**Big I, Dental 10-99 Eligible Lives**

**Rates are valid for effective dates 1/1/2021 – 12/1/2021**

**Rate guarantee period is 12 months from the group's effective date**

|  |  |  |
| --- | --- | --- |
|  | **Dental Option 1** | |
|  | In Network | Out of Network |
| **Preventative**  (Cleanings, exams, x-rays, sealants) | 100% | 100% |
| **Basic Services**  (Composite fillings, endodontics, periodontics, oral surgery) | 90% | 75% |
| **Major Services**  (crowns, bridges, dentures, implants) | 60% | 50% |
| **Annual Maximum** | $2,000 | $1,000 |
| **Deductible**  (Waived for Preventative) | $50 per person  $150 per family | $50 per person  $150 per family |
| **Child Orthodontics**  (Lifetime Maximum) | 50%  $2,000 | 50%  $2,000 |
| **Out of Network Reimbursement** | 90th UCR | |

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| --- | --- | --- | --- |
| Monthly Rates | | Region 1 | Region 2 |
| Employer Contribution >50% | Employee Only | $41.10 | $60.57 |
| Employee + Spouse | $81.82 | $120.62 |
| Employee + Child(ren) | $96.74 | $141.65 |
| Employee + Spouse & Child(ren) | $148.02 | $216.26 |
|  |  |  |  |
| Vountary | Employee Only | $45.44 | $66.98 |
| Employee + Spouse | $90.48 | $133.39 |
| Employee + Child(ren) | $105.91 | $155.16 |
| Employee + Spouse & Child(ren) | $162.40 | $237.44 |

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| **Eligibility Requirements** | | | Rating Regions by Zip Code | |
| Must be an active full time employee working at least 30 hours per week | | | See Appendix A | |
| Retirees, part time, temporary, seasonal, leased and independent contractors (1099) are not eligible | | |  |  |
| Documented proof of active, full time employment is required for all employees who are age 70 or older | | |  |  |
| Orthodontia: groups must have prior dental coverage to elect the ortho benefit | | |  |  |
|  |  |
| **Pricing Assumptions** | | |  |  |
|  | | |  |  |
| Rates assume at least 75% of the eligible employees reside within New York | | |  |  |
| An annual open enrollment is included | | |  |  |
| Rates include Flat 20% broker commissions  Plan rates reflect single option rates only. DDO requires 3% load to the rates and is subject to participation requrements. | | |  |  |

**$15 administrative fee applies to cases under 10 lives**

**Big I, Dental 10-99 Eligible Lives**

**Rates are valid for effective dates 1/1/2021 – 12/1/2021**

**Rate guarantee period is 12 months from the group's effective date**

|  |  |  |
| --- | --- | --- |
|  | **Dental Option 2** | |
|  | In Network | Out of Network |
| **Preventative**  (Cleanings, exams, x-rays, sealants) | 100% | 100% |
| **Basic Services**  (Composite fillings, endodontics, periodontics, oral surgery) | 80% | 70% |
| **Major Services**  (crowns, bridges, dentures, implants) | 50% | 50% |
| **Annual Maximum** | $1,000 | $1,000 |
| **Deductible**  (Waived for Preventative) | $50 per person  $150 per family | $50 per person  $150 per family |
| **Child Orthodontics**  (Lifetime Maximum) | 50%  $1,000 | 50%  $1,000 |
| **Out of Network Reimbursement** | MAC | |

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| Monthly Rates | | Region 1 | Region 2 |
| Employer Contribution >50% | Employee Only | $28.34 | $38.94 |
| Employee + Spouse | $56.39 | $77.49 |
| Employee + Child(ren) | $66.35 | $91.17 |
| Employee + Spouse & Child(ren) | $101.35 | $139.37 |
|  |  |  |  |
| Vountary | Employee Only | $31.34 | $43.06 |
| Employee + Spouse | $62.36 | $85.70 |
| Employee + Child(ren) | $72.89 | $100.14 |
| Employee + Spouse & Child(ren) | $111.51 | $153.32 |

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| **Eligibility Requirements** | | | Rating Regions by Zip Code | |
| Must be an active full time employee working at least 30 hours per week | | | See Appendix A | |
| Retirees, part time, temporary, seasonal, leased and independent contractors (1099) are not eligible | | |  |  |
| Documented proof of active, full time employment is required for all employees who are age 70 or older | | |  |  |
| Orthodontia: groups must have prior dental coverage to elect the ortho benefit | | |  |  |
|  |  |
| **Pricing Assumptions** | | |  |  |
|  |  |
| Rates assume at least 75% of the eligible employees reside within New York | | |  |  |
| An annual open enrollment is included | | |  |  |
| Rates include Flat 20% broker commissions  Plan rates reflect single option rates only. DDO requires 3% load to the rates and is subject to participation requrements. | | |  |  |

**$15 administrative fee applies to cases under 10 lives**

**Dental Allocations & Limitations - Digital Endo/Perio in Basic**

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| --- | --- |
| **Type A - Preventive Services (deductible waived)** | |
| Examinations | 2 times in 12 months |
| Examinations - Problem Focused | Combined with Examinations limit |
| Prophylaxis: Cleanings | 2 times in 12 months |
| Fluoride | 1 time in 12 months for a dependent child under age 14 |
| Sealants | 1 per molar in 60 months for a child under age 16 |
| Space Maintainers | 1 per lifetime for a child under age 14 |
| Bitewing X-Rays | For a child under 19: 1 time in 12 months  Adult: 1 time in 12 months |
| Full Mouth X-Rays | Once in 60 months |
| Periapical X-Rays |  |
| Other X-Rays |  |
| Labs & Other Tests |  |
| **Type B - Basic Services** | |
| Amalgam Fillings | 1 replacement per surface in 24 months |
| Root Canal | 1 per tooth per lifetime |
| Periodontal Maintenance | 4 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 4) |
| Periodontal Surgery | 1 per quadrant in any 60 month period |
| Scaling & Root Planing | 1 per quadrant in any 60 month period |
| Emergency Palliative Treatment |  |
| Resin Composite Fillings (includes coverage for composite fillings on molars) |  |
| Pulpotomy |  |
| Pulp Capping |  |
| Pulp Therapy |  |
| Apexification & Recalcification |  |
| Periodontal Surgery - Soft & Connective Tissue Grafts |  |
| Periodontics - Non Surgical |  |
| General Anesthesia |  |
| Oral Surgery: Simple Extractions |  |
| Oral Surgery: Surgical Extractions |  |
| Other Oral Surgery |  |
| General Services |  |
| **Type C - Major Service** | |
| Consultations | 1 in 12 months |
| Prefabricated Stainless Steel & Resin Crowns | 1 per tooth in 10 calendar years |
| Crown Buildups / Post Core | 1 per tooth in 10 calendar years |
| Repairs | 1 in 12 months |
| Recementations | 1 in 12 months |
| Dentures | 1 in 10 calendar years |
| Immediate Temporary Dentures - Complete / Partial | 1 replacement in 12 months |
| Dentures - Rebases / Relines | 1 in 36 months |
| Denture Adjustments | 1 in 12 months |
| Fixed Bridges | 1 in 10 calendar years |
| Inlays / Onlays / Crowns | 1 replacement per tooth in 10 calendar years |
| Implant Services | 1 per tooth in 10 calendar years |
| Implant Repairs | 1 per tooth in 10 calendar years |
| Implant Supported Prosthetic | 1 per tooth in 10 calendar years |
| Tissue Conditioning | 1 in 36 months |
| Occlusal Adjustments | 1 in 12 months |
| Harmful Habits Appliances |  |
| Occlusal Guards/Bruxism Appliances |  |
| Implant Repairs |  |

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| **Met335 – New York** | | |
| **Code** | **Description** | **Co-Payment** |
| Diagnostic Treatment | | |
|  | Office Visit Copay | $5 |
| D0120 | Periodic Oral Evaluation – established patient | $0 |
| D0150 | Comprehensive Oral Evaluation – New or Established Patient | $0 |
| D0210 | Intraoral – Complete Series of Radiographic Images | $0 |
| D0274 | Bitewings – Four Radiographic Images | $0 |
| D0330 | Panoramic Radiographic Image | $0 |
| Preventive Services | | |
| D1110 | Prophylaxis – Adult | $5 |
| D1120 | Prophylaxis – Child | $5 |
| D1351 | Sealant – per tooth | $0 |
| Restorative Services | | |
| D2140 | Amalgam – One Surface, Primary or Permanent | $12 |
| D2330 | Resin-Based Composite – One Surface, Anterior | $12 |
| D2391 | Resin-Based Composite – One Surface Posterior | $30 |
| Crowns | | |
| D2750 | Crown-Porcelain Fused to High Noble Metal | $335 |
| D2751 | Crown-Porcelain Fused to Predominantly Base Metal | $335 |
| Endodontics | | |
| D3220 | Therapeutic Pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament | $40 |
| D3330 | Endodontic therapy, Molar (excluding final restoration) | $305 |
| Periodontics | | |
| D4260 | Osseous Surgery (Including Flap Entry and closure) – Four or more contiguous teeth or tooth bounded spaces per quadrant | $330 |
| D4341 | Periodontal scaling and root planing – Four or more teeth per quadrant | $60 |
| D4381 | Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth | $65 |
| D4910 | Periodontal Maintenance | $45 |
| Prosthodontics | | |
| D5110 | Complete Denture - Maxillary | $505 |
| D5120 | Complete Denture - Mandibular | $505 |
| D5211 | Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth) | $405 |
| D5212 | Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth) | $465 |
| Implants | | |
| D6010 | Surgical placement of implant body: endosteal implant | $1,005 |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | $660 |

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| Tier | Employer Contribution >50% | Voluntary |
| Employee Only | $19.25 | $20.51 |
| Employee + Spouse | $33.35 | $38.97 |
| Employee + Child(ren) | $35.09 | $41.01 |
| Employee + Spouse & Child(ren) | $50.01 | $58.44 |

|  |  |
| --- | --- |
| * Must be an active full time employee working at least 30 hours per week | * Retirees, part time, temporary, seasonal, leased and independent contractors (1099) are not eligible |
|  | * Rates include Flat 20% broker commissions * Plan rates reflect single option rates only. DDO requires 3% load to the rates and is subject to participation requrements. |
| * Only New York Residents are eligible for DHMO Plan | * $15 administrative fee applies to cases under 10 lives |

**Appendix A – Dental Regions by 3 Digit Employer Zip Code**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Region 1** | | | **Region 2** | |
| 120 | 130 | 140 | 100 | 110 |
| 121 | 131 | 141 | 101 | 111 |
| 122 | 132 | 142 | 102 | 112 |
| 123 | 133 | 143 | 103 | 113 |
| 124 | 134 | 144 | 104 | 114 |
| 125 | 135 | 145 | 105 | 115 |
| 126 | 136 | 146 | 106 | 116 |
| 127 | 137 | 147 | 107 | 117 |
| 128 | 138 | 148 | 108 | 118 |
| 129 | 139 | 149 | 109 | 119 |

U.S. Business

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MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products *(“Products”)* with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products *(each an “Intermediary”)*. MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business *(number of products sold or dollar value of premium)* with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife’s current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental

compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or

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you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

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