Select Plan 603x Dental Benefits

The Guardian Life Insurance Company of America, New York, NY and Dominion Dental Services (Dominion) have aligned together to offer high-value dental benefits. Dominion’s dental Select Plan (same as a DHMO)\(^1\) network - one of the largest in the Mid-Atlantic region\(^2\) - provides a wide selection of participating dentists alongside Guardian’s leading PPO network. The combination of Select Plan and PPO dental plans gives employees maximum flexibility in selecting and paying for their dental coverage.

**Select Plans Provide**
- Extensive coverage on 250 dental services
- Quality dental care at predetermined fees
  (see next page for summary of benefits)
- Your choice of convenient private offices
- An emphasis on prevention and early treatment of dental problems

**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. Simply use any convenient dentist and submit the receipt to Dominion for reimbursement. The $100 limit does not apply in PA.

**How Does the Select Plan Work?**
After your effective date, simply make an appointment with the participating dentist you selected. New members are provided with a benefit description, certificate of coverage, ID card, and an explanation of how to use the plan. There are no claims to file and no pre-existing condition exclusions to worry about. Questions about the plan can be answered via the Web, phone, fax, and mail. An online Select Plan provider search is available at DominionDental.com/guardian.

**How Do I Choose a Participating Dentist?**
You may select any general dentist from the enclosed list of participants. If you would like background information on an office, please access the Dominion website at DominionDental.com or call the Dominion 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 use the website or call Dominion’s Member Services Department.

**Plan Features**
- No deductibles
- No waiting periods
- No pre-authorization paperwork
- No maximum annual dollar limits
- No pre-existing condition exclusions
- No claim forms\(^4\)

**100% Coverage For**
- Oral examinations
- Bitewing X-rays
- 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 children.\(^3\)

More extensive care (fillings, crowns, dentures, root canals, periodontal treatment, oral surgery, etc.) is provided at fees up to 70% lower than the usual and customary charges (see Savings Comparison chart). You only pay the amount listed. Specialty care is available from Plan Specialists at rates 25% less than usual and customary.

**Savings Comparison**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Avg. Chg.*</th>
<th>Your Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Exam</td>
<td>$90</td>
<td>No Charge</td>
</tr>
<tr>
<td>Bitewing X-rays (2 Films)</td>
<td>$41</td>
<td>No Charge</td>
</tr>
<tr>
<td>Topical Fluoride for Children</td>
<td>$39</td>
<td>No Charge</td>
</tr>
<tr>
<td>Semiannual Cleaning</td>
<td>$97</td>
<td>$13</td>
</tr>
<tr>
<td>Complete Series X-rays</td>
<td>$134</td>
<td>$26</td>
</tr>
<tr>
<td>Filling (3 Surface/Silver)</td>
<td>$193</td>
<td>$58</td>
</tr>
<tr>
<td>Crown (Porcelain/Metal)</td>
<td>$1,138</td>
<td>$497</td>
</tr>
<tr>
<td>Root Canal (Anterior Tooth)</td>
<td>$935</td>
<td>$296</td>
</tr>
<tr>
<td>Complete Denture</td>
<td>$1,474</td>
<td>$606</td>
</tr>
<tr>
<td>Extraction, Erupted Tooth</td>
<td>$144</td>
<td>$62</td>
</tr>
<tr>
<td>Child Orthodontics</td>
<td>$6,863</td>
<td>$3,422</td>
</tr>
<tr>
<td>Adult Orthodontics</td>
<td>$5,994</td>
<td>$3,658</td>
</tr>
</tbody>
</table>

\(*Based on the Captiva context fee schedule’s 80th percentile fee information."

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

\(^2\) Dominion competitive network survey, 2nd Quarter 2010. Includes D.C., Delaware, Maryland, Pennsylvania and Virginia.

\(^3\) Dominion Dental Services, Inc. - based on annual review of utilization data.

\(^4\) Out-of-area emergency care reimbursement requires a receipt or other proof of loss.
Dominion Dental Services, Inc.

**Select Plan 603x**

**Summary of Benefits and Member Copayments**

<table>
<thead>
<tr>
<th>Diagnostic/Preventive</th>
<th>Member Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9439 Office visit</td>
<td>$10</td>
</tr>
<tr>
<td>D0210 Complete series X-rays</td>
<td>$26</td>
</tr>
<tr>
<td>D0220 Single periapical X-rays</td>
<td>No Charge</td>
</tr>
<tr>
<td>D0270/72/74 Blurring X-rays</td>
<td>No Charge</td>
</tr>
<tr>
<td>D0330 Panoramic X-rays</td>
<td>$30</td>
</tr>
<tr>
<td>D0250/60 Each additional film (X-rays)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D0460 Pulp vitality test</td>
<td>No Charge</td>
</tr>
<tr>
<td>D0470 Diagnostic models</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1110 Teeth cleaning, adult (1 per 6 months)</td>
<td>$13</td>
</tr>
<tr>
<td>D1120 Teeth cleaning, child (1 per 6 months)</td>
<td>$10</td>
</tr>
<tr>
<td>D1201 Topical fluoride with prophylaxis (child)</td>
<td>$10</td>
</tr>
<tr>
<td>D1203 Topical fluoride without prophylaxis (child)</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1310 Nutritional counseling</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1320/30 Oral hygiene instruction</td>
<td>No Charge</td>
</tr>
<tr>
<td>D1351 Sealant - per tooth (up to age 14)</td>
<td>$21</td>
</tr>
<tr>
<td>D1510/20 Space maintainers - Unilateral</td>
<td>$135</td>
</tr>
<tr>
<td>D1515/25 Space maintainers - Bilateral</td>
<td>$187</td>
</tr>
<tr>
<td>D1550 Space maintainers - Recementation</td>
<td>$32</td>
</tr>
<tr>
<td>D9110 Emergency (palliative) treatment</td>
<td>$40</td>
</tr>
<tr>
<td>D9230 Nitrous oxide (if available)</td>
<td>$35</td>
</tr>
<tr>
<td>D9310 Second opinion/consultation, per session (by another plan dentist)</td>
<td>$40</td>
</tr>
<tr>
<td>D9990 Broken appointments - per 1/2 hour</td>
<td>$23</td>
</tr>
</tbody>
</table>

**Restorative Dentistry (Fillings)**

Amalgam restorations (Silver):
- D2140 One surface filling, primary/permanent | $37 |
- D2150 Two surface filling, primary/permanent | $46 |
- D2160 Three surface filling, primary/permanent | $58 |
- D2161 Four or more surfaces filling, primary/permanent | $70 |
- Resin composite restorations (tooth colored):
  - D2330 One surface filling, anterior | $66 |
  - D2331 Two surface filling, anterior | $79 |
  - D2332 Three surface filling, anterior | $95 |
  - D2335 Four or more surfaces filling, anterior | $114 |
  - D2951 Pin retention (per tooth, add to restoration) | $20 |
  - D3110/20 Pulp cap directs/direct (excl. final restoration) | $7 |
  - D2940 Sedative filling | $37 |

**Crown & Bridge (Fixed Tooth Replacement)**

- D2130 Inlay one or two surface | $407 |
- D2542 Onlay - two surface | $458 |
- D2710 Resin crown (lab processed) | $258 |
- D2970 Temporary crown (fitted by office) | $495 |
- D2750/51/52 Porcelain crown fused to metal | $497 |
- D2790/92/94 Full cast crown | $497 |
- D2910/20 Recementation: inlay/crown per unit | $40 |
- D2952 Cast post and core in addition to crown | $76 |
- D2954 Prefabricated post & core in addition to crown | $146 |
- D2951 Stainless steel crown/cross bridge | $114 |
- D2950 Core build-up, including any pins | $18 |
- D2980 Crown repair by report | $96 |

**Ponics**

- D6210/11/12 Cast (metal) | $470 |
- D6240/41/42 Porcelain with metal | $497 |
- D6250/51/52 Resin with metal | $495 |

**Bridge Retainers**

- D6545 Retainer - cast metal for resin bonded fixed | $238 |
- D6720/21/22 Abutment crown - resin with metal | $238 |
- D6750/51/52 Abutment crown - porcelain fused to metal | $247 |

**Prosthodontics (Removable)**

- D5110/20 Complete denture - upper or lower | $606 |
- D5130/40 Immediate denture - upper or lower | $627 |
- D2311/12 Partial denture - upper/lower resin base with conventional clasps/rests | $364 |
- D5213/14 Partial denture - cast metal base with resin saddles | $652 |
- D5281 Removable unilateral partial - 1 piece cast metal with clasps and pontics | $364 |
- D5810/11 Interim complete/partial dentures (upper/lower) | $314 |
- D5840/41 Complete denture adjustments | $334 |
- D5750/51 Reline - laboratory, complete/partial denture | $194 |
- D5950/51 Tissue conditioning upper/lower per unit | $75 |
- D5510/60/10/10 Repair complete denture base | $75 |
- D5520/5 Explantation/broken teeth, complete denture (per tooth) | $75 |
- D5630/60 Clasp added to partial denture (per tooth) | $100 |

**Endodontics (Root Canal)**

- D3220 Anterior | $70 |
- D3310 Molar | $296 |
- D3320 Apicoectomy - bicuspid | $363 |
- D3330 Apicoectomy - molar (1st root) | $444 |
- D3410 Apicoectomy - molar (2nd root) | $296 |
- D3421 Apicoectomy - bicuspid | $316 |
- D3422 Apicoectomy - molar (2nd root) | $363 |
- D3423 Apicoectomy - molar (3rd root) | $316 |
- D3430 Apicoectomy - (each additional root) | $132 |
- D3440 Retrograde filling (per root) | $103 |

**Periodontics (Gum Treatment)**

- D4210 Gingivectomy per quadrant (4 or more teeth) | $255 |
- D4211 Gingivectomy per quadrant (1-3 teeth) | $91 |
- D4240 Gingival flap surgery per quadrant | $316 |
- D4241 Gingival flap surgery per quadrant (1-3 teeth) | $97 |
- D4261 Osseous (bone) surgery per quadrant (1-3 teeth) | $359 |
- D4341 Periodontal scaling and root planing per quadrant (4 or more teeth) | $99 |
- D4910 Periodontal maintenance procedures | $67 |

**Oral Surgery**

- D711 Extraction, without complication | $50 |
- D7140 Root removal - exposed roots | $62 |
- D7210 Surgical extraction, erupted | $120 |
- D7220 Impaction - anterior | $137 |
- D7230 Impaction - Partially bony | $178 |
- D7240 Impaction - Completely bony | $219 |
- D7250 Impaction - Residual tooth root removal | $128 |
- D7310/20 Implantation and related restorative procedures | $128 |

**Orthodontics**

- D6080 Initial records and study models | $413 |
- D8080 2-year case (child) | $3,422 |
- D8090 2-year case (adult) | $3,658 |

**Plan Exclusions**

1. 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).
2. Services which, in the opinion of the attending dentist, are not necessary for the patient’s dental health.
3. 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 sole discretion of the Participating Dentist, such services should not be performed in a dental office.
6. Dispensing of drugs.
8. Treatment required for conditions resulting from major disaster, epidemic or war, including declared acts of war.
9. Replacement due to loss of theft of prosthetic appliance.
10. General anesthesia and sedation.
11. Services that cannot be performed because of the general health of the patient (does not apply in VA).
13. Unlisted procedures.
14. Services obtained outside of the dental office in which enrolled and that are not pre-approved by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
15. Services related to the treatment of TMD (Temporal Mandibular Disorder).
16. 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 Plan Specialist (with the exception of orthodontics). Plan Specialist, if available, will reduce fees 25% from Usual, Customary, and Reasonable (UCR) fees, except in the State of Delaware. In Delaware, Plan Specialists will provide a reduction from their UCR that will vary between specialists.
17. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
18. 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**

1. Replacement of a bridge, crown or denture within five (5) years after the date it was originally installed.
2. Replacement of filling within two (2) years after original date of placement.
3. Treatment of periodontal (prophylaxis) at intervals of less than six (6) months.
4. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan.
5. Amalgam restorations (Silver): As performed by a General Dentist. See Plan Exclusion #16 below.
6. Treatment required for conditions resulting from major disaster, epidemic or war, including declared acts of war.

**Current Dental Terminology © American Dental Association. Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc.**

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