

MetLife Dental Insurance Plan Summary

Network: PDP

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee**
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (extractions, oral surgery)	85%	85%
Type C: Major Restorative (bridges, dentures, TMJ)	50%	50%
Type D: Orthodontia	50%	50%

Deductible [†]		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum		
Per Person	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

Late enrollment waiting period: There is a one year waiting period for all services following date of request.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

R&C fee refers to the Reasonable and Customary (R&C) charge, which 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 charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

[†]Applies only to Type B & C Services.

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> Two per calendar year
Oral Examinations	<ul style="list-style-type: none"> Two exams per calendar year
Topical Fluoride Applications	<ul style="list-style-type: none"> One fluoride treatment per calendar year for dependent children up to 19th birthday
X-rays	<ul style="list-style-type: none"> Full mouth X-rays: one per 36 months Bitewing X-rays: two sets per calendar year
Space Maintainers	
Sealants	<ul style="list-style-type: none"> Two applications of sealant material for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to 16th birthday
Fillings	
Endodontics	<ul style="list-style-type: none"> Root canal treatment
Type B - Basic Restorative	How Many/How Often
Simple Extractions	
Crown, Denture, and Bridge Repair/Recementations	
General Anesthesia	<ul style="list-style-type: none"> When dentally necessary in connection with oral surgery, extractions or other covered dental services
Oral Surgery	
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing Periodontal surgery Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Type C - Major Restorative	How Many/How Often
Implants	<ul style="list-style-type: none"> Replacement once every 60 months
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the Plan Dentures and bridgework replacement: one every 5 calendar years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> Replacement once every 5 calendar years.
TMJ	
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> Your Children, up to age 26 are covered while Dental Insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the amount charged by the dentist will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.