

Dental Plan

We will continue to offer dental coverage through MetLife, our dental insurance carrier. This year we are adding a second dental plan with MetLife. The Low Dental Plan has no orthodontia coverage with a deductible of \$50 for individual and \$150 for family and an annual maximum of \$1,500. The High Dental Plan includes orthodontia for both adults and child(ren) with a lifetime maximum of \$1,500. The deductible is \$25 for individual and \$75 for family with an annual maximum of \$2000.

With MetLife dental insurance coverage, you may use any licensed dentist and receive benefits under the plan. However, when you choose a dentist from MetLife's Preferred Dentist Program (PDP network), you receive additional savings. You may use an out-of-network provider; however, you will be responsible for any fees in excess of MetLife's Reasonable & Customary charges.

Reasonable & Customary charges are costs set by MetLife that allow for covered dental procedures. These charges are considered "Reasonable & Customary" for the service provided in the market.

Remember, you will not receive an ID card from MetLife. When you arrive at your dentist's office, simply inform your provider that you are a MetLife participant and your Group Number is 123550.

You can also access an electronic ID card, view eligibility information, find a provider and view claims by using the Metlife mobile app.

When setting up your online account, use the employer name "Grange Insurance Company".

Coverage Tier	High Plan		Low Plan	
Associate Only	\$6.57		\$5.66	
Associate + Spouse/Domestic Partner	\$17.30		\$14.90	
Associate + Child or Children	\$19.24		\$16.57	
Family	\$29.87		\$25.73	
PLAN FEATURE	PDP NETWORK	OUT-OF-NETWORK	PDP NETWORK	OUT-OF-NETWORK
Type A Preventive (Cleanings, Oral Examinations, etc.)	100%	100%	100%	100%
Type B Basic Restorative (Fillings, Repair of Crowns and Dentures, Oral Surgery)	80%	80%	80%	80%
Type C Major Restorative (Bridges, Crowns and Dentures)	50%	50%	50%	50%
Type D - Orthodontia	50%	50%	50%	50%
DEDUCTIBLE				
Associate Only	\$25		\$50	
All Other Coverage Tiers	\$75		\$150	
ANNUAL MAXIMUMS				
Annual Maximum Benefit (per person)	\$2,000		\$1,500	
Orthodontia (adult and child)	\$1,500		No coverage	

*PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums.

**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.