



**OHIO**

# DentaTrust PPO Individual Plans

*(January 1 through December 1, 2015)  
Individual Plan Options*

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 **DentaTrust**  
Underwritten by DCP, Inc.

# DentaTrust (Individual Plans)

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

## Ohio Exchange Options 2015

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.

	Pediatric High Option	Pediatric Low Option	Family High Option	Family Low Option
<b>Copay</b> Applies to Routine Exams and Prophylaxis	N/A	\$10	N/A	\$10
<b>Deductible</b>	\$50/covered individual	\$50/covered individual	\$50 one covered individual \$150 three or more covered individuals	\$50 one covered individual \$150 three or more covered individuals
<b>PPO Plan Pays*</b>				
Preventive	100%	100%	100%	100%
Basic	80%	50%	80%	50%
Major	50%	50%	50%	50%
Medically Necessary Orthodontia <sup>1</sup>	50%	50%	50%	50%
<b>Waiting Period</b>				
Under 19	24 months orthodontia	24 months orthodontia	24 months orthodontia	24 months orthodontia
19 and Over	N/A	N/A	6 months – Basic 12 months – Major	6 months- Basic 12 months- Major
<b>Maximum Out-of-pocket (Under 19)</b>	\$350 one child \$700 two or more children <sup>2</sup>	\$350 one child \$700 two or more children <sup>2</sup>	\$350 one child \$700 two or more children <sup>3</sup>	\$350 one child \$700 two or more children <sup>3</sup>
<b>Annual Benefit Max (19 and Over)</b>	N/A	N/A	\$1,000	\$1,000

Rates	Pediatric High Option	Pediatric Low Option	Family High Option	Family Low Option
One Child	\$29.91	\$27.02	Employee	\$21.73
Two or More Children	\$49.35	\$44.58	Employee/Spouse	\$43.45
			Employee/Child(ren)	\$63.60
			Family	\$92.81
				\$81.36

\*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.

## 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).

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

