

Good for effective dates of March 1, 2024 - December 1, 2024.

Dental coverage designed just for you

The Dental Care Plus Group offers four different individual dental plans to fit your specific dental benefit needs as well as your budget. You can choose a plan just for you or one that covers your entire family. And to round out your health care needs, our dental plans come standard with vision and hearing discount programs.

| | HMO Plan I | | HMO Plan II | | HMO Plan III | | HMO Plan IV | |
|---|--|-----------|---|-----------|--|-----------|--|-----------|
| RATES | 54 & Under | 55 & Over | 54 & Under | 55 & Over | 54 & Under | 55 & Over | 54 & Under | 55 & Over |
| Individual | \$26.28 | \$34.25 | \$31.10 | \$41.41 | \$33.58 | \$44.90 | \$43.07 | \$58.27 |
| Individual + Spouse | \$52.55 | \$68.49 | \$62.21 | \$82.82 | \$67.16 | \$89.79 | \$86.14 | \$116.53 |
| Individual + Children | \$68.32 | \$54.80 | \$80.87 | \$66.26 | \$87.31 | \$71.83 | \$111.99 | \$93.23 |
| Family | \$94.60 | \$89.04 | \$111.99 | \$107.66 | \$120.89 | \$116.73 | \$155.06 | \$151.49 |
| Deductible Per benefit year and applies only to Basic and Major services. | \$50 Per Member \$150 Per Family | | \$50 Per Member \$150 Per Family | | \$50 Per Member \$150 Per Family | | \$50 Per Member \$150 Per Family | |
| Preventive Exams & Cleanings³ No Waiting Period • Routine exams & cleanings | Plan Pays: 100% ¹ after \$10 copay | | Plan Pays: 60% ¹ after \$10 copay | | Plan Pays: 100% ¹ after \$10 copay | | Plan Pays: 100% ¹ after \$10 copay | |
| Other Preventive Services³ No Waiting Period • Fluoride treatments • Bitewing, panoramic and periapical x-rays | Plan Pays: 100% | | Plan Pays: 60% | | Plan Pays: 100% | | Plan Pays: 100% | |
| Basic Services³ 6 Month Waiting Period • Fillings, root canals • Repairs to crowns, bridges and dentures • Periodontics (Gum Disease) | Plan Pays: 50% ² | | Plan Pays: 60% ² | | Plan Pays: 50% ² | | Plan Pays: 80% ² | |
| Major Services³ 12 Month Waiting Period • Surgical extractions, crowns • Complete and partial dentures | Plan Pays: 0% | | Plan Pays: 60% ² | | Plan Pays: 50% ² | | Plan Pays: 50% ² | |
| Annual Maximum Benefit Per member, per benefit year. | \$1,000 | | \$2,000 | | \$1,000 | | \$1,500 | |

Our HMO plans are available to Ohio residents of Butler, Clermont, Hamilton and Warren counties. Members are required to obtain services from a participating provider and there are no out-of-network services except in certain emergency situations. However, it is important to note that our HMO network contains nearly 95% of all general dentists and specialists in the service area.

1. After \$10 co-pay. 2. After deductible. 3. Services listed are not intended to represent all services covered. Plan benefits provided and premium amounts will vary depending on the level of coverage selected. Plans are subject to policy terms, limitations and exclusions. For additional details regarding pricing, and specific benefits provided, please visit MyDentalCarePlus.com. The purpose of this material is the solicitation of insurance. An insurance agent or company may contact you.

Dental insurance plans are issued by Dental Care Plus, Inc., located at P.O. Box 502, Milwaukee, WI 53201-0502. Domicile: Ohio. NAIC No. 96265. Policies are available in Ohio, Kentucky and Indiana.

Visit [SQE.DentaQuest.com](https://www.sqe.dentaquest.com) to get your free, no-obligation quote or call our individual product consultants at **513-554-3184** or **888-253-3279**, Monday – Friday from 8:00 am to 4:30 pm EST.