

# Indiana PPO Small Group 2018

(2-50 Eligible Employees)

Good for effective dates of January 1 through December 1, 2018.

**ADDITIONAL PLAN DESIGNS ARE AVAILABLE FOR GROUPS WITH 10-50 ELIGIBLE EMPLOYEES.**

	Option 1 In-/Out-of-Network		Option 2 In-/Out-of-Network		Option 3 In-/Out-of-Network	
<b>Copay</b>	\$0		\$0		\$0	
<b>Deductible (Individual/Family)</b>	\$50/\$150		\$50/\$150		\$50/\$150	
<b>Annual Maximum</b>	\$1,000		\$1,000		\$1,000	
<b>Preventive</b>	100%/100%		100%/80%		100%/100%	
<b>Basic</b>	50%/50%		80%/60%		80%/80%	
<b>Major</b>	50%/50%		50%/40%		50%/50%	
<b>Orthodontia (optional)</b>	50%/\$1,000		50%/\$1,000		50%/\$1,000	
<b>Endodontics &amp; Periodontics</b>	Basic		Major		Major	
<b>Without Orthodontia</b>						
	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>
<b>Employee</b>	\$23.44	\$24.85	\$23.75	\$25.18	\$24.94	\$26.44
<b>Employee/Spouse</b>	\$46.88	\$49.69	\$47.51	\$50.36	\$49.88	\$52.88
<b>Employee/Child(ren)</b>	\$49.22	\$52.18	\$49.88	\$52.88	\$52.38	\$55.52
<b>Family</b>	\$77.35	\$81.99	\$78.39	\$83.09	\$82.31	\$87.24
<b>With Child Orthodontia (must have 5 employees enrolled in the plan)</b>						
	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>
<b>Employee</b>	\$23.44	\$24.85	\$23.75	\$25.18	\$24.94	\$26.44
<b>Employee/Spouse</b>	\$46.88	\$49.69	\$47.51	\$50.36	\$49.88	\$52.88
<b>Employee/Child(ren)</b>	\$53.72	\$56.95	\$54.38	\$57.65	\$56.88	\$60.29
<b>Family</b>	\$83.35	\$88.35	\$84.39	\$89.45	\$88.31	\$93.60
<b>Additional Options</b>						
<b>Add \$10 preventive copay</b>	Reduce 4%		Reduce 4%		Reduce 4%	
<b>To change deductible to \$25/\$75</b>	Add 3%		Add 3%		Add 3%	
<b>No Deductible</b>	Add 6%		Add 6%		Add 6%	
<b>Periodontics in Basic</b>	N/A		Add 2%		Add 2%	
<b>Endodontics in Basic</b>	N/A		Add 4%		Add 4%	
<b>Implants</b>	Add 2%		Add 2%		Add 2%	
<b>\$1,500 Annual Max</b>	Add 6%		Add 6%		Add 6%	
<b>Out-of-Network Reimbursement Options</b>						
Rates listed above are based on an out-of-network reimbursement level at Match (fee schedule)						
<b>Defined 800</b>	Add 3%		Add 3%		Add 3%	
<b>Advantage 900</b>	Add 6%		Add 6%		Add 6%	
<b>Bundle with Fully-Insured Vision for Additional Savings</b>						
<b>Add Vision</b>	Reduce 3%		Reduce 3%		Reduce 3%	
<b>Commission</b>						
Rates listed above assume the DCPG standard agent compensation schedule.						
<b>Flat 10%</b>	For a flat 10% commission add 5% to the rates					

**Consider adding a fully-insured vision benefit with a national network**

**Employee rates start as low as \$5.61 on contributory plans, and \$6.66 on voluntary plans.**

**Please contact your sales representative at (800) 367-9466 for details or visit [DentalCarePlus.com](http://DentalCarePlus.com).**

These rates are for stand-alone dental benefits plans that are not federally qualified health plans. The plans do not include the full range of pediatric dental benefits required under the federal regulations governing essential health benefits.

Dental insurance plans are issued by Dental Care Plus, Inc., located at 100 Crowne Point Place, Cincinnati, OH 45241. Domicile: Ohio. NAIC No. 96265.

DCPG-IN-PPO-SMGROUP-RATES-2018

## Underwriting Guidelines

- **Current DCPG groups are not eligible for these shelf rate plans.**
- Groups that have terminated coverage with DCPG are not eligible for the New Sale Shelf Rates for two years from the date of termination.
- 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 two contracts.
- Contributory rates require a minimum employer contribution of 50% of the employee-only rate.
- Deductibles apply to Basic and Major services only.
- Preventive copays apply to routine cleanings and oral exams only.
- Dependents are covered to age 26.
- Child orthodontia covers eligible dependents to age 19.
- Rates guaranteed for 12 months from time of initial effective date.
- Plans effective for the 1st of the month effective dates only.
- EFT premium payment required for groups with 2-9 eligible employees.
- Members who receive services from a participating provider in our DentaSelect Plus network will receive a higher level of benefits.

## Plan Features

- No waiting periods.
- Fourth quarter deductible carryover.
- Composite/white fillings on anterior and posterior teeth.
- Annual open enrollment.
- The EPIC Hearing Service Plan is included.
- The TVS/Coast to Coast discount vision plan is included.
- Members can easily search for participating providers in the DentaSelect Plus network by using our Find a Dentist tool at: [fad.dentalcareplus.com](http://fad.dentalcareplus.com).