

Kentucky PPO Small Group 2020

(2-50 Eligible Employees)

Good for effective dates of January 1 through December 1, 2020. 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	\$20.91	\$22.17	\$21.20	\$22.45	\$22.25	\$23.59
Employee/Spouse	\$41.81	\$44.32	\$42.37	\$44.93	\$44.50	\$47.16
Employee/Child(ren)	\$43.91	\$46.55	\$44.50	\$47.17	\$46.72	\$49.53
Family	\$68.99	\$73.14	\$69.94	\$74.13	\$73.42	\$77.83
With Child Orthodontia (must have 5 employees enrolled in the plan)						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$20.91	\$22.17	\$21.20	\$22.45	\$22.25	\$23.59
Employee/Spouse	\$41.81	\$44.32	\$42.37	\$44.93	\$44.50	\$47.16
Employee/Child(ren)	\$52.14	\$55.27	\$52.78	\$55.96	\$55.19	\$58.50
Family	\$80.86	\$85.71	\$81.86	\$86.78	\$85.64	\$90.78
Additional Options						
Add \$10 preventive copay	Reduce 4%	Reduce 4%	Reduce 4%	Reduce 4%	Reduce 4%	Reduce 4%
To change deductible to \$25/\$75	Add 3%	Add 3%	Add 3%	Add 3%	Add 3%	Add 3%
No Deductible	Add 6%	Add 6%	Add 6%	Add 6%	Add 6%	Add 6%
Periodontics in Basic	N/A	Add 2%	Add 2%	Add 2%	Add 2%	Add 2%
Endodontics in Basic	N/A	Add 4%	Add 4%	Add 4%	Add 4%	Add 4%
Implants	Add 2%	Add 2%	Add 2%	Add 2%	Add 2%	Add 2%
\$1,500 Annual Max	Add 6%	Add 6%	Add 6%	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%	Add 3%	Add 3%	Add 3%
Advantage 900	Add 6%	Add 6%	Add 6%	Add 6%	Add 6%	Add 6%
Bundle with Fully-Insured Vision for Additional Savings						
Add Vision	Reduce 3%	Reduce 3%	Reduce 3%	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%	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 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.