

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, 2011 through December 31, 2011) • 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

# 2011

Good through December 31, 2011 effective dates

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

	OPTION 1 PPO IN/OUT NETWORK	OPTION 2 PPO IN/OUT NETWORK	OPTION 3 PPO IN/OUT NETWORK	OPTION 4 PPO IN/OUT NETWORK
Copay-Routine Oral Exams Cleanings	\$10	\$10	\$10	\$10
Deductible (Emp/Fam)	\$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	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	52.71	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%

**OON at Advantage 900 add 12% to rates • OON at Defined 800 add 10% to rates**

- 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.
- Rates listed are based on Out of Network (OON) reimbursement at Fee Schedule Level

## 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.
- Employer Sponsored plan minimum contribution - 50% of single.
- Quarterly wage and tax required for all groups 2-9 eligible

**"Please contact your sales representative for additional plan options"**

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

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