

# Ohio EHB PPO Small Group 2017

(2-50 Eligible Employees)

Good for effective dates of January 1 through December 1, 2017. Not available in the following Ohio counties: Hamilton, Butler, Clermont and Warren.

**ADDITIONAL PLAN DESIGNS ARE AVAILABLE FOR GROUPS WITH 2-50 ELIGIBLE EMPLOYEES.**

## More flexibility on adult benefit plan designs while meeting the requirements of EHB #10.

- Other pediatric and adult rider plan designs are available. Please contact your sales representative for more information.
- Solution for groups looking for pediatric plans that are EHB compliant.
- Adult riders must accompany pediatric plans (cannot be sold as child-only plans).
- Current DCPG groups are not eligible for these rates. Please contact your account manager for EHB options.
- Out-of-network (OON) reimbursement level (Match/900) must be the same for adult and pediatric.

Adult Rider (required with Pediatric Benefits Plan)	
Copay	\$0
Annual benefit max	\$1,000
Deductible (Individual/Family)	\$50 / \$150
Preventive	100% / 100%
Basic	80% / 80%
Major	50% / 50%
Standard Orthodontics (optional)	50% to \$1,000
Endodontics & Periodontics	Major

Step 3. Pediatric Benefits Plans (in ADDITION to the Adult Rider)		
	Low Option 1	High Option 2
Annual benefit max	N/A	N/A
Deductible	\$50 per pediatric member	\$50 per pediatric member
Preventive	80% / 70%	100% / 100%
Basic	50% / 40%	80% / 80%
Major	50% / 40%	50% / 50%
Medically Necessary Orthodontics	50% / 50%	50% / 50%
Maximum out-of-pocket expense	\$350 one child \$700 two or more children	\$350 one child \$700 two or more children

Step 1. Adult Rates		
Without Standard Orthodontics		
	Contributory	Voluntary
Employee	\$26.81	\$28.41
Employee/Spouse	\$53.61	\$56.83
Employee/Child(ren)	\$56.29	\$59.67
Family	\$88.46	\$93.77

Step 4. Pediatric Benefits Plan Rates				
	Low Option 1 Match	Low Option 2 900	High Option 1 Match	High Option 2 900
Employee/Child(ren)	\$15.26	\$16.73	\$21.74	\$23.61
Family	\$26.78	\$28.84	\$35.86	\$38.47

With Standard Orthodontics (must have 5 employees enrolled in the plan)		
	Contributory	Voluntary
Employee	\$26.81	\$28.41
Employee/Spouse	\$53.61	\$56.83
Employee/Child(ren)	\$60.79	\$64.44
Family	\$94.46	\$100.13

Step 2. Adult Options	
Add \$10 preventive copay	Reduce 4%
To change deductible to \$25/\$75	Add 3%
No deductible	Add 6%
Periodontics in Basic	Add 2%
Endodontics in Basic	Add 4%
Implants	Add 2%
\$1,500 Annual benefit max	Add 6%
10% Commission	Add 5%
OON Reimbursement Options	
Rates listed above are based on an OON reimbursement level at Match (fee schedule)	
900	Add 6%

## Calculation Steps

Other pediatric and adult rider plan designs are available. Please contact your sales representative for more information.

1. Select the Adult Rate with or without orthodontia.
2. Adjust your rate with any Adult Options.
3. Select Pediatric Plan – **NOTE:** The OON must be the same as the Adult Plan.
4. Add Pediatric Rate to Tier 3 and 4 of Adult Rate calculated in Step 2.
5. Confirm the OON Levels are the same for Adult and Pediatric plans.

## Plan Features

- No waiting periods.
- Composite/white fillings on anterior and posterior teeth.
- Annual open enrollment.
- The EPIC Hearing Service Plan is included.
- The TVS/Coast to Coast discount vision plan is included.
- Members can easily search for participating providers in the DentaSelect Plus network by using our Find a Dentist tool at: [fad.dentalcareplus.com](http://fad.dentalcareplus.com).
- Orthodontic services covered under the Pediatric Benefits Plan are limited to Medically Necessary Pediatric Orthodontic Treatment. Medical necessity will be determined by DCPG after review of the orthodontic case records. Qualifying Covered Pediatric Members must have a severe, dysfunctional, handicapping malocclusion caused by craniofacial anomalies that endanger life in order for orthodontic services to be deemed Medically Necessary Pediatric Orthodontic Treatment.

## Underwriting Guidelines

- **Current DCPG groups are not eligible for these shelf rate plans.**
- Groups that have terminated coverage with DCPG are not eligible for the New Sale Shelf Rates for two years from the date of termination.
- The plan requires a minimum enrollment of 25% of the total eligible employees upon initial implementation and upon the plan's annual anniversary date. This enrollment must represent a minimum of two contracts.
- Contributory rates require a minimum employer contribution of 50% of the employee-only rate.
- Deductibles apply to Basic and Major services only.
- Preventive copays apply to routine cleanings and oral exams only.
- Dependents are covered to age 26.
- Standard Orthodontic Benefits Rider covers eligible dependents to age 19.
- Covered pediatric members who receive benefits for medically necessary pediatric orthodontic treatment under the Pediatric Benefits Plan are not eligible for benefits under the Standard Orthodontic Benefits Rider.
- Rates guaranteed for 12 months from time of initial effective date.
- Plans effective for the 1st of the month effective dates only.
- EFT premium payment required for groups with 2-9 eligible employees.
- Members who receive services from a participating provider in our DentaSelect Plus network will receive a higher level of benefits.
- Allows for Standard Orthodontics in addition to Medically Necessary Orthodontics.
- Out-of-network reimbursement level must be the same for adult and pediatric.
- Deductible is separate for pediatric and adult members.
  - Pediatric deductible does not accrue towards family deductible.
    - \$50 per pediatric member for 2017 plans.
- Covered pediatric members will automatically convert to coverage under the Adult Benefits Rider at the end of the month in which they turn 19.
- Those transitioning from pediatric to adult throughout the year will have to meet the adult deductible even if they have paid the deductible as a pediatric member.
- Adult benefits apply to any member age 19 or older, regardless of whether they are a subscriber, spouse or dependent.
- The maximum out-of-pocket limit includes all deductibles and copayment amounts incurred per covered pediatric member, per benefit year. Services received from non-network providers do not count toward the maximum out-of-pocket limit.

**Please contact your sales representative at (800) 367-9466  
for details or visit [DentalCarePlus.com](http://DentalCarePlus.com).**

