



OHIO

PPO Small Group Dental Rates

*(January 1, 2012 through December 1, 2012)
Small Groups (2-25) Eligible Employees
Applies to Ohio (excluding Butler, Clermont,
Hamilton and Warren counties in Ohio)*

A PPO product offered by The Dental Care Plus Group
For Agent use only. This is not an advertisement and may not be used for purposes of solicitation.
The sole purpose is for agent recruitment and to invite you to offer our products to your clients.

DentaSelect
PLUS

Ohio PPO Small Group (2-25 Eligible Employees)

Good for effective dates of January 1 through December 1, 2012.

Excludes the following Ohio counties: Hamilton, Butler, Clermont and Warren

**PPO
2012**

	Option 1 In-Network/Out-Network	Option 2 In-Network/Out-Network	Option 3 In-Network/Out-Network
Preventive Copay-Routine Oral Exams/Cleanings Only	None	None	None
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	None
Annual Maximum	\$750	\$1,000	\$1,500
Preventive	100% / 100%	100% / 100%	100% / 100%
Basic	50% / 50%	80% / 80%	80% / 50%
Major	30% / 30%	50% / 50%	50% / 25%
Endodontics & Periodontics	Major	Major	Major
Orthodontia (optional)	50% to \$750	50% to \$1,000	50% to \$1,000

Without Orthodontia

	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$18.99	\$20.51	\$24.24	\$26.18	\$24.85	\$26.84
Employee/Spouse	\$37.98	\$41.02	\$48.48	\$52.36	\$49.69	\$53.67
Employee/Child(ren)	\$39.87	\$43.06	\$50.91	\$54.98	\$52.18	\$56.35
Family	\$62.66	\$67.67	\$79.99	\$86.39	\$81.99	\$88.55

With Orthodontia (must have 5 employees enrolled on the plan)

	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$18.99	\$20.51	\$24.24	\$26.18	\$24.85	\$26.84
Employee/Spouse	\$37.98	\$41.02	\$48.48	\$52.36	\$49.69	\$53.67
Employee/Child(ren)	\$43.73	\$47.23	\$55.01	\$59.41	\$56.28	\$60.78
Family	\$67.45	\$72.85	\$85.09	\$91.90	\$87.09	\$94.06

Rates listed above are based on an Out of Network (OON) reimbursement level at Match (Fee Schedule).

OON at the Advantage 900 level: add 9% to rates. OON at the Defined 800 level: add 7% to rates.

Options

Endodontics in Basic	Add 4%	Add 4%	Add 4%
Periodontics in Basic	Add 2%	Add 2%	Add 2%
To change deductible to \$25/\$75	Add 3%	Add 3%	Reduce 3%
Add \$10 preventive copay	Reduce 4%	Reduce 4%	Reduce 4%
No deductible	Add 6%	Add 6%	N/A
\$1,500 Annual Max	Add 9%	Add 6%	N/A

* Rates guaranteed for 12 months from time of initial effective date.

* Plan effective for the 1st of the month effective dates only.

* No waiting periods.

* Members who receive services from a participating provider in our DentaSelect network will receive a higher level of benefits.

DentaSelect Competitive Advantages

* The plan requires a minimum enrollment of 25% of the total eligible employees upon initial implementation and upon the plan's annual anniversary date. This enrollment must represent a minimum of 2 contracts.

* Orthodontia is available for groups with 5 or more enrolled employees.

* Deductibles apply to Basic and Major services only.

* Preventive copays apply to routine cleanings and oral exams only.

* Dependents are covered to age 19, regardless of school enrollment, and verified full-time students are covered to age 25.

* The TVS discount vision plan is available at no extra charge and includes a plan with a schedule of costs - an extra convenience for enrollees.

* Contact your local DCPG office for enrollment material and for assistance with the implementation process.

* EFT premium payment required for groups with 2-9 eligible employees.

* Contributory Rates require a minimum employer contribution of 50% of the Employee only rate.

* No waiting periods.

Please contact your sales representative for additional plan options.

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**DentaSelect
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