





# DUAL CHOICE COVERAGE

Choose a benefit which permits the selection of any dentist (PPO), or one that provides better benefits through a panel of participating dentists (DHMO)...More choices....More value.



## THE DOMINION DHMO<sup>1</sup> PLAN 605xs

### TAKE CARE OF YOUR TEETH WITH DOMINION

Dental disease is preventable. DOMINION plans encourage the early detection of dental problems and routine maintenance. We help you take better care of your teeth and now it can cost you less to do it!

DOMINION has contracted with carefully selected, established, local dentists to deliver QUALITY dental services to subscribers through our managed care program.

### OUR NETWORK OF PARTICIPATING DENTISTS PROVIDES:

- Extensive coverage
- Quality dental care at predetermined fees
- Your choice of convenient private offices
- An emphasis on prevention and early detection of dental problems

### DHMO BENEFITS INCLUDE:

- No charge for routine semiannual cleanings
- No charge for oral examinations
- No charge for bitewing X-rays
- No charge for topical fluoride for children

These procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children<sup>2</sup>.

You will receive more extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, etc.) at fees up to 70% lower than usual and customary charges (see SUMMARY OF BENEFITS listed inside this brochure). You only pay the amount listed. Specialty care is also provided at the listed copayment whether performed by a participating general dentist or a participating specialist. Referrals to a specialist must be made by the member's participating general dentist.

### QUALITY COMES FIRST

All DOMINION participating dentists are licensed and regulated by the appropriate government agencies. They are qualified, experienced professionals. And, as part of our requirement for participation in the DOMINION program, they undergo extensive credentialing and periodic office reviews by our staff of dentists and Professional Services Representatives.

### YOUR CHOICE OF PARTICIPATING DENTISTS

You may select any general dentist from our enclosed DHMO Provider Directory. If you need specific information on these offices, please call our Member Services Department toll-free at 1-888-518-5338. You may also access [www.DominionDental.com](http://www.DominionDental.com) for provider information such as office hours, handicap accessibility, etc.

Each family member may select different participating dentists. And, if you ever need to change your dentist for any reason, just call our Member Services Department.

### OUT-OF-AREA EMERGENCY CARE

You are covered up to \$100 for palliative emergency dental treatment arising from accidental injury or illness while temporarily more than 50 miles from home. Simply use any convenient dentist and submit the receipt to DOMINION for reimbursement. The \$100 limit does not apply in Pennsylvania.

<sup>1</sup> Dominion Dental Services, Inc. is licensed as a Limited Health Care Services HMO in Virginia, Risk Assuming PPO in Pennsylvania, and Dental Plan Organization in Maryland and Delaware.

<sup>2</sup> Dominion Dental Services, Inc. - based on annual review of utilization data.

## THE SECURITY LIFE PPO<sup>1</sup> PLAN 100/80/50/0

(Administered by Dominion Dental Services USA, Inc.)

### WHAT ARE THE BENEFITS?

Your coverage under the PPO Dental Plan includes all of the extensive services in the SUMMARY OF BENEFITS listed inside this brochure and more. Upon completion of your enrollment, you will be sent a Group Insurance Certificate with a full listing of benefits and services.

You may use **any** licensed dentist or one of our Participating PPO Plan dentists (visit us at [www.DominionDental.com](http://www.DominionDental.com) for a listing of participating PPO providers near you). When you or your dependent(s) incur expenses for covered dental services, payments will be made in accordance with the list of benefits and services you receive with your group insurance certificate.

Participating PPO network dentists are qualified practitioners, licensed and regulated by the appropriate government agencies. By receiving your dental care from a PPO network dentist you benefit from our pre-negotiated fee schedules. **Using a PPO dentist can significantly reduce your out-of-pocket costs.**

### ARE THERE ANY WAITING PERIODS?

There are no waiting periods.

### WHAT ARE THE DEDUCTIBLES?

An annual deductible of \$50 per person (family maximum of \$150) is required on Class II and Class III in-network services and **all** out-of-network services.

### WHAT IS THE ANNUAL MAXIMUM BENEFIT PAYMENT?

Benefits are subject to an annual maximum of \$1,000 per insured person.

### CLAIMS FILING

You may use the dentist of your choice. Benefits will be paid directly to you or they may be assigned directly to your dentist. Claim forms should be completed by your dentist at the time services are rendered. Your Dentist may use the standard American Dental Association approved dental claim form.

This brochure provides a brief description of the PPO benefits provided under Policy GH-1112-3656 issued to the Employers Voluntary Benefit Insurance Trust. Consult your group insurance certificate for complete plan details.

#### The PPO Plan Is Marketed And Administered By:

Dominion Dental Services USA, Inc.  
115 South Union Street, Suite 300  
Alexandria, Virginia 22314  
Telephone 1-888-518-5338

#### PPO Plan Claims Incurred Should Be Filed With:

Dominion Dental Services USA, Inc.  
P.O. Box 1920  
Bowie, MD 20717-1920  
Telephone 1-888-518-5338

<sup>1</sup> The PPO Plan is underwritten by Security Life Insurance Company of America.

## HOW DO I RECEIVE CARE?

After your effective date, simply call the dental office you selected, make an appointment, and present your Membership Card upon arrival. You will receive treatment at the dental office listed on your Membership Card, except when an emergency arises or when otherwise directed by your Plan Dentist.

## WHAT IF I CHANGE JOBS?

If you leave your place of employment, you have the option of keeping your coverage using an alternate method of payment.

## WHO IS ELIGIBLE?

You and your dependents are eligible. Dependents include your spouse, unmarried children under age 20, and unmarried children who are full-time students (up to age 23).

## PLAN EXCLUSIONS & LIMITATIONS

### Plan Exclusions

1. Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any federal, state, municipal, county or other subdivision's program (with the exception of Medicaid).
2. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the sole discretion of the Participating Dentist, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war.
9. Replacement due to loss or theft of prosthetic appliance.
10. General anesthesia and sedation.
11. Services that cannot be performed because of the general health of the patient.
12. Implantation and related restorative procedures.
13. Unlisted procedures.
14. Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
15. Services related to the treatment of TMD (Temporal Mandibular Disorder).
16. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Plan Specialist (with the exception of orthodontics). Plan Specialist, if available, will reduce fees 25% from Usual, Customary, and Reasonable (UCR) fees, except in the State of Delaware. In Delaware, Plan Specialists will provide a reduction from their UCR that will vary between specialists.
17. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
18. The Invisalign system and similar specialized braces 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.

### Plan Limitations

1. Replacement of a bridge, crown or denture within five (5) years after the date it was originally installed.
2. Replacement of filling within two (2) years after original date of placement.
3. Teeth cleaning (prophylaxis) at intervals of less than six (6) months.
4. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
5. Full mouth x-rays or panoramic film – one set every three years.
6. Retreatment of root canal within two (2) years of the original treatment.
7. Limit 4381 to one benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.

\* All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

## HOW DO I ENROLL IN THE DHMO PLAN?

- Select a dentist from the DHMO Provider Directory enclosed.
- Fill out the enclosed enrollment card. List all dependents you want covered. Be sure to check the **DHMO** selection box.
- Return the completed application to your Benefits Administrator.
- A Membership Card and Certificate of Coverage will be mailed to you on or before your first day of eligibility.
- If you have any questions regarding your date of eligibility, please contact your Benefits Department.



**Maryland** - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or

who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## PPO EXCLUSIONS & LIMITATIONS

**EXPENSES NOT COVERED UNDER THE PPO PLAN:** No benefits will be paid for expenses incurred:

1. for overdentures and associated procedures.
2. for charges in excess of those considered reasonable and customary.
3. for cosmetic procedures.
4. for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
5. for implants.
6. for replacement of lost or stolen appliances; replacement of retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; sealants; or splinting.
7. for oral hygiene instructions; plaque control; completion of a claim form; acid etch; broken appointments; prescription or take-home fluoride; or diagnostic photographs.
8. for services not completed by the end of the month in which coverage ends, unless continuation of coverage has been requested and accepted by us.
9. for procedures that are begun, but not completed.
10. for services and treatment provided without charge or for which there would be no charge in the absence of insurance.
11. for services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
12. for a condition covered under any Worker's Compensation Act or similar law.
13. that are applied toward satisfaction of a deductible, if any.
14. that are generally considered by the dental profession as experimental or investigational.
15. for the treatment of cleft palate and anodontia.
16. for services or supplies payable under any medical expense plan.
17. for orthodontia, unless included by rider.
18. prior to the date the Insured is covered under the Policy.
19. for the diagnosis or treatment of TMJ.
20. for hospital services.
21. for any unmarried child 25 years of age and over.

## HOW DO I ENROLL IN THE PPO PLAN?

- Fill out the enclosed enrollment card. List all dependents you want covered. Be sure to select the **PPO** selection box. You do not need to choose a provider.
- Return the completed application to your Benefits Administrator.
- A Membership Card and Certificate of Coverage will be mailed to you on or before your first day of eligibility.
- If you have any questions regarding your date of eligibility, please contact your Benefits Department.

**YOUR INSURANCE ENDS** - PPO Insurance for you and your dependents will end on the earliest of:





1. the last day you cease to be eligible;
2. the last day your dependent ceases to be a dependent, as defined;
3. last day of the month for which a premium has been paid, subject to the Grace Period; or
4. date the Policy ends.

**District of Columbia** - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

# DHMO Plan 605xs<sup>1</sup>

 Summary of Benefits	 Your Coverage <sup>2</sup>
<b>Diagnostic/Preventive Services</b> <ul style="list-style-type: none"> <li>Initial oral examination of mouth and teeth</li> <li>Bitewing x-rays</li> <li>Fluoride treatments for children</li> <li>Semiannual teeth cleanings</li> </ul>	<b>100%</b>
<b>Basic Restorative Services</b> <ul style="list-style-type: none"> <li>Fillings                             <ul style="list-style-type: none"> <li>Amalgam (silver)</li> <li>Composite (white)</li> </ul> </li> <li>Full &amp; panoramic x-rays</li> <li>Extraction, erupted tooth</li> </ul>	<b>65-80%</b>
<b>Major Restorative Services<sup>3</sup></b> <b>Prosthetics</b> <ul style="list-style-type: none"> <li>Crowns &amp; fixed bridgework</li> <li>Dentures</li> <li>Relining of dentures once every two (2) years</li> </ul> <b>Periodontics</b> <ul style="list-style-type: none"> <li>Root planing and therapy</li> </ul> <b>Endodontics</b> <ul style="list-style-type: none"> <li>Root canal therapy</li> </ul> <b>Oral Surgery</b> <ul style="list-style-type: none"> <li>Extraction of impacted teeth</li> </ul>	<b>55-65%</b>
<b>Orthodontics</b> <ul style="list-style-type: none"> <li>Child</li> <li>Adult</li> </ul>	<b>50%</b>
 Benefit Features	 Your Coverage
<b>Office Visit</b>	<b>\$10 Copayment</b>
<b>Deductibles</b>	<b>None</b>
<b>Maximum Annual Limit</b>	<b>None</b>
<b>Waiting Periods</b>	<b>None</b>
<b>Claims Forms</b>	<b>None<sup>4</sup></b>
<b>Receive Care From</b>	<b>DHMO Dentist</b>





<sup>1</sup> Provided by Dominion Dental Services, Inc.

<sup>2</sup> Approximate percentage of coverage based on the Captiva context fee schedule's 80<sup>th</sup> percentile. A specific fee schedule applies and will be mailed with your Membership Card.

<sup>3</sup> As performed by a General Practitioner. See Plan Exclusion #16.

<sup>4</sup> Out-of-area emergency care reimbursement requires a receipt or other proof of loss.

# PPO Plan 100/80/50/0<sup>1</sup>

 Summary of Benefits	 Your Coverage
<b>Class I: Diagnostic/Preventive</b> <ul style="list-style-type: none"> <li>Initial oral examination of mouth and teeth</li> <li>Bitewing x-rays</li> <li>Fluoride treatments for children</li> <li>Semiannual teeth cleanings</li> </ul>	<b>In-network / Out-of-network 100% / 100%</b>
<b>Class II: Basic Restorative</b> <ul style="list-style-type: none"> <li>Fillings                             <ul style="list-style-type: none"> <li>Amalgam (silver)</li> <li>Composite (white)</li> </ul> </li> <li>Full and panoramic x-rays</li> <li>Extraction, erupted tooth</li> </ul> <b>Periodontics</b> <ul style="list-style-type: none"> <li>Root planing and therapy</li> </ul> <b>Endodontics</b> <ul style="list-style-type: none"> <li>Root canal therapy</li> </ul>	<b>80% / 50%</b>
<b>Class III: Major Restorative</b> <b>Prosthetics</b> <ul style="list-style-type: none"> <li>Crowns and inlays</li> <li>Bridges and dentures</li> <li>Relining of dentures once every two (2) years</li> </ul> <b>Oral Surgery</b> <ul style="list-style-type: none"> <li>Extraction of impacted teeth</li> </ul>	<b>50% / 50%</b>
<b>Class IV: Orthodontics</b>	<b>0% / 0%</b>
 Benefit Features	 Your Coverage
<b>Office Visit</b>	<b>\$0</b>
<b>Deductibles<sup>2</sup></b>	<b>\$50 (\$150)</b>
<b>Maximum Annual Limit<sup>2</sup></b>	<b>\$1,000</b>
<b>Waiting Periods</b>	<b>None</b>
<b>Claims Forms</b>	<b>Yes</b>
<b>Receive Care From</b>	<b>Any Dentist or PPO Plan Dentist</b>

<sup>1</sup> Underwritten by Security Life Insurance Company of America and administered by Dominion Dental Services USA, Inc.

<sup>2</sup> Deductibles and Annual Maximums are per insured person. Deductibles apply to Class II and Class III in-network services and **all** out-of-network services.



# DUAL CHOICE

## Monthly Rate Sheet

<b>DHMO Option (Plan 605xs)</b>	
<b>Subscriber Only</b>	<b>\$17.31</b>
<b>Subscriber &amp; Spouse</b>	<b>\$32.08</b>
<b>Subscriber &amp; Child/ren</b>	<b>\$36.81</b>
<b>Family</b>	<b>\$45.63</b>
<b>PPO Option (Plan 100/80/50/0)</b>	
<b>Subscriber Only</b>	<b>\$33.08</b>
<b>Subscriber &amp; Spouse</b>	<b>\$64.92</b>
<b>Subscriber &amp; Child/ren</b>	<b>\$69.98</b>
<b>Family</b>	<b>\$99.50</b>

We are continually expanding our network of providers. For the most up-to-date listing of all affiliated general dentists and specialists visit us on the web at [www.DominionDental.com](http://www.DominionDental.com). A printed list can also be requested by calling our Member Services Department toll-free at 1-888-518-5338.

**PENNSYLVANIA**

**BERKS COUNTY**

**Reading**

#2360 (610) 208-0400  
Aspen Dental Associates of NY., P.C.  
2733 Papermill Road  
Reading, PA 19610

#973 (610) 373-3720  
Dental Health Services  
1901 Ridgewood Rd.  
Reading, PA 19610

**BUCKS COUNTY**

**Bensalem**

#2349 (215) 638-4696  
A-1 Family Dental Care, P.C.  
1950 Street Road  
Suite 200  
Bensalem, PA 19020

#2781 (215) 639-7341  
Mohamed Sakkal, D.M.D.  
1541 Brookwood Drive  
Bensalem, PA 19020

#1203 (215) 639-5822  
Mukund K. Patel, D.D.S., P.C.  
2776 Knights Rd.  
Bensalem, PA 19020

**Chalfont**

#2352 (215) 997-9980  
A+ Family Dental Care, P.C.  
1500 Horizon Drive  
Suite 104  
Chalfont, PA 18914

**Fairless Hills**

#387 (215) 946-3655  
Fairless Hills Dental Group  
532 S. Oxford Valley Rd.  
Fairless Hills, PA 19030

**Feasterville Trevose**

#2839‡ (215) 357-4321  
Feasterville Family Dentistry  
4 Arbor Lane  
Feasterville Trevose, PA 19053

**Feasterville Trevose**

#1908 (215) 942-0909  
Sofia Goldin, D.M.D.  
227 Bustleton Pike  
Feasterville Trevose, PA 19053

**Langhorne**

#2350 (215) 757-4400  
A-1 Family Dental Care, P.C.  
402 Middletown Boulevard,  
Suite 200  
Langhorne, PA 19047

**Morrisville**

#380 (215) 295-1348  
Solomon Lehrhaupt, D.D.S.  
229 Plaza Blvd.  
Morrisville, PA 19067

#837 (215) 493-6767  
Vasant K. Vora, D.D.S.  
301 Oxford Valley Rd.  
Suite 203A  
Morrisville, PA 19067

**Newtown**

#379 (215) 860-8790  
Smile Maker Dental  
26 Eagle Rd.  
Newtown, PA 18940

**Quakertown**

#1023 (215) 536-3210  
A+ Family Dental Care, PC  
24 South 14th Street  
Quakertown, PA 18951

**CHESTER COUNTY**

**Coatesville**

#628 (610) 384-9099  
Gentle Dental of Coatesville  
101 East Lincoln Highway  
Coatesville, PA 19320

**Exton**

#2317 (610) 363-2530  
Exton Dental Associates, LTD  
436 Exton Commons  
Exton, PA 19341

#37700 (610) 594-2001  
Lionville Dental Associates, LLC  
67 Downlin Forge Rd  
Exton, PA 19341

**Paoli**

#510\* (610) 725-0620  
Alan S Yeung, D.D.S.  
250 W Lancaster Ave. #210  
Paoli, PA 19301

**West Chester**

#1057\* (610) 696-9135  
Yvonne DeLoache, D.D.S.  
301 S. High Street  
West Chester, PA 19382

**West Grove**

#2856 (610) 864-0402  
Jenny Chen Family Dentistry  
207 North Guernsey Rd.  
West Grove, PA 19390

**DELAWARE COUNTY**

**Aston**

#1528 (610) 872-7461  
Aston Family Dental Care  
3200 Concord Rd.  
Ste.200  
Aston, PA 19014

**Brookhaven**

#840 (610) 876-3300  
Alan Jeffrey Smith, D.M.D.  
130 E. Brookhaven Rd.  
Brookhaven, PA 19015

**Chadds Ford**

#2356 (610) 388-4466  
Advanced Family Dentistry, P.C.  
8 Pond's Edge Drive  
Suite 2  
Chadds Ford, PA 19317

#1446 (610) 459-9102  
Albert Turk, D.M.D.  
127 Rt. 202  
Chadds Ford, PA 19317

#33848 (610) 459-5002  
Centre for Cosmetic Dentistry  
275 Wilmington Westchester Pk  
Ste111  
Chadds Ford, PA 19317

**Chester**

#2004 (610) 497-2900  
ChesPenn Health Services  
2602 West 9th Street  
Chester, PA 19013

#2003 (610) 874-6231  
ChesPenn Health Services  
2600 West 9th Street  
Chester, PA 19013-2040

#1453 (610) 874-4316  
The Saltz Dental Center  
616 Avenue of the States  
Chester, PA 19013

**Collingdale**

#2127 (610) 583-4443  
Hollyland Dental Center  
917 MacDade Blvd  
Collingdale, PA 19023

**Havertown**

#1320 (610) 446-6688  
Iraj Shafagh, D.M.D.  
109 North Eagle Rd.  
Havertown, PA 19083

**Lansdowne**

#992 (610) 623-7610  
Joel Cooper, D.M.D.  
43 Lansdown Ave.  
Lansdowne, PA 19050

**Media**

#2801 (610) 891-0940  
American Dental Care, PC  
1003 Baltimore Pike  
Media, PA 19063

**Morton**

#2354 (610) 544-3630  
Advanced Family Dentistry, P.C.  
35-B Woodland Avenue  
Morton, PA 19070

**Norwood**

#361 (610) 532-3700  
Shore & Snyder Dental Center  
519 Chester Pike, Box 40  
Norwood, PA 19074

<sup>1</sup>Dominion is licensed as a Limited Health Care Services HMO in Virginia, Risk Assuming PPO in Pennsylvania and Dental Plan Organization in Maryland and Delaware.

**Springfield**

#2794 (610) 543-4900  
American Dental Care, PC  
515 Baltimore Pike  
Springfield, PA 19064

**Upper Darby**

#2795 (610) 352-7600  
American Dental Care, PC  
6780 Market Street  
Upper Darby, PA 19082

#498 (610) 734-0666  
Glenn A Brown, DMD  
6776 Market Street  
Upper Darby, PA 19082

#831 (610) 352-7766  
Rachel Mallya, D.M.D.  
27 Garrett Road  
Upper Darby, PA 19082

**Wayne**

#2740 (610) 964-0111  
Family and Cosmetic Dentistry  
335 West Lancaster Ave  
Wayne, PA 19087

**LACKAWANNA COUNTY  
Scranton**

#2096 (570) 383-3200  
Aspen Dental Associates of N.E., P.C.  
1516 Scranton - Carbondale Hwy  
Scranton, PA 18508

#2075 (570) 343-7997  
Howard A. Wimmer, D.D.S.  
1439 Wyoming Avenue  
Scranton, PA 18509

#390 (570) 344-5511  
Michael P. Brennan, D.M.D.  
128 N. Main Ave.  
Scranton, PA 18504

**LANCASTER COUNTY  
Lancaster**

#33853 (717) 394-4155  
Aspen Dental Associates of NY, PC  
1954 Fruitville Pike  
Lancaster, PA 17601

#1341\* (717) 898-9099  
Centerville Family Dental  
803 Estelle Dr.  
Lancaster, PA 17601

#1720 (717) 293-2784  
O'Donnell & Phillips LLC  
230 Harrisburg Ave.  
Suite 5  
Lancaster, PA 17603

**LEHIGH COUNTY  
Allentown**

#2358 (610) 530-7785  
Aspen Dental Associates of NY., P.C.  
319 South Cedar Creek Blvd.  
Allentown, PA 18103

#635 (610) 434-8975  
Gentle Dental of Allentown  
2015 W Hamilton St.  
Suite 202  
Allentown, PA 18104-6447

**LUZERNE COUNTY  
Hazleton**

#2389 (570) 453-0555  
Aspen Dental Associates of N.Y.,  
P.C.  
93 Airport Road  
Hazleton, PA 18202

#2883 (570) 453-0555  
Aspen Dental Associates of NY, PC  
93 Airport Rd.  
Hazle Marketplace  
Hazleton, PA 18202

#1722 (570) 455-4858  
Joseph Albertine, D.D.S.  
239 Muir Ave.  
Hazleton, PA 18201

**Pittston**

#1807† (570) 654-2484  
Pittston Dental Center  
34 S. Main St.  
Pittston, PA 18640

#1724 (570) 655-3040  
Santo LaFoca, D.M.D.  
20 N. Main St.  
Pittston, PA 18640

**Wilkes Barre**

#2240 (570) 825-8090  
Aspen Dental Associates of New  
York, P.C.  
2168 Wilkes-Barre Township  
Market Place  
Wilkes Barre, PA 18702

#2098 (570) 270-9211  
David J. Maharty, D.M.D., Inc.  
156 S. Pennsylvania Ave.  
Wilkes Barre, PA 18701

#386 (570) 283-1596  
Louis J. Mastrini, D.D.S.  
672 North River St  
Suite 209  
Wilkes Barre, PA 18705

#483 (570) 825-9645  
William Walthour, D.D.S.  
213 East Market Street  
Wilkes Barre, PA 18702-5297

**MONTGOMERY COUNTY  
Abington**

#2810 (215) 657-5255  
Abington Dental Excellence  
1550 Old York Rd.  
Abington, PA 19001

**Ambler**

#2808 (609) 586-8080  
American Dental Care Associates,  
P.A.  
109 Executive Drive  
Ambler, PA 19002

**Bala Cynwyd**

#2796 (610) 667-9713  
American Dental Care, PC  
187 E. City Line Ave  
Bala Cynwyd, PA 19004

#2357 (610) 660-9510  
American Family Dental Care P.C.  
15 North Presidential Boulevard  
Suite 303  
Bala Cynwyd, PA 19004

**Colmar**

#2811 (215) 997-2300  
Dilip N. Dudhat, D.M.D., PC  
2406 North Broad Street  
Colmar, PA 18915

**Conshohocken**

#531 (610) 828-1027  
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Horsham, PA 19044

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323 W Johnson Hwy  
Norristown, PA 19401

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Norristown, PA 19401

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210 Stump Road  
North Wales, PA 19454

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Pottstown, PA 19465

**Wynnewood**

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Wynnewood, PA 19096

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