



Explanation of Benefits

THIS IS NOT A BILL

Forwarding Service Requested

SUBFIRST SUBLAST4638
123 MAIN STREET
RICHMOND VA 23228

JOCF 7

Customer Service
Call 888.681.5100

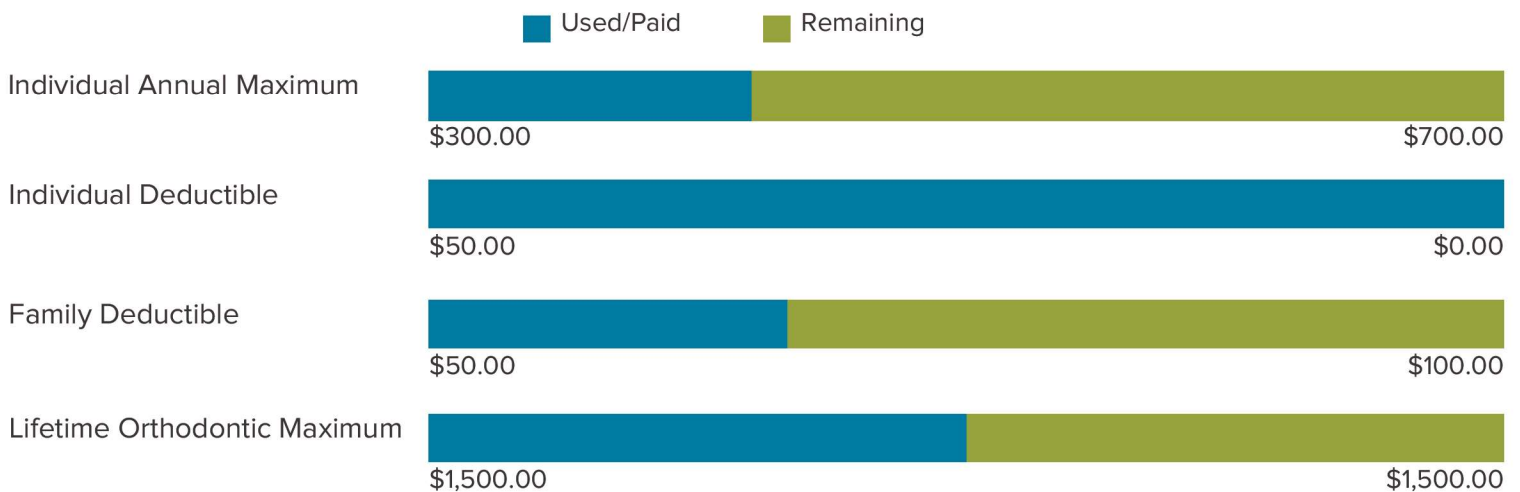
Log in to your secure account
at www.DominionNational.com
to view detailed claim information
or scan the QR code on the right.



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)



Claim Detail

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

Member: PatName38 Date of Service: 11/23/2022
Member ID: 1234999938 Master Claim #: 501T99999999638 (Claim #: 20239999999638)
Patient's Relationship to Subscriber: Dependent Dental Office: Sample Dental Office
Subscriber Name: EnrollName38 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 Date of Service: 11/29/2022
Member ID: 1234999938 Master Claim #: 501T99999999638 (Claim #: 20239999999638)
Patient's Relationship to Subscriber: Dependent Dental Office: Sample Dental Office
Subscriber Name: EnrollName38 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 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.



Teledentistry: Enjoy Increased Convenience and Access to 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.



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. To learn more, visit DominionNational.com/sdc.



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.¹ Visit 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 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 and be sure to enter your promo code "DOMINION."



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

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