

# Principal Dental Plan- ACNA

## Rate Sheet

	In-Network	Out-of-Network
Coverage Option	Primary	Primary
Basis of Reimbursement – Network	Negotiated PDP fee <sup>4</sup>	90th percentile of Reasonable & Customary (R&C) <sup>5</sup>
Preventive	100%	100%
B-Basic	80%	60%
C-Major	50%	50%
Orthodontia – Child Up to Age 19	50%	50%
Individual Deductible (Annual)	\$50	\$50
Family Deductible (Annual)	3x aggregate	3x aggregate
Deductible Applies To	Type B & C	Type B & C
Calendar Year Maximum	\$1,500	\$1,000
Lifetime Orthodontic Maximum	\$1,500	\$1,500

## Rate Information

	Rate
Employee Only	\$29.68
Employee + Spouse	\$60.48
Employee + Child(ren)	\$69.16
Employee + Family	\$103.91



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Simpler process, smarter solutions, better results for you.

<sup>4</sup> In Network Benefits provided under this plan for covered dental services provided by a dentist who is a participating provider.

<sup>5</sup> 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 (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge'), or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.