

Good for effective dates of March 1, 2024 - December 1, 2024.

Dental coverage designed just for you

The Dental Care Plus Group offers individuals and families throughout Ohio² the opportunity to purchase quality dental insurance from a trusted company. Our Individual PPO Product includes four different options giving you the ability to choose the plan that best fits your dental benefits needs, as well as your budget. And to round out the health care essentials, each plan comes standard with vision and hearing discount programs.

	PPO Plan I		PPO Plan II		PPO Plan III		PPO Plan IV	
RATES	54 & Under	55 & Over	54 & Under	55 & Over	54 & Under	55 & Over	54 & Under	55 & Over
Individual	\$24.03	\$31.07	\$28.81	\$38.34	\$31.07	\$41.54	\$39.73	\$53.79
Individual + Spouse	\$48.05	\$62.13	\$57.62	\$76.69	\$62.14	\$83.08	\$79.47	\$107.58
Individual + Children	\$62.47	\$49.71	\$74.91	\$61.35	\$80.78	\$66.46	\$103.30	\$86.06
Family	\$86.49	\$80.78	\$103.72	\$99.69	\$111.85	\$108.00	\$143.04	\$139.85
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible 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	
Preventive Exams and Cleanings³ No Waiting Period • Routine exams and cleanings	Plan Pays: 100% ¹ after \$10 copay	Plan Pays: 90% ¹ after \$10 copay	Plan Pays: 60% ¹ after \$10 copay	Plan Pays: 50% ¹ after \$10 copay	Plan Pays: 100% ¹ after \$10 copay	Plan Pays: 90% ¹ after \$10 copay	Plan Pays: 100% ¹ after \$10 copay	Plan Pays: 90% ¹ after \$10 copay
Other Preventive Services³ No Waiting Period • Fluoride treatments • Bitewing, panoramic and periapical x-rays	Plan Pays: 100%	Plan Pays: 90%	Plan Pays: 60%	Plan Pays: 50%	Plan Pays: 100%	Plan Pays: 90%	Plan Pays: 100%	Plan Pays: 90%
Basic Services³ • 6 Month Waiting Period • Fillings, root canals • Repairs to crowns, bridges and dentures • Periodontics (Gum Disease)	Plan Pays: 50% ⁴	Plan Pays: 40% ⁴	Plan Pays: 60% ⁴	Plan Pays: 50% ⁴	Plan Pays: 50% ⁴	Plan Pays: 40% ⁴	Plan Pays: 80% ⁴	Plan Pays: 70% ⁴
Major Services³ 12 Month Waiting Period • Surgical extractions, crowns • Complete and partial dentures	Plan Pays: 0%	Plan Pays: 0%	Plan Pays: 60% ⁴	Plan Pays: 50% ⁴	Plan Pays: 50% ⁴	Plan Pays: 40% ⁴	Plan Pays: 50% ⁴	Plan Pays: 40% ⁴
Annual Maximum Benefit Per member, per benefit year.	\$1,000		\$2,000		\$1,000		\$1,500	

Our PPO plans are available to residents throughout the state of Ohio (except those living in Butler, Clermont, Hamilton and Warren counties). Members enrolled in our PPO plans can choose to see any dentist, however; they may enjoy cost savings when choosing to see an in-network dentist. DCPG's network includes more than 800,000 access points nationwide.

1. After \$10 copay. 2. The Individual PPO Product is not available to residents of Butler, Clermont, Hamilton and Warren counties in Ohio. 3. Services listed are not representative of 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. 4. After deductible. 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 P.O. Box 502, Milwaukee, WI 53201-0502. Domicile: Ohio. NAIC No. 96265. Policies are available in Ohio, Kentucky and Indiana.

Visit [SQE.DentaQuest.com](https://www.sqe.dentaquest.com) to get your free, no-obligation quote or call our individual product consultants at **513-554-3184** or **888-253-3279**, Monday – Friday from 8:00 am to 4:30 pm EST.