

# Dental Plans

## Plan Explanation

The dental coverage will change to MetLife for the upcoming plan year. There are enhanced benefits available on both the Low and High Plan options. You can verify if your current dentist is in-network with the new dental plan by visiting [www.metlife.com](http://www.metlife.com) and searching under the PDP Plus plan network. Instructions are included on the following page. Once enrolled, you can also register online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

	MetLife   Low Plan		MetLife   High Plan	
DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Single	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
MAXIMUM THE CARRIER WILL PAY				
Annual Maximum (Calendar Year)	\$1,000	\$1,000	\$2,000	\$2,000
FREQUENCIES				
Cleaning	2 Per Year		2 Per Year	
Exam	2 Per Year		2 Per Year	
DENTAL COVERAGE				
Cleanings	100%	100%	100%	100%
Exams	100%	100%	100%	100%
Basic Services	100%	100%	100%	100%
Major Services	50%	50%	50%	50%
Endo	100%	100%	100%	100%
Perio, Oral Surgery	50%	50%	100%	100%
Orthodontia	Not Covered	Not Covered	50%	50%
Orthodontia Lifetime Maximum	Not Covered		\$2,500	
Orthodontia Maximum Age	Not Covered		Orthodontia benefit is available to both children and adults	
OUT OF NETWORK EXPLANATION				
	The out of network benefits are based on the Maximum Allowable Charge (MAC). The insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance bill.		Out of network benefits are based on the Usual, Customary, and Reasonable (UCR) charge, which is based on what 80% of dentists in a geographical area bill for the service. You can be balance billed for the difference when visiting an out of network provider.	
PLAN INFORMATION				
Network Type	<a href="http://www.metlife.com">www.metlife.com</a>		<a href="http://www.metlife.com">www.metlife.com</a>	
Network Name	PDP Plus		PDP Plus	
PREMIUM PER MONTH				
Employee Only	\$13.00		\$32.31	
Employee + Child(ren)	\$61.38		\$117.90	
Employee + Spouse	\$61.38		\$117.90	
Family	\$61.38		\$117.90	



## MetLife

### Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.