



REPUBLIC PLASTICS, Ltd.



### Dental Coverage - MAC Plan vs. U&C Plan

The Company offers two options for dental coverage – the Maximum Allowable Charge Plan (MAC Plan), and the Usual & Customary Plan (U&C plan). The premiums for both plans are identical, but the plans offer different levels of benefits – particularly where it comes to out-of-network providers.

The MAC Plan is great if your dental providers are in-network with MetLife. Under the MAC Plan, preventive **and** basic services will be covered at 100% while other, more extensive services with in-network providers would be covered at 60%. If you choose to go to an out-of-network provider for those more extensive services, however, the MAC plan only pays 60% of the rate allowed by the network fee schedule. If your provider charges more than that fee, you will be responsible for 40% of the network rate PLUS the difference between the network rate and the rate your provider charges.

In contrast, the U&C Plan is a better deal if your favored provider is out-of-network. Under the U&C Plan, preventative services are still covered at 100%, but basic services are covered at 80% and other, more extensive services are covered at 50%. When it comes to out-of-network providers, however, those reduced percentages are based on the usual and customary fees for the area – **not** the network rate.

For example, say you needed to have a tooth extracted, which is covered under the MAC Plan at 60% and under the U&C Plan at 50%, and that the network rate for a tooth extraction is \$1000. If your dental provider is in the network, your out-of-pocket cost under each plan would be \$400 under the MAC Plan and \$500 under the U&C Plan.

But let's say that your dental provider is not in the dental network, and that their fee for a tooth extraction matches the usual and customary rate for your area at \$1500. In this scenario, your cost under the MAC Plan would be 40% of the \$1000 network rate PLUS the \$500 difference between the network rate and your provider's rate – bringing your total cost to \$900. Under the U&C Plan, your cost would simply be 50% of the provider's rate – \$750.

The differences can be summarized in the following table:

	MAC Plan	U&C Plan
<b>In-network</b>	Benefits are based on a negotiated fee schedule. No additional fees to the dentist	
<b>Out-of-network</b>	<ul style="list-style-type: none"> <li>• Benefits are based on the dental network fee schedule</li> <li>• Any amount that is charged over the network fee schedule is the responsibility of the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Benefits are based on usual and customary charges that dentists in your area charge for each procedure</li> </ul>

As such, before you choose your Dental coverage, you should determine whether your Dental providers are in dental network.



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## How to determine if your Dental Provider is in Network

- Go to [www.metlife.com](http://www.metlife.com)
- Click on Find a Dentist
- Click on PDP Plus (as the network)
- Enter city, state or zip code to search
- Results appear
  - You do have the option to filter results by gender, specialty, distance, etc