



Dental Connection, exclusively provided by Benefits Connection

	Dental Connection CHOICE PPO*		Dental Connection CHOICE ACCESS *	
	In Network	Out of Network	In Network	Out of Network
Network	Choice		Choice	
Reimbursement	MAC***	MAC***	MAC***	n/a
Coinsurance				
Examinations	100	100	100	100
Radiographs	100	100	100	100
Preventive	100	100	100	100
Restorative	80	80	70	70
Crowns	50	50	0	0
Endodontics	80	80	0	0
Periodontics	80	80	0	0
Removable Prosthetics	50	50	0	0
Pros-Adjustment	80	80	0	0
Fixed Prosthetics	50	50	0	0
Oral Surgery	80	80	0	0
Impaction	80	80	0	0
General Services	80	80	0	0
Orthodontics (Child)	50	50	0	0
Deductibles & Maximums				
Annual Maximum	\$1,500		\$1,000	
Individual Deductible	\$25	\$50	\$0	\$0
Family Deductible	\$75	\$150	\$0	\$0
Ortho Lifetime Maximum	\$1,000		\$0	
Rates				
	<i>Rate guaranteed to 3/31/20</i> Monthly Premium		<i>Rate guaranteed to 3/31/20</i> Monthly Premium	
Single		\$43.68		\$26.84
Two-Party		\$82.37		\$47.91
Family		\$133.39		\$75.83

*PPO - Allows for In and Out of Network coverage

**EPO - Allows for In Network Only coverage

*** Maximum Allowable Charges