

2022 MetLife Dental Plan

City of Savannah now offers a choice of three dental plans through MetLife. Plan details are highlighted below. The City does not contribute to the cost of dental insurance.



Low Option Summary				High Option Summary				Platinum Option Summary			
TYPE A Services covered at 100% (Deductible Waived)				TYPE A Services covered at 100% (Deductible Waived)				TYPE A Services covered at 100% (Deductible Waived)			
Exams	Fluoride Treatments	Sealants		Exams	Fluoride Treatments	Sealants		Exams	Fluoride Treatments	Sealants	
X-Rays	Palliative Treatments			X-Rays	Palliative Treatments			X-Rays	Palliative Treatments		
Cleanings	Space Maintainers			Cleanings	Space Maintainers			Cleanings	Space Maintainers		
Labs and Other Tests				Labs and Other Tests				Labs and Other Tests			
TYPE B Service covered at 60%				TYPE B Services covered at 80%				TYPE B Services covered at 80%			
Amalgam and Resin Composite Fillings				Amalgam and Resin Composite Fillings				Amalgam and Resin Composite Fillings			
Pulpotomy				Pulpotomy, Pulp Capping and Pulp Therapy				Pulpotomy, Pulp Capping and Pulp Therapy			
Pulp Capping				Root Canal				Root Canal			
Pulp Therapy				Surgical Extractions; Other Oral Surgery				Surgical Extractions; Other Oral Surgery			
Oral Surgery - Simple Extractions				General Services				General Services			
Repairs of Crowns, Inlays, On lays				Periodontal Surgery – including soft tissue grafts				Periodontal Surgery – including soft tissue grafts			
Repairs of Bridges and Dentures				Scaling and Root Planing				Scaling and Root Planing			
General Services				Periodontics – non-surgical				Periodontics – no- surgical			
				General Anesthesia				General Anesthesia			
				Consultations				Consultations			
				Repairs of Crowns, Inlays, On lays, Bridges, &				Repairs of Crowns, Inlays, On lays, Bridges, &			
				Apexification and Recalcification				Apexification and Recalcification			
				Periodontal maintenance				Periodontal maintenance			
TYPE C Services covered at 25%				TYPE C Services covered at 50%				TYPE C Services covered at 50%			
Inlays, On lays; Crowns; Dentures				Inlays, On lays; Crowns; Dentures				Inlays, On lays; Crowns; Dentures			
Denture – Rebases/Relines; Adjustments; Fixed				Denture – Rebases/Relines				Denture – Rebases/Relines			
Prefabricated Crowns; Crown Buildups and Post				Denture Adjustments				Denture Adjustments			
Oral Surgery – Surgical Extractions				Fixed Bridges				Fixed Bridges			
Consultations				Tissue Conditioning				Tissue Conditioning			
Root Canal				Prefabricated Crowns				Prefabricated Crowns			
Periodontal Surgery; Periodontics – Non-Surgical				Crown Buildups and Post Core				Crown Buildups and Post Core			
Scaling and Root Planing				Recementations				Recementations			
Tissue Conditioning											
General Anesthesia											
Occlusal Adjustments											
Orthodontic: Covered 50% to age 19 or 23 if FT student				Orthodontics Not Covered				Orthodontic: Covered 50% to age 19 or 23 if FT student			
Diagnostic, Active Retention Treatment				N/A				Diagnostic, Active Retention Treatment			
Deductibles and Maximums				Deductibles and Maximums				Deductibles and Maximums			
Annual Deductibles: \$50 per person				Annual Deductibles: \$50 per person				Annual Deductibles: \$50 per person			
\$150 per family aggregate				\$150 per family aggregate				\$150 per family aggregate			
Annual Maximum (per person) \$1,000				Annual Maximum (per person) \$1,500				Annual Maximum (per person) \$2,000			
Orthodontia Lifetime Maximum (per person)				Not Covered				Orthodontia Lifetime Maximum (per person)			
Out of Network services – negotiated fee schedule Maximum Allowable Charge				Out of Network services are paid at Reasonable and Customary at the 90th percentile				Out of Network services – negotiated fee schedule Maximum Allowable Charge			
Low Option Rates				High Option Rates				Platinum Option Rates			
Weekly		Bi-Weekly		Weekly		Bi-Weekly		Weekly		Bi-Weekly	
Individual	\$4.21	Individual	\$8.42	Individual	\$7.18	Individual	\$14.35	Individual	\$8.05	Individual	\$16.11
EE+1	\$7.77	EE+1	\$15.54	EE+1	\$12.70	EE+1	\$25.40	EE+1	\$14.25	EE+1	\$28.51
Family	\$14.18	Family	\$28.36	Family	\$19.18	Family	\$38.36	Family	\$21.52	Family	\$43.04