

Kentucky PPO Small Group 2019

(2-50 Eligible Employees)

Good for effective dates of January 1 through December 1, 2019. Not available in the following Kentucky counties: Boone, Campbell, Kenton, and Pendleton.

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			
Copay	\$0	\$0	\$0			
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150			
Annual Maximum	\$1,000	\$1,000	\$1,000			
Preventive	100%/100%	100%/80%	100%/100%			
Basic	50%/50%	80%/60%	80%/80%			
Major	50%/50%	50%/40%	50%/50%			
Orthodontia (optional)	50% to \$1,000	50% to \$1,000	50% to \$1,000			
Endodontics & Periodontics	Basic	Major	Major			
Without Orthodontia						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$20.30	\$21.52	\$20.58	\$21.80	\$21.60	\$22.90
Employee/Spouse	\$40.59	\$43.03	\$41.14	\$43.62	\$43.20	\$45.79
Employee/Child(ren)	\$42.63	\$45.19	\$43.20	\$45.80	\$45.36	\$48.09
Family	\$66.98	\$71.01	\$67.90	\$71.97	\$71.28	\$75.56
With Child Orthodontia (must have 5 employees enrolled in the plan)						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$20.30	\$21.52	\$20.58	\$21.80	\$21.60	\$22.90
Employee/Spouse	\$40.59	\$43.03	\$41.14	\$43.62	\$43.20	\$45.79
Employee/Child(ren)	\$50.62	\$53.66	\$51.24	\$54.33	\$53.58	\$56.80
Family	\$78.50	\$83.21	\$79.48	\$84.25	\$83.15	\$88.14
Additional Options						
Add \$10 preventive copay	Reduce 4%		Reduce 4%		Reduce 4%	
To change deductible to \$25/\$75	Add 3%		Add 3%		Add 3%	
No Deductible	Add 6%		Add 6%		Add 6%	
Periodontics in Basic	N/A		Add 2%		Add 2%	
Endodontics in Basic	N/A		Add 4%		Add 4%	
Implants	Add 2%		Add 2%		Add 2%	
\$1,500 Annual Max	Add 6%		Add 6%		Add 6%	
Out-of-Network Reimbursement Options						
Rates listed above are based on an out-of-network reimbursement level at Match (fee schedule)						
Defined 800	Add 3%		Add 3%		Add 3%	
Advantage 900	Add 6%		Add 6%		Add 6%	
Bundle with Fully-Insured Vision for Additional Savings						
Add Vision	Reduce 3%		Reduce 3%		Reduce 3%	
Commission						
Rates listed above assume the DCPG standard agent compensation schedule.						
Flat 10%	For a flat 10% commission add 5% to the rates					
Quote plan using Balanced Value Network						
Available ONLY in the following Counties in Kentucky: Bullitt, Gallatin, Grant, Hardin, Harrison, Jefferson, Oldham, Shelby, and Spencer.						
Quote plan using BVN	Reduce 11%		Reduce 11%		Reduce 11%	

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 or Balanced Value networks 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 or Balanced Value networks by using our Find a Dentist tool at: fad.dentalcareplus.com.

**Please contact your sales representative at (800) 367-9466
for details or visit 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.

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