DENTAL CARE

PREVENTIVE DENTAL CARE INCLUDED

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 Member Services at **888-920-7526.**

COVERAGE TIERS

COVERAGE

Dental Service	In-Network	Out-of-Network
Preventive	100%	50%
Basic	80%	40%
Major	50%	25%
Orthodontic	25%	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 and using the provider search tool.

LIMITS & DEDUCTIBLES

LIMITS

Plan Year Limit	Lifetime Limit
Your plan will pay up to **$2,000** 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.