

PPO SMALL GROUP 2023

INDIANA

2-99 ELIGIBLE
EMPLOYEES

The Dental Care
PLUS GROUP

A DentaQuest Company

Good for effective dates of January 1 through December 1, 2023.

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	\$1,000		\$1,000		\$1,000	
Preventive (Excluded from Annual Max)	100%/80%		100%/100%		100%/100%	
Basic	80%/60%		80%/80%		90%/90%	
Major	50%/40%		50%/50%		60%/60%	
Orthodontia (optional)	50% to \$1,000		50% to \$1,000		50% to \$1,000	
Endodontics & Periodontics	Major		Major		Major	
Without Orthodontia						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$20.90	\$22.15	\$21.99	\$23.31	\$23.76	\$25.18
Employee/Spouse	\$41.78	\$44.29	\$43.99	\$46.63	\$47.50	\$50.36
Employee/Child(ren)	\$43.88	\$46.52	\$46.20	\$48.96	\$49.89	\$52.88
Family	\$68.96	\$73.09	\$72.59	\$76.93	\$78.39	\$83.09
With Child Orthodontia – must have 5 employees enrolled in the plan						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$20.90	\$22.15	\$21.99	\$23.31	\$23.76	\$25.18
Employee/Spouse	\$41.78	\$44.29	\$43.99	\$46.63	\$47.50	\$50.36
Employee/Child(ren)	\$51.89	\$55.01	\$54.62	\$57.88	\$58.99	\$62.52
Family	\$80.50	\$85.33	\$84.74	\$89.81	\$91.51	\$97.00
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	Add 2%		Add 2%		Add 2%	
Endodontics in Basic	Add 4%		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 2%		Reduce 2%		Reduce 2%	
Commission – Rates listed above assume the DCPG standard agent compensation schedule.						
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 networks by using our Find a Dentist tool at: fad.dentalcareplus.com.

Please contact your sales representative for details or visit 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.