

# PPO SMALL GROUP 2023

## OHIO

2-99 ELIGIBLE  
EMPLOYEES

The Dental Care  
PLUS GROUP

A DentaQuest Company

Good for effective dates of January 1 through December 1, 2023. Not available in the following Ohio counties: Hamilton, Butler, Clermont and Warren. For PPO rates in Hamilton, Butler, Clermont, and Warren counties in Ohio, please refer to the Greater Cincinnati/Northern Kentucky PPO Small Group rates.

**ADDITIONAL PLAN DESIGNS ARE AVAILABLE FOR GROUPS WITH 10+ 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	\$1,500		\$1,000		\$1,000	
Preventive (Excluded from Annual Max)	100%/100%		100%/100%		100%/100%	
Basic	80%/50%		80%/80%		90%/90%	
Major	50%/25%		50%/50%		60%/60%	
Orthodontia (optional)	50% to \$1,000		50% to \$1,000		50% to \$1,000	
Endodontics & Periodontics	Major		Major		Major	
<b>Without Orthodontia</b>						
	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>
Employee	\$21.12	\$22.38	\$21.99	\$23.31	\$23.76	\$25.18
Employee/Spouse	\$42.23	\$44.75	\$43.99	\$46.63	\$47.50	\$50.36
Employee/Child(ren)	\$44.35	\$47.01	\$46.20	\$48.96	\$49.89	\$52.88
Family	\$69.68	\$73.86	\$72.59	\$76.93	\$78.39	\$83.09
<b>With Child Orthodontia – must have 5 employees enrolled in the plan</b>						
	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>
Employee	\$21.12	\$22.38	\$21.99	\$23.31	\$23.76	\$25.18
Employee/Spouse	\$42.23	\$44.75	\$43.99	\$46.63	\$47.50	\$50.36
Employee/Child(ren)	\$52.43	\$55.58	\$54.62	\$57.88	\$58.99	\$62.52
Family	\$81.35	\$86.23	\$84.74	\$89.81	\$91.51	\$97.00
<b>Additional Options</b>						
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	Add 2%		Add 2%		Add 2%	
Endodontics in Basic	Add 4%		Add 4%		Add 4%	
Implants	Add 2%		Add 2%		Add 2%	
\$1,000 Annual Max	Reduce 4%		N/A		N/A	
\$1,500 Annual Max	N/A		Add 6%		Add 6%	
<b>Out-of-Network Reimbursement Options – Rates listed above are based on an out-of-network reimbursement level at Match (fee schedule)</b>						
Defined 800	Add 3%		Add 3%		Add 3%	
Advantage 900	Add 6%		Add 6%		Add 6%	
<b>Bundle with Fully-Insured Vision for Additional Savings</b>						
Add Vision	Reduce 2%		Reduce 2%		Reduce 2%	
<b>Commission – Rates listed above assume the DCPG standard agent compensation schedule.</b>						
Flat 10%	For a flat 10% commission add 5% to the rates					

## Plan Features

No waiting periods. Fourth quarter deductible carryover. Composite/white fillings on anterior and posterior teeth. Preventive charges are excluded from Annual Maximum. 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](http://fad.dentalcareplus.com).

Please contact your sales representative for details or visit [DentalCarePlus.com](http://DentalCarePlus.com).

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### Underwriting Guidelines

**Current DCPG groups are not eligible for these shelf rate plans.** Groups that have terminated coverage within a two-year timeframe should contact their DCPG sales representative. 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.