

Dental Benefit

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PDP Plus Is the network or DHMO if that plan is selected

Dental Benefits

Plan 1 - PPO High Plan (PDP Plus Network): Highest maximum and most freedom

Class Description	All Active Full Time Employees in High Plan (30 Hours)	
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%
Type B – Basic	80%	80%
Type C – Major	50%	50%
Calendar Year Deductible applies to: § Individual § Family	B & C \$50 \$150 Aggregate	B & C \$50 \$150 Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$2,500	\$2,500
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$1,500	\$1,500

Dental Benefits

Plan 2 - PPO Low Plan (PDP Plus Network): Lower maximum and out of network reimbursement

Class Description	All Active Full Time Employees in Low Plan (30 Hours)	
	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	Negotiated Fee Schedule – MAC
Type A – Preventive	100%	100%
Type B – Basic	80%	80%
Type C – Major	50%	50%
Calendar Year Deductible applies to:	B & C	B & C
§ Individual	\$50	\$50
§ Family	\$150	\$150
	Aggregate	Aggregate
Calendar Year Maximum (applies to A,B,C services)	\$1,000	\$1,000
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$1,000	\$1,000

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DHMO PLAN (Plan 335):

Pick a dentist in network; know exactly the cost

Diagnostic Treatment		
D0120	Periodic Oral Evaluation – established patient	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0
D0210	Intraoral – Complete Series of Radiographic Images	\$0
D0274	Bitewings – Four Radiographic Images	\$0
D0330	Panoramic Radiographic Image	\$0
Preventive Services		
D1110	Prophylaxis – Adult	\$5
D1120	Prophylaxis – Child	\$5
D1351	Sealant – per tooth	\$0
Restorative Services		
D2140	Amalgam – One Surface, Primary or Permanent	\$12
D2330	Resin-Based Composite – One Surface, Anterior	\$12
D2391	Resin-Based Composite – One Surface Posterior	\$30
Crowns		
D2750	Crown-Porcelain Fused to High Noble Metal	\$335
D2751	Crown-Porcelain Fused to Predominantly Base Metal	\$335

This is SAMPLE listing of services and costs. Full listing is available online or in Risk Management.

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Voluntary Dental Plan (All Active Full Time Employees - Per Employee Per Month)	24-Pay Periods	12-Pay Periods
HIGH PLAN -		
§ Employee Only	\$29.48	\$58.96
§ Employee + 1 Dependent	\$44.35	\$88.70
§ Employee + Family	\$76.84	\$153.68
LOW PLAN -		
§ Employee Only	\$10.15	\$20.30
§ Employee + 1 Dependent	\$20.16	\$40.32
§ Employee + Family	\$29.76	\$59.55
MANAGED DENTAL PLAN (DHMO) -		
§ Employee Only	\$6.31	\$12.62
§ Employee + 1 Dependent	\$11.99	\$23.97
§ Employee + Family	\$17.98	\$35.95