

OHIO DENTAL BROCHURE PLANS								
Plan Summary	OPTION 1		OPTION 2		OPTION 3		OPTION 4	
Members/Coverage	Without Ortho	With Ortho	Without Ortho	With Ortho	Without Ortho	With Ortho	Without Ortho	With Ortho
Deductible	\$50 Annual; Max 3 per family (decreasing over time)	\$50 Annual; Max 3 per family (decreasing over time)	\$50 Annual; Max 3 per family (decreasing over time)	\$50 Annual; Max 3 per family (decreasing over time)	\$50 Annual; Max 3 per family (decreasing over time)	\$50 Annual; Max 3 per family (decreasing over time)	\$50 Annual; Max 3 per family (decreasing over time)	\$50 Annual; Max 3 per family (decreasing over time)
Calendar Year	\$1000	\$1000	\$1000	\$1000	\$1500	\$1500	\$2000	\$2000
Class A - Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Class B - Basic Restorative	60%	60%	80%	80%	80%	80%	90%	90%
Class C - Major Restorative	40%	40%	50%	50%	50%	50%	50%	50%
Class D - Orthodontia	Not Covered	50%	Not Covered	50%	Not Covered	50%	Not Covered	50%
Network Negotiated Fee	Negotiated Fee / 95th Percentile	Negotiate Fee / 95th Percentile	Negotiated Fee / 95th Percentile	Negotiate Fee / 95th Percentile	Negotiated Fee / 95th Percentile	Negotiate Fee / 95th Percentile	Negotiated Fee / 95th Percentile	Negotiate Fee / 95th Percentile
Orthodontia Maximum	Not Covered	\$1000	Not Covered	\$1000	Not Covered	\$1500	Not Covered	\$2000
Maximum Carryover Benefit	Included	Included	Included	Included	Included	Included	Included	Included
Clear Align Ortho	Not Covered	Included	Not Covered	Included	Not Covered	Included	Not Covered	Included
Accidental Dental Injury	Included	Included	Included	Included	Included	Included	Included	Included
Members/Coverage	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
Employee	\$27.80	\$27.80	\$35.22	\$35.22	\$38.33	\$38.33	\$42.10	\$42.10
Employee & Spouse	\$54.81	\$54.81	\$69.64	\$69.64	\$75.88	\$75.88	\$83.41	\$83.41
Employee & Child(ren)	\$67.44	\$80.90	\$81.84	\$95.30	\$86.70	\$105.54	\$118.46	\$94.23
Family	\$94.44	\$107.90	\$116.26	\$129.72	\$124.25	\$143.08	\$135.53	\$159.75

All Plans Include:

- Diminishing Deductible: Year 1 \$50; Year 2 \$25; Year 3 + \$0
- Accidental Injury- covered in full with no coinsurance or deductible up to plan max
- 2 Year Rate Guarantee
- Level 10% Commission
- Maximum Carryover (can apply prior carrier credit)
- Endo and Perio in Basic (*excluding option 1)
- Implant Coverage Included
- No Waiting Periods

