

DOMINION DENTAL SERVICES, INC.

(27891)

115 S. Union Street, Suite 300, Alexandria, Virginia 22314 • (703) 518-5000

GROUP DENTAL SERVICE CONTRACT

This Agreement is made by and between Dominion Dental Services, Inc. (hereinafter referred to as Plan) and Baptist General Convention of VA (hereinafter referred to as Group). Effective Date Select Plan 10/1/09; Access PPO Plan 1/1/10 Time 12:01 A.M.

Plan #	Select Plan <u>605X</u>	Access PPO Plan <u>eDental</u>
Monthly Select Plan Subscription Dues and/or Access PPO Plan Premiums:		
Subscriber	\$ <u>19.90</u>	\$ <u>29.74</u>
Subscriber and One Dependent	\$ <u>36.86</u>	\$ <u>63.85</u>
Subscriber and Two or More Dependents	\$ <u>54.98</u>	\$ <u>92.40</u>
Other _____	\$ _____	\$ _____

Term (Months) until next renewal date

Billing Fee (If Electronic Funds Transfer is Not Utilized) _____

GENERAL PURPOSE: Plan was established to provide a wide range of dental care services to Subscribers and their eligible Dependents.

I. ENTIRE CONTRACT:

This Agreement, including attachments hereto, constitutes the entire Contract between the parties. No portion of the charter, bylaws or other corporate documents of Dominion Dental Services, Inc. will constitute part of the Contract. No change in this Contract shall be valid until approved by an executive officer of the Plan and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Contract or to waive any of its provisions.

II. SUBSCRIPTION DUES (SELECT PLAN) AND/OR PREMIUMS (ACCESS PPO PLAN):

All Subscription Dues and/or Premiums are payable on or before the 17th day of the month preceding the month in which services may be rendered. Subscription Dues and/or Premiums must be received in the administrative office of the Plan no later than the 17th day of the month before eligibility is desired. If Electronic Funds Transfer is not utilized, payments should be mailed to Dominion Dental Services, Inc. P.O. Box 75314, Charlotte, NC 28275-5314.

III. GRACE PERIOD:

If payment is not made in full by the Group on or prior to the date due, as specified in Part II, a grace period of 31 days from the last date of coverage shall be granted to the Group after the first payment. If notice of intention to terminate the Contract is received during the grace period, the Plan may collect Subscription Dues or Premiums for the period beginning the first day of the grace period until the date on which notice is received or the date of termination stated in the notice, whichever is later. The Contract shall remain in full force and effect during the grace period.

IV. CHANGE IN SERVICE:

Plan reserves the right to change the Subscription Dues and/or Premiums or the Plan benefits after completion of the original term of this Contract. Subscription Dues and/or Premiums will only be changed when the then-effective rates have been in effect for at least twelve (12) months. No change will be made without giving the Group sixty (60) days prior written notice.

V. DURATION OF GROUP CONTRACT:

In the absence of fraud or a violation of the terms of this Contract, Group coverage will renew for one year periods unless written termination notification is received from Group at least 30 days in advance of expiration of the term of this Contract.

VI. CONFORMITY TO LAW:

This Contract is governed by Virginia law. Any provision of this Contract which, as of its effective date, is in conflict with the laws of Virginia is amended to conform to the minimum requirements of such laws.

VII. ARBITRATION:

In the event of any controversy between Group, Subscriber, and the Plan, the same shall be resolved in accordance with the Plan Complaint Procedures. In the event that the Complaint Procedures do not resolve the dispute it shall be submitted to arbitration. Said arbitration shall be conducted and governed by the provisions of Chapter 21 of Title 8.1 of the Code of Virginia, and shall be binding upon the parties thereto.

CERTIFICATE PROVISIONS MADE PART OF THIS CONTRACT

The remainder of this Contract consists of provisions shown in the attached Select Plan and/or Access PPO Plan Certificate of Coverage issued to Subscribers. The provisions described in the Certificate of Coverage are part of this Contract. Riders and amendments adding or changing the provisions of the Certificate of Coverage are also made part of this Contract.

IN WITNESS THERETO, the parties hereto have caused this Agreement to be executed as of the effective date and year first above written.

GROUP

DOMINION DENTAL SERVICES, INC.

Signature: _____

Signature: _____

Print Name: _____

Print Name _____

Title: _____

Title: _____

Address:

ATTACHMENTS: Select Plan and/or Access PPO Plan Group Certificate of Coverage, List of Participating Dentists, and Complaint Procedures



eDental PROGRAM
GROUP DENTAL SERVICE CONTRACT ADDENDUM

The following terms and conditions supplement or supersede, where specifically applicable, the Group Dental Service Contract (GDSC) between Baptist General Convention of VA (Group), and Dominion Dental Services, Inc. (DOMINION or Plan). This addendum addresses specific differences for group dental plan administration applicable to the DOMINION eDental Program. All remaining terms and conditions and the effective date of the GDSC shall apply.

REVISED GDSC SECTIONS:

CHANGE IN SERVICE

- 1) Plan reserves the right to change the Subscription Dues, Premiums and/or the Plan benefits for new enrollees in the Group eDental Program on January 1 of each year. No change will be made without giving the Group sixty (60) days prior written notice.
- 2) Subscription Dues, Premiums and Plan benefits for enrolled Subscribers will remain in place for 12 months following the Subscriber's initial effective date.

SECTIONS ADDED TO GDSC:

TERM OF GROUP CONTRACT

The term of Contract for enrolled Subscribers will be 12 months following the Subscriber's effective date of coverage.

The terms and conditions of the GDSC do not apply to the Discount Program (6000X). This is an individual program and the documents provided to subscribers set forth the terms and conditions of the program. The Discount Program is a reduced fee-for-service program designed specifically for individuals. It is not an insurance product, is not regulated by the State Insurance Department, and is not covered by any state's guarantee fund or corporation. The Discount Program is marketed and administered by Dominion Dental Services USA, Inc. (DDS USA), an affiliate of Dominion Dental Services, Inc.

Monthly Costs for Discount Program:

Individual Only	\$ <u>7.50</u>
Individual + 1 Dependent	\$ <u>10.00</u>
Individual + 2 or More Dependents	\$ <u>10.00</u>

DDS USA reserves the right to change the monthly costs, Member Service Fees and/or product design for new enrollees in the Group eDental Program on January 1 of each year. The Group will be provided written notice of such changes sixty (60) days in advance.

MARKETING AND PROMOTION

Group agrees to provide no less than three (3) e-mail promotions, postal mailings, or large scale enrollment events for its general membership at equal intervals during the year. Content, design, and timing of the promotions will be mutually agreed upon prior to the event.

Accepted:

(Group)

Dominion Dental Services, Inc.

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Attachments:

- Dental Program Description (6000X)
- Description of Services & Member Fees (6000X)