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## Plus Dental Plan

**Outline**

Dental plan with preventive, basic and major service coverage tiers. No waiting period for coverage.

**Coverage Tiers**

Plan pays 100% of all preventive services including cleanings. Plan pays 80% for basic services and 50% for major services.

**Annual Limit**

Plan will pay up to \$1,500 per year, per member.

**Deductible**

Calendar year deductible of \$50 per member, \$150 for the family. Deductible applies to basic and major services and not preventive.

**Network**

Plan provides access to the Connection Dental® national PPO network of dental providers. You can search for a provider at [www.ppousa.com](http://www.ppousa.com) or call 800-513-7177.

**Added Vision**

Vision discount card with Connection Vision® included. Find a participating provider by visiting [www.EyeMedVisionCare.com](http://www.EyeMedVisionCare.com) or call 866-801-1479.

**Rates**

Coverage Tier	PPO Dental
Employee	\$35
Employee & Spouse	\$65
Employee & Child(ren)	\$75
Employee & Family	\$115

The above chart reflects the full monthly plan rates for the 2019 plan year and do not account for any employer contribution.