

Voluntary Dental – MetLife MAC

Coverage Type	In-Network % of Negotiated Fee	Out-of-Network % of Negotiated Fee
Type A – Preventive		
<ul style="list-style-type: none"> Routine Exams Routine cleanings Fluoride (children 14 and under) Bitewing & Full Mouth X-Rays 	100%	100%
Type B – Basic		
<ul style="list-style-type: none"> Periodontal prophylaxis Emergency exams Fillings and stainless-steel crowns Scaling and root planning Periodontal surgical procedures Simple & Complex Endodontics 	100%	100%
Type C – Major Restorative		
<ul style="list-style-type: none"> General Anesthesia Simple oral surgery Complex oral surgical procedures Bridges Dentures Inlays / Onlays/ Crowns 	60%	60%
Type D – Orthodontia (Child)		
<ul style="list-style-type: none"> X-rays and other diagnostic procedures Fixed and removable appliances <p>Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000</p>	50%	50%
Deductible – Applies to B + C Only		
Individual	\$50	\$50
Family	\$150	\$150
Combined Maximum Benefit – Calendar Year		
Per Individual	\$5,000	\$5,000
RATES PER MONTH		
Employee	\$39.18	
Employee + Dependent	\$74.54	
Employee + 2 or more Dependents	\$128.12	

Recommended to stay in network only on this plan as MAC plans typically have higher Out-of-Network expenses.

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.

If services are rendered out of network, amounts over the maximum allowable charge will be owed by the member to the provider.

Annual Open Enrollment

Voluntary Dental - MetLife UCR

Coverage Type	In-Network % of Negotiated Fee	Out-of-Network 90% of Reasonable and Customary Fee
Type A - Preventive		
<ul style="list-style-type: none"> Routine Exams Routine cleanings Fluoride (children 14 and under) Bitewing & Full Mouth X-Rays 	100%	100%
Type B - Basic		
<ul style="list-style-type: none"> Periodontal prophylaxis Emergency exams Fillings and stainless-steel crowns Scaling and root planning Periodontal surgical procedures Simple & Complex Endodontics 	80%	80%
Type C - Major Restorative		
<ul style="list-style-type: none"> General Anesthesia Simple oral surgery Complex oral surgical procedures Bridges Dentures Inlays / Onlays/ Crowns 	50%	50%
Type D - Orthodontia (Child)		
<ul style="list-style-type: none"> X-rays and other diagnostic procedures Fixed and removable appliances <p>Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000</p>	50%	50%
Deductible - Applies to B + C Only		
Individual	\$50	\$50
Family	\$150	\$150
Combined Maximum Benefit - Calendar Year		
Per Individual	\$5,000	\$5,000
RATES PER MONTH		
Employee	\$39.18	
Employee + Dependent	\$74.54	
Employee + 2 or more Dependents	\$128.12	

*Recommended to select this plan if you know your provider is Out-of-Network as UCR plans typically have lower Out-of-Network expenses.

*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.

*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:

- 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')

Annual Open Enrollment