

Good for effective dates of January 1 through December 1, 2018.

In Ohio, the Balanced Value (BV) network is available in the following counties: Hamilton, Clermont, Butler, Warren, Clinton, Brown, Preble, Montgomery, Greene, Miami, Darke and Clark. In Kentucky, the BV network is available in Boone, Kenton, Campbell, Pendleton, Gallatin, Grant, Hardin, Harrison, Jefferson, Bullitt, Oldham, Spencer and Shelby counties.

### ADDITIONAL PLAN DESIGNS ARE AVAILABLE FOR GROUPS WITH 10-50 ELIGIBLE EMPLOYEES.

	Option 1 In-/Out-of-Network		Option 2 In-/Out-of-Network		Option 3 In-/Out-of-Network	
<b>Copay</b>	\$0		\$0		\$0	
<b>Deductible (Individual/Family)</b>	\$50/\$150		\$50/\$150		\$50/\$150	
<b>Annual Maximum</b>	\$750		\$1,000		\$1,000	
<b>Preventive</b>	100%/90%		100%/100%		100%/100%	
<b>Basic</b>	50%/40%		80%/50%		80%/80%	
<b>Major</b>	50%/40%		50%/25%		50%/50%	
<b>Orthodontia (optional)</b>	50% to \$1,000		50% to \$1,000		50% to \$1,000	
<b>Endodontics &amp; Periodontics</b>	Basic		Major		Major	
<b>Without Orthodontia</b>						
	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>
<b>Employee</b>	\$17.51	\$18.56	\$19.78	\$20.97	\$21.37	\$22.65
<b>Employee/Spouse</b>	\$35.02	\$37.12	\$39.57	\$41.94	\$42.73	\$45.30
<b>Employee/Child(ren)</b>	\$36.77	\$38.97	\$41.55	\$44.04	\$44.87	\$47.56
<b>Family</b>	\$57.78	\$61.24	\$65.29	\$69.21	\$70.51	\$74.74
<b>With Child Orthodontia (must have 5 employees enrolled in the plan)</b>						
	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>	<b>Contributory</b>	<b>Voluntary</b>
<b>Employee</b>	\$17.51	\$18.56	\$19.78	\$20.97	\$21.37	\$22.65
<b>Employee/Spouse</b>	\$35.02	\$37.12	\$39.57	\$41.94	\$42.73	\$45.30
<b>Employee/Child(ren)</b>	\$41.27	\$43.47	\$46.05	\$48.54	\$49.37	\$52.06
<b>Family</b>	\$63.78	\$67.24	\$71.29	\$75.21	\$76.51	\$80.74
<b>Additional Options</b>						
<b>Add \$10 preventive copay</b>	Reduce 4%		Reduce 4%		Reduce 4%	
<b>Deductible to \$25/\$75</b>	Add 4%		Add 4%		Add 4%	
<b>No Deductible</b>	Add 7%		Add 7%		Add 7%	
<b>Periodontics in Basic</b>	N/A		Add 3%		Add 2%	
<b>Endodontics in Basic</b>	N/A		Add 5%		Add 4%	
<b>Implants</b>	Add 1%		Add 1%		Add 1%	
<b>\$1,000 Annual Max</b>	Add 5%		N/A		N/A	
<b>\$1,500 Annual Max</b>	Add 8%		Add 4%		Add 4%	
<b>Bundle with Fully-Insured Vision for Additional Savings</b>						
<b>Add Vision</b>	Reduce 3%		Reduce 3%		Reduce 3%	
<b>Commission</b>						
Rates listed above assume the DCPG standard agent compensation schedule.						
<b>Flat 10%</b>	For a flat 10% commission add 5% to the rates					
<b>Out-of-Network Reimbursement Level</b>						
Rates listed above are based on an out-of-network reimbursement level at Match (fee schedule)						

**Consider adding a fully-insured vision benefit with a national network.**

Employee rates start as low as \$5.50 on contributory plans, and \$6.53 on voluntary plans.

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

These rates are for stand-alone dental benefits plans that are not federally qualified health plans. The plans do not include the full range of pediatric dental benefits required under the federal regulations governing essential health benefits. Plan benefits provided and premium amounts will vary depending on the level of coverage selected. Dental insurance plans are issued by Dental Care Plus, Inc., located at 100 Crowne Point Place, Cincinnati, OH 45241. Domicile: Ohio. NAIC No. 96265.

### 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.
- Child orthodontia covers eligible dependents to age 19.
- 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 BV network will receive a higher level of benefits.

### Plan Features

- No waiting periods.
- Fourth quarter deductible carryover.
- 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 BV network by using our Find a Dentist tool at: [fad.dentalcareplus.com](http://fad.dentalcareplus.com).