

MAC or R&C? A guide to understanding your dental plan

The best time to dig into the details of your dental insurance coverage is long before you file a claim. When selecting a dental insurance plan, spend a few minutes reviewing your different plan options and how they determine your coverage if you visit an in-network or out-of-network provider.¹

Dental Definitions

Negotiated fees — the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Depending on the plan, payment may be made for all or part of the negotiated fee for different types of services.

Maximum Allowable Charge (MAC) — caps payment for services provided by an out-of-network dentist at a scheduled amount, the Maximum Allowable Charge. Depending on the plan, payment may be made for all or part of the Maximum Allowable Charge for different types of services.

Reasonable & Customary (R&C) charge — plan pays out-of-network claims based on Reasonable & Customary (R&C) charges determined for your area. The R&C charge 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 usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife. Depending on the plan, payment may be made for all or part of the R&C charge for different types of services.

What do these definitions mean in real life?

Let's look at a hypothetical example of the different plan types in action for three employees — Katie, Joan, and Cindy — who each need a crown. Based on the plan design the employee selected¹ and the dentist they choose to visit, each will be responsible for paying different portions of the costs.

| If you need a crown... | Katie chose the High Plan and goes to an in-network dentist who agrees to accept MetLife's negotiated fees | Joan chose the High Plan and goes to an out-of-network dentist (out-of-network payment based on R&C charge) | Cindy chose the Low Plan and goes to an out-of-network dentist (out-of-network payment based on MAC) |
|-----------------------------------|--|---|--|
| Dentist's Charge | \$1,535 | \$1,535 | \$1,535 |
| Negotiated Fee | \$895 | N/A | N/A |
| MAC² | N/A | N/A | \$881 |
| R&C Fee | N/A | \$1,535 | N/A |
| Plan Coverage % for Crowns | 60% | 50% | 40% |
| MetLife pays | \$537.00 | \$767.50 | \$352.40 |
| Member pays | \$358.00 | \$767.50 | \$1,182.60 |

This is a hypothetical example that reviews a crown – porcelain/ceramic substrate (D2740) in the Hartford, CT area, zip 06340. It assumes that the annual deductible has been met and the annual maximum benefit has not been reached. Actual negotiated fees, R&C amounts, MAC amounts and out-of-pocket expenses may differ.

Take charge of your dental care

• Talk to your dentist

Before you get any major dental work, talk to your dentist about getting a pre-treatment estimate.³ That's when your dentist sends the plan for your care to MetLife. For most procedures, you and your dentist will receive the estimate — online or by fax — during your visit. The statement shows amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It's a great way to be prepared and plan ahead.

• Get your plan information — fast!

Managing your dental benefits has never been easier. You've got MyBenefits — your secure member website. Just log on at metlife.com/mybenefits. With the 24/7 website you can:⁴

- Review your plan information, including what's covered and coinsurance
- Track your deductible and plan maximums
- Find a dentist or view your claim history
- Read up on the oral health information you need to make informed decisions about your care

1. Example provided for illustrative purposes. Not all dental benefits programs will include both MAC and R&C plan options. Please refer to the materials provided by your employer for details about the plan options available to you.
2. Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.
3. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed \$300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.
4. With the exception of scheduled or unscheduled systems maintenance or interruptions, the MyBenefits website is typically available 24 hours a day, 7 days a week.

metlife.com

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company (MetLife), New York, NY 10166. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Please contact MetLife or your Plan Administrator for complete details.



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