

**SOUTHWEST LICKING LOCAL SCHOOLS**

**Dental Plan**

**Effective Date 1/1/2026 - 12/31/2026**

BENEFITS	METLIFE DENTAL CARE		METLIFE DENTAL CARE	
	Option I		Option II	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$25 (Single) / \$50 (Family)	\$25 (Single) / \$50 (Family)	\$25 (Single) / \$50 (Family)	\$25 (Single) / \$50 (Family)
<b>Annual Maximum</b>	\$1,000	\$1,000	\$2,000	\$2,000
<b>Classes</b>				
Class I            Preventive	100%	100%	100%	100%
Class II        Basic Restorative	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Class III      Major Restorative	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Class IV      Orthodontia *	60%	60%	60%	60%
<b>Types of Services - Class</b>				
Periodontics	Major	Major	Major	Major
Endodontics	Major	Major	Major	Major
Oral Surgery	Basic	Basic	Basic	Basic
* - Covers Adults and Children	Maximum Lifetime Benefit is \$1,000		Maximum Lifetime Benefit is \$1,500	
Dependent Age Limits	26		26	

PRICING	Option I	Option II
Total Pricing	\$73.58	\$88.68
Increase/(Decrease)	(-4.2%)	15.5%

RATES	Option I		Option II	
	Employee	Employer	Employee	Employer
EE / Family	\$38.58	\$35.00	\$53.68	\$35.00

\*Option 1 will be the Default Plan unless otherwise notified.