

## DENTAL PLAN

MetLife continues to partner with Creighton in the administration of our dental benefits. Using in-network providers saved the plan and participants \$718,926 in 2010. Due to an increase in claims for major expenses (i.e., crowns, bridges, dentures, etc.), a slight increase in premiums of 2.6 percent is necessary for 2012.



Employee Monthly Premiums	Preventive Care Only	Basic Dental	Enhanced Dental
Employee Only	\$ 0	\$ 8.44	\$ 15.36
Employee and Spouse	\$ 8.78	\$ 26.82	\$ 38.86
Employee and Child(ren)	\$ 7.94	\$ 25.08	\$ 36.64
Family	\$ 16.72	\$ 43.46	\$ 60.12
Creighton Monthly Premiums			
Employee Only	\$ 11.86	\$ 21.68	\$ 21.68
Employee and Spouse	\$ 11.86	\$ 25.58	\$ 25.58
Employee and Child(ren)	\$ 11.86	\$ 25.20	\$ 25.20
Family	\$ 11.86	\$ 29.10	\$ 29.10

PLAN COVERAGE	PREVENTIVE CARE ONLY		BASIC DENTAL		ENHANCED DENTAL	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Type A: Preventive Care	100%	100%	100%	100%	100%	100%
Type B: Basic Restorative	Not Covered	Not Covered	70%	50%	80%	50%
Type C: Major Restorative	Not Covered	Not Covered	50%	50%	50%	50%
Type D: Orthodontia (children only)	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%
Annual Deductible (Type B & C Services)						
Per Person	\$0	\$0	\$50	\$150	\$35	\$150
Family	\$0	\$0	\$150	\$300	\$125	\$300
Annual Benefit Maximum Per Person (Type A, B, & C Services)	\$500	\$500	\$1500	\$1500	\$1500	\$1500
Lifetime Orthodontia Benefit Maximum	Not Covered	Not Covered	Not Covered	Not Covered	\$1500	\$1500

Note: If you seek care from an out-of-network dentist, you may incur additional charges.

To view benefits  
or find a MetLife  
provider log on to  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)



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