

Dental coverage designed just for you

The Dental Care Plus Group offers four different individual dental plans to fit your specific dental benefit needs as well as your budget. You can choose a plan just for you or one that covers your entire family. And to round out your health care needs, our dental plans come standard with vision and hearing discount programs.

To complete a no-obligation rate quote, go to MyDentalCarePlus.com. Enter your zip code, who will need coverage, age-range and your desired effective date, then you will be presented with a monthly premium quote for each of our four plan designs. It's that easy!

	HMO Plan I		HMO Plan II		HMO Plan III		HMO Plan IV	
RATES	54 & Under	55 & Over	54 & Under	55 & Over	54 & Under	55 & Over	54 & Under	55 & Over
Individual	\$19.00	\$24.77	\$26.52	\$35.31	\$28.60	\$38.26	\$36.70	\$49.67
Individual + Spouse	\$38.00	\$49.53	\$53.03	\$70.62	\$57.21	\$76.51	\$73.39	\$99.34
Individual + Children	\$49.40	\$39.63	\$68.94	\$56.50	\$74.37	\$61.21	\$95.41	\$79.47
Family	\$68.40	\$64.39	\$95.45	\$91.81	\$102.98	\$99.47	\$132.11	\$129.14
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 & Cleanings³ <i>No Waiting Period</i> • Routine exams & cleanings	Plan Pays: 100% ¹ after \$10 copay		Plan Pays: 60% ¹ after \$10 copay		Plan Pays: 100% ¹ after \$10 copay		Plan Pays: 100% ¹ after \$10 copay	
Other Preventive Services³ <i>No Waiting Period</i> • Fluoride treatments • Bitewing, panoramic and periapical x-rays	Plan Pays: 100%		Plan Pays: 60%		Plan Pays: 100%		Plan Pays: 100%	
Basic Services³ <i>6 Month Waiting Period</i> • Fillings, root canals • Repairs to crowns, bridges and dentures • Periodontics (Gum Disease)	Plan Pays: 50% ²		Plan Pays: 60% ²		Plan Pays: 50% ²		Plan Pays: 80% ²	
Major Services³ <i>12 Month Waiting Period</i> • Surgical extractions, crowns • Complete and partial dentures	Plan Pays: 0%		Plan Pays: 60% ²		Plan Pays: 50% ²		Plan Pays: 50% ²	
Annual Maximum Benefit Per member, per benefit year.	\$1,000		\$2,000		\$1,000		\$1,500	

Our HMO plans are available to Ohio residents of Butler, Clermont, Hamilton and Warren counties. Members are required to obtain services from a participating provider and there are no out-of-network services except in certain emergency situations. However, it is important to note that our HMO network contains nearly 95% of all general dentists and specialists in the service area.

Visit MyDentalCarePlus.com to get your no-obligation, customized rate quote or call our individual product consultants at 513-554-3184 or toll free at 888-253-3279, Monday – Friday from 8:00 am to 4:30 pm EST.

1. After \$10 co-pay. 2. After deductible. 3. Services listed are not intended to represent 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. 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 100 Crowne Point Place, Cincinnati, OH 45241. Domicile: Ohio. NAIC No. 96265. Policies are available in Ohio, Kentucky and Indiana.