

# DENTAL CARE



## DENTAL PLAN SUMMARY

Your Dental Care 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

Dental Service	In-Network	Out-of-Network
Preventive	100%	50%
Basic	80%	40%
Major	50%	25%
Orthodontic	25%	25%

## 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

Plan Year Limit	Lifetime Limit
Your plan will pay up to <b>\$2,000</b> per member, per year. All coverage tiers apply to the plan year limit.	The only lifetime limit for this plan is a \$1,000 per-member limit on orthodontic services.
Member-only Deductible	Family Deductible
Your plan has a \$50 per-member deductible that applies to basic, major, and orthodontic services.	Your plan has a \$150 per-family deductible that applies to basic, major, and orthodontic services.

No deductibles apply to preventive dental care.