

Dominion National's PPO Plans Provide:



ACCESS TO OVER
350,000 National Network
Dentist Listings¹

Because you have access to see any dentist in or out of the network throughout a widespread geographic area, service costs vary. Each time you visit the dentist, you will receive an Explanation of Benefits (EOB). The EOB explains the services performed during your visit along with associated cost details.

Your Explanation of Benefits Defined:

Description of Services	Amount Billed	Member Rate	Ineligible Amount	Deductible	Other Insurance	% Covered	Copay/Coinsurance	You Owe	What Your Plan Pays	Remark Code
(D1110) Prophylaxis - adult	\$95.00	\$95.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$95.00	
(D0120) Periodic oral eval.: established patient	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$50.00	
(D0274) Bitewings - four radiographic images	\$65.00	\$65.00	\$0.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$65.00	
Totals:	\$210.00	\$210.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$210.00	

Amount Billed

Amount the dentist charged for service. Just as products, such as groceries and gas, have different pricing based on the retailer and geographic location, the amount each dentist charges for services will vary as well.

Member Rate

Insurance plan's reimbursement fee to dentist, as well as the fee that your deductibles, maximums and % covered are based off of. Please note that in-network dentists have agreed to this negotiated fee on your behalf.

Ineligible Amount

Amount not payable by your insurance plan. This includes the discount provided by in-network dentists, your responsibility for costs, amounts in excess of maximum(s)* and denied charges, if applicable. This does not reflect the final cost to you.

Deductible

Annual amount each member must pay for dental services before the plan will begin to cover the member's dental procedures. If dependents are covered, there may be a family deductible, which is the overall limit on what a family will pay before the dental plan pays.

Network Status (In vs. Out-of-Network)

In Network: Dentist contracts to provide dental services on your dental plan. Typically, you will pay less out of your own pocket when you receive care from in-network providers.

Out of Network: Dentist does not contract to provide dental services on your dental plan, usually resulting in higher out-of-pocket costs.

Remark Code

Additional messaging, when applicable, regarding your itemized service, including exceeded maximum(s)* and denied charges, which can be referenced in the Reason Code Description section of your EOB.

You Owe

Actual dollar amount you pay for a dental service.

What Your Plan Paid

Actual dollar amount paid by insurance after your deductible and other insurance (up to the maximum*).

Copay/Coinsurance

Dollar amount you pay on a covered dental service.

% Covered

Percentage of a covered dental service cost paid by insurance (as listed in your Coverage Schedule).

Alternate Benefit

A dental plan provision basing payment for a particular dental service on the least expensive treatment or supplies that are effective. The provision does not limit treatment options. Sometimes referred to as LEAT or Least Expensive Alternate Treatment.

Other Insurance

Amount paid by another insurance plan if you carry more than one insurance plan.



Determine the cost of your next dentist visit with Dominion's Cost Calculator at DominionMembers.com.



Maximum: Maximum dollar amount that the plan will pay toward the cost of dental care within the specified period per member. Maximum is shared for in-network and out-of-network services. The annual maximum applies to Class I, Class II, Class III or Class IV procedures (as listed in your Coverage Schedule).



Annual Maximum Rollover: If plan includes maximum rollover, a portion of the member's unused benefits may roll over from one year to the next and can be used for future dental expenses. Annual Maximum Rollover is the eligible rollover amount remaining from the previous year that is available to apply toward future dental expenses during the current year.