

Indiana PPO Small Group 2020

(2-50 Eligible Employees)

Good for effective dates of January 1 through December 1, 2020.

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%/\$1,000		50%/\$1,000		50%/\$1,000	
Endodontics & Periodontics	Basic		Major		Major	
Without Orthodontia						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$21.79	\$23.10	\$22.08	\$23.41	\$23.18	\$24.58
Employee/Spouse	\$43.58	\$46.19	\$44.16	\$46.81	\$46.37	\$49.16
Employee/Child(ren)	\$45.75	\$48.51	\$46.37	\$49.16	\$48.69	\$51.61
Family	\$71.90	\$76.22	\$72.87	\$77.24	\$76.51	\$81.10
With Child Orthodontia (must have 5 employees enrolled in the plan)						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$21.79	\$23.10	\$22.08	\$23.41	\$23.18	\$24.58
Employee/Spouse	\$43.58	\$46.19	\$44.16	\$46.81	\$46.37	\$49.16
Employee/Child(ren)	\$54.14	\$57.40	\$54.81	\$58.10	\$57.33	\$60.76
Family	\$84.00	\$89.04	\$85.05	\$90.15	\$89.00	\$94.34
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					

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 network 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 network 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.