

A woman with long brown hair, wearing a green top, is sitting in a white dental chair. She is smiling and looking towards the left. She is holding a white clipboard and a blue pen. The background is a bright, clean dental office with a window and a dental light fixture.

# Kentucky PPO Small Group Dental Rates

*(January 1, 2010 through December 31, 2010) • Small Groups (2-49) Eligible Employees  
Applies to Kentucky (excluding Boone, Campbell, Kenton and Pendleton counties)*

A PPO product offered by The Dental Care Plus Group  
Customized plans for groups of 10 plus are available by contacting your local DCPG office.

**DentaSelect**  
**PLUS**

# Kentucky PPO Small Group (2-49) Eligible Employees

Good through December 31, 2010 effective dates

(Excludes the following Kentucky Counties: Boone, Campbell, Kenton and Pendleton)

|  | OPTION 1<br>PPO IN/OUT NETWORK | OPTION 2<br>PPO IN/OUT NETWORK | OPTION 3<br>PPO IN/OUT NETWORK | OPTION 4<br>PPO IN/OUT NETWORK |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Deductible   | \$50/\$150                     | \$50/\$150                     | \$50/\$150                     | \$50/\$150                     |
| Annual Max   | \$1,000                        | \$1,500                        | \$1,000                        | \$1000                         |
| Preventive   | 100%/80%                       | 100%/100%                      | 100%/100%                      | 100%/100%                      |
| Basic  | 80%/60%                        | 80%/80%                        | 50%/50%                        | 100%/80%                       |
| Major  | 50%/40%                        | 50%/50%                        | 50%/50%                        | 50%/40%                        |
| Ortho (optional)   | 50%/\$1000                     | 50%/\$1000                     | 50%/\$1000                     |                                |
| "See below for Vol. rates"                                       | Contrib                        | Contrib                        | Contrib                        | Contrib                        |
| Endodontic & Periodontic   | Major                          | Major                          | Basic                          | Major                          |
| <b>With Orthodontia (Must have 5 employees enrolled on plan)</b> |                                |                                |                                |                                |
| Employee   | 20.61                          | 22.60                          | 18.83                          | 21.93                          |
| EE/Sp  | 43.27                          | 47.48                          | 39.54                          | 46.07                          |
| EE/Ch  | 45.33                          | 49.73                          | 41.42                          | 48.25                          |
| Family   | 69.04                          | 75.75                          | 63.06                          | 73.51                          |
| <b>Without Orthodontia</b>                                       |                                |                                |                                |                                |
| Employee   | 20.61                          | 22.60                          | 18.83                          | 21.93                          |
| EE/Sp  | 43.27                          | 47.48                          | 39.54                          | 46.07                          |
| EE/Ch  | 42.62                          | 49.73                          | 38.93                          | 45.35                          |
| Family   | 64.90                          | 71.18                          | 59.29                          | 69.07                          |
| Voluntary  | add 6%                         | add 6%                         | add 6%                         | add 6%                         |
| 25/75 Ded  | add 6%                         | add 6%                         | add 6%                         | add 6%                         |
| Endodontics in Basic   | add 4%                         | add 4%                         | Not Applicable                 | add 4%                         |
| Periodontics in Basic  | add 2%                         | add 2%                         | Not Applicable                 | add 2%                         |
| \$10 Copay   | reduce 4%                      | reduce 4%                      | reduce 4%                      | reduce 4%                      |

- Rates guaranteed for 12 months from time of initial effective date.
- Plans effective for 1st of the month effective dates only.
- No waiting periods.
- Copay applies to routine oral exams/cleanings.

## DentaSelect Competitive Advantages

- The plan requires a minimum enrollment of 25% of the total eligible employees on initial implementation and on yearly anniversary date. This enrollment must represent a minimum of 2 contracts;
- Orthodontia is eligible for groups of five or more participating employees;
- Deductible applies to Basic & Major services only;
- Dependents are covered to age 19, regardless of school enrollment, and verified full-time students are covered to age 25;
- The DCPG discount vision plan is available at no extra charge and includes a plan with a schedule of costs – an extra convenience for enrollees;
- Contact your local DCPG office for enrollment material and implementation process;
- EFT required for groups 2-9 eligible.

**Corporate Office:**  
100 Crowne Point Place  
Cincinnati, OH 45241  
513-554-1100  
800-367-9466

**Kentucky Regional Office:**  
310 West Liberty Street  
Suite 300  
Louisville, KY 40202  
502-561-1050

**The Dental Care**  
**PLUS GROUP**  
*The plus is service.*

www.dentalcareplus.com