



**Dental Connection** , exclusively provided by Benefits Connection

**Dental Connection  
CHOICE PPO\***

**Dental Connection  
CHOICE ACCESS \***

**Dental Connection  
SELECT EPO TOTAL\*\***

**Dental Connection  
SELECT EPO MAX\*\***

	Dental Connection CHOICE PPO*		Dental Connection CHOICE ACCESS *		Dental Connection SELECT EPO TOTAL**		Dental Connection SELECT EPO MAX**	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Network</b>	Choice		Choice		Select	N/A	Select	N/A
<b>Reimbursement</b>	MAC***	MAC***	MAC***	n/a	MAC***		MAC***	
					<b>NO OUT OF NETWORK</b>		<b>NO OUT OF NETWORK</b>	

<b>Coinsurance</b>	100%/80%/50%		100%/70%/0%		100%/100%/50%		100%/85%/60%	
Examinations	100%	100%	100%	100%	100%	0%	100%	0%
Radiographs	100%	100%	100%	100%	100%	0%	100%	0%
Preventive	100%	100%	100%	100%	100%	0%	100%	0%
Restorative	80%	80%	70%	70%	100%	0%	100%	0%
Crowns	50%	50%	0%	0%	50%	0%	60%	0%
Endodontics	80%	80%	0%	0%	100%	0%	85%	0%
Periodontics	80%	80%	0%	0%	100%	0%	85%	0%
Removable Prosthetics	50%	50%	0%	0%	50%	0%	60%	0%
Pros-Adjustment	80%	80%	0%	0%	100%	0%	85%	0%
Fixed Prosthetics	50%	50%	0%	0%	50%	0%	60%	0%
Oral Surgery	80%	80%	0%	0%	100%	0%	85%	0%
Impaction	80%	80%	0%	0%	100%	0%	60%	0%
General Services	80%	80%	0%	0%	100%	0%	85%	0%
Orthodontics (Child)	50%	50%	0%	0%	0%	0%	0%	0%

**Deductibles & Maximums**

	\$1,500		\$1,000		\$1,500		\$2,000	
<b>Annual Maximum</b>	\$1,500		\$1,000		\$1,500		\$2,000	
<b>Individual Deductible</b>	\$25	\$50	\$0	\$0	\$0	\$0	\$25	\$0
<b>Family Deductible</b>	\$75	\$150	\$0	\$0	\$0	\$0	\$75	\$0
<b>Ortho Lifetime Maximum</b>	\$1,000		\$0		\$0		\$0	

*Rate guaranteed to 3/31/2020*

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<b>Rates</b>	Monthly Premium		Monthly Premium		Monthly Premium		Monthly Premium	
Single		\$43.68		\$26.84		\$51.60		\$54.17
Two-Party		\$82.37		\$47.91		\$99.46		\$104.14
Family		\$133.39		\$75.83		\$163.11		\$170.84

\*PPO - Allows for In and Out of Network coverage

\*\*EPO - Allows for In Network Only coverage

\*\*\* Maximum Allowable Charges