procedure.
7. 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.
8. Procedures not listed as covered services under this plan.
9. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
10. 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 plan.
11. Procedures that in the opinion of the plan 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 Program¹ Exclusions

1. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the plan.
2. Replacement due to loss or theft of prosthetic appliance.
3. Services related to the treatment of TMD (temporomandibular disorder).
4. 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.
5. 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.
6. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the plan (with the exception of out-of-area emergency dental services).

PPO and ePPO Exclusions

1. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
2. Replacement of lost, stolen or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.
3. Diagnosis or treatment of temporomandibular disorder (TMD) syndromes, problems and/or occlusal disharmony.

PPO Exclusions

1. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.

Select Plan and Discount Program¹ 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. Select Plan - distal shoe space maintainer - fixed - unilateral, limited to once per lifetime.
10. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
11. 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%.
12. Relining and rebasing of dentures is covered once every 24 months.
13. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
14. Root planing or scaling is covered once every 24 months per quadrant.
15. Full mouth debridement is covered once per lifetime.
16. Select Plan - scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
17. 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.
18. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
19. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.
20. Select Plan - coronectomy, intentional partial tooth removal, once per tooth per lifetime.
21. Select Plan - teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year.

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. Simple extraction of teeth
11. Amalgam and composite fillings (restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered

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 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.

- 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 f. Excision of a tumor or cyst and incision and drainage of an abscess or cyst and g. coronectomy, intentional partial tooth removal limited to one per tooth per lifetime.
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 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; 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; h. One full mouth debridement per lifetime and i. scaling in presence of generalized moderate or severe gingival inflammation, full mouth after oral evaluation and in lieu of a covered D1110/D1120, limited to one per two years.
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. Infiltration or sustained release therapeutic drug – single or multiple sites.
24. Restoration services, limited to: a. Cast metal, resin-based gold or porcelain/ceramic 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
25. Prosthetic services, limited to: a. Initial placement of dentures or fixed bridgework; b. Replacement of removable 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
26. Teledentistry, synchronous (D9995) or asynchronous (D9996) limited to two per calendar year
27. Orthodontia for adults is not covered.
3. 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 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



NONDISCRIMINATION AND FOREIGN LANGUAGE ASSISTANCE NOTICE

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, sex, gender identity, or sexual orientation. Dominion National does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

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, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by mail, fax, or email at:

Dominion National
251 18th Street South, Suite 900, Arlington, VA 22202
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>.

Language assistance

To talk to an interpreter in your language at no cost, call 888.518.5338 (TTY: 711).

Para hablar con un intérprete de forma gratuita, llame al 888.518.5338 (TTY: 711).

欲免费用本国语言咨询传译员，请拨电话 888.518.5338 (TTY: 711).

Để nói chuyện với thông dịch viên bằng ngôn ngữ của quý vị không phải mất phí, xin gọi 888.518.5338 (TTY: 711).

Для бесплатного разговора с переводчиком на своем языке, позвоните по тел.: 888.518.5338 (TTY: 711).

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무료 전화통역 서비스 888.518.5338 (TTY: 711).

Per parlare con un interprete nella vostra lingua gratis, chiami 888.518.5338 (TTY: 711).

للتحدث مجاناً إلى مترجم للغتك، يرجى الاتصال بـ 888.518.5338 (الهاتف النصي: 711)

Pour parler à un interprète dans votre langue sans charges, téléphoner à 888.518.5338 (TTY: 711).

Um in Ihrer Sprache gebührenfrei mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 888.518.5338 an (TTY: 711).

દુભાષીયા જોડે વાત કરવા, 888.518.5338 (TTY: 711) પર ફોન કરો.

Aby porozmawiac z tłumaczem w języku polskim, prosze zadzwonic na numer darmowy telefonu 888.518.5338 (TTY: 711).

Pou pale avèk yon entèprèt nan lang ou grastis, rele nan 888.518.5338 (TTY: 711).

मुफ्त में अपनी भाषा में दुभाषिया से बात करने के लिए, 888.518.5338 (TTY: 711) पर कॉल करें।

Para falar com um intérprete em seu idioma de graça, ligue para 888.518.5338 (TTY: 711).

Dominion National recognizes that you need quick and convenient access to real-time benefit information and resources. We also understand that each of our customers is unique and has different communication preferences so we've created a variety of online tools to provide you with instant access to your account when and wherever you need it.

MEMBER PORTAL

DominionMembers.com
Online Access - Real Time, Password Protected

PORTAL FEATURES



ID Cards



Dental Cost Calculator



Dentist Search



Customer Service Requests and Live Chat



Obtain Plan Information and Certificates of Coverage

LOGIN INSTRUCTIONS



Go to DominionMembers.com.

Select "Create New Account" and complete login request form. You will receive a confirmation email within 24 hours with your login information.

You will be prompted to change your password. Change the password to one that you will remember. Passwords must have a minimum of eight characters including at least one capital letter, one number and one special character (#!\$%*).

Log back into the portal and enter your password.

CONNECT ON DOMINION NATIONAL GO

Receive personalized account communications straight to your mobile device by connecting on Dominion National Go. Text notifications also provide an easier way to access your digital ID card, find a provider and stay informed.

BENEFITS OF CONNECTING ON GO



Valuable Resources On-The-Go

Access your ID card and provider search information in seconds



Overall Wellness

We'll help you stay healthy with messages tailored to your needs



Stay Informed

You will be notified when there are important items that need your attention

HOW IT WORKS



Go combines text with secure web messaging that you can access from your smartphone, tablet or computer. Text notifications take you directly to your private message where you can take action or get support. Your personal feed conveniently retains all of your notifications in one place.

TWO WAYS TO REGISTER



Call 888.596.0716



Visit bit.ly/connectongo

The Dominion National mobile communications service is provided by Relay Network. Review Terms and Conditions at <https://my.relayit.com/terms-and-conditions>, which includes your consent to receive notifications via automated text message from Dominion National. Not required to purchase goods and services from Dominion. 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.

MYDOMINION MOBILE APP

The MyDominion mobile app provides members with easy access to account and plan information.

WITH MYDOMINION, YOU CAN:



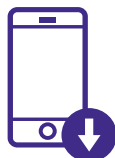
Find A Dentist



View ID Cards



View Plan Information



The MyDominion app is compatible with iPhone® and Android™ and can be downloaded through our website at DominionNational.com/mobile.

HOW DO I FIND A PARTICIPATING DENTIST?



Dominion National has extensive networks providing access to over 350,000 national PPO dentist listings and one of the largest Select Plan and ePPO networks in the Mid-Atlantic region.¹ Follow the below instructions to find a participating dentist.

INSTRUCTIONS

Go to DominionNational.com/find-a-dentist.

Utilize the searchable features to find general dentists and specialists near your home or office. You may filter your search by city, state, zip code or dentist name and type.

You must select your plan type in the dropdown menu in order to determine the corresponding network.

Once you have entered in the search criteria, click "Find" and your results will be displayed. Search results provide detailed contact information including:



Office email address



Office phone number



Dentist status (accepting new members)



Hours of operation



Handicap accessibility



Language(s) spoken



Directions to the dental office



SELECT PLAN ONLY

Select Plan² members must select a participating dentist prior to making a dental appointment. Except for out-of-area emergency care, you must receive treatment at the dental office you selected. Family members may use different participating dentists.

HOW TO CHOOSE YOUR DENTIST:

Option 1: Create your online account through Dominion's Member Portal at DominionMembers.com. Once you have logged in, simply go to your "Member Summary" and select the "Change Dentist" option in the bottom left menu.

Option 2: Call Dominion at 888.518.5338.



CAN'T FIND THE DENTIST OF YOUR CHOICE?

Nominate them for consideration in the Dominion network by going to DominionNational.com/find-a-dentist and clicking "Nominate Your Dentist."

1. Dominion National Internal Performance Report, 2020. Mid-Atlantic includes D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia. Participating providers are subject to change.
2. Managed care plan with exclusive network, fixed member copayments, no annual maximum dollar limits, no waiting periods and no deductibles. In New Jersey, Select Plans are available in Camden, Cumberland and Gloucester counties only.

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.



Value-Added Member Benefits

As a Dominion National member, you have access to additional benefits to help support you on your path to overall health and wellness. These benefits include:

SmileDirectClub's Clear Aligner Program

SmileDirectClub's orthodontic clear aligners offer a flexible and convenient alternative to traditional braces without the higher price tag or required monthly in-person visits.

How does the SmileDirectClub program work?

1. Take your 3D image: Get started in the convenience of your home with an easy-to-use impression kit; at one of SmileDirectClub's SmileShops; or at a SmileDirectClub affiliated dental practice.¹ A state-licensed dentist or orthodontist reviews your case and prescribes aligners, if appropriate.
2. Preview your new smile: You will receive a digital model and timeline for your improved smile; your custom-made aligners are created, which will arrive within 3-4 weeks in the mail; then treatment begins.
3. Virtual check-ins: Your assigned dentist or orthodontist will have regular virtual check-ins, guiding your treatment remotely through the SmileDirectClub platform. An experienced dental team is also available around-the-clock via text, video chat, email or phone.
4. Show the world your new smile: After 4-6 months, treatment is complete and your new smile awaits. SmileDirectClub provides a lifetime guarantee² and oral care maintenance advice so you can protect your new smile.

With SmileDirectClub's clear aligner program, you can achieve significant savings on orthodontia (up to 67%) compared to the national average cost of traditional braces and Invisalign.³

To learn more about the SmileDirectClub program, visit DominionNational.com/sdc.

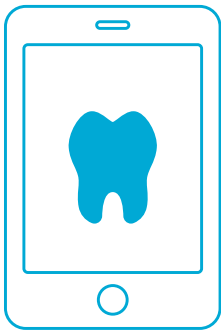
[See reverse side
for more benefits](#)

1. Dominion members work directly with SmileDirectClub for this program. SmileDirectClub facilitates treatment with a state-licensed dentist who may or may not be affiliated with the member's Dominion National plan network.
2. Member must stay current with retainer maintenance program to be eligible for one aligner touch-up per year as needed at no additional cost.
3. Cost of traditional braces and traditional invisible aligners based on average total fees for treatment of mild-to-moderate malocclusion. Data on file at SmileDirectClub.

Not all individuals are suitable candidates for clear aligners. These services, which are offered and arranged for by SmileDirectClub, are intended for certain individuals who have mild or moderate orthodontic needs and only if approved by a state-licensed dentist or orthodontist. Dominion National is not a provider of dental care services. Notice of this SmileDirectClub offering is for informational purposes only and is not medical advice.

Teledentistry: Enjoy Increased Convenience and Access to Dental Care

Receive a dental consultation without leaving your home or office! Dominion National has teamed up with DigiBite⁴ to offer an innovative teledentistry solution for plan members, increasing convenience and access to care with a licensed dentist. This innovative, easy-to-use mobile app for teledentistry services includes virtual exams and second opinions.



How It Works: 4 Easy Steps

1. Download the DigiBite app and set up an account.
2. Complete an oral health questionnaire, upload any supporting documents and photos and either schedule a live video consultation or submit a request for an offline virtual consult (both with a licensed dentist) through the app, typically within 24-48 hours (real-time). Make payment via the DigiBite app (if applicable).
3. Receive a live video or offline virtual exam, a preliminary diagnosis or second opinion and a full visit report.
4. Download a personalized treatment plan and report within 48 hours. This will include instructions to engage an in-network provider for follow-up care as needed. DigiBite will submit claims on the member's behalf.



Learn more at DominionNational.com/teledentistry.



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 with access to over 5,000 credentialed provider locations across the country.⁵

Hearing loss is quite common and affects people of all ages. Nearly 1 in 8 Americans experience it, often negatively impacting their mental health, physical health and income.⁶

The Amplifon program provides access to:

- **Custom hearing solutions:** Wide choice of products from the industry's leading brands.
- **Risk-free 60-day trial:** 100% money-back guarantee – no return or restocking fees.
- **Aftercare program:** One-year follow-up care, two-year battery support and three-year warranty for loss, repairs or damage.⁷
- **Financing:** Amplifon offers interest-free financing to those who qualify.

The Amplifon hearing discount program is available as part of your Dominion membership and requires no additional action to sign up.

Visit amplifonusa.com/dn or call 855.565.1072 to connect with a hearing care advocate today.

4. Teledentistry services are offered by DigiBite LLC. Not all dental conditions are suitable for review through the teledentistry platform. A teledentistry dentist may have limited ability to diagnose a condition through the teledentistry platform. Further, a teledentistry dentist may recommend that the individual seek evaluation and care from a physical dental office. Member dental plan policy will dictate coverage. Any teledentistry services provided will count toward applicable benefit frequency limitations. DigiBite LLC and Dominion National are not providers of dental care services. Notice of this teledentistry offering is for informational purposes only and is not medical advice. A payment may be required to schedule your consult and receive a report. Any applicable coverage from your dental plan will already be credited in the DigiBite app. Please refer to your dental plan policy for details regarding plan deductibles, annual maximum limits, copayments and frequency limits for services rendered. If a payment is required, no claim will need to be submitted to Dominion.
5. 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.
6. Hearing Loss Prevalence in the United States, National Institutes of Health, bit.ly/3eKk1IC.
7. Follow-up care - for one year following purchase. Batteries - two-year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. Warranty - Exclusions and limitations may apply. Contact Amplifon Client Services (844.267.5436) for details.

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