

Greater Cincinnati/Northern Kentucky HMO 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		Option 2		Option 3	
Copay	\$10		\$10		\$10	
Deductible (Individual/Family)	\$50/\$150		\$50/\$150		\$50/\$150	
Annual Maximum	\$1,000		\$1,000		\$1,000	
Preventive	100%		100%		100%	
Basic	80%		50%		80%	
Major	0%		50%		50%	
Orthodontia (optional)	50% to \$1,000		50% to \$1,000		50% to \$1,000	
Endodontics & Periodontics	Major		Basic		Major	
Without Orthodontia						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$14.71	\$15.59	\$21.77	\$23.07	\$23.15	\$24.54
Employee/Spouse	\$29.42	\$31.18	\$43.55	\$46.15	\$46.30	\$49.08
Employee/Child(ren)	\$30.89	\$32.74	\$45.71	\$48.46	\$48.63	\$51.54
Family	\$48.54	\$51.45	\$71.84	\$76.16	\$76.41	\$80.98
With Child Orthodontia (must have 5 employees enrolled in the plan)						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$14.71	\$15.59	\$21.77	\$23.07	\$23.15	\$24.54
Employee/Spouse	\$29.42	\$31.18	\$43.55	\$46.15	\$46.30	\$49.08
Employee/Child(ren)	\$38.39	\$40.70	\$54.34	\$57.61	\$57.49	\$60.93
Family	\$59.15	\$62.70	\$84.25	\$89.32	\$89.20	\$94.54
Additional Options						
Remove \$10 copay	Add 4%		Add 4%		Add 4%	
To change deductible to \$25/\$75	Add 2%		Add 3%		Add 3%	
No Deductible	Add 4%		Add 6%		Add 6%	
Periodontics in Basic	Add 2%		N/A		Add 2%	
Endodontics in Basic	Add 4%		N/A		Add 4%	
Implants	N/A		Add 2%		Add 2%	
\$1,500 Annual Max	Add 4%		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 must receive services from a participating provider in our Dental Care Plus network.
 - Coverage for employees out of area is not available.
- ### 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 Dental Care 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.