

# Ohio PPO Small Group 2020

(2-50 Eligible Employees)

Good for effective dates of January 1 through December 1, 2020. Not available in the following Ohio counties: Hamilton, Butler, Clermont and Warren.

**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>	\$750		\$1,500		\$1,000	
<b>Preventive</b>	100%/100%		100%/100%		100%/100%	
<b>Basic</b>	50%/40%		80%/50%		80%/80%	
<b>Major</b>	50%/40%		50%/25%		50%/50%	
<b>Orthodontia (optional)</b>	50% to \$1,000		50% to \$1,000		50% to \$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>	\$21.82	\$23.13	\$24.01	\$25.44	\$24.93	\$26.41
<b>Employee/Spouse</b>	\$43.65	\$46.27	\$48.01	\$50.90	\$49.83	\$52.83
<b>Employee/Child(ren)</b>	\$45.82	\$48.57	\$50.42	\$53.44	\$52.32	\$55.47
<b>Family</b>	\$72.02	\$76.33	\$79.23	\$83.98	\$82.24	\$87.17
<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>	\$21.82	\$23.13	\$24.01	\$25.44	\$24.93	\$26.41
<b>Employee/Spouse</b>	\$43.65	\$46.27	\$48.01	\$50.90	\$49.83	\$52.83
<b>Employee/Child(ren)</b>	\$54.40	\$57.67	\$58.93	\$62.46	\$61.26	\$64.94
<b>Family</b>	\$84.37	\$89.42	\$91.59	\$97.08	\$95.20	\$100.92
<b>Additional Options</b>						
<b>Add \$10 preventive copay</b>	Reduce 4%		Reduce 4%		Reduce 4%	
<b>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>\$1,000 Annual Max</b>	Add 4%		Reduce 4%		N/A	
<b>\$1,500 Annual Max</b>	Add 9%		N/A		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					
<b>Quote plan using Balanced Value Network</b>						
Available ONLY in the following Counties in Ohio: Brown, Clark, Clinton, Darke, Greene, Miami, Montgomery, and Preble.						
<b>Quote plan using BVN</b>	Reduce 20%		Reduce 20%		Reduce 20%	

**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 2 years 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.**