

## WHAT ARE MY DENTAL PLAN OPTIONS?

For 2017, MetLife will continue to be our Dental Plan Provider, with no changes in plan benefits or premiums.

### 2017 DENTAL RATES AND CONTRIBUTIONS

EMPLOYEE MONTHLY PREMIUMS	PREVENTIVE	BASIC	ENHANCED
Employee Only	\$ 0	\$ 9.80	\$ 17.76
Employee + Spouse	\$ 10.08	\$ 31.10	\$ 44.96
Employee + Child(ren)	\$ 9.12	\$ 29.08	\$ 42.36
Family	\$ 19.22	\$ 50.38	\$ 69.56
CREIGHTON MONTHLY PREMIUMS			
Employee Only	\$ 13.64	\$ 24.88	\$ 24.88
Employee + Spouse	\$ 13.64	\$ 29.18	\$ 29.18
Employee + Child(ren)	\$ 13.64	\$ 28.80	\$ 28.80
Family	\$ 13.64	\$ 33.12	\$ 33.12



## WHICH DENTAL PLAN IS RIGHT FOR ME?

### PREVENTIVE

The **Preventive** dental plan offers the most basic care covering 100% of your cleanings. If a dental problem arises, while the plan won't pay, using a MetLife network provider will get you discounts on the services needed.

### BASIC

The **Basic** dental plan offers coverage that works for the majority of participants. Included are your routine cleanings and exams, and help paying for the basic and major restorative procedures like fillings, extractions, crowns and bridges. This plan promotes good dental hygiene through preventative care, and helps cover dental services you may need at a low cost.

### ENHANCED

The **Enhanced** dental plan offers the same comprehensive coverage as Basic, but also covers orthodontia for children. While what you pay in coinsurance and deductibles vary slightly, the difference in premium should be closely considered. If you don't have a child needing orthodontia, this plan is probably not worth the extra monthly premium because the maximum benefit – like the Basic dental plan – is limited to \$1,500 per year.

DENTAL BENEFITS	PREVENTIVE		BASIC		ENHANCED	
PLAN COVERAGE	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 DEDUCTIBLES						
Per Person Deductible	\$0	\$0	\$50	\$150	\$35	\$150
Family Deductible	\$0	\$0	\$150	\$300	\$125	\$300
BENEFIT MAXIMUMS						
Annual Benefit Maximum Per Person (Type A, B, & C Services)	\$500	\$500	\$1,500	\$1,500	\$1,500	\$1,500
Lifetime Orthodontia Benefit Maximum	Not Covered	Not Covered	Not Covered	Not Covered	\$1,500	\$1,500

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

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