
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 or call 800-513-7177.

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.