

Employer Sponsored Dental		
Class Description	All Active Full Time Employees	
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	80%
Type B – Basic	80%	70%
Type C – Major	50%	40%
Calendar Year	B & C	B & C
Deductible applies to:		
▪ Individual	\$50	\$50
▪ Family	\$150	\$150
	Aggregate	Aggregate
Calendar Year Maximum	\$2,500 <i>(applies to A,B,C services)</i>	\$2,500 <i>(applies to A,B,C services)</i>
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$1,750	\$1,750
TMJ Lifetime Maximum	\$500	\$500
<p>* 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.</p>		

The information contained within this plan document is tentative and subject to change.