



MetLife

High-quality dental coverage at affordable rates

Through Massachusetts Health Connector, your company can buy competitively priced, qualified dental benefit plans from MetLife.

Highlights of the plans available in Massachusetts

You can choose the plan that's right for your company and employees. We offer coverage for children only and coverage for the entire family. For family plans, you can choose between basic plans and enhanced plans.

Plan Design Features	MA Child Only Plan ¹	
	Essential Dental Plan	
	In-Network	Out-of-Network
Reimbursement Basis	Negotiated Fee	R&C ²
Coinsurance	100/75/50	80/55/30
Deductible (Individual)	\$50 Applies to B & C Services	\$50 Applies to B & C Services
Deductible (Family)	N/A	N/A
Annual Maximum	None	None
Out-of-Pocket Annual Maximum ³	\$350 (applies to children under the age of 19 only)	None
Family Out-of-Pocket Maximum	\$700 (applies to two or more covered children under the age of 19 only)	None
Orthodontia		
Orthodontia Coverage	50% if medically necessary	30% if medically necessary
Coinsurance	50%	30%
Orthodontia Lifetime Max	None	None
Child Orthodontia Age Limit	Up to age 19	Up to age 19

Plan Design Features	MA Family Plans ¹			
	Basic Dental Plan		Enhanced Dental Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Reimbursement Basis	Negotiated Fee	R&C ²	Negotiated Fee	R&C ²
Coinsurance	100/75/50 Type C services: 50% of negotiated fee for children under the age of 19; not covered for participants over the age of 19	80/55/30 Type C services: 30% of R&C for children under the age of 19; not covered for participants over the age of 19	100/75/50	80/55/30
Deductible (Individual)	\$50 Applies to B & C Services	\$50 Applies to B & C Services	\$50 Applies to B & C Services	\$50 Applies to B & C Services
Deductible (Family)	\$150 Applies to B & C Services	\$150 Applies to B & C Services	\$150 Applies to B & C Services	\$150 Applies to B & C Services

Annual Maximum	None (under age 19) \$750 (over age 19)	None (under age 19) \$750 (over age 19)	None (under age 19) \$1250 (over age 19)	None (under age 19) \$1250 (over age 19)
Out-of-Pocket Annual Maximum ³	\$350 (applies to children under the age of 19 only)	None	\$350 (applies to children under the age of 19 only)	None
Family Out-of-Pocket Maximum	\$700 (applies to two or more covered children under the age of 19 only)	None	\$700 (applies to two or more covered children under the age of 19 only)	None
Orthodontia				
Orthodontia Coverage Coinsurance	50% (medically necessary orthodontia only) for children under the age of 19	30% (medically necessary orthodontia only) for children under the age of 19	50% (medically necessary orthodontia only) for children under the age of 19	30% (medically necessary orthodontia only) for children under the age of 19
Orthodontia Lifetime Max	None	None	None	None
Child Orthodontia Age Limit	Up to age 19	Up to age 19	Up to age 19	Up to age 19

MA Family Plans with Enhanced Child Orthodontia¹				
Plan Design Features	Basic Dental Plan		Enhanced Dental Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Reimbursement Basis	Negotiated Fee	R&C ²	Negotiated Fee	R&C ²
Coinsurance	100/50/50	80/50/30	100/80/50	80/60/30
Deductible (Individual)	\$90 Applies to B & C Services	\$90 Applies to B & C Services	\$50 Applies to B & C Services	\$50 Applies to B & C Services
Deductible (Family)	\$270 Applies to B & C Services	\$270 Applies to B & C Services	\$150 Applies to B & C Services	\$150 Applies to B & C Services
Annual Maximum	None (under age 19) \$1000 (over age 19)	None (under age 19) \$750 (over age 19)	None (under age 19) \$1250 (over age 19)	None (under age 19) \$1000 (over age 19)
Out-of-Pocket Annual Maximum ³	\$350 (applies to children under the age of 19 only)	None	\$350 (applies to children under the age of 19 only)	None
Family Out-of-Pocket Maximum	\$700 (applies to two or more covered children under the age of 19 only)	None	\$700 (applies to two or more covered children under the age of 19 only)	None
Orthodontia				
Orthodontia Coverage Coinsurance	50% (medically necessary and non-medically necessary orthodontia) for children under the age of 19	50% (medically necessary and non-medically necessary orthodontia) for children under the age of 19	50% (medically necessary and non-medically necessary orthodontia) for children under the age of 19	50% (medically necessary and non-medically necessary orthodontia) for children under the age of 19
Orthodontia Lifetime Max	None for medically necessary orthodontia \$1000 for non-medically necessary orthodontia	None for medically necessary orthodontia \$1000 for non-medically necessary orthodontia	None for medically necessary orthodontia \$1000 for non-medically necessary orthodontia	None for medically necessary orthodontia \$1000 for non-medically necessary orthodontia
Child Orthodontia Age Limit	Up to age 19	Up to age 19	Up to age 19	Up to age 19

For more information, visit Massachusetts Health Connector at MAhealthconnector.org.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife for complete details.

Group dental insurance policies featuring the MetLife Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166.

¹ Plans subject to change.

² R&C (or Reasonable and Customary 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. When a participant receives dental services from an out-of-network provider, MetLife will reimburse a percentage of the R&C. The participant is then responsible for everything over the percentage of R&C reimbursed up to the charge submitted by the out-of-network dentist.

³ The out-of-pocket annual maximum applies to children under the age of 19 only. It is the most a participant pays during a Plan Year in cost-sharing for covered services provided by an in-network dentist before we begin to pay 100% of the maximum allowed charge. This limit does not include premiums, balance billing charges, the cost of services we do not cover or services provided by out-of-network dentists.