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.

<table>
<thead>
<tr>
<th>SUMMARY OF BENEFITS</th>
<th>BASIC PREFERRED DENTIST PROVIDER (PDP) PLUS PLAN</th>
<th>ENHANCED PREFERRED DENTIST PROVIDER (PDP) PLUS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
</tr>
<tr>
<td>Deductible Per Plan Year</td>
<td>Deductible Does Not Apply to Preventive Care</td>
<td>Deductible Does Not Apply to Preventive Care</td>
</tr>
<tr>
<td>Employee</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>All Other Tiers</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Plan Year Maximum Benefit</td>
<td>$1,000 per person, per plan year</td>
<td>$1,000 per person, per plan year</td>
</tr>
</tbody>
</table>

**DIAGNOSTIC AND PREVENTIVE**

- Cleanings and Exams (Two times per plan year)
- 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
- 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)
- 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
- Children
- Orthodontic Lifetime Maximum

**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.