

Group Main Stream

MetLife *Dental Options July 1, 2018*



	Low Option Value Plan		Medium Option Basic Plan		High Option Enhanced Plan	
<u>Deductible</u>	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual/Family	N/A	\$50/\$150 per year	N/A	\$50/\$150 per year	N/A	\$50/\$150 per year
<u>Coverages</u>						
Type I - Preventive	100%	100%	100%	100%	100%	100%
Type II - Basic	80%	50%	80%	50%	90%	80%
Type III - Major	N/A	N/A	50%	25%	60%	50%
Type IV - Orthodontia	N/A	N/A	N/A	N/A	50%	50%
<u>Waiting Periods for New Hires</u>						
Type II	N/A	N/A	N/A	N/A	N/A	N/A
Type III	N/A	N/A	N/A	N/A	N/A	N/A
Type IV	N/A	N/A	N/A	N/A	N/A	N/A
<u>Calendar Year Benefit Max</u>						
(Type I, II, III)	\$750.00	\$500.00	\$1,000.00	\$750.00	\$1,500.00	\$1,000.00
<u>Lifetime Ortho Max</u>						
Type IV No Deductible	N/A	N/A	N/A	N/A	\$2,000.00	\$2,000.00
<u>Weekly Cost</u>						
Employee	\$5.15		\$7.43		\$11.06	
Employee & Spouse	\$10.49		\$15.12		\$22.50	
Employee & Child(ren)	\$11.49		\$16.58		\$24.66	
Family	\$18.00		\$25.97		\$38.63	

This is a brief summary of benefits and plan design. It is not intended to provide a comprehensive review of the entire plan.

Any benefits payable will be in compliance with the provision of the contract issued by the carrier.

Group Main Stream

MetLife Vision Options July 1, 2018



	M100D-20/20		M130D-10/25	
<u>Benefit Highlights</u>	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam/Refraction	\$20 Copay (Plan Pays Balance)	Plan pays up to \$45 Allowance	\$10 Copay (Plan Pays Balance)	Plan pays up to \$45 Allowance
Contact Lens Evaluation & Fitting	Standard: Member Cost up to \$60/ Premium: Member Cost up to \$60	Applied to the allowance for the contact lenses	Standard: Member Cost up to \$60/ Premium: Member Cost up to \$60	Applied to the allowance for the contact lenses
Single Vision Eyeglass Lenses	\$20 Copay (Plan Pays Balance)	Plan pays up to \$30 Allowance	\$25 Copay (Plan Pays Balance)	Plan pays up to \$30 Allowance
Bifocal Eyeglass Lenses	\$20 Copay (Plan Pays Balance)	Plan pays up to \$50 Allowance	\$25 Copay (Plan Pays Balance)	Plan pays up to \$50 Allowance
Trifocal Eyeglass Lenses	\$20 Copay (Plan Pays Balance)	Plan pays up to \$65 Allowance	\$25 Copay (Plan Pays Balance)	Plan pays up to \$65 Allowance
Standard Frames	\$20 Copay then \$100 Allowance	Plan pays up to \$55 Allowance	\$25 Copay then \$130 Allowance	Plan pays up to \$70 Allowance
Standard Contact Lenses (hard/soft)	Elective: Plan pays up to \$100 Allowance/ Medically Necessary: Covered in Full after \$20 Copay	Elective: Plan pays up to \$80 Allowance/ Medically Necessary: Plan pays up to \$210 Allowance	Elective: Plan pays up to \$130 Allowance/ Medically Necessary: Covered in Full after \$25 Copay	Elective: Plan pays up to \$105 Allowance/ Medically Necessary: Plan pays up to \$210 Allowance
<u>Frequency of Services</u>				
Exams	12		12	
Lenses	12		12	
Frames	24		24	
Contact Lenses	12		12	
<u>Additional Features</u>				
Laser Vision Correction	Average Discount of 15% Retail or 5% Off Promotional Price		Average Discount of 15% Retail or 5% Off Promotional Price	
<u>Weekly Rates</u>				
Employee Only	\$1.59		\$1.81	
Employee + Spouse	\$3.19		\$3.62	
Employee + Child(ren)	\$2.70		\$3.06	
Family	\$4.45		\$5.05	

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Group Main Stream

MetLife Vision Options July 1, 2018



	M130A-10/25		M150A-5/10	
<u>Benefit Highlights</u>	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam/Refraction	\$10 Copay (Plan Pays Balance)	Plan pays up to \$45 Allowance	\$5 Copay (Plan Pays Balance)	Plan pays up to \$45 Allowance
Contact Lens Evaluation & Fitting	Standard: Member Cost up to \$60/ Premium: Member Cost up to \$60	Applied to the allowance for the contact lenses	Standard: Member Cost up to \$60/ Premium: Member Cost up to \$60	Applied to the allowance for the contact lenses
Single Vision Eyeglass Lenses	\$25 Copay (Plan Pays Balance)	Plan pays up to \$30 Allowance	\$10 Copay (Plan Pays Balance)	Plan pays up to \$30 Allowance
Bifocal Eyeglass Lenses	\$25 Copay (Plan Pays Balance)	Plan pays up to \$50 Allowance	\$10 Copay (Plan Pays Balance)	Plan pays up to \$50 Allowance
Trifocal Eyeglass Lenses	\$25 Copay (Plan Pays Balance)	Plan pays up to \$65 Allowance	\$10 Copay (Plan Pays Balance)	Plan pays up to \$65 Allowance
Standard Frames	\$25 Copay then \$130 Allowance	Plan pays up to \$70 Allowance	\$10 Copay then \$150 Allowance	Plan pays up to \$70 Allowance
Standard Contact Lenses (hard/soft)	Elective: Plan pays up to \$130 Allowance/ Medically Necessary: Covered in Full after \$25 Copay	Elective: Plan pays up to \$105 Allowance/ Medically Necessary: Plan pays up to \$210 Allowance	Elective: Plan pays up to \$150 Allowance/ Medically Necessary: Covered in Full after \$10 Copay	Elective: Plan pays up to \$105 Allowance/ Medically Necessary: Plan pays up to \$210 Allowance
<u>Frequency of Services</u>				
Exams	12		12	
Lenses	12		12	
Frames	12		12	
Contact Lenses	12		12	
<u>Additional Features</u>				
Laser Vision Correction	Average Discount of 15% Retail or 5% Off Promotional Price		Average Discount of 15% Retail or 5% Off Promotional Price	
<u>Weekly Rates</u>				
Employee Only	\$2.08		\$2.54	
Employee + Spouse	\$4.17		\$5.09	
Employee + Child(ren)	\$3.52		\$4.30	
Family	\$5.82		\$7.10	

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