

Dental Preferred Provider Organization (DPPO)

Maximum Allowed Charge (MAC) is the lowest of (1) the amount charged by the dentist or (2) the maximum amount that in-network dentists have agreed to accept as payment in full for the dental service. When a participant receives dental services from an in-network provider, the participant is responsible for the percentage of the MAC that MetLife does not pay.¹ Even when a participant receives dental services from an out-of-network provider, MetLife will pay a percentage of the MAC. The participant is then responsible for everything over the percentage of the MAC paid by MetLife up to the charge submitted by the out-of-network dentist.¹

2020 State of Tennessee Benefit Summary		
Coverage Type	In-Network	Out-of-Network
Type A: Diagnostic and Preventive Services <ul style="list-style-type: none"> Periodic Oral Evaluation: Two oral exams in any calendar year² Routine Cleaning: 2 cleanings in any calendar year² Full-Mouth X-rays: 1 in 60 consecutive months Bitewing X-rays: 1 in 12 consecutive months Sealants to age 16 Space Maintainers to age 15 	100% of MAC	80% of MAC
Type B: Basic Services <ul style="list-style-type: none"> Amalgam & Composite Fillings Periodontal Maintenance: 2 treatments In 1 Year, includes 2 cleanings² Periodontics: Non-Surgical/Scaling and Root Planing 	80% of MAC	60% of MAC
Type C: Major Services <ul style="list-style-type: none"> Inlays/Onlays/Crowns Implant Services Crown Buildups/Post & Core Dentures, complete or partial 6-month waiting period applies to inlay/onlay restorations, dentures, crowns and implants; 12-month waiting period applies for initial placement of bridge or denture to replace one or more natural teeth. 	50% of MAC	50% of MAC
Orthodontic Services <ul style="list-style-type: none"> Only available for dependent children up to age 19 12-month waiting period 	50% of MAC	50% of MAC
Deductible: Type B and C Services only <ul style="list-style-type: none"> Individual Family <p>No single family member will be subject to a deductible greater than the "individual" amount.</p>	\$25.00 \$75.00	\$100.00 \$300.00
Annual Maximum Benefit (per person) Orthodontia Lifetime Maximum (per person)	\$1,500 \$1,250	\$1,500 \$1,250

¹ Subject to any deductibles and benefit maximums

² Additional oral exams, cleanings and periodontal maintenance allowed if medically necessary and the dentist receives prior authorization from MetLife.

Monthly Premiums

The following monthly premiums are effective 1/1/2020 – 12/31/2020. Your premium may be paid through convenient payroll or retirement system deduction.

Active Employee Premiums		Retiree Employee Premiums	
Employee Only	\$23.64	Retiree Only	\$30.52
Employee + Child(ren)	\$54.36	Retiree + Child(ren)	\$70.18
Employee + Spouse	\$44.72	Retiree + Spouse	\$57.74
Employee + Spouse + Child(ren)	\$87.50	Retiree + Spouse + Child(ren)	\$112.98

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