Dental Insurance

MetLife QUESTCO METLIFE - MetLife DENTAL HIGH PLUS DENTAL HIGH

MetLife **DENTAL LOW**

	DENTAL HI	DENTAL HIGH PLUS		DENTAL HIGH		DENTAL LOW	
Deductible	In-Network	Out-of-Network					
Single	\$25	\$25	\$100	\$100	\$100	\$100	
Family	\$75	\$75	\$300	\$300	\$300	\$300	
Maximum the carrier will pay							
Annual Maximum	\$2,500	\$2,500	\$5,000	\$5,000	\$1,200	\$1,200	
Frequencies							
Cleaning	1 in 6 months		1 in 6 months		1 in 6 months		
Exam	1 in 6 months		1 in 6 months		1 in 6 months		
Dental Coverage							
Cleanings	100%	100% of 90 UCR**	100%	100% MAC fee**	100%	100% MAC fee**	
Exams	100%	100% of 90 UCR**	100%	100% MAC fee**	100%	100% MAC fee**	
X-Rays	100%	100% of 90 UCR**	100%	100% MAC fee**	100%	100% MAC fee**	
Sealants	80%	80% of 90 UCR**	80%	80% MAC fee**	80%	80% MAC fee**	
Fillings	80%	80% of 90 UCR**	80%	80% MAC fee**	80%	80% MAC fee**	
Simple Extractions	80%	80% of 90 UCR**	80%	80% MAC fee**	80%	80% MAC fee**	
Root Canal	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**	
Oral Surgery	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**	
Crowns	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**	
Dentures	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**	
Bridges	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**	
Implants	50%	50% of 90 UCR**	50%	50% MAC fee**	50%	50% MAC fee**	
Orthodontia	50%	50% of 90 UCR**	50%	50% MAC fee**	N/A	N/A	
Orthodontia Lifetime Maximum					11/11	N/A	
Orthodontia Maximum Age	\$1,500 per person Dependent children up to age 26. Age limitations may vary by state.		\$1,000 per person Dependent children up to age 26. Age limitations may vary by state.		N/A		
Out of Network Explanation							
	**90th UCR = "Usual, Customary, and Reasonable" fee, 90% of the average rate charged by dentists in a geographic area. **MAC Fee = "Maximum Allowable Charge" fee, based on dentist's geographic area for the same or similar services as determined by MetLife. Out of network dentists are NOT contracted with your dental insurance carrier. After you pay for the service based on your benefit plan, the insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist. In most cases, the out of network dentist does not consider this as payment in full (like an in-network dentist would) and may "Balance bill" you. That is, they may ask you to pay the difference.		Out of network dentists are NOT contracted with your dental insurance carrier. After you pay for the service based on your benefit plan, the insurance carrier will pay the out of network dentist the same rate they pay an innetwork dentist.		In most cases, the out of network dentist does not consider this as payment in full (like an in-network dentist would) and may "Balance bill" you. That is, they may ask you to pay the difference.		
Plan Information							
Waiting Period for Major Services	None		None		None		
Plan Year	01/01/2024 - 12/31/2024		01/01/2023 - 12/31/2023		01/01/2023 - 12/31/2023		
Network Name	PDP Plus		PDP Plus		PDP Plus		
Member Website	https://www.metlife.com/		https://www.metlife.com/		https://www.metlife.com/		
Customer Service Phone Number	800.275.4638		800.275.4638		800.275.4638		