

A woman with long brown hair, wearing a green top, is sitting in a white dental chair. She is smiling and looking towards the right. 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.

Ohio PPO Small Group Dental Rates

*(January 1, 2011 through December 31, 2011) • Small Groups (2-25) Eligible Employees
Applies to Ohio (excluding Butler, Clermont, Hamilton and Warren Counties in Ohio)*

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The sole purpose is for agent recruitment and to invite you to offer our products to your clients.

DentaSelect
PLUS

Ohio PPO Small Group (2-25) Eligible Employees

2011

Good through December 31, 2011

Excludes the following Ohio Counties: (Hamilton, Butler, Clermont, Warren)

	OPTION 1 PPO IN/OUT NETWORK		OPTION 2 PPO IN/OUT NETWORK		OPTION 3 PPO IN/OUT NETWORK	
Copay-Routine Oral Exams Cleanings	\$10		\$10		\$10	
Deductible (Emp/Fam)	\$50/\$150		\$50/\$150		No Deductible	
Annual Max	\$1,000		\$1,000		\$1,500	
Preventive	100%/100%		100%/100%		100%/100%	
Basic	50%/50%		80%/80%		80%/50%	
Major	50%/50%		50%/50%		50%/25%	
Ortho (optional)	50% to \$1000		50% to \$1000		50% to \$1000	
Endodontic & Periodontic	Basic		Major		Major	
With Orthodontia (Must have 5 employees enrolled on plan)						
	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	21.49	23.47	22.56	26.49	23.13	26.73
EE/Sp	42.98	46.94	45.12	52.98	46.25	53.45
EE/Ch	49.43	53.98	51.89	60.93	53.19	61.47
Family	80.62	82.54	81.72	84.26	80.95	83.94
Without Orthodontia						
Employee	21.49	23.47	22.56	26.49	23.13	26.73
EE/Sp	42.98	46.94	45.12	52.98	46.25	53.45
EE/Ch	47.28	51.63	49.63	58.28	50.88	58.80
Family	74.12	76.83	76.45	79.60	76.32	81.14
25/75 Ded	add 6%	add 6%	add 6%	add 6%	reduce 3%	reduce 3%
Endodontics in Basic			add 4%	add 4%	add 4%	add 4%
Periodontics in Basic			add 2%	add 2%	add 2%	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.
- Plan effective for the 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 and 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”

The Dental Care
PLUS GROUP
The plus is service.

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