2027 DENTAL BENEFITS OVERVIEW

COST PER PAY PERIOD	ENHANCED PLAN	STANDARD PLAN
EMPLOYEE ONLY	$7.93	$2.29
EMPLOYEE + SPOUSE	$31.18	$19.82
EMPLOYEE + CHILD(REN)	$35.44	$23.04
EMPLOYEE + FAMILY	$58.69	$40.57

PLAN OPTIONS (Metlife)	ENHANCED PLAN	STANDARD PLAN
NETWORK	PDP Plus Network	PDP Plus Network
PREVENTATIVE CARE *(cleanings, exams, x-rays)*	100%	100%
BASIC SERVICES *(fillings, extractions)*	80%	80%
MAJOR SERVICES *(bridges, dentures, TMJ)*	50%	50%
DEDUCTIBLE Individual Family	Embedded $50 $150	Embedded $50 $150
ANNUAL MAXIMUM	$2,000 per person	$2,000 per person
ORTHODONTIA *(adult and child)*	50%, $2,000 lifetime maximum per person	Not covered
IN-NETWORK	Your dentist has agreed to negotiated rates, which can help lower your out-of-pocket costs.	Your dentist has agreed to negotiated rates, which can help lower your out-of-pocket costs.
OUT-OF-NETWORK	90% of Reasonable & Customary (R&C): The plan pays based on typical dental costs in your area. If your dentist charges more, you pay the difference.	Maximum Allowable Charge (MAC): The plan pays based on a set dollar amount for each service. If your dentist charges more, you pay the difference.
MAY BE A GOOD FIT IF:	Orthodontia coverage and greater out-of-network flexibility are important to you.	You primarily use in-network dentists and do not need orthodontia coverage.

Both plans use the same PDP Plus network. Staying in-network can help you get the most from either plan.

See plan summary for more details. If a discrepancy is found between this overview and the plan summary, the plan summary will govern.