

YOUR DENTAL COVERAGE



Gold Plan:

Visit any dentist, but pay less out-of-pocket when you choose a PDP Plus dentist.



Platinum Plan:

Visit any dentist, but pay less out-of-pocket when you choose a PDP Plus dentist. Includes orthodontia for dependents under 19 years old.

Coverage Limits

	GOLD		PLATINUM	
	In Network	Out of Network	In Network	Out of Network
Deductible Individual	\$50.00	\$50.00	\$50.00	\$50.00
Family Limit	3 per family		3 per family	
Waived For	Preventative	Preventative	Preventative	Preventative
Charges Covered for you	In Network	Out of Network	In Network	Out of Network
Preventative Care	100%	100%	100%	100%
Basic Care	80%	80%	80%	80%
Major Care	25%	25%	50%	50%
Orthodontia	Not Covered		50%	50%
Annual Max Benefit	\$1000.00	\$1000.00	\$1500.00	\$1500.00
Max Rollover	Yes		Yes	
Rollover Threshold	\$500		\$700	
Rollover Amount	\$250		\$350	
Rollover In-network Amount	\$350		\$500	
Rollover Account Limit	\$1000		\$1250	
Lifetime Orthodontia Maximum	Not Applicable		\$1500.00	
Dependent Age Limits	26		26	

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A sample of services covered by your plan.

	GOLD		PLATINUM	
	Plan pays on average		Plan pays on average	
	In Network	Out of Network	In Network	Out of Network
Preventative Care				
Cleaning (prophylaxis)	100%	100%	100%	100%
Frequency	2 in 12 months		2 in 12 months	
Fluoride Treatment	100%	100%	100%	100%
Limits	Under Age 19		Under Age 19	
Oral Exams	100%	100%	100%	100%
Sealants (per tooth)	100%	100%	100%	100%
X-rays	100%	100%	100%	100%
Basic Care	In Network	Out of Network	In Network	Out of Network
Anesthesia*	80%	80%	80%	80%
Fillings‡	80%	80%	80%	80%
Repair & Maintenance of Crowns, Bridges, & Dentures	80%	80%	80%	80%
Major Care	In Network	Out of Network	In Network	Out of Network
Bridges and Dentures	25%	20%	50%	50%
Inlays, Onlays, Veneers**	25%	20%	50%	50%
Perio Surgery	25%	20%	50%	50%
Periodontal Maintenance	25%	20%	50%	50%
Frequency:	Once Every 6 months		Once Every 6 months	
Root Canal	20%	20%	50%	50%
Scaling & Root Planing (per quadrant)	20%	20%	50%	50%
Simple Extractions	20%	20%	50%	50%
Single Crowns	20%	20%	50%	50%
Surgical Extractions	20%	20%	50%	50%
Orthodontia Limits:	Not Covered		50%	50%
			Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded.** For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia - restrictions apply. ‡For PPO and or Indemnity members, Fillings - restrictions may apply to composite fillings.

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Manage Your Benefits:

- Go to www.metlife.com/dental to access secure information about your Metlife benefits including access to an image of your ID Card. Your online account will be set up within 30 days after your plan effective date.



Find a Dentist:

Visit www.metlife.com/dental
Click on "Find A Dentist";
Our plan type is **PDP Plus**.

The Preferred Dentist Program (PDP Plus) is designed to provide the dental coverage you need with the features you want.



Assistance with Dental Benefits:

- Dental Member Services Call Center
 - 1-800-275-4638

