

Dental

Metropolitan Life Insurance Company

Plan Design for: Gladewater Independent School District – BASE PLAN

Original Plan Effective Date: September 1, 2022

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	75%	75%
Type C - Major Restorative	0%	0%
Type D - Orthodontia	0%	0%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$800	\$800
Dependent Age:		
Eligible for benefits until the day that he or she turns 26.		
<p>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.</p> <p>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.</p> <p>3. Applies to Type B and C services only. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:</p> <ul style="list-style-type: none"> the dentist's actual charge (the 'Actual Charge'), the dentist's usual charge for the same or similar services (the 'Usual Charge') or the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards. 		

IMPORTANT RATE INFORMATION

Monthly Premium Payment	
▪ Employee Only	\$21.51
▪ Employee + Spouse	\$48.60
▪ Employee + Child(ren)	\$46.66
▪ Employee + Family	\$70.57
Rates are guaranteed from September 1, 2022 - August 31, 2024	
3 rd year Rate Cap: The first year's renewal rates will not be increased by more than 6% above the prior plan year's rates.	