

Your dental benefits are provided through **MetLife Preferred Dentist Provider (PDP)** plan. Use dentists within the PDP Plus network to receive the highest level of coverage. Remember to request pre-determination of benefits before you receive extensive dental services. This will ensure you know what your actual out-of-pocket cost will be before treatment begins.

MetLife Preferred Dentist Provider (PDP) plan does not provide identification cards. In-network providers automatically submit electronic claims on your behalf.

DENTAL PRICE TAGS

EMPLOYEE STATUS		METLIFE PDP BASIC	METLIFE PDP ENHANCED
EMPLOYEE	Annual	\$219.36	\$436.44
	Biweekly	\$8.44	\$16.79
EMPLOYEE PLUS CHILD(REN)	Annual	\$501.96	\$981.24
	Biweekly	\$19.31	\$37.74
EMPLOYEE PLUS SPOUSE	Annual	\$451.44	\$883.20
	Biweekly	\$17.36	\$33.97
FAMILY	Annual	\$738.96	\$1,436.04
	Biweekly	\$28.42	\$55.23

SUMMARY OF BENEFITS	BASIC PREFERRED DENTIST PROVIDER (PDP) PLUS PLAN		ENHANCED PREFERRED DENTIST PROVIDER (PDP) PLUS PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Per Plan Year	Deductible Does Not Apply to Preventive Care	Deductible Does Not Apply to Preventive Care	Deductible Does Not Apply to Preventive Care	Deductible Does Not Apply to Preventive Care
Employee	\$50	\$50	\$50	\$50
All Other Tiers	\$100	\$100	\$100	\$100
Plan Year Maximum Benefit	\$1,000 per person, per plan year	\$1,000 per person, per plan year	\$2,000 per person, per plan year	\$2,000 per person, per plan year

DIAGNOSTIC AND PREVENTIVE				
Cleanings and Exams (Two times per plan year)	All Diagnostic and Preventive services are covered 100% of Allowance	All Diagnostic and Preventive services are covered 100% of Allowance	All Diagnostic and Preventive services are covered 100% of Allowance	All Diagnostic and Preventive services are covered 100% of Allowance
Fluoride (One time per plan year for child under age 19)				
Sealants (One per molar in 3 years for child under age 14)				
Full Mouth X-Rays (One per 3 plan years)				
Bitewing X-Rays (Two sets per plan year)				
Space Maintainers (Non-orthodontic for child under age 19)				
Emergency Palliative Treatment				
BASIC SERVICES				
Amalgam Fillings	All Basic Services are covered 80% of Allowance	All Basic Services are covered 80% of Allowance	All Basic Services are covered 80% of Allowance	All Basic Services are covered 80% of Allowance
Resin Composite Fillings				
Endodontics (Root Canal)				
Repairs of CIO, Dentures and Bridges				
Simple Extractions				
Periodontal Maintenance				
Periodontal Surgery				
Periodontal Scaling and Root Planing				
General Anesthesia when dentally necessary				
MAJOR SERVICES				
Implants (One per tooth in 5 plan years for natural teeth lost while covered by plan)	Not Covered	Not Covered	60% of Allowance	60% of Allowance
Crowns/Inlays/Onlays (Replacement once every 5 plan years)				
Bridges and Dentures (Initial placement for natural teeth lost while covered by plan)				
Bridges and Dentures Replacement (One every 5 plan years)				
ORTHODONTICS: Diagnostic, Active Retention Treatment				
Adults	Not Covered	Not Covered	50% of Allowance	50% of Allowance
Children	Not Covered	Not Covered	50% of Allowance	50% of Allowance
Orthodontic Lifetime Maximum	Not Covered	Not Covered	\$2,000	\$2,000
Benefits Payment Basis	A participating general dentist or specialist has agreed to accept negotiated fees as payment in full for services provided to plan members.	A non-participating general dentist or specialist has NOT agreed to accept the negotiated fees as payment in full. You may be responsible for any difference in cost.	A participating general dentist or specialist has agreed to accept negotiated fees as payment in full for services provided to plan members.	A non-participating general dentist or specialist has NOT agreed to accept the negotiated fees as payment in full. You may be responsible for any difference in cost.