

# ENHANCED DENTAL

## OUTLINE

Your Standard Dental plan includes preventive, basic, major, and orthodontic coverage tiers. Your plan features no waiting periods and flexibility. plus

## COVERAGE TIERS

Service	In-Network	Out-of-Network
Preventive	100%	50%
Basic	100%	40%
Major	60%	25%
Orthodontic	50%	25%

## PLAN YEAR LIMIT

Your plan will pay up to \$5,000 per year, per member. All coverage tiers apply to the plan year limit.

## DEDUCTIBLE

Your plan has a deductible that applies to basic, major, and orthodontic services. The plan year deductible is \$50 per member, \$150 for the family. Preventive care does not require a deductible.

## ORTHODONTICS

Your plan will pay 50% of orthodontic services up to a \$1,000 lifetime limit per member.

## NETWORK

Your plan provides access to the Connection Dental® national PPO network of dental providers. You can search for a provider by visiting [www.gehasolutions.com](http://www.gehasolutions.com) or calling 800-513-7177.