

Dominion National's PPO Plans Provide:



Maximum
Access



Convenience



Flexibility

ACCESS TO OVER
325,000 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:

Procedure	Dentist's Charge	Allowed Amount	Ineligible Amount	Deductible	Other Insurance	% Covered	Copay/Coinsurance	Patient Pays	Plan Pays	Remark Code
Limited Exam	\$50.00	\$35.00	\$15.00	\$0.00	\$0.00	100%	\$35.00	\$0.00	\$35.00	
Periapical X-ray	\$30.00	\$20.00	\$10.00	\$0.00	\$0.00	100%	\$20.00	\$0.00	\$20.00	
3 Surface Composite	\$200.00	\$140.00	\$60.00	\$25.00	\$0.00	80%	\$23.00	\$48.00	\$92.00	

Patient Responsibility:

\$48.00

Dentist's Charge

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.

Allowed Amount

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.

Other Insurance

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

% Covered

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

Copay/Coinsurance

Dollar amount you pay on a covered dental service.

Patient Pays

Actual dollar amount you pay for a dental service.

Plan Pays

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

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.

Patient Responsibility

Actual dollar amount you pay to the dentist for all services listed on the EOB. Please note that the EOB is not a bill and you will be billed directly by your dentist.



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).



Example: If your annual maximum is \$1,000 for in and out-of-network, your insurance plan pays up to \$1,000 for covered dental services whether you go in-network, out-of-network or a combination of the two. You will be responsible for the remaining payment(s) that exceeds \$1,000.