



## Explanation of Benefits

**THIS IS NOT A BILL**

### Forwarding Service Requested

SUBFIRST SUBLAST4638  
123 MAIN STREET  
RICHMOND VA 23228

JOCF

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**Customer Service**  
Call 888.681.5100

Log in to your secure account  
at [www.DominionNational.com](http://www.DominionNational.com)  
to view detailed claim information  
or scan the QR code on the right.



### Summary of all claims processed for statement date 12/13/2022.

Amount Billed	\$950.00	This was the amount that was billed for your visit.
Member Rate	\$267.00	You saved \$683.00. Dominion negotiates discounts with in-network providers for your benefit.
What Your Plan Paid	\$143.00	The total we paid directly to the provider, based on services covered under your plan.
You May Owe	\$274.00	Although you may have already paid all or part of this amount, this total reflects what you may owe the provider. It includes copayments, deductibles, coinsurance and costs for services your plan does not cover.
You Saved	\$676.00	You saved \$676.00 (or 71%) off of the total amount billed. Savings include your member rate (if in-network) and what your plan paid.

### Balance of deductibles and maximums (1/1/23 through 12/31/23)

	Used/Paid	Remaining
Individual Annual Maximum	\$300.00	\$700.00
Individual Deductible	\$50.00	\$0.00
Family Deductible	\$50.00	\$100.00
Lifetime Orthodontic Maximum	\$1,500.00	\$1,500.00

Claim Detail

Dominion received this claim on 02/15/2023 and processed it on 02/18/2023.

Member: PatName38

Member ID: 1234999938

Patient's Relationship to Subscriber: Dependent

Subscriber Name: EnrollName38

Date of Service: 11/23/2022

Master Claim #: 501T99999999638 (Claim #: 20239999999638)

Dental Office: Sample Dental Office

Provider: ProvFirst ProvLast (Network Status: In Network)

Description of Services	Amount Billed	Member Rate	Ineligible Amount	Deductible	Other Insurance	% Covered	Copay/Co-insurance	You Owe	What Your Plan Pays	Remark Code
(D2920) Re-cement or re-bond crown (Tooth 8)	\$250.00	\$62.00	\$188.00	\$0.00	\$0.00	50%	\$31.00	\$31.00	\$31.00	
(D2920) Re-cement or re-bond crown (Tooth 9)	\$250.00	\$62.00	\$188.00	\$0.00	\$0.00	50%	\$31.00	\$31.00	\$31.00	
Totals:	\$500.00	\$124.00	\$376.00	\$0.00	\$0.00		\$62.00	\$62.00	\$62.00	

Claim Detail

Dominion received this claim on 02/15/2023 and processed it on 02/18/2023.

Member: PatName38

Member ID: 1234999938

Patient's Relationship to Subscriber: Dependent

Subscriber Name: EnrollName38

Date of Service: 11/29/2022

Master Claim #: 501T99999999638 (Claim #: 20239999999638)

Dental Office: Sample Dental Office

Provider: ProvFirst ProvLast (Network Status: In Network)

Description of Services	Amount Billed	Member Rate	Ineligible Amount	Deductible	Other Insurance	% Covered	Copay/Co-insurance	You Owe	What Your Plan Pays	Remark Code
(D0120) periodic oral eval.; established patient	\$120.00	\$33.00	\$87.00	\$0.00	\$0.00	100%	\$0.00	\$0.00	\$33.00	
(D0330) Panoramic radiographic image	\$150.00	\$0.00	\$150.00	\$0.00	\$0.00	0%	\$0.00	\$150.00	\$0.00	59
(D7140) Extraction, erupted tooth or exposed root (Tooth 29)	\$180.00	\$110.00	\$70.00	\$50.00	\$0.00	80%	\$12.00	\$62.00	\$48.00	
Totals:	\$450.00	\$143.00	\$307.00	\$50.00	\$0.00		\$12.00	\$212.00	\$81.00	

**Remark Code Description**

59      The procedure exceeds the frequency limitations under the member's plan.



## Notice of Appeal Rights

### Claim Appeal Procedures

If a claimant has submitted a claim for benefits to Dominion and that claim has been denied in part or in full, the claimant has the right to request an appeal of the claim decision within 180 days of receiving the claim determination. The appeal should be in writing and include any information, documents, or other supporting documentation the claimant wishes to be used in the appeal determination. Appeals should be sent to Dominion National; ATTN: Grievances and Appeals, P.O. Box 21522, Eagan, MN 55121-0522; Phone: Toll-Free 888.518.5338 or Local 703.518.5338. A Dominion representative or appropriate qualified reviewer, who did not participate in the initial claim determination, will review all claim appeals. The member will be notified of the results of the appeal review within 60 days.

Upon request, claimants have the right to reasonable access to and copies of all documents, records, or other information relative to the claim determination.

**Employee Retirement Income Security Act (ERISA)** - If a member is enrolled through an employer-sponsored or other group health benefit plan that is subject to ERISA, and receives an adverse benefit determination on an appeal(s), the member may bring a civil action under section 502 (A) of ERISA. In general, ERISA does not cover group health plans established or maintained by government entities (Federal, State, and Municipal) for their employees or by churches for their employees. To determine whether ERISA applies to a member's group health benefits, please contact the employer, group administrator, or plan sponsor. We are not able to determine a group plan's ERISA status.

### Supporting Claim Documentation

If your claim requires documentation to support the services rendered, please submit the required information, along with a copy of the Explanation of Benefits, to the following address: Dental Claims Processing Center, P.O. Box 211424 - Eagan, MN 55121

Information regarding the plan's Utilization Review Guidelines can be found on [DominionProvider.com](http://DominionProvider.com) or you may contact Customer Service at 888.681.5100.

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## GLOSSARY



### 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.

### What Your Plan Paid

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

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 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).

### You Owe

Actual dollar amount you pay for a dental service.

### 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.

# VALUE-ADDED MEMBER BENEFITS

AS A DOMINION NATIONAL  
MEMBER, YOU HAVE ACCESS TO  
ADDITIONAL BENEFITS TO HELP  
SUPPORT YOU ON YOUR PATH  
TO HEALTH AND WELLNESS.



## TELEDENTISTRY: ENJOY INCREASED CONVENIENCE AND ACCESS TO ORAL CARE

Receive a dental consultation without leaving your home or office! This innovative, easy-to-use mobile app for teledentistry services includes virtual exams and second opinions.

Learn more at  
[DominionNational.com/teledentistry](https://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.<sup>1</sup> Visit [amplifonusa.com/dn](https://amplifonusa.com/dn) or call 855.565.1072 to connect with a hearing care advocate today.



## MEMBER SAVINGS ON ORAL CARE PRODUCTS WITH Z DENTAL

Access exclusive discounts on premium oral care products and accessories offered by Z Dental. Members can access the following types of Z Dental products at up to 50% off the already discounted price:

- Z Sonic Water Flosser
- Z Sonic Pulse Toothbrush
- Z Sonic Featherweight Toothbrush
- Z Sonic Mini Toothbrush

To learn more and access products visit  
[MyZSonic.com/DN](https://MyZSonic.com/DN) and be sure to enter promo code **"DOMINION."**

1. 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.







## NONDISCRIMINATION AND FOREIGN LANGUAGE ASSISTANCE NOTICE

The Dominion National family of companies (including insurers Dominion Dental Services, Inc. and Dominion National Insurance Company, 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 전화 통역 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).

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