

# ENHANCED DENTAL

Dental (advdentallist)	
Employee Type	Amt/Month
Employee Only (EE)	\$60
Employee & Spouse (ES)	\$90
Employee & Child (EC)	\$90
Employee & Family (EF)	\$130



**PREVENTIVE  
DENTAL CARE  
INCLUDED**

## DENTAL PLAN SUMMARY

Your Standard Dental plan includes 100% covered dental care, no waiting periods, and flexibility. Coverage tiers include preventive, basic, major, and orthodontic services. If you need assistance, or have any questions, feel free to contact a Benefit Advocate at 888-920-7526.



**COVERAGE  
TIERS**

Dental Service	In-Network	Out-of-Network
Preventive	100%	50%
Basic	100%	40%
Major	60%	25%
Orthodontic	50%	25%



**NATIONWIDE  
NETWORK**

## NETWORK

Your plan provides access to the Connection Dental® national PPO network of dental providers. You can search for a provider by calling 800-513-7177 or visiting [www.gehasolutions.com](http://www.gehasolutions.com) and using the provider search tool.



**LIMITS &  
DEDUCTIBLES**

### Plan Year Limit

Your plan will pay up to **\$5,000** per member, per year. All coverage tiers apply to the plan year limit.

### Lifetime Limit

The only lifetime limit for this plan is a \$1,000 per-member limit on orthodontic services.

### Member-only Deductible

Your plan has a \$50 per-member deductible that applies to basic, major, and orthodontic services.

### Family Deductible

Your plan has a \$150 per-family deductible that applies to basic, major, and orthodontic services.

No deductibles or limits apply to preventive dental care.