



Indiana

DentaSpan PPO Small Group Plans

*(January 1 through December 1, 2015)
Small Group Plan Options (2-50 full-
time equivalent employees)*

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DentaSpan 
Underwritten by DCP, Inc.

DentaSpan (Small Group Plans) (2-50 Full-Time Equivalent Employees)

**Indiana
Exchange Options
2015**

Good for effective dates of January 1 through December 1, 2015.

DentaSpan was designed by The Dental Care Plus Group to provide economical options for groups interested in purchasing dental insurance on the Indiana Small Business Health Options Program (SHOP) exchange. For 2015, CMS does not allow child-only dental plans to be offered on the SHOP exchange. Therefore pediatric coverage should be obtained via a Family plan that has age-based rates per covered individual. In order to offer lower premiums to employer groups looking for a pediatric dental PPO product in compliance with the Affordable Care Act's Essential Health Benefits (EHB), DentaSpan utilizes a smaller, less expensive network. Customer support, claims processing and payments are handled by a third-party administrator, DentaQuest.

	Family High Option	Family Low Option
Copay Applies to Routine Exams and Prophylaxis	N/A	\$10
Deductible	\$50 one covered individual \$150 three or more covered individuals	\$50 one covered individual \$150 three or more covered individuals
PPO Plan Pays*		
Preventive	100%	100%
Basic	80%	50%
Major	50%	50%
Medically Necessary Orthodontia ¹	50%	50%
Waiting Period		
Under 19	24 months orthodontia	24 months orthodontia
19 and Over	6 months – Basic 12 months – Major	6 months- Basic 12 months- Major
Maximum Out-of-pocket (Under 19)	\$350 one child \$700 two or more children ²	\$350 one child \$700 two or more children ²
Annual Benefit Max (19 and Over)	\$1,000	\$1,000
Rates	Per Member/Per Month	Per Member/Per Month
Ages 20 and under	\$38.21	\$33.52
Ages 21-40	\$26.43	\$22.09
Ages 41-50	\$29.76	\$24.72
Ages 51-60	\$36.67	\$30.17
Ages 61 and over	\$41.79	\$34.20

*Note: Out-of-network providers are permitted to charge for the difference between the allowed amount and out-of-network provider's billed charges. You may be required to pay more for services obtained from an out-of-network provider than the same services provided by an in-network provider.

1 Medically Necessary Orthodontia (for dependents under age 19 only) are orthodontic services for severe and handicapping malocclusion as defined by Handicapping Labio-Lingual Deviations Form (HLD) index score of 28 and/or one or more auto qualifiers. Orthodontic services require prior authorization.

2 For covered individuals under age 19, the maximum out-of-pocket expense (a combination of deductibles and co-insurance) related to qualified in-network pediatric services is limited to \$350 per contract with one member under age 19 and \$700 per contract with two or more members under age 19. Once children covered under a family plan reach age 19, they may be eligible to remain on their family plan until they reach age 26 as adult dependents.

What You Need to Know

- With Indiana DentaSpan, members have access to over 3,000 dental care access points across the state of Indiana.
- Deductibles apply to Basic and Major services only.
- DentaSpan group administrators with questions related to enrollment, billing or payment should be directed to DentaSpan Billing and Enrollment at (888) 317-1054.
- DentaSpan members with questions related to member services (claims) should be directed to DentaQuest at (855) 343-4263.
- For more information or to search for in-network Maverest providers, visit www.dentaspan.com.

Please contact your DCPG representative at
(800) 367-9466 for more information.

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