

Richmond County Board of Education Dental Plan Benefits January 1, 2021 through December 31, 2021

Network: PDP Plus Benefit Summary

Option 1 – High Plan			Option 2 – Low Plan		
Coverage Type	In-Network	Out-of-Network	Coverage Type	In-Network	Out-of-Network
Type A – cleanings, oral examinations	100% of Negotiated Fee*	100% of R&C Fee**	Type A – cleanings, oral examinations	85% of Negotiated Fee*	85% of Negotiated Fee*
Type B – fillings	80% of Negotiated Fee*	80% of R&C Fee**	Type B – filling	60% of Negotiated Fee*	60% of Negotiated Fee*
Type C – bridges and dentures	50% of Negotiated Fee*	50% of R&C Fee**	Type C – bridges and dentures	40% of Negotiated Fee*	40% of Negotiated Fee*
Type D – orthodontia	50% of Negotiated Fee*	50% of R&C Fee**	Type D – orthodontia	50% of Negotiated Fee*	50% of Negotiated Fee*
Deductible†	In-Network	Out-of-Network	Deductible†	In-Network	Out-of-Network
Individual	\$50.00	\$50.00	Individual	\$50.00	\$50.00
Family	\$150.00	\$150.00	Family	\$150.00	\$150.00
Annual Maximum Benefit:	In-Network	Out-of-Network	Annual Maximum Benefit:	In-Network	Out-of-Network
Per Person	\$1,500	\$1,500	Per Person	\$1,000	\$1,000
Orthodontia Lifetime Maximum	In-Network	Out-of-Network	Orthodontia Lifetime Maximum	In-Network	Out-of-Network
Per Person	\$1,000	\$1,000	Per Person	\$1,000	\$1,000
<p>*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.</p> <p>**R&C Fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.</p> <p>† Applies only to Type B & C Services.</p>			<p>*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.</p> <p>†Applies to Type B and C Services</p>		

Monthly Rates

The following monthly rates are effective January 1, 2021 through December 31, 2021.

Eligibility Options	High Plan	Low Plan
Employee Only	\$25.13	\$13.56
Employee + One	\$53.41	\$28.54
Employee + Family	\$79.54	\$44.73

In Network Savings* Example

These hypothetical examples** show how receiving services from a participating dentist can help save you money.

High Plan

Your Dentist says you need a Crown, a Type C service —

- Negotiated Fee: \$670.00
- R&C Fee: \$1,386.00***
- Dentist's Usual Fee: \$1,462.00

IN-NETWORK When you receive care from a participating dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$1,462.00	Dentist's Usual Fee is:	\$1,462.00
The Negotiated Fee is:	\$670.00	The R&C Fee is:	\$1,386.00
Your Plan Pays:		Your Plan Pays:	
50% X \$670 Negotiated Fee:	- \$335.00	50% X \$1,386.00 R&C Fee:	- \$693.00
Your Out-of-Pocket Cost:	\$335.00	Your Out-of-Pocket Cost:	\$769.00

In this example, you save \$434.00 (\$769.00 minus \$335.00)... by using a participating dentist.

Low Plan

Your Dentist says you need a Crown, a Type C service —

- Negotiated Fee: \$670.00
- R&C Fee: \$1,386.00***
- Dentist's Usual Fee: \$1,462.00

IN-NETWORK When you receive care from a participating dentist		OUT-OF-NETWORK When you receive care from a non-participating dentist	
Dentist's Usual Fee is:	\$1,462.00	Dentist's Usual Fee is:	\$1,462.00
The Negotiated Fee is:	\$670.00	The R&C Fee is:	\$1,386.00
Your Plan Pays:		Your Plan Pays:	
40% X \$670 Negotiated Fee:	- \$268.00	40% X \$670 Negotiated Fee:	- \$268.00
Your Out-of-Pocket Cost:	\$402.00	Your Out-of-Pocket Cost:	\$402.00

In this example you save \$0 (\$402.00 minus \$402.00)... by using a participating dentist.

*Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit the dentist and the cost for services rendered.

**Please note: This is a hypothetical example that reviews a porcelain/ceramic crown (D2740) in the Philadelphia area, zip 19151. It assumes that the annual deductible has been met.

***Reasonable and Customary (R&C) charge is based on the lowest of (1) the dentist's actual charge, or (2) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. The example shown reflects an 80th percentile R&C fee. The R&C percentile used to calculate out-of-network benefits for your plan may differ.