

Dental plans



PREMIUM PLAN

	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Type A – Preventive and Diagnostic	\$0	\$0
Type B – Restorative	\$50 per person	\$100 per person
Type C – Major	Combined with B	Combined with B
Coinsurance		
Type A – Preventive and Diagnostic	100%	80%
Type B – Restorative	80%	60%
Type C – Major	50%	50%
Calendar Year Maximum	\$1,500	\$1,000
Orthodontia		
Deductible (Lifetime)	\$50 per person	\$100 per person
Coinsurance	50%	50%
Maximum Lifetime Benefit	\$2,000 per person	\$1,000 per person

**Type A services do not apply toward calendar year maximum*

CORE PLAN

	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Type A – Preventive and Diagnostic	\$0	\$0
Type B – Restorative	\$50 per person	\$100 per person
Type C – Major	Combined with B	Combined with B
Coinsurance		
Type A – Preventive and Diagnostic	100%	80%
Type B – Restorative	60%	50%
Type C – Major	40%	30%
Calendar Year Maximum	\$1,000	\$500
Orthodontia		
Deductible (Lifetime)	Not covered	Not covered
Coinsurance	Not covered	Not covered
Maximum Lifetime Benefit	Not covered	Not covered

**Type A services do not apply toward calendar year maximum.*

Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

Dental costs

2027 costs per pay period (full-time and part-time employees)

PREMIUM PLAN	Employee premium per pay period	Employer premium per pay period
Employee only	\$15.64	\$5.21
Employee/Spouse	\$32.87	\$10.96
Employee/Child(ren)	\$29.72	\$9.91
Family	\$46.94	\$15.65

CORE PLAN	Employee premium per pay period	Employer premium per pay period
Employee only	\$10.54	\$3.51
Employee/Spouse	\$22.13	\$7.38
Employee/Child(ren)	\$20.02	\$6.67
Family	\$31.61	\$10.53