



## Plan Design for: Ocean Springs School District

**Original Plan Effective Date:** January 1, 2019

**Network: PDP Plus**

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>4</sup>
<b>Type A</b> - Preventive	100%	100%
<b>Type B</b> - Basic Restorative	80%	80%
<b>Type C</b> - Major Restorative	50%	50%
<b>Type D</b> - Orthodontia	50%	50%
<b>Deductible<sup>3</sup></b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit:</b>		
Per Individual	\$1800	\$1800
<b>Orthodontia Lifetime Maximum - Ortho applies to Child Only</b>	Child to age 19	
	\$1500 per Person	\$1500 per Person
<b>Dependent Age:</b>	Eligible for benefits until the day that he or she turns 26.	
<p>1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.</p> <p>2. Negotiated fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.</p> <p>3. Applies to Type B and C services only.</p> <p>4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:</p> <ul style="list-style-type: none"> <li>the dentist's actual charge (the 'Actual Charge'),</li> <li>the dentist's usual charge for the same or similar services (the 'Usual Charge') or</li> <li>the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 80th percentile. Services must be necessary in terms of generally accepted dental standards.</li> </ul>		

<b>Dental – High Plan (per Employee Per Month)</b>	
Employee Only	\$35.56
Employee + Spouse	\$80.21
Employee + Child(ren)	\$78.38
Employee + Family	\$124.80