



MetLife Insurance Options - Effective June 1, 2023 - May 31, 2024

	MetLife 1000 100/80/50 - MAC (Low Plan)		MetLife 2000 100/90/60 - MAC (High Plan)	
	PPO		PPO	
	In Network	Out Network	In Network	Out Network
Net Reimbursement		MAC - % Negotiated Fee		MAC - % Negotiated Fee
Ind Deductible Fam	\$50	\$50	\$50	\$50
Deductible Annual	\$150	\$150	\$150	\$150
Maximum	\$1,000	\$750	\$2,000	\$1,500
Preventive Paid At	100%	100%	100%	100%
Ded Waived for Prev	Yes	Yes	Yes	Yes
Basic Paid At	80%	80%	90%	80%
Major Paid At	50%	50%	60%	50%
Wait Period for Major	No	No	No	No
Ortho Copay - Child	Not covered	Not covered	\$1,000	\$1,000
Ortho Copay - Adult	Not covered	Not covered	\$1,000	\$1,000
Ortho Wait	N/A	N/A	No	No
Ortho Lifetime Max	N/A	N/A	\$1,000	\$1,000
Ortho Lifetime Max	N/A	N/A	N/A	N/A
	Rates		Rates	
Employee	\$52.31		\$63.91	
Employee + Spouse	\$106.50		\$130.07	
Employee + Child	\$118.02		\$145.62	
Family	\$173.44		\$226.94	

MetLife 150A DHMO	
In-Network Only	
Office Copay	\$5
Preventive - Cleaning	\$0 (D1110/D1120)
Preventive - X-ray	\$0 (D0274)
Amalgam Fill - 1 Surface	\$0 (D2140)
Root Canal - Molar	\$125 (D3330)
Gingivectomy per Quad	\$55 (D4210)
Full Denture - Upp & Lwr	\$350 (D5110 & D5120)
Extraction - Single Tooth	\$0 (D7111)
Extraction-Complete Bony	\$80 (D7240)
Porcelain W/metal Crown	\$150 (D6750)
Orthodontia Copay - Child	\$1,695 (D8080)
Orthodontia Copay - Adult	\$1,695 (D8090)
Rates	
	\$22.22
	\$42.20
	\$44.42
	\$63.30



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MetLife Vision \$10/\$25 \$130 PPO		
	In-Network	Out-Network
Eye Exam	\$10 copay (Every 12 months)	\$45 allowance (Every 12 months)
Lenses (Single Vision)	\$25 copay (Every 12 months)	\$30 allowance (Every 12 months)
Lenses (Bifocal)	\$25 copay (Every 12 months)	\$50 allowance (Every 12 months)
Frame	\$25 copay; \$130 allowance (Every 24 months); 20% off remaining balance	\$70 allowance (Every 12 months)
Contact Lenses (Conventional)	\$25 copay; \$130 allowance (Every 12 months)	\$105 allowance (Every 12 months)
Contact Lenses (Disposable)	\$25 copay; \$130 allowance (Every 12 months)	\$105 allowance (Every 12 months)
Rates		
Employee	<b>\$10.02</b>	
Employee + Spouse	<b>\$20.10</b>	
Employee + Child	<b>\$17.02</b>	
Family	<b>\$28.06</b>	

MetLife Supplement Term Life & ADD	
For You	\$25,000 increments, to a maximum of the lesser of 5.00 times pay or \$150,000
For Your Spouse	\$5,000 increments to a maximum of \$100,000, not to exceed 50% of your coverage amount
For Your Dependent Children	\$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Rates	
Age	Monthly Cost Per \$1,000 of Coverage Employee/Spouse/DP
Under 30	0.077
30 – 34	0.097
35 – 39	0.107
40 – 44	0.127
45 – 49	0.197
50 – 54	0.297
55 – 59	0.457
60 – 64	0.677
65 – 69	1.287
70 +	2.077
Cost for your Child(ren)	0.291

MetLife MetLaw Legal Services
<b>Services Include:</b>
<b>Estate Planning</b> (Wills, Trusts, Power of Attorney and more)
<b>Money Matters</b> (Defense against ID theft, tax collection, creditors, tax audit)
<b>Real Estate Matters</b> (Sale, Purchase or Refinancing and more)
<b>Elder Law Matters</b> (Lease, Notes, Deeds and more)
<b>Family Law</b> (Adoption, Pre-nuptial, Guardianship)
<b>Document Prep</b> (Affidavits, Deeds, Demand Letters)
Rates
<b>\$22.50</b>
Covers employee, spouse and children

How to calculate your cost for Life/AD&D insurance in 3 easy steps		
Example: \$100,000 Supplemental Life Coverage		
Step 1)	Enter the rate from the table above (Ex. Age 36)	\$0.107
Step 2)	Enter the amount of Ins. in thousands of dollars (ex. \$100,000 of coverage enter 100)	100
Step 3)	<b>Multiply Step 1 &amp; 2</b>	<b>\$10.70</b>