

Coverage for necessary dental care is automatically included for those enrolled in any Health Care Plan offered by the Diocese of Cleveland for active employees. The coverage is also available as a stand-alone benefit for eligible participants. Participants can choose between the Standard Dental, PPO or High Option PPO Plans.

The Standard Dental Plan is NOT a preferred provider program and allows you to use any licensed dental provider. As an added feature of this Plan, MetLife provides advantages when using one of their network providers, including negotiated discounts for non-covered services or after your annual/lifetime maximums have been reached (subject to state approval). Additionally, you are guaranteed not to be balance billed for charges in excess of the negotiated fee when using a MetLife network provider. To locate a participating MetLife provider, you can call 1-800-942-0854 or access the MetLife Provider Finder at www.metlife.com.

The PPO Dental Plan is a preferred provider dental program which allows you to receive a higher level of benefits when utilizing a dentist in the MetLife network. You are not required to sign up with a Primary Care Dentist (PCD) in order to receive services, and no ID card is required. However, you must use a dentist in the MetLife network in order to receive the highest level of benefits. This program also provides you with no balance billing from the MetLife network providers.

The High Option PPO Dental Plan provides benefits in the same manner as the PPO Dental Plan. Members are able to purchase a higher level of benefits for a monthly contribution (see Page 21).

Note: Certain procedures are considered to be surgical, such as impacted wisdom teeth and osseous surgery, and may be covered under your medical plan rather than the dental plan.

Diocese of Cleveland DENTAL BENEFIT COMPARISON					
	STANDARD PLAN	PPO PLAN		HIGH OPTION PPO PLAN (BUY-UP)	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum	\$750	\$1000		\$1250	
Deductible	\$50 Individual \$150 Family	\$100 per Individual		\$50 Individual \$150 Family	
Dependent Child Maximum Age	Age 26 removal month end	Age 26 removal month end		Age 26 removal month end	
Emergency Palliative Treatment	80% traditional amount	100%		100%	
Preventive Services (Annual Cleanings, Exams & Bitewing X-Rays, etc.)	80% traditional amount (No Deductible)	100% (No Deductible)	50% traditional amount	100% (No Deductible)	50% traditional amount
Essential Services (Fillings, Root Canals, Extractions)	50% traditional amount	70%	50% traditional amount	80%	50% traditional amount
Periodontal Surgery	50% traditional amount	70%	50% traditional amount	60%	50% traditional amount
Complex Services (Crowns, Partials)	50% traditional amount	60%	50% traditional amount	60%	50% traditional amount
Orthodontia (dependent Children only to the age of 18)	50% traditional amount (\$100 Deductible)	60% (No Deductible)	50% (\$100 Deductible)	60% (No Deductible)	50% (\$100 Deductible)
Orthodontia Lifetime Max	\$750	\$750		\$750	

Please note: This is not intended to represent a complete listing of all benefits, limitations and exclusions.