

## Dental coverage designed just for you

The Dental Care Plus Group offers individuals and families throughout Indiana the opportunity to purchase quality dental insurance from a trusted company. Our Individual PPO Product includes four different options giving you the ability to choose the plan that best fits your dental benefits needs, as well as your budget. And to round out the health care essentials, each plan comes standard with vision and hearing discount programs.

|  | PPO Plan I                                       |   | PPO Plan II                                     |   | PPO Plan III                                     |   | PPO Plan IV                                      |   |
|--|--|---|---|---|--|---|--|---|
| RATES  | 54 & Under                                       | 55 & Over                                       | 54 & Under                                      | 55 & Over                                       | 54 & Under                                       | 55 & Over                                       | 54 & Under                                       | 55 & Over                                       |
| <b>Individual</b>  | \$18.77  | \$24.49   | \$25.61   | \$34.16   | \$27.64  | \$37.03   | \$35.49  | \$48.14   |
| <b>Individual + Spouse</b>   | \$37.53  | \$48.98   | \$51.21   | \$68.32   | \$55.27  | \$74.07   | \$70.99  | \$96.29   |
| <b>Individual + Children</b>   | \$48.79  | \$39.18   | \$66.57   | \$54.66   | \$71.86  | \$59.26   | \$92.28  | \$77.03   |
| <b>Family</b>  | \$67.56  | \$63.67   | \$92.18   | \$88.82   | \$99.49  | \$96.29   | \$127.77   | \$125.18  |
|  | In-Network                                       | Out-of-Network                                  | In-Network                                      | Out-of-Network                                  | In-Network                                       | Out-of-Network                                  | In-Network                                       | Out-of-Network                                  |
| <b>Deductible</b><br>Per benefit year and applies only to Basic and Major services.  | \$50 Per Member<br>\$150 Per Family              |   | \$50 Per Member<br>\$150 Per Family             |   | \$50 Per Member<br>\$150 Per Family              |   | \$50 Per Member<br>\$150 Per Family              |   |
| <b>Preventive Exams and Cleanings<sup>2</sup></b><br><i>No Waiting Period</i><br>• Routine exams and cleanings   | Plan Pays: 100% <sup>1</sup><br>after \$10 copay | Plan Pays: 90% <sup>1</sup><br>after \$10 copay | Plan Pays: 60% <sup>1</sup><br>after \$10 copay | Plan Pays: 50% <sup>1</sup><br>after \$10 copay | Plan Pays: 100% <sup>1</sup><br>after \$10 copay | Plan Pays: 90% <sup>1</sup><br>after \$10 copay | Plan Pays: 100% <sup>1</sup><br>after \$10 copay | Plan Pays: 90% <sup>1</sup><br>after \$10 copay |
| <b>Other Preventive Services<sup>2</sup></b><br><i>No Waiting Period</i><br>• Fluoride treatments<br>• Bitewing, panoramic and periapical x-rays                           | Plan Pays: 100%                                  | Plan Pays: 90%                                  | Plan Pays: 60%                                  | Plan Pays: 50%                                  | Plan Pays: 100%                                  | Plan Pays: 90%                                  | Plan Pays: 100%                                  | Plan Pays: 90%                                  |
| <b>Basic Services<sup>2</sup></b><br><i>6 Month Waiting Period</i><br>• Fillings, root canals<br>• Repairs to crowns, bridges and dentures<br>• Periodontics (gum disease) | Plan Pays: 50% <sup>3</sup>                      | Plan Pays: 40% <sup>3</sup>                     | Plan Pays: 60% <sup>3</sup>                     | Plan Pays: 50% <sup>3</sup>                     | Plan Pays: 50% <sup>3</sup>                      | Plan Pays: 40% <sup>3</sup>                     | Plan Pays: 80% <sup>3</sup>                      | Plan Pays: 70% <sup>3</sup>                     |
| <b>Major Services<sup>2</sup></b><br><i>12 Month Waiting Period</i><br>• Surgical extractions, crowns<br>• Complete and partial dentures                                   | Plan Pays: 0%                                    | Plan Pays: 0%                                   | Plan Pays: 60% <sup>3</sup>                     | Plan Pays: 50% <sup>3</sup>                     | Plan Pays: 50% <sup>3</sup>                      | Plan Pays: 40% <sup>3</sup>                     | Plan Pays: 50% <sup>3</sup>                      | Plan Pays: 40% <sup>3</sup>                     |
| <b>Annual Maximum Benefit</b><br>Per member, per benefit year.   | \$1,000  |   | \$2,000   |   | \$1,000  |   | \$1,500  |   |

Our PPO plans are available to residents throughout the state of Indiana. Members enrolled in our PPO plans can choose to see any dentist, however; they may enjoy cost savings when choosing to see an in-network dentist. DCPG's network includes more than 200,000 access points nationwide.

**Visit [MyDentalCarePlus.com](http://MyDentalCarePlus.com) to get your free, no-obligation quote or call our individual product consultants at 513-554-3184 or 888-253-3279 (Toll free), Monday – Friday from 8:00 am to 4:30 pm EST.**

1. After \$10 copay. 2. Services listed are not representative of all services covered. Plan benefits provided and premium amounts will vary depending on the level of coverage selected. Plans are subject to policy terms, limitations and exclusions. For additional details regarding pricing, and specific benefits provided, please visit [MyDentalCarePlus.com](http://MyDentalCarePlus.com). 3. After deductible. The purpose of this material is the solicitation of insurance. An insurance agent or company may contact you. Dental insurance plans are issued by Dental Care Plus, Inc., located at 100 Crowne Point Place, Cincinnati, OH 45241. Domicile: Ohio. NAIC No. 96265. Policies are available in Ohio, Kentucky and Indiana.