

Summary of Benefits Dental Insurance - Dual to Triple Option PPO

Voluntary Dental				
Class Description	All Active Full Time Employees electing High Plan (30 Hours)		All Active Full Time Employees electing Mid Plan (30 Hours)	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile	Negotiated Fee Schedule	R&C 80th Percentile
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	80%	80%	80%	80%
Type C – Major	50%	50%	50%	50%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$50	\$50	\$50	\$50
▪ Family	\$150	\$150	\$150	\$150
	Aggregate	Aggregate	Aggregate	Aggregate
Calendar Year Maximum <i>(applies to A,B,C services)</i>	\$2,000	\$2,000	\$1,500	\$1,500
Orthodontia	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$2,000	\$2,000	\$1,500	\$1,500

* 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 (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.



Voluntary Dental		
Class Description	All Active Full Time Employees electing Low Plan (30 Hours)	
	In-Network	Out-of-Network
Reimbursement	Negotiated Fee Schedule	Schedule Amount
Type A – Preventive	100%	100%
Type B – Basic	80%	80%
Type C – Major	50%	50%
Calendar Year	B & C	B & C
Deductible applies to:		
▪ Individual	\$50	\$50
▪ Family	\$150	\$150
	Aggregate	Aggregate
Calendar Year Maximum <i>(applies to A,B,C services)</i>	\$1,000	\$1,000
Orthodontia	Not Covered	Not Covered
Orthodontia Lifetime Maximum	Not Covered	Not Covered

Voluntary Dental	Rate per Employee
All Active Full Time Employees electing High Plan	
▪ Employee Only	\$59.00
▪ Employee + Spouse	\$125.71
▪ Employee + Child(ren)	\$137.92
▪ Employee + Family	\$204.65
▪ Total	
All Active Full Time Employees electing Mid Plan	
▪ Employee Only	\$52.98
▪ Employee + Spouse	\$112.89
▪ Employee + Child(ren)	\$123.85
▪ Employee + Family	\$183.77
▪ Total	
All Active Full Time Employees electing Low Plan	
▪ Employee Only	\$33.14
▪ Employee + Spouse	\$64.18
▪ Employee + Child(ren)	\$77.06
▪ Employee + Family	\$116.23
▪ Total	