

Good for effective dates of January 1, 2025 - December 31, 2025.

## 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
<b>Individual</b>	\$26.28	\$34.25	\$31.10	\$41.41	\$33.58	\$44.90	\$43.07	\$58.27
<b>Individual + Spouse</b>	\$52.55	\$68.49	\$62.21	\$82.82	\$67.16	\$89.79	\$86.14	\$116.53
<b>Individual + Children</b>	\$68.32	\$54.80	\$80.87	\$66.26	\$87.31	\$71.83	\$111.99	\$93.23
<b>Family</b>	\$94.60	\$89.04	\$111.99	\$107.66	\$120.89	\$116.73	\$155.06	\$151.49
<b>Deductible</b> 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	
<b>Preventive Exams &amp; Cleanings<sup>3</sup></b> No Waiting Period • Routine exams & cleanings	Plan Pays: 100% <sup>1</sup> after \$10 copay		Plan Pays: 60% <sup>1</sup> after \$10 copay		Plan Pays: 100% <sup>1</sup> after \$10 copay		Plan Pays: 100% <sup>1</sup> after \$10 copay	
<b>Other Preventive Services<sup>3</sup></b> No Waiting Period • Fluoride treatments • Bitewing, panoramic and periapical x-rays	Plan Pays: 100%		Plan Pays: 60%		Plan Pays: 100%		Plan Pays: 100%	
<b>Basic Services<sup>3</sup></b> 6 Month Waiting Period • Fillings, root canals • Repairs to crowns, bridges and dentures • Periodontics (Gum Disease)	Plan Pays: 50% <sup>2</sup>		Plan Pays: 60% <sup>2</sup>		Plan Pays: 50% <sup>2</sup>		Plan Pays: 80% <sup>2</sup>	
<b>Major Services<sup>3</sup></b> 12 Month Waiting Period • Surgical extractions, crowns • Complete and partial dentures	Plan Pays: 0%		Plan Pays: 60% <sup>2</sup>		Plan Pays: 50% <sup>2</sup>		Plan Pays: 50% <sup>2</sup>	
<b>Annual Maximum Benefit</b> Per member, per benefit year.	<b>\$1,000</b>		<b>\$2,000</b>		<b>\$1,000</b>		<b>\$1,500</b>	

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.

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](http://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 PO BOX 419057, Kansas City, MO 64141-6057. Domicile: Ohio. NAIC No. 96265. Policies are available in Ohio, Kentucky and Indiana.

For more information, contact your broker, visit [SQE.DentaQuest.com](http://SQE.DentaQuest.com), or call Dental Care Plus Group at **844-214-1274**, Monday – Friday from 8:00 am to 4:30 pm EST.