

Dental

We are proud to offer you a choice between two dental plans.

MetLife DPPO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Following is a high-level overview of the coverage available.

Key Dental Benefits	High Plan		Low Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$50 / \$150		\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)				
Per Individual	\$1,750		\$1,000	
Covered Services				
Preventive Services	No charge		No charge	
Basic Services	20%*		50%*	
Major Services	50%*		50%*	
Orthodontia (Child Only)	50%*		50%*	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

DENTAL RATES

Coverage Tier	Employee Contribution (Weekly)	
	High Plan	Low Plan
Employee Only	\$7.93	\$6.04
Employee + Spouse/DP	\$16.07	\$11.90
Employee + Child(ren)	\$17.12	\$12.31
Family	\$26.70	\$19.83



Domestic Partner (DP) Contributions: Your contributions to cover a DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover a DP must be taken on an after-tax basis.