DentaTrust PPO Individual Plans

(January 1 through December 1, 2015)
Individual Plan Options
Ohio DentaTrust was designed by The Dental Care Plus Group to provide economical dental insurance options for individuals and families to purchase through the Ohio state-based exchange. In order to offer lower premiums, the DentaTrust plans utilize a smaller, less expensive network. Customer support, claims processing and payments are handled by a third-party administrator, DentaQuest.

### What You Need to Know

- With Ohio DentaTrust, members have access to 4,800 dental care providers across the state of Ohio and more than 100,000 nationwide.
- Deductibles apply to Basic and Major services only.
- Ohio DentaTrust members with questions related to enrollment, billing or payment should be directed to DentaTrust Billing and Enrollment at (888) 317-1054.
- Ohio DentaTrust 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 DentaQuest providers, visit [www.dentatrust.com](http://www.dentatrust.com).

### Rates

<table>
<thead>
<tr>
<th>One Child</th>
<th>Pediatric High Option</th>
<th>Pediatric Low Option</th>
<th>Family High Option</th>
<th>Family Low Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$29.91</td>
<td>$27.02</td>
<td>$21.73</td>
<td>$18.39</td>
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<tr>
<td>Employee/Spouse</td>
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<td>$36.77</td>
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<tr>
<td>Employee/Child(ren)</td>
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<td>$63.60</td>
<td>$56.22</td>
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<tr>
<td>Family</td>
<td>$92.81</td>
<td>$81.36</td>
<td>$81.36</td>
<td>$81.36</td>
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</tbody>
</table>

*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 The maximum out-of-pocket expense (a combination of deductibles and co-insurance) related to qualified in-network services is limited to $350 for a one-child contract and $700 for a multiple-child contract.

3 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.