Dominion Dental Services

FederalDentalPlans.com

DOMINION® DDS DENTAL Services, Inc.

2014

A Regional Copay Based Dental HMO Plan

Serving: Mid-Atlantic States of District of Columbia, Delaware, Maryland, Pennsylvania and parts of Virginia and parts of New Jersey

This plan has five enrollment regions; please see the end of this brochure to determine your region and corresponding rates.

Options:

High Option – Self Only
High Option – Self Plus One
High Option – Self and Family

Standard Option – Self Only
Standard Option – Self Plus One
Standard Option – Self and Family

FEDVIP
Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:

United States
Office of Personnel Management

Healthcare and Insurance
www.opm.gov/healthcare-insurance

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of Advantage under Dominion Dental Services contract OPM01-FEDVIP-01AP-4 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

Dominion Dental Services, Inc
115 South Union Street, Suite 300
Alexandria, VA 22314
855-836-6337
FederalDentalPlans.com

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits. You and your family members do not have a right to benefits that were available before January 1, 2014 unless those benefits are also shown in this brochure.

If you are enrolled in this plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits, if they are also listed on the coverage.

OPM negotiates benefits and rates with each carrier annually. Rates are shown at the end of this brochure.

Dominion Dental Services, Inc. is responsible for the selection of in-network providers in your area. Contact us at 855-836-6337 for the names of participating providers or to request a provider directory. You may also request or view the most current directory via our website FederalDentalPlans.com. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not for a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. If your provider is not currently participating in the provider network, you may nominate him or her to join. Nomination forms are available on our website at FederalDentalPlans.com or call us and we will have a form sent to you. You cannot change plans, outside of Open Season, because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

The Dominion Dental Services, Inc. plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

We want you to know that protecting the confidentiality of your individually identifiable health information is of the utmost importance to us. To review full details about our privacy practices, our legal duties, and your rights, please visit our website, FederalDentalPlans.com and click on the "Private Policies" link at the bottom of the page. If you do not have access to the internet or would like further information, please contact us by calling 855-836-6337.

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FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit www.opm.gov/healthcare-insurance/dental-vision/ for more information.
Enroll Through BENEFEDS	You enroll through the Internet at www.BENEFEDS.com. Please see Section 2, Enrollment, for more information.
Dual Enrollment	If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2013 Open Season, your coverage will begin on January 1, 2014. Premium deductions will start with the first full pay period beginning on/after January 1, 2014. You may use your benefits as soon as your enrollment is confirmed.
Pre-Tax Salary Deduction for Employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
Annual Enrollment Opportunity	Each year, an Open Season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, Open Season runs from November 11, 2013 through December 9, 2013. You do not need to re-enroll each Open Season unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual Open Season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment for more information.
Continued Group Coverage After Retirement	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.
Waiting Period	There is no waiting period associated with this plan.

Section 1 Eligibility

Federal Employees

If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for the Federal Employees Health Benefits (FEHB) Program or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation, you are eligible to enroll in FEDVIP. Enrollment in the FEHB Program or a Health Insurance Marketplace (Exchange) plan is not required.

Federal Annuitants

You are eligible to enroll if you:

- retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;
- retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

Your FEDVIP enrollment will continue into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement, as there is with the FEHB Program.

Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.

Advise BENEFEDS of your new payroll office number.

Survivor Annuitants

If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.

Compensationers

A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

Family Members

Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

FEDVIP rules and FEHB rules for dependent children eligibility are **NOT** the same. For more information on family member eligibility visit the OPM website at www.opm.gov/healthcare-insurance/ or contact your employing agency or retirement system.

Not Eligible

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants
- FEHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member

Section 2 Enrollment

Enroll Through BENEFEDS

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.com) sponsored by OPM. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

If you are currently enrolled in FEDVIP and do not want to change plans your enrollment will continue automatically. Please Note: your plans' premiums may change for 2014.

Note: You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

Enrollment Types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

Self and Family: A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.

Opportunities to Enroll or Change Enrollment

Open Season

If you are an eligible employee or annuitant, you may enroll in a dental and/or vision plan during the November 11, through December 9, 2013, Open Season. Coverage is effective January 1, 2014.

During future annual Open Seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these Open Season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. **Your enrollment carries over from year to year, unless you change it.**

New hire/Newly eligible

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a new survivor annuitant, if not already covered under FEDVIP;
- an employee returning to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDS receives and confirms your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	INCREASE: Enrollment Type	DECREASE: Enrollment Type	Cancel	CHANGE: from one plan to another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/ vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Going on active military duty, non-pay status (enrollee or spouse)	No	No	No	Yes	No
Returning to pay status from active military duty (enrollee or spouse)	Yes	No	No	No	No
Annuity/ compensation restored	Yes	Yes	Yes	No	No
Transfering to an eligible position*	No	No	No	Yes	No

*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premium.

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of a loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either plan, you cannot change or cancel that particular enrollment until the next Open Season, unless you experience a QLE that allows such a change or cancellation.

Cancelling an enrollment

You may cancel your enrollment only during the annual Open Season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the Open Season effective date.

When Coverage Stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or
- cancel the enrollment during Open Season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Continuation of Coverage

Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under the FEDVIP plans:

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the "Use-it-or-Lose-it" rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2014. See www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

You will be required to submit your claims on behalf of the Dominion Dental Services, Inc. plan to the FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA) to claim reimbursement.

Section 3 How You Obtain Care

Identification Cards/ Enrollment Confirmation

We will send you an identification (ID) card when you enroll. You should carry your ID card with you at all times. You should present your ID card whenever you receive services from an assigned plan provider.

If you do not receive your ID card within 30 days after the effective date of your enrollment or if you need replacement cards, you may request one through our website at FederalDentalPlans.com or call us at 855-836-6337.

Where You Get Covered Care

You must choose a primary care dentist before you utilize the plan. Prior to your effective date, you will receive a notification prompting you to select a dentist. You can find a current list of dentists online at FederalDentalPlans.com. You can also call us at 855-836-6337 to request that a list be mailed to you. After your effective date, simply call the dental office you selected and make an appointment. Except for out-of-area emergency care, you must receive treatment at the dental office you selected.

Plan Providers

A complete list of participating dentists are available on our online provider search at FederalDentalPlans.com. The list is refreshed every night.

In-Network

You must receive services from your selected participating general dentist. If specialty services are necessary, a referral will be provided by your participating general dentist.

Out-of-Network

There are no out-of-network benefits available except for emergency care.

Emergency Services

If you have an emergency outside of the service area, visit any general dentist or specialist for care. We will reimburse you for emergency services up to $100 per member per year.

First Payor

When you visit a provider who participates with both, your FEHB plan and your FEDVIP plan, the FEHB plan will pay benefits first. The FEDVIP plan alowance will be the prevailing charge, in these cases. You are responsible for the difference between the FEHB and FEDVIP benefit payments and the FEDVIP plan allowance. We are responsible for facilitating the process with the primary FEHB first payor. You can assist with this process and also ensure that you are receiving the maximum allowable benefit under each program by presenting both your FEDVIP and FEHB ID cards at the time of your dental appointment. The dentist should include both ID numbers when submitting the claim to the plans.

It is important to bring your FEDVIP and FEHB identification cards to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both identification cards can ensure that you receive the maximum allowable benefit under each Program.

Coordination of Benefits

We will coordinate benefit payments with the payment of benefits under other group health benefits coverage you may have and the payment of dental costs under no-fault insurance that pays benefits without regard to fault.

We may request that you verify/identify your health insurance plan(s) annually or at time of service.

Service Area

To enroll in this plan, you must live in our service area. This is where our providers practice. Our service area is: District of Columbia, Delaware, Maryland, Pennsylvania and parts of Virginia and parts of New Jersey.

Ordinarily, you must get your care from providers within the service area who contract with us. If you receive care outside our service area, we will pay only for emergency care benefits. An emergency is treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider. We will not pay for any other services out of our service area unless the services have prior plan approval.

If you move outside of our service area, you may enroll in another plan at that time. You do not have to wait until Open Season to change plans. Contact BENEFEDS at www.benefeds.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to change plans.

Rating Areas

Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDS. Your rates might change because of the move.

Limited Access Areas

If you live in a limited access area and you receive covered services from an out-of-network provider, we will pay in accordance with our plan allowance. You are responsible for any difference between the amount billed and our payment. You can find a list of our limited access areas at FederalDentalPlans.com or by contacting us at 855-836-6337.

Alternate Benefit

There are no alternate benefits associated with this plan. The copayment for each listed procedure you receive is the total amount you will owe the dentist.

Section 4 Your Cost for Covered Services

This is what you will pay out-of-pocket for covered care:

Co-payment	A co-payment is a fixed amount of money you pay directly to the dentist when you receive covered services. Your benefit schedule lists the co-payments for each covered procedure. There is also a $10 office visit copay in addition to the listed charge per office visit, not per procedure. Example: In our Standard Plan, you pay $48 for an amalgam – one surface, primary or permanent (ADA Code D2140).
Annual Benefit Maximum	There is no annual benefit maximum limit under this plan.
Lifetime Benefit Maximum	There is no lifetime benefit maximum limit under this plan
In-Network Services	The co-payment amounts listed in the benefit schedule along with the $10 office visit copay represent your total cost for in-network services (please note that the office visit copay is charged per visit, not per procedure).
Out-of-Network Services	Benefits under your plan must be received through in-network dentists. There is no coverage for services rendered by an out-of-network provider except for out-of-network emergency services.
Emergency Services	An emergency is treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider. We will not pay for any other services out of our service area unless the services have prior plan approval. We will reimburse you up to $100 per member per year. When traveling overseas, we will authorize emergency services only.
Plan Allowance	The co-payments in Section 5 and the $10 office visit copay are the only payments you make to the dentist for covered services. There are no calculations based on plan allowances that will result in any additional costs to you.

Section 5 Dental Services And Supplies
Class A Basic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- All oral evaluations will be considered integral when provided on the same date of service by the same dentist.
- There is no calendar year deductible.
- There is no waiting period for basic services.
- There is no annual benefit maximum.
- **See Section 7 of this brochure for plan limitations.**

You Pay:

- **In-Network:** Based on Standard or High Option Plan selected, you pay the co-pay amount shown in the Benefit Schedule along with a $10 office visit copay (please note that the office visit copay is charged per office visit, not per procedure).
- **Out-of-Network:** In full for all charges. There are no out-of-network benefits available except for emergency services when the services of an assigned in-network provider are not available.

Diagnostic and Treatment Services

	Standard Option Copay Amount	High Option Copay Amount
D0120 Periodic oral evaluation	$0	$0
D0140 Limited oral evaluation – problem focused	$0	$0
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	$0	$0
D0150 Comprehensive oral evaluation – new or established patient	$0	$0
D0160 Detailed and extensive oral evaluation – problem focused	$30	$0
D0180 Comprehensive periodontal evaluation – new or established patient	$0	$0
D0210 Intraoral – complete series (including bitewings)	$0	$0
D0220 Intraoral – periapical first film	$0	$0
D0230 Intraoral – periapical – each additional film	$0	$0
D0240 Intraoral – occlusal film	$0	$0
D0250 Extraoral – first film	$0	$0
D0260 Extraoral – each additional film	$0	$0
D0270 Bitewing – single film	$0	$0
D0272 Bitewings – two films	$0	$0
D0273 Bitewings – three films	$0	$0
D0274 Bitewings – four films	$0	$0
D0277 Vertical bitewings – 7 to 8 films	$0	$0
D0330 Panoramic film	$0	$0
D0425 Caries susceptibility tests	$0	$0

Preventative Services		
	Standard Option Copay Amount	**High Option Copay Amount**
D1110 Prophylaxis (cleaning) – adult	$0	$0
D1110* Additional cleaning (expecting mothers or Diabetics)	$40	$40
D1120 Prophylaxis (cleaning) – child	$0	$0
D1206 Topical application of fluoride – varnish	$0	$0
D1208 Topical application of fluoride	$0	$0
D1351 Sealant – per tooth	$0	$0
D1352 Preventive resin restoration in a moderate high caries rick patient – permanent tooth	$0	$0
D1510 Space maintainer – fixed – unilateral	$0	$0
D1515 Space maintainer – fixed – bilateral	$0	$0
D1520 Space maintainer – removable – unilateral	$0	$0
D1525 Space maintainer – removable – bilateral	$0	$0
D1550 Re-cementation of space maintainer	$0	$0
Additional Procedures covered as Basic Services		
D9110 Palliative treatment of dental pain – minor procedure	$43	$35

Not covered:

- *Plaque control programs*
- *Oral hygiene instruction*
- *Dietary instructions*
- *Sealants for teeth other than permanent molars*
- *Over-the-counter dental products, such as teeth whiteners, toothpaste, dental floss*
- *Any exclusions or limitations listed under Section 7 of this plan document*

Class B Intermediate

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for intermediate services.
- There is no annual benefit maximum.
- **See Section 7 of this brochure for plan limitations.**

You Pay:

- **In-Network:** Based on Standard or High Option Plan selected, you pay the co-pay amount shown in the Schedule of Benefits along with a $10 office visit copay (please note that the office visit copay is charged per office visit, not per procedure).
- **Out-of-Network:** In full for all charges. There are no out-of-network benefits available except for emergency services when the services of an assigned in-network provider are not available.

Minor Restorative Services

	Standard Option Copay Amount	High Option Copay Amount
D2140 Amalgam – one surface, primary or permanent	$48	$0
D2150 Amalgam – two surfaces, primary or permanent	$62	$0
D2160 Amalgam – three surfaces, primary or permanent	$76	$0
D2161 Amalgam – four or more surfaces, primary or permanent	$90	$0
D2330 Resin-based composite – one surface, anterior	$55	$16
D2331 Resin-based composite – two surfaces, anterior	$68	$20
D2332 Resin-based composite – three surfaces, anterior	$81	$24
D2335 Resin-based composite – four or more surfaces or involving incisal angle, anterior	$83	$24
D2391 Resin-based composite – one surface, posterior	$61	$18
D2392 Resin-based composite – two surfaces, posterior	$78	$23
D2393 Resin-based composite – three surfaces, posterior	$96	$28
D2394 Resin-based composite – four or more surfaces, posterior	$110	$33
D2910 Re-cement inlay	$38	$12
D2920 Re-cement crown	$38	$12
D2930 Prefabricated stainless steel crown – primary tooth	$100	$70
D2931 Prefabricated stainless steel crown – permanent tooth	$100	$70
D2951 Pin retention – per tooth, in addition to restoration	$18	$5

Not Covered:

- *Any exclusions or limitations listed under Section 7 of this plan document*

Endodontic Services

	Standard Option Copay Amount	High Option Copay Amount
D3110 Pulp cap – direct (excluding final restoration)	$29	$8
D3120 Pulp cap – indirect (excluding final restoration)	$29	$8
D3220 Therapeutic pulpotomy (excluding final restoration)	$72	$21
D3221 Pulpal debridement, primary and permanent teeth	$76	$22
D3222 Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	$96	$28
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	$96	$28
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	$96	$28

Periodontal Services

	Standard Option Copay Amount	High Option Copay Amount
D4341 Periodontal scaling and root planning – four or more teeth per quadrant	$105	$31
D4342 Periodontal scaling and root planning – one to three teeth, per quadrant	$71	$23
D4910 Periodontal maintenance	$56	$16

Prosthodontic Services

	Standard Option Copay Amount	High Option Copay Amount
D5410 Adjust complete denture – maxillary	$30	$9
D5411 Adjust complete denture – mandibular	$30	$9
D5421 Adjust partial denture – maxillary	$30	$9
D5422 Adjust partial denture – mandibular	$30	$9
D5510 Repair broken denture base – complete	$56	$20
D5520 Replace missing or broken teeth – complete denture (each tooth)	$56	$20
D5610 Repair resin denture base	$56	$20
D5620 Repair cast framework	$56	$20
D5630 Repair or replace broken clasp	$81	$24
D5640 Replace broken teeth – per tooth	$56	$20
D5650 Add tooth to existing partial denture	$56	$20
D5660 Add clasp to existing partial denture	$56	$20
D5670 Replace all teeth and acrylic on cast metal framework, maxillary	$326	$109
D5671 Replace all teeth and acrylic on cast metal framework, mandibular	$326	$109
D5710 Rebase complete maxillary denture	$184	$55
D5711 Rebase complete mandibular denture	$184	$55
D5720 Rebase maxillary partial denture	$184	$55
D5721 Rebase mandibular partial denture	$184	$55
D5730 Reline complete maxillary denture (chairside)	$111	$33
D5731 Reline complete mandibular denture (chairside)	$111	$33
D5740 Reline maxillary partial denture (chairside)	$111	$33
D5741 Reline mandibular partial denture (chairside)	$111	$33
D5750 Reline complete maxillary denture (laboratory)	$165	$49

	Standard Option Copay Amount	High Option Copay Amount
D5751 Reline complete mandibular denture (laboratory)	$165	$49
D5760 Reline maxillary partial denture (laboratory)	$165	$49
D5761 Reline mandibular partial denture (laboratory)	$165	$49
D5850 Tissue conditioning (maxillary)	$56	$16
D5851 Tissue conditioning (mandibular)	$56	$16
D6930 Recement fixed partial denture	$58	$17
D6980 Fixed partial denture repair, by report	$172	$124

Oral Surgery

	Standard Option Copay Amount	High Option Copay Amount
D7111 Extraction, coronal remnants – deciduous tooth	$45	$36
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$58	$47
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	$107	$86
D7220 Removal of impacted tooth – soft tissue	$132	$106
D7230 Removal of impacted tooth – partially bony	$170	$136
D7240 Removal of impacted tooth – completely bony	$200	$160
D7241 Removal of impacted tooth – completely bony – with unusual surgical complications	$220	$178
D7250 Surgical removal of residual tooth roots (cutting procedure)	$112	$90
D7251 Coronectomy – intentional partial tooth removal	$112	$90
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$171	$137
D7280 Surgical access of an unerupted tooth	$182	$63
D7310 Alveoloplasty in conjunction with extractions – per quadrant	$96	$28
D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$82	$24
D7320 Alveoloplasty not in conjunction with extractions – per quadrant	$114	$34
D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$93	$28
D7471 Removal of exostosis	$206	$61
D7510 Incision and drainage of abscess – intraoral soft tissue	$82	$24
D7910 Suture of recent small wounds up to 5 cm	$34	$10
D7921 Collect – apply autologous product	$40	$35
D7971 Excision of pericoronal gingiva	$77	$23
D7999 Unspecified oral surgery procedure, by report	$0	$0

Class C Major

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- Crown, implant and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown, implant or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary and Reasonable (UCR) fee, minus 25%.
- There is no calendar year deductible.
- There is no waiting period for major services.
- There is no annual benefit maximum.
- **See Section 7 of this brochure for plan limitations.**

You Pay:

- **In-Network:** Based on Standard or High Option Plan selected, you pay the co-pay amount shown in the Schedule of Benefits along with a $10 office visit copay (please note that the office visit copay is charged per office visit, not per procedure).
- **Out-of-Network:** In full for all charges. There are no out-of-network benefits available except for emergency services when the services of an assigned in-network provider are not available.

Major Restorative Services

	Standard Option Copay Amount	High Option Copay Amount
D2510 Inlay – metallic – one surface	$385	$247
D2520 Inlay – metallic – two surfaces	$444	$282
D2530 Inlay – metallic – three or more surfaces	$487	$290
D2542 Onlay – metallic – two surfaces	$497	$338
D2543 Onlay – metallic – three surfaces	$544	$363
D2544 Onlay – metallic – four or more surfaces	$559	$380
D2740 Crown – porcelain/ceramic substrate	$609	$417
D2750 Crown – porcelain fused to high noble metal	$555	$380
D2751 Crown – porcelain fused to predominately base metal	$555	$380
D2752 Crown – porcelain fused to noble metal	$555	$380
D2780 Crown – ¾ cast high noble metal	$519	$260
D2781 Crown – ¾ cast predominately base metal	$519	$260
D2782 Crown – ¾ cast noble metal	$519	$260
D2783 Crown – ¾ porcelain/ceramic	$549	$290
D2790 Crown – full cast high noble metal	$543	$366
D2791 Crown – full cast predominately base metal	$543	$366
D2792 Crown – full cast noble metal	$543	$366
D2794 Crown – titanium	$543	$366
D2950 Core buildup, including any pins	$133	$90
D2954 Prefabricated post and core, in addition to crown	$164	$112
D2980 Crown repair, by report	$107	$72
D2981 Inlay repair	$107	$72
D2982 Onlay repair	$107	$72
D2983 Veneer repair	$107	$72
D2990 Resin infiltration/smooth surface	$28	$12

Endodontic Services

	Standard Option Copay Amount	High Option Copay Amount
D3310 Anterior root canal (excluding final restoration)	$391	$260
D3320 Bicuspid root canal (excluding final restoration)	$467	$332
D3330 Molar root canal (excluding final restoration)	$587	$416
D3346 Retreatment of previous root canal therapy-anterior	$493	$290
D3347 Retreatment of previous root canal therapy-bicuspid	$569	$371
D3348 Retreatment of previous root canal therapy-molar	$686	$438
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$170	$109
D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	$496	$319
D3353 Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)	$378	$243
D3354 Pulpal regeneration (completion of regeneration treatment in an immature permanent tooth with a necrotic pulp) does not include final restoration	$200	$150
D3410 Apicoectomy/periradicular surgery – anterior	$416	$238
D3421 Apicoectomy/periradicular surgery – bicuspid (first root)	$454	$268
D3425 Apicoectomy/periradicular surgery – molar (first root)	$511	$283
D3426 Apicoectomy/periradicular surgery (each additional root)	$167	$112
D3430 Retrograde filling – per root	$123	$81
D3450 Root amputation – per root	$264	$156
D3920 Hemisection (including any root removal) - not including root canal therapy	$226	$145

Periodontal Services

	Standard Option Copay Amount	High Option Copay Amount
D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant	$351	$205
D4211 Gingivectomy or gingivoplasty – one to three teeth, per quadrant	$120	$70
D4212 Gingivectomy or gingivoplasty – with restorative procedures, per tooth	$40	$30
D4240 Gingival flap procedure, including root planing, four of more contiguous teeth or bounded teeth spaces per quadrant	$373	$257
D4241 Gingival flap procedure, including root planning – one to three teeth per quadrant	$234	$74
D4249 Clinical crown lengthening-hard tissue	$531	$341
D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant	$632	$422
D4261 Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant	$531	$282
D4268 Surgical revision procedure, per tooth	$522	$258
D4270 Pedicle soft tissue graft procedure	$592	$381
D4273 Subepithelial connective tissue graft procedures (including donor site surgery)	$738	$474
D4275 Soft tissue allograft	$613	$394
D4276 Combined connective tissue and double pedicle graft, per tooth	$672	$432
D4277 Free soft tissue graft procedure, first tooth or edentulous tooth position in a graft	$654	$420
D4278 Free soft tissue graft procedure, each additional contiguous tooth or edentulous tooth position in a graft site	$100	$80
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis	$95	$64
D4381 Localized delivery of antimicrobial agents	$25	$7

Prosthodontic Services		
	Standard Option Copay Amount	**High Option Copay Amount**
D5110 Complete denture – maxillary	$702	$455
D5120 Complete denture – mandibular	$702	$455
D5130 Immediate denture – maxillary	$758	$511
D5140 Immediate denture – mandibular	$758	$511
D5211 Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	$477	$306
D5212 Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	$477	$306
D5213 Maxillary partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	$802	$549
D5214 Mandibular partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	$802	$549
D5281 Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	$428	$281
D6010 Endosteal implant – surgical placement	$1292	$830
D6053 Implant/Abutment supported removable denture for complete edentulous arch	$1255	$807
D6054 Implant/Abutment supported removable denture for partial edentulous arch	$133	$85
D6055 Connecting Bar – implant supported or abutment supported	$1213	$780
D6056 Prefabricated abutment – includes modification and placement	$343	$220
D6057 Custom fabricated abutment - includes modification and placement	$491	$315
D6058 Abutment supported porcelain/ceramic crown	$851	$547
D6059 Abutment supported porcelain fused to metal crown – high noble metal	$846	$544
D6060 Abutment supported porcelain fused to metal crown – predominantly based metal	$754	$485
D6061 Abutment supported porcelain fused to metal crown – noble metal	$796	$512
D6062 Abutment supported cast metal crown – high noble metal	$834	$536
D6063 Abutment supported cast metal crown – predominantly based metal	$742	$477
D6064 Abutment supported cast metal crown – noble metal	$776	$499
D6065 Implant supported porcelain/ceramic crown	$891	$572
D6066 Implant supported porcelain fused to metal crown – titanium, titanium allow, high noble metal	$895	$575
D6067 Implant supported metal crown – titanium, titanium alloy, high noble metal	$865	$556
D6068 Abutment supported retainer for porcelain/ceramic FPD	$788	$507
D6069 Abutment supported retainer for porcelain fused to metal FPD – high noble metal	$843	$542
D6070 Abutment supported retainer for porcelain fused to metal FPD – predominantly base metal	$695	$447
D6071 Abutment supported retainer for porcelain fused to metal FPD – noble metal	$704	$453
D6072 Abutment supported retainer for cast metal FPD – high noble metal	$788	$507
D6073 Abutment supported retainer for cast metal FPD – predominantly base metal	$749	$481
D6074 Abutment supported retainer for cast metal FPD – noble metal	$758	$487
D6075 Implant supported retainer for ceramic FPD	$874	$562
D6076 Implant supported retainer for porcelain fused to metal FPD – titanium, titanium alloy, or high noble metal	$823	$529
D6077 Implant supported retainer for cast metal FPD – titanium, titanium alloy, or high noble metal	$872	$560
D6078 Implant/abutment supported fixed denture for completely edentulous arch	$2216	$1424
D6079 Implant/abutment supported fixed denture for partially edentulous arch	$1803	$1159
D6080 Implant Maintenance Procedures	$61	$39
D6090 Repair Implant Prosthesis	$362	$233
D6091 Replacement of Semi-Precision or Precision Attachment	$34	$22
D6094 Abutment supported crown – titanium	$553	$355
D6095 Repair Implant Abutment	$391	$251
D6100 Implant Removal	$241	$155
D6194 Abutment supported retainer crown for FPD – titanium	$741	$476
D6210 Pontic – cast high noble metal	$543	$366

Prosthodontic Services		
	Standard Option Copay Amount	**High Option Copay Amount**
D6211 Pontic – cast predominately base metal	$543	$366
D6212 Pontic – cast noble metal	$543	$366
D6214 Pontic – titanium	$543	$366
D6240 Pontic – porcelain fused to high noble metal	$555	$380
D6241 Pontic – porcelain fused to predominately base metal	$555	$380
D6242 Pontic – porcelain fused to noble metal	$555	$380
D6245 Pontic – porcelain/ceramic	$609	$417
D6545 Retainer – cast metal for resin bonded fixed prosthesis	$260	$175
D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis	$396	$256
D6601 Inlay – porcelain/ceramic, three or more surfaces	$354	$228
D6604 Inlay – cast predominantly base metal, two surfaces	$236	$152
D6605 Inlay – cast predominantly base metal, three or more surfaces	$302	$194
D6613 Onlay – cast predominantly base metal, three or more surfaces	$332	$213
D6740 Crown – porcelain/ceramic	$609	$417
D6750 Crown – porcelain fused to high noble metal	$555	$380
D6751 Crown – porcelain fused to predominately base metal	$555	$380
D6752 Crown – porcelain fused to noble metal	$555	$380
D6780 Crown – 3/4 cast high noble metal	$519	$260
D6781 Crown – 3/4 cast predominately base metal	$519	$260
D6782 Crown – 3/4 cast noble metal	$519	$260
D6783 Crown – 3/4 porcelain/ceramic	$549	$290
D6790 Crown – full cast high noble metal	$543	$366
D6791 Crown – full cast predominately base metal	$543	$366
D6792 Crown – full cast noble metal	$543	$366
D6794 Crown – titanium	$543	$366
D9999 Unspecified Adjunctive procedure, by report	$0	$0

Not covered:

- *Any exclusions or limitations listed under Section 7 of this plan document*

Class D Orthodontic

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for orthodontic services.
- There is no lifetime maximum for orthodontia.
- **See Section 7 of this brochure for plan limitations.**

You Pay:

- **In-Network:** Based on Standard or High Option Plan selected, you pay the co-pay amount shown in the Schedule of Benefits along with a $10 office visit copay (please note that the office visit copay is charged per office visit, not per procedure).
- **Out-of-Network:** In full for all charges. There are no out-of-network benefits available except for emergency services when the services of an assigned in-network provider are not available.

Orthodontic Services

	Standard Option Copay Amount	High Option Copay Amount
D8010 Limited orthodontic treatment of the primary dentition	$1045	$1045
D8020 Limited orthodontic treatment of the transitional dentition	$1236	$1236
D8030 Limited orthodontic treatment of the adolescent dentition	$1664	$1664
D8050 Interceptive orthodontic treatment of the primary dentition	$1568	$1568
D8060 Interceptive orthodontic treatment of the transitional dentition	$1508	$1508
D8070 Comprehensive orthodontic treatment of the transitional dentition	$3304	$3304
D8080 Comprehensive orthodontic treatment of the adolescent dentition	$3422	$3422
D8090 Comprehensive orthodontic treatment of the adult dentition	$3658	$3658
D8210 Removable appliance therapy	$620	$620
D8220 Fixed appliance therapy	$630	$630
D8660 Pre-orthodontic treatment visit	$78	$78
D8670 Periodic orthodontic treatment visit (as part of contract)	$118	$118
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))	$157	$157
D8690 Orthodontic retention (alternative billing to a contract fee)	$504	$504

Not covered:

- *Any exclusions or limitations listed under Section 7 of this plan document*

General Services

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for major services.
- There is no annual benefit maximum.
- **See Section 7 of this brochure for plan limitations.**

You Pay:

- **In-Network:** Based on Standard or High Option Plan selected, you pay the co-payment shown in the Benefit Schedule along with a $10 office visit copay (please note that the office visit copay is charged per office visit, not per procedure).
- **Out-of-Network:** In full for all charges. There are no out-of-network benefits available except for emergency services when the services of an assigned in-network provider are not available.

	Standard Option Copay Amount	High Option Copay Amount
Anesthesia Services		
D9110 Palliative treatment of dental pain – minor procedure	$43	$35
D9220 Deep sedation/general anesthesia – first 30 minutes	$237	$173
D9221 Deep sedation/general anesthesia – each additional 15 minutes	$102	$66
Intravenous Sedation		
D9241 Intravenous conscious sedation/analgesia – first 30 minutes	$228	$162
D9242 Intravenous conscious sedation/analgesia – each additional 15 minutes	$76	$49
Consultations		
D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	$0	$0
Office Visits		
D9439 Office visit	$10	$10
D9440 Office visit – after regularly scheduled hours	$10	$10
D9990 Broken office appointment	$50	$50
Medications		
D9610 Therapeutic drug injection, by report	$31	$20
D9612 Therapeutic parenteral drugs, two or more administrations, different medications	$49	$31
Post Surgical Services		
D9930 Treatment of complications (post-surgical) unusual circumstances, by report	$43	$42

Miscellaneous Services		
	Standard Option Copay Amount	**High Option Copay Amount**
D9940 Occlusal guard, by report	$285	$191
D9941 Fabrication of athletic mouthguard	$65	$42
D9974 Internal bleaching – per tooth	$131	$84

Not covered:

- *Nitrous oxide*
- *Oral sedation*
- *Any exclusions or limitations listed under Section 7 of this plan document*

Section 6 International Services and Supplies

International Claims Payment

This plan provides a benefit for emergency services when overseas. Emergency services are defined as treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by an in-network assigned plan provider. We will reimburse you for emergency services up to $100 per member per year.

Finding an International Provider

This plan provides a benefit for international emergency services when services are received from a licensed dentist. The Dominion Dental Services Network does not extend outside of the United States. You have the right to choose any licensed dental practitioner; you do not need to contact Dominion first.

Note: Because international claims do not have the consideration of stateside cost containment, members must be cautious to guard against inappropriate/excessive services.

Filing International Claims

The following should be provided when submitting a claim for International emergency services:

- Name of country where services were received
- American Dental Association procedure codes
- Translation of language to English
- Translation into US currency or accurate day rate
- Tooth number(s) and/or quadrants
- Date(s) of service
- Dentist name

Customer Service Website and Phone Numbers

Our plan website is FederalDentalPlans.com. You may also contact us by phone at 855-836-6337.

Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.**

We do not cover the following:

Plan Exclusions

- Services which are covered under Medicare, worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan..
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of orthodontics).
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- The Invisalign system and similar appliances 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.
- Plaque control programs, oral hygiene instruction, and dietary instructions.
- Nitrous oxide and oral sedation.

Plan Limitations

- Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation. All oral evaluations will be considered integral when provided on the same date of service by the same dentist.
- One (1) problem focused exam is covered per calendar year, per patient.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year, per patient (one (1) additional cleaning is covered during pregnancy and for diabetic patients). Periodontal scaling in the presence of gingival inflammation is considered to be a routine prophylaxis and paid as such.
- Two (2) topical fluorides or fluoride varnishes are covered per calendar year, per patient.
- Two (2) bitewing x-rays are covered per calendar year, per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years, per patient.
- One (1) sealant per tooth is covered per 36 months, up to age 18 (limited to permanent 1st and 2nd molars). Sealants with a restoration on same date of service are considered integral.

- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than five (5) years from the date of original placement.
- Crown, implant and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown, implant or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- One (1) relining and rebasing of dentures is covered every 36 months, per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Pulpotomies are considered integral when performed by the same dentist within a 45-day period prior to the completion of root canal therapy.
- One (1) root planing or scaling is covered every 24 months per quadrant, per patient. Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing, or periodontal surgical procedures, in the same area of the mouth is not covered.
- One (1) full mouth debridement is covered per lifetime, per patient.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant or a total of 12 teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
- One (1) periodontal surgery of any type, including any associated material, is covered every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered two (2) times per calendar year, within 24 months after definitive periodontal therapy.
- Stainless steel crowns (D2930, D2931) are covered through age 14, or when placed as a result of accidental injury and one per tooth, per lifetime.
- Onlays, crowns, and posts and cores for members 12 years of age or younger are excluded from coverage, unless pre-approved by the Plan. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant.
- Fixed partial dentures, buildups and posts and cores for members under 16 years of age are not covered unless approved by the Plan.
- Surgical periodontal procedures or scaling and root planing in the same area of the mouth within 24 months of a gingival flap procedure are not covered.
- Osseous surgery is not covered when provided within 24 months of osseous surgery in the same area of the mouth.
- Surgical revision procedure (D4268) is considered integral to all other periodontal procedures.
- Removal of impacted third molars in patients under age 15 and over age 30 is not covered unless approved by the Plan.
- Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions
- Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular joint dysfunction (TMJD). Occlusal guards are limited to one (1) per 12 consecutive month period.
- Athletic mouth guards are limited to one (1) per 12 consecutive month period.
- One (1) internal bleaching of discolored teeth (D9974) is covered by report for endodontically treated anterior teeth per tooth per three (3) year period.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim for Covered Services

For in-network services, there are no claims for you to file.

This plan does not offer an out-of-network benefit. If you see an out-of-network provider for emergency services, the claim (a standard ADA claim form) should be submitted to:

Dominion Dental Services, Inc.

P.O. Box 1126
Elk Grove Village, IL 60009

If you see an international dentist for emergency services, the provider or member should submit a claim form with the following information: name of the country in which the work was performed, the dentist's name, the American Dental Association code(s), the tooth number(s) and the date(s) of service. Claims must be submitted in U.S. dollars and mailed to the address shown above.

Deadline for Filing Your Claim

For emergency and international claims, you have one year from the date of service to file your claim.

Disputed Claims Process

Follow this disputed claims process, if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide for OPM to review disputed claims.**

Disputed Claim Steps

1 Ask us in writing to reconsider our initial decision. You mustsubmit a formal written statement to our Member Services Department c/o Dominion Dental Services, Inc. at: 115 South Union Street, Suite 300 Alexandria, VA 22314 within one (1) year from occurrence of the events upon which the grievance is based, and must contain a statement of the action requested, your name, address, telephone number, Member number, signature and the date.

2 We have 60 days from the date we received your request torender a decision to either pay or deny the claim and communicate such decision back to you. However, if the grievance involves collection of information from outside our service area, an additional thirty (30) days will be allowed for processing.

3 If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must request reconsideration by the Grievance Panel within sixty (60) days after receipt of the initial grievance written decision by submitting a written request to the our Member Services Department c/o Dominion Dental Services, Inc. 115 South Union Street, Suite 300, Alexandria, VA 22314.

4 If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, review the decision. The decision of the independent third party is binding and is the final review of your claim. To request a third-party review, you must submit a written request to our Member Services Department c/o Dominion Dental Services, Inc. at: 115 South Union Street, Suite 300, Alexandria, VA 22314.

Section 9 Definitions of Terms We Use in This Brochure

Annual Benefit Maximum	The maximum annual benefit that you can receive per person. This plan does not have an annual benefit maximum.
Annuitants	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Class A Services	Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.
Class B Services	Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
Class C Services	Major services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures.
Class D Services	Orthodontic services.
Copay	Copay or copayment is a fixed amount of money you pay directly to the dentist when you receive covered services.
Emergency Services	Treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by an assigned plan provider.
Enrollee	The Federal employee or annuitant enrolled in this plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Generally Accepted Dental Protocols	The standards set by the American Dental Association or which are customarily used for dental care. Dominion Dental reserves the right to determine the level of necessary treatment.
Missing Tooth Clause	The exclusion of any service or supply rendered to replace a tooth lost prior to the effective date of coverage. When the procedure/appliance is to replace only the tooth lost prior to the member's effective date, the procedure/appliance is not covered. When the missing tooth is repaired in conjunction with other extractions after the effective date, the procedure/appliance is covered.
Plan Allowance	The amount we use to determine our payment for out-of-network services.
Preexisting Condition	Any disease or condition of the teeth or supporting structures which existed on the effective date of coverage.
We/Us	Dominion Dental Services, Inc.
You	Enrollee or eligible family member.

Stop Health Care Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at 855-836-6337 and explain the situation.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless he/she is disabled and incapable of self- support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure prior to submitting your enrollment or obtaining benefits.

Fraud or intentional misrepresentation of material fact is prohibited under the plan. You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan, or enroll in the plan when you are no longer eligible.

Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; please review the individual sections of this brochure, for more detail.
- If you want to enroll or change your enrollment in this plan, please visit www.BENEFEDS.com or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

Benefit	You Pay:
High Option Benefits	
Class A (Basic) Services – preventive and diagnostic	Copay
Class B (Intermediate) Services – includes minor restorative services	Copay
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	Copay
Class D Services – orthodontic No Lifetime Maximum	Copay

Rate Information

How to find your monthly and bi-weekly rates:

- In the first chart below, look up your state or zip code to determine your Rating Area.
- In the second chart below, match your Rating Area to your enrollment type and plan option.

Premium Rating Areas by State/Zip Code (first three digits)					
State	**3 Digit Zip Code**	**Rating Area**	**State**	**3 Digit Zip Code**	**Rating Area**
DC	Entire State	**4**	**PA**	173-174	**4**
DE	Entire State	**5**	**PA**	189-196	**5**
MD	206-212, 214, 217	**4**	**PA**	Rest of State	**1**
MD	219	**5**	**VA**	231-232, 238	**3**
MD	Rest of State	**2**	**VA**	201, 220-227, 233-237	**4**
NJ	080-084	**5**			

Monthly Rates

Rating Area	High Option Self Only	High Option Self Plus One	High Option Self and Family	Standard Option Self Only	Standard Option Self Plus One	Standard Option Self and Family
1	$22.06	$44.16	$66.21	$12.91	$25.87	$38.78
2	$22.86	$45.78	$68.64	$13.48	$27.00	$40.47
3	$24.03	$48.12	$72.15	$15.04	$30.14	$45.18
4	$27.97	$56.01	$83.98	$17.96	$35.97	$53.93
5	$32.87	$65.80	$98.67	$19.15	$38.37	$57.53

Bi-Weekly Rates

Rating Area	High Option Self Only	High Option Self Plus One	High Option Self and Family	Standard Option Self Only	Standard Option Self Plus One	Standard Option Self and Family
1	$10.18	$20.38	$30.56	$5.96	$11.94	$17.90
2	$10.55	$21.13	$31.68	$6.22	$12.46	$18.68
3	$11.09	$22.21	$33.30	$6.94	$13.91	$20.85
4	$12.91	$25.85	$38.76	$8.29	$16.60	$24.89
5	$15.17	$30.37	$45.54	$8.84	$17.71	$26.55