



MetLife Insurance Options Effective June 1, 2017

	MetLife 1000 100/80/50 80th UCR (Low Plan) PPO		MetLife 2000 100/90/60 80th UCR (High Plan) PPO		MetLife 150A DHMO
	In Network	Out Network	In Network	Out Network	In-Network Only
	80th percentile		80th percentile		
Net Reimbursement					
Ind Deductible	\$50	\$50	\$50	\$50	
Fam Deductible	\$150	\$150	\$150	\$150	
Annual Maximum	\$1,000	\$1,000	\$2,000	\$2,000	
Preventive Paid At	100%	100%	100%	100%	
Ded Waived for Prev	Yes	Yes	Yes	Yes	
Basic Paid At	80%	80%	90%	80%	
Major Paid At	50%	50%	60%	50%	
Wait Period for Major	No	No	No	No	
Ortho Copay - Child	Not covered	Not covered	\$1,000	\$1,000	Office Copay \$5
Ortho Copay - Adult	Not covered	Not covered	\$1,000	\$1,000	Preventive - Cleaning \$0 (D1110/D1120)
Ortho Wait	N/A	N/A	No	No	Preventive - X-ray \$0 (D0274)
Ortho Lifetime Max	N/A	N/A	\$1,000	\$1,000	Amalgam Fill - 1 Surface \$0 (D2140)
Ortho Lifetime Max	N/A	N/A	N/A	N/A	Root Canal - Molar \$125 (D3330)
	Rates		Rates		Gingivectomy per Quad \$55 (D4210)
Employee	\$44.57		\$54.46		Full Denture - Upp & Lwr \$350 (D5110 & D5120)
Employee + Spouse	\$90.74		\$110.82		Extraction - Single Tooth \$0 (D7111)
Employee + Child	\$100.56		\$124.08		Extraction-Complete Bony \$80 (D7240)
Family	\$147.78		\$193.36		Porcelain W/metal Crown \$150 (D6750)
					Orthodontia Copay - Child \$1,695 (D8080)
					Orthodontia Copay - Adult \$1,695 (D8090)
					Rates
					\$17.84
					\$33.30
					\$35.68
					\$50.85



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MetLife Vision \$10/\$25 \$130 PPO		
	In-Network	Out-Network
Eye Exam	\$10 copay (Every 12 months)	\$45 allowance (Every 12 months)
Lenses (Single Vision)	\$25 copay (Every 12 months)	\$30 allowance (Every 12 months)
Lenses (Bifocal)	\$25 copay (Every 12 months)	\$50 allowance (Every 12 months)
Frame	\$25 copay; \$130 allowance (Every 24 months); 20% off remaining balance	\$70 allowance (Every 12 months)
Contact Lenses (Conventional)	\$25 copay; \$130 allowance (Every 12 months)	\$105 allowance (Every 12 months)
Contact Lenses (Disposable)	\$25 copay; \$130 allowance (Every 12 months)	\$105 allowance (Every 12 months)
Rates		
Employee	\$8.37	
Employee + Spouse	\$16.79	
Employee + Child	\$14.22	
Family	\$23.44	

MetLife Supplement Term Life & ADD	
For You	\$25,000 increments, to a maximum of the lesser of 5.00 times pay or \$150,000
For Your Spouse/Domestic Partner	\$5,000 increments to a maximum of \$100,000, not to exceed 50% of your coverage amount
For Your Dependent Children	\$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Rates	
Age	Monthly Cost Per \$1,000 of Coverage Employee/Spouse/DP
Under 30	0.077
30 – 34	0.097
35 – 39	0.107
40 – 44	0.127
45 – 49	0.197
50 – 54	0.297
55 – 59	0.457
60 – 64	0.677
65 – 69	1.287
70 +	2.077
Cost for your Child(ren)	0.257

MetLife MetLaw Legal Services
Services Include:
Estate Planning (Wills, Trusts, Power of Attorney and more)
Money Matters (Defense against ID theft, tax collection, creditors, tax audit)
Real Estate Matters (Sale, Purchase or Refinancing and more)
Elder Law Matters (Lease, Notes, Deeds and more)
Family Law (Adoption, Pre-nuptial, Guardianship)
Document Prep (Affidavits, Deeds, Demand Letters)
Rates
\$22.50
Covers employee, spouse and children

Calculate your cost for Life/ADD Insurance in 3 Easy Steps	
<i>Example \$100,000 Supplemental/Optional Life Coverage</i>	
1. Enter the rate from the table above (ex. Age 36)	\$0.107
2. Enter the amount of insurance in thousands of dollars (e.g. for \$100,000 of coverage enter 100)	100
Multiply 1 and 2	\$10.70