

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.



Network: PDP / PDP Plus

DENTAL PLAN SUMMARY

	Plan option 1 Base Plan		Plan option 2 High Plan	
	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge*	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ 90% of R&C Fee**
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, simple extractions)	50%	50%	80%	80%
Type C: Major Restorative (bridges, dentures)	25%	25%	50%	50%
Type D: Orthodontia	Not Covered	Not Covered	50%	50%
Deductible†				
Individual	\$100	\$100	\$75	\$75
Family	\$300	\$300	\$225	\$225
Annual Maximum Benefit				
Per Person	\$750	\$750	\$1,250	\$1,250
Orthodontia Lifetime Maximum				
Per Person***	Not Covered	Not Covered	\$1,500	\$1,500

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies only to Type B & C Services.

***Orthodontia available for adults and dependent children up to age 26 on High Plan only.

Employee Dental Plan -MetLife

Base Dental Plan

Employee Only	\$0
Employee & Children	\$ 20.46
Employee & Spouse	\$20.46
Employee & Family	\$31.58

High Dental Plan

Employee Only	\$21.72
Employee & Children	\$46.82
Employee & Spouse	\$46.82
Employee & Family	\$73.06

