## **Dental Insurance**

United Zion offers three dental plans through MetLife. The plans allow you to use innetwork or out-of-network benefits. If out-of-network dentists are used, you will be responsible to pay the difference between MetLife's allowed amount and what the dentist may charge, also known as "balance billing".

You will not receive an ID card from MetLife. When you visit a dental provider, let them know our group number which is **5344306** and our plan network is PDP.

## MetLife

1-800-638-5433 www.metlife.com

|                                                                                                              | LOW               | MEDIUM        | HIGH          |
|--------------------------------------------------------------------------------------------------------------|-------------------|---------------|---------------|
| IN-NETWORK                                                                                                   |                   |               |               |
| DEDUCTIBLE                                                                                                   |                   |               |               |
| Individual / Family                                                                                          | <b>\$</b> 0       | <b>\$</b> O   | \$0           |
| ANNUAL MAXIMUM                                                                                               |                   |               |               |
| Per covered person                                                                                           | \$750             | \$1,000       | \$1,500       |
| PREVENTIVE CARE                                                                                              |                   |               |               |
| Oral Exams (once/6 months), Cleanings, X-Rays                                                                | \$0               | \$0           | \$0           |
| BASIC PROCEDURES                                                                                             |                   |               |               |
| Fillings, Simple Extractions, Root Canals,<br>General Anesthesia, Periodontics (scaling and<br>root planing) | Plan pays 80%     | Plan pays 80% | Plan pays 90% |
| MAJOR PROCEDURES                                                                                             |                   |               |               |
| Implants, Crowns (including replacement),<br>Bridges, Dentures                                               | Not Covered       | Plan pays 50% | Plan pays 60% |
| ORTHODONTIA (Children up to age 19)                                                                          |                   |               |               |
| Lifetime Maximum                                                                                             | Not Covered       | Not Covered   | \$2,000       |
| OUT-OF-NETWORK - Refer to Summary of Ben                                                                     | efits and Coverag | ie            |               |
| BI-WEEKLY COST FOR DENTAL COVERAGE                                                                           |                   |               |               |
| Employee Only                                                                                                | \$5.72            | \$11.10       | \$19.04       |
| Employee + Spouse                                                                                            | \$12.83           | \$23.79       | \$39.95       |
| Employee + Child(ren)                                                                                        | \$14.18           | \$26.22       | \$43.94       |
| Employee + Family                                                                                            | \$22.85           | \$41.70       | \$69.45       |