Greater Cincinnati/Northern Kentucky
HMO Small Group 2020

(2-50 Eligible Employees)

The Dental Care PLUS GROUP

Good for effective dates of July 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	$13.97	$14.81	$20.69	$21.92	$22.00	$23.32
Employee/Spouse	$27.95	$29.62	$41.37	$43.85	$43.98	$46.63
Employee/Child(ren)	$29.35	$31.11	$43.43	$46.04	$46.19	$48.96
Family	$46.12	$48.88	$68.25	$72.35	$72.59	$76.93
With Child Orthodontia (must have 5 employees enrolled in the plan)						
	Contributory	**Voluntary**	**Contributory**	**Voluntary**	**Contributory**	**Voluntary**
Employee	$13.97	$14.81	$20.69	$21.92	$22.00	$23.32
Employee/Spouse	$27.95	$29.62	$41.37	$43.85	$43.98	$46.63
Employee/Child(ren)	$36.47	$38.66	$51.63	$54.73	$54.62	$57.89
Family	$56.20	$59.56	$80.04	$84.86	$84.74	$89.82
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.

Dental Care PLUS

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.