Prairie Senior Cottages

Connecting ♦ Caring ♦ Creating

DENTAL INSURANCE

MetLife

	Low Plan	Medium Plan	High Plan
Monthly Premium	$0.00 Single $6.53 Single + 1 $42.32 Family	$2.67 Single $34.30 Single + 1 $80.18 Family	$7.64 Single $44.40 Single + 1 $100.34 Family
Calendar Year Maximum	$750	$1,000	$2,000
Deductible	$50 Single / $150 Family	$50 Single / $150 Family	$50 Single / $150 Family
Preventive Care	100%	100%	100%
Basic	50%	80%	80%
Major	None	50%	50%
Orthodontia	None	None	50% up to $1,000 Lifetime maximum for children up to age 19
Out-of-Network *R&C Fee	90%	90%	90%

Reasonable and Customary (R&C)

*R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife Network: PDP Plus

You can locate an in-network provider by going to www.metlife.com/dental and searching the PDP Plus network

Preventative Services: Cleanings, exams, fluoride treatment, bitewing x-rays and sealants for dependent children up to the 14th birthday.

Basic Services: Space maintainers, full mouth x-rays, fillings, simple extractions

Major Services: Periodontics, general anesthesia, endodontics, crown, denture, b inlays,onlays, TMJ

Waiting Periods:

There are no waiting periods for any dental services

Please be sure when you are calling MetLife, that you reference PROCare HR as your employer. The group ID is 230007, your member ID is your social security number.

"Everyone here is someone's hero"

2022

Prairie Senior Cottages

Connecting ♦ Caring ♦ Creating

VISION INSURANCE

MetLife

Benefit	In-Network Member Cost	Out-of-Network Benefit
Eye Exam	$10 copay	$45 allowance
Retinal Imaging	Up to $39 copay	Applied to the exam allowance
Materials / Eyewear (either glasses or contacts)		
Standard Corrective Lenses *Single Vision* *Lined Bifocal* *Lined Trifocal* *Lenticular*	 $25 copay $25 copay $25 copay $25 copay	 $30 allowance $50 allowance $65 allowance $100 allowance
Standard Lens Enhancement *Ultraviolet Coating Polycarbonate*	Covered in full Covered in full	Applied to allowance Applied to allowance
Additional Lens Enhancements		
Progressive Standard	Up to $55 copay	$50 allowance
Progressive Premium/Custom	Up to $95-$105 copay	$50 allowance
Polycarbonate (adult)	Single: Up to $31 copay Multifocal: Up to $150-$175 copay	Applied to allowance
Scratch Resistant Coating	Up to $17-$33 copay	Applied to allowance
Tints	Single:Up to $17-$34 copay Multifocal: Up to $17-$44 copay	Applied to allowance
Anti-reflective coating	Up to $41-$85 copay	Applied to allowance
Photochronic	Up to $47-$82 copay	Applied to allowance
Frame Allowance Costco	$150 allowance $85 allowance	$70 allowance
Contact Lenses *Elective* *Necessary* *Contact Fitting & Evaluation*	 $150 allowance Covered after eyewear copay Covered with max $60 copay	 $105 allowance $210 allowance Applied to contact allowance
Value Added Features *Additional Savings Laser Vision Correction*	20% off additional pairs of prescription & nonprescription Average 15% savings off regular price	

Monthly Rates					
Single	$9.36	**Single + 1**	$17.58	**Family**	$25.03

"Everyone here is someone's hero"

2022