

# Greater Cincinnati/Northern Kentucky PPO Small Group 2021

(2-50 Eligible Employees)

Good for effective dates of January 1 through December 1, 2021. Available only in the following counties: In Ohio, Hamilton, Butler, Clermont and Warren. In Kentucky, 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	\$10	\$10	\$10			
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150			
Annual Maximum	\$1,000	\$1,000	\$1,000			
Preventive	100%/100%	100%/100%	100%/100%			
Basic	80%/80%	50%/50%	80%/80%			
Major	0%/0%	50%/50%	50%/50%			
Orthodontia (optional)	50% to \$1,000	50% to \$1,000	50% to \$1,000			
Endodontics & Periodontics	Major	Basic	Major			
<b>Without Orthodontia</b>						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$15.45	\$16.38	\$22.86	\$24.23	\$24.31	\$25.77
Employee/Spouse	\$30.89	\$32.74	\$45.72	\$48.46	\$48.62	\$51.53
Employee/Child(ren)	\$32.43	\$34.38	\$48.00	\$50.89	\$51.06	\$54.12
Family	\$50.97	\$54.02	\$75.44	\$79.97	\$80.22	\$85.03
<b>With Child Orthodontia (must have 5 employees enrolled in the plan)</b>						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$15.45	\$16.38	\$22.86	\$24.23	\$24.31	\$25.77
Employee/Spouse	\$30.89	\$32.74	\$45.72	\$48.46	\$48.62	\$51.53
Employee/Child(ren)	\$40.30	\$42.72	\$57.05	\$60.49	\$60.37	\$63.98
Family	\$62.11	\$65.84	\$88.47	\$93.78	\$93.66	\$99.27
<b>Additional Options</b>						
Remove \$10 preventive copay	Add 4%	Add 4%	Add 4%	Add 4%	Add 4%	Add 4%
Deductible to \$25/\$75	Add 2%	Add 3%	Add 3%	Add 3%	Add 3%	Add 3%
No Deductible	Add 4%	Add 6%	Add 6%	Add 6%	Add 6%	Add 6%
Periodontics in Basic	Add 2%	N/A	N/A	N/A	Add 2%	Add 2%
Endodontics in Basic	Add 4%	N/A	N/A	N/A	Add 4%	Add 4%
Implants	N/A	Add 2%	Add 2%	Add 2%	Add 2%	Add 2%
\$1,500 Annual Max	Add 4%	Add 6%	Add 6%	Add 6%	Add 6%	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)						
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%
<b>Bundle with Fully-Insured Vision for Additional Savings</b>						
Add Vision	Reduce 3%	Reduce 3%	Reduce 3%	Reduce 3%	Reduce 3%	Reduce 3%
<b>Commission</b>						
Rates listed above assume the DCPG standard agent compensation schedule.						
Flat 10%	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 – Butler, Clermont, Hamilton and Warren In Kentucky – Boone, Campbell, Kenton and Pendleton						
Quote plan using BVN	Reduce 14%	Reduce 14%	Reduce 14%	Reduce 14%	Reduce 14%	Reduce 14%

## 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.**

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.

DCPG-GREATER-CINCINNATI-PPO-SMGROUP-RATES-2021

REV. 09-20