



Dental Insurance

Dental coverage is provided through MetLife. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details. You can find an in-network provider by visiting www.metlife.com. The networks are listed below for each plan.

	Dental Plan	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible *calendar year*		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum *calendar year*		
Per Person / Family	\$1,500	\$1,500
Services (member pays)		
Preventive	No Charge (deductible waived)	0% of R&C* plus balance
Basic	20% after deductible	20% of R&C* plus balance
Major	50% after deductible	50% of R&C* plus balance
Orthodontia		
Benefit Percentage	50% (deductible waived)	50% of R&C*
Adults	Not covered	Not covered
Dependent Child(ren)	Covered up to age 19	Covered up to age 19
Lifetime Maximum	\$1,000 per child	\$1,000 per child

*Reasonable & Customary (R&C) fee is based on the 90th percentile/ Maximum Allowable Charge (MAC)

Employee Contributions (Per Pay Period)	
	Dental Plan
Employee	\$6.51
Employee & Spouse	\$13.52
Employee & Child(ren)	\$17.91
Employee & Family	\$24.92