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## Copay Dental Plan

**Outline**

Dental plan with preventive, basic and major service coverage copays. No waiting period for coverage. No deductible or annual limit.

**Copays**

Plan pays 100% of preventive services including cleanings. Copay schedule for basic and major services. See schedule of copays for more details.

**Annual Limit**

No annual limit.

**Deductible**

No deductible.

**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	Copay Dental
Employee	\$25
Employee & Spouse	\$50
Employee & Child(ren)	\$50
Employee & Family	\$75

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