

Benefit Summary

DIOCESE OF COVINGTON

Product: DHMO

Network: Dental Care Plus

Benefit Year: The 12 month period beginning January 1st and ending December 31st (calendar year)

Annual Maximum Benefit: \$1000 per Member

Orthodontic Lifetime Maximum Benefit: \$1000 per Eligible Member
Limited to eligible dependent children under age 19

Deductible: \$50 per Member, per Benefit Year
\$150 per Family, per Benefit Year

The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits Routine Oral Exams and Prophylaxis (per visit)	No	100% - After \$10.00 Copayment	\$10.00
Other Preventive Benefits	No	100%	None
Basic Benefits	Yes	50%	50%
Major Benefits	Yes	50%	50%
Orthodontic Benefits	No	50% Limited to eligible dependent children under age 19	50%

Endodontic Services are covered as Basic Benefits.

Periodontic Services are covered as Basic Benefits.

Sealants are covered as Basic Benefits.

Implants are covered as Major Benefits.

Dependent children are eligible for coverage until age 26.

Tier	Semi Monthly Payroll Deductions*
Single.....	\$ 13.62
Employee And Spouse.....	\$ 27.24
Employee And Dependents.....	\$ 30.04
Family.....	\$ 56.63

*Effective 07/01/2020

A complete description of benefits, limitations and exclusions are available in the Member Handbook. Members must receive services from a Dental Care Plus dentist.

Covered Services

STANDARD GROUP CONTRACT

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

Preventive Benefits

PREVENTIVE AND DIAGNOSTIC SERVICES

- Routine oral examinations:** limited to two visits each year
- Prophylaxis (cleaning):** limited to two each year
- Topical application of fluoride:** limited to two treatments each year to children under age 18
- Biteewing X-Rays:** limited to one set each year
- Vertical biteewing X-Rays:** limited to once every three years (7-8 films)
- Periapical X-Rays:** limited to five films each year
- Full-mouth X-Rays (complete series or panoramic):** limited to once every three years

Basic Benefits

DIAGNOSTIC SERVICES

- Emergency/limited oral examinations**
- Office visit after hours:** for emergencies only
- Referral consultations and examinations performed by a specialist**
- Extraoral X-Rays**
- Emergency palliative treatment**

SEALANTS & PREVENTIVE RESIN RESTORATIONS

- Permanent molar teeth:** limited to children under 15 years of age and once every five years per tooth

SPACE MAINTAINERS

- Space maintainer – fixed, unilateral:** limited to children under 19 years of age
- Distal shoe space maintainer – fixed, unilateral:** limited to children under 8 years of age

ORAL SURGERY

Includes local anesthesia and routine postoperative care.

Extractions

- Simple single-tooth extractions
- Root removal – exposed roots

Surgical extractions

- Removal of an erupted tooth (uncomplicated)

Incision and drainage of abscess

Biopsy and examination

General anesthesia or intravenous sedation: only when necessary and provided in connection with oral surgery

PERIODONTIC SERVICES

Includes local anesthesia and routine postoperative care.

Emergency treatment (periodontal abscess, acute periodontitis, etc.)

Periodontal scaling and root planing: limited to four quadrants once per 12 months as definitive treatment when pocket depths of at least 4mm are demonstrated

Scaling in presence of generalized moderate or severe gingival inflammation:

limited to once in a 24 month period when clinical documentation demonstrates that 30% or more of teeth are involved.

Surgical periodontics (including post-surgical visits): limited to two additional recalls in the first year following complex surgery

Gingivectomy, osseous and muco-gingival surgery, gingival grafting

Guided tissue regeneration

Periodontal maintenance procedure: limited to two each year following a history of periodontal disease

ENDODONTIC SERVICES

Includes local anesthesia and routine postoperative care.

Root canal therapy, traditional

Retreatment of previous root canal: must be at least three years following previous root canal on same tooth

Recalcification and apexification

RESTORATIVE SERVICES

Includes local anesthesia. Multiple restorations on single surface considered as a single restoration.

Restorations (amalgam, composite and sedative fillings): limited to once every two years per tooth (same surfaces only)

Pins: pin retention as part of restoration when used instead of gold or crown restoration

Stainless-steel crowns when tooth cannot be adequately restored with filling material

Recementation of inlays, onlays, crowns, bridges, and space maintainers

Repairs to crowns and bridges

FULL AND PARTIAL DENTURE REPAIRS

Repair broken complete or partial dentures

Replacement of broken teeth on complete or partial denture

Additions to partial dentures to replace extracted natural teeth

Major Benefits

RESTORATIVE SERVICES

Inlays, Onlays, Crowns, Post and Core

Limited to once in five years on the same tooth.

Gold restorations and crowns are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.

ORAL SURGERY

Includes local anesthesia and routine postoperative care.

Surgical extractions

- Removal of impacted tooth – soft tissue
- Removal of impacted tooth – partially bony
- Removal of impacted tooth – completely bony
- Removal of impacted tooth – completely bony, with complications
- Surgical removal of residual roots

Pre-prosthetic oral surgery

- Alveoloplasty and vestibuloplasty

PROSTHODONTIC SERVICES

Fixed bridge: limited to one original or replacement prosthesis every five years

Complete upper or lower denture: limited to one original or replacement prosthesis every five years

Partial upper or lower denture: limited to one original or replacement prosthesis every five years

Relining and rebasing: limited to once every three years

Orthodontic Services*

Orthodontic benefits refer to plan design for individual lifetime maximum.

Comprehensive orthodontic treatment

Other orthodontic treatment: limited to one appliance per individual

Appliance for tooth guidance

Orthodontic retention appliance

All benefits paid toward orthodontia services by your current employer's previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontia maximum.

**Call us at (800) 367-9466 or visit our website at DentalCarePlus.com
with any questions you have about service or coverage.**

*May or may not apply to your specific plan. Please refer to your benefit summary in your packet or your benefits administrator for details.

Dental insurance plans are issued by Dental Care Plus, Inc., located at 100 Crowne Point Place, Cincinnati, OH 45241. Domicile: Ohio. NAIC No. 96265.

DCPG-E&PBASIC-Covered Services

Covered Services

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

Implant Services*

IMPLANT SERVICES ARE COVERED AS MAJOR BENEFITS AS FOLLOWS:

Implants: limited to one original or replacement implant every five years (per tooth)

Implant abutments: limited to one original or replacement implant abutment every five years (per tooth)

Implant and abutment supported crowns, bridges and dentures: limited to one original or replacement prosthesis every five years (per tooth)

Scaling and debridement in the presence of inflammation of an implant: limited to once in a 24 month period.

Implants in replacement of natural teeth which were extracted while the individual was not covered under the Plan are excluded from coverage

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with any questions you have about service or coverage.**

Your dental benefits.

Your employer took a smart step by partnering with The Dental Care Plus Group (DCPG) for your dental benefits. We are proud to be your company's preferred dental insurance carrier and look forward to serving you.

Having dental insurance just makes sense – both for your physical health and your budget. Better oral health can lead to better overall health as well as save you money on more involved, costly dental services or health problems.

Who we are

Here at DCPG, we specialize in dental benefits and have for more than 30 years. That experience might just qualify us as the experts in dental. It's a role we're happy to fill. We've worked with your employer to present you with solid, affordable coverage and extensive access to dentists.

Already enrolled?

Great! The contents of this packet contain the most up-to-date information about your plan. Follow the instructions provided by your employer for any required paperwork.

Ready to enroll?

It's easy to get started. Enroll in a plan by completing the required paperwork and submitting it to your benefits administrator. On or around your effective date, you will receive your member ID cards in the mail. From there, it's really easy to get started using your benefits. And we want you to use your dental benefits because when you do, it shows in your smile.

Get the dental care you need with:

- **No waiting periods on any services including preventive, basic or major.** Start seeing your dentist immediately on your effective date.
- **Two cleanings per benefit year.** We don't require you to wait six months between cleanings.
- **White fillings on all teeth.** Breathe a sigh of relief knowing you can have white (composite) fillings on all your teeth, even those teeth in the back of your mouth. Your plan won't require silver fillings on certain teeth.
- **Fourth quarter deductible carryover.** Say you need dental services and you pay your deductible in the last three months of your plan year. We'll go ahead and consider your deductible paid for the next plan year as well. This is just a fancy way of saying: we like to save you money.

Customer service that's on point.

Have a question about what your plan covers? Or maybe a claims question? Go ahead, give us a call.

When you call during business hours, a person will answer the phone, not a recording. That means no long wait times or recorded voice menus. You can reach our customer service department Monday through Friday from 8:00 am until 4:30 pm EST at (800) 367-9466. Or send us a message anytime by visiting the "Contact Us" page on our website: DentalCarePlus.com.



Member services

Go online

Our member portal is a one-stop-shop to review benefit information, check the status of claims or order new ID cards. You can also access the Oral Health Center, use the dental cost estimator and sign up to receive our Member Checkup eLetter – all excellent ways to receive tips on improving your dental health.

Once you have enrolled in a plan, register for the member portal by visiting DentalCarePlus.com, selecting “Group Member” in the top right corner, then clicking on “Login” to get started.

Find a dentist

With our online provider search, it's easy to find an in-network dentist or specialist. Simply visit fad.dentalcareplus.com or click on the “Find a Dentist” tab at the top of DCPG's home page. Once there, choose your network (found on the benefit summary document in this packet, on your member ID card or by asking your benefits administrator), then decide if you want to search by ZIP code, county or the dentist's last name. If you find that your dentist isn't listed, fill out a nomination form (included in this packet or available on our website) so we may begin the process of inviting them to join our network.



Hearing health is included

Your dental plan comes with a hearing program that can save you money on devices including name-brand hearing aids and batteries.

You can easily get on the path to better hearing by calling EPIC Hearing Health Care at (888) 899-1485 or visiting EpicHearing.com to access this program.



If you have questions, please contact your benefits administrator. If you'd like to learn more about The Dental Care Plus Group, visit DentalCarePlus.com.



Connect with us.

Make sure to follow us on social media!

[linkedin.com/company/the-dental-care-plus-group](https://www.linkedin.com/company/the-dental-care-plus-group)

[@DC_Plus](https://twitter.com/DC_Plus)

[facebook.com/DentalCarePlus](https://www.facebook.com/DentalCarePlus)



Wait, there's more.

These tips will help you save time and money as you make the most of your benefits:

- Find out what your plan covers and what it doesn't. DCPG's customer service department can help explain your benefits and plan details.
- Request that your dentist provide a pretreatment review to DCPG when he or she recommends services that exceed \$400. This will help you plan for your portion of the expense.
- Know your plan's annual maximum since you will be responsible for costs that exceed this amount.

You will be directed to The Dental Care Plus Group Message Center.

DCPG utilizes Zix secure email to communicate sensitive employee and group information. If you have an existing Zix account, please enter your email address and password to access the secure email.

If you haven't registered for a Zix account, please click on the "New to secure email?" register button and register your account by entering in your email address and a password.

- Click on "Register"
- Once you have opened the secure email, copy (or make note of) the temporary password

- Return to Member.DentalCarePlus.com
- Enter your member number and the temporary password, then click "Login"

- You will be prompted to create a new password:
 - Your password must be at least eight characters in length, contain at least one uppercase letter, one lowercase letter and one number. It may not contain your name.
- Enter your new password, confirm it, then click on "Submit"

Once successfully logged in, you will be directed to the Member Services homepage, where you will find your plan information, along with links to Find A Dentist, the Oral Health Center and the Dental Cost Estimator.

For assistance, contact DCPG's enrollment and billing department at (800) 367-9466 or (513) 554-1100 Monday through Friday from 8:00 am through 4:30 pm EST.

T H E P L U S I S S E R V I C E

Nomination form.

To determine if your dentist is a participating provider with The Dental Care Plus Group (DCPG), search our online directory at: fad.DentalCarePlus.com. If your dentist is not listed, simply fill out the nomination form below so that we may contact him/her and extend an invitation to begin the process to join our networks. You may also submit the nomination form through the Find a Dentist page (link above).

Please provide the following:

Your Name

Today's Date

Your Employer's Name (please do not abbreviate)

Dentist Name

Street Address

City

State

ZIP code

County

Phone

May we use your name in our recruiting efforts with your dentist? Yes No

Please return completed form with your enrollment application or:

By email: providerrelations@dentalcareplus.com

By fax: (513) 618-3881, Attn: Provider Recruiting and Contracting

By mail: The Dental Care Plus Group, Attn: Provider Recruiting and Contracting, 100 Crowne Point Place, Cincinnati, OH 45241

The completion of this form is a request for DCPG to begin the recruitment process with your dentist. This does not guarantee that your dentist will become a participating provider.

For more information, call (800) 367-9466 or visit DentalCarePlus.com.

T H E P L U S I S S E R V I C E

Welcome to Your Total Vision Services Discount Program

The Dental Care Plus Group is pleased to offer you access to a free vision discount program with your dental benefits plan. You and your eligible dependents will be enrolled in one of two programs offered by Total Vision Services (TVS): the TVS program or the Coast to Coast program. Both programs feature discounts with unlimited usage, no additional paperwork to file and no health restrictions. Your enrollment in the appropriate program is automatic and based on your home ZIP code.

Vision Schedule

TVS contracts with ophthalmologists and optometrists in selected markets across the country to provide you with discounts on eyeglasses, contact lenses, eye exams and surgical procedures (including PRK & LASIK surgery) where available. If your ophthalmologist or optometrist doesn't contract with TVS, you can give their name, address and phone number to a TVS representative and they will be invited to start the process to join the program.

Your program comes with:

- Discounts on frames, lenses and specialty items such as tints, scratch-resistant coatings and ultraviolet protection.
- No limit on the number of times you and your family may use the membership during the year.
- Savings of 10-30 percent on medical eye exams and surgical procedures including refractive surgery (PRK & LASIK).

To locate a participating provider near you, simply call (800) 869-5400 or visit TotalVisionServices.com.

Elective Eye Surgeries

In keeping with the tradition of utilizing both chain and independent providers, TVS contracts with national chains of laser surgery centers to provide discounts on refractive laser surgery. In addition, TVS contracts with independent ophthalmologists who provide discounts on refractive surgery. Payment must be made at the time of service to receive a discount. Call TVS at (513) 921-7500 or (800) 869-5400 for information regarding discounts. Usual and customary charges vary between physicians.

America's Eyewear (Replacement Contacts)

Note: this is only available through the Coast to Coast program.

Members receive greater savings on contact lenses through the TVS mail-order program. Simply call (800) 800-EYES for price quotes and to place an order. Most orders are fulfilled within 7 to 14 days.

- Savings of 10-40 percent through mail-order service.*
- Most types of contact lenses are available including disposables, torics, bifocals and gas permeable lenses.

Some brands available through the mail-order program include:

- **Disposable:** Acuvue, Durasoft, Encore, Freshlook, Biomedic, Soflens 66, Optima FW, Focus
- **Gas Permeable:** Boston, Fluoroperm, SGP, Transaire

How to use the Total Vision Services program

Simply present your Dental Care Plus Group member ID Card at any of the participating provider locations to receive your program discount. If you decide to use your own eye doctor and not take advantage of the reduced examination fees under the TVS program, you may take your prescription to any of the participating provider locations and they will fill it for you at TVS program rates.

How to use the Coast to Coast program

TVS will issue you a Coast to Coast ID Card which you must present prior to service to a participating provider. Tell the provider that you are a member with access to the Coast to Coast vision program. Should you decide to use your own eye doctor and not take advantage of savings on examination fees under the Coast to Coast program, take your prescription to any of the provider locations to receive the Coast to Coast discount on materials (frames and lenses). For the provider locations nearest you, contact the Coast to Coast vision program at (800) 800-EYES or search online at TotalVisionServices.com.

Total Vision Services Out-of-Pocket Fee Schedule

Eye Examinations

Optometrist Eye Examination (Dilation Included)	25% off UCR
Ophthalmologist Eye Examination	\$69 Flat Fee

Standard Plastic Lenses (CR-39)

Single Vision	\$39
Bifocals (FT-25, FT-28)	\$60
Trifocals (FT-7/25, FT-7/28)	\$70
Progressive Bifocals (Excluding Specialty Designs)	\$112

Strong Power Charge

Sphere and Cylinder Greater than + or – 4 Diopters	Add \$5/Per Lens
Sphere and Cylinder Greater than + or – 8 Diopters	Add \$15/Per Lens

Lens Options

Standard Tint	add \$15
Tint (Solid or Gradient)	add \$15
Standard Scratch Coating	add \$15
UV Treatment	add \$15

Standard Anti-reflective Coating	add \$40
Polycarbonate – Single Vision	add \$30
Polycarbonate – Bifocal/Trifocal	add \$35
Polycarbonate – Progressive	add \$45
Hi Index 1.60 – Single Vision	add \$35
Hi Index 1.60 – Bifocal/Trifocal	add \$45
Hi Index 1.60 – Progressive	add \$55

Prescription Remake Policy (per pair)

Single Vision Lenses	\$10
Bifocal Lenses	\$15
Progressive Lenses	\$20

Frames

All Frames up to \$150 Retail	40% off
All Frames over \$150 Retail	30% off

Any optical products not listed on the fee schedule above will be subject to a 25% discount off the regular retail price. Manufacturers rebates may be used in conjunction with the fee schedule pricing. Prices are subject to change.

Contact Lenses

Professional Services (i.e. fitting fees, follow-up visits, polishes, etc.) are 25% off regular retail prices. All contact lens fitting fees include a follow-up visit and solution.

Note: Provider may require one year minimum order of disposable lenses.

Disposable Contact Lenses

Sphere, Aspheric, Toric, Multifocal and Cosmetic Includes: One Day Disposables, Two-Week Disposables and Silicon Hydrogel	10% off Retail
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Specialty Soft Lenses – Non-disposable

Toric, Bifocal, Piggyback, Softperm, Cosmetic, Therapeutic, Post-Operative	20% off Retail
Rigid Gas Permeable Lenses Spherical, Front, Back and Bitoric, Bifocal, Kerataconus, Graft, Lenticular and etc.	20% off Retail

All contact lenses not listed by type or brand name are 20% off regular retail, except for disposable lenses, which are 10% off regular price.

**For more information, contact Total Vision Services
at (800) 869-5400 or visit TotalVisionServices.com.**

T H E P L U S I S S E R V I C E