## Dental

Metropolitan Life Insurance Company

## Plan Design for: Macon County Original Plan Effective Date: July 1, 2021 **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.

	In-Network <sup>1</sup>	Out-of-Network <sup>1</sup>
	Enhanced Plan	
Coverage Type:	In-Network	Out-of-Network <sup>1</sup>
	% of Negotiated Fee <sup>2</sup>	% of R&C Fee <sup>4</sup>
Type A - Preventive	100%	100%
Type B - Basic	80%	80%
Restorative		
Type C - Major	50%	50%
Restorative		
<b>Type D</b> – Orthodontia	50%	50%
Deductible <sup>3</sup>		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:	· · · ·	· · ·
Per Individual	\$1000	\$1000
·		
	Ortho applies to Child Only	
Orthodontia Lifetime Maximum	Child to age 19	
	\$1000 per Person	\$1000 per Person
Dependent Age:	Eligible for benefits until the c	•
Bopondont Ago	Basic Plan	
	In-Network	Out-of-Network <sup>1</sup>
Coverage Type:	% of Negotiated Fee <sup>2</sup>	% of R&C Fee <sup>4</sup>
Type A - Preventive	100%	100%
Type B - Basic		
Restorative	80%	80%
Type C - Major	NIA	NIA
Restorative	NA	NA
Type D – Orthodontia	NA	NA
Deductible <sup>3</sup>		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1000	\$1000
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
Dependent Age: . "In-Network Benefits" means benefits provided und under this plan for covered dental services that are	Eligible for benefits until the c er this plan for covered dental services that are provided by a MetLife PDP dentist. entists have agreed to accept as payment in full for covered service	lay that he or she turns 26. Life PDP dentist. "Out-of-Network Benefits" means bene

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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:

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

Basic Plan

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: • 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