

DENTAL PLANS

METLIFE PREMIER & STANDARD PLANS

100% PARTICIPATION FOR FIRMS OF 1 - 5 OWNERS/EMPLOYEES

75% Participation for Firms of 6 + Owners/Employees

MetLife Dental plans are available on a “stand alone” basis as well as a valuable addition to your firms benefit package. The plans cover the following services when they are provided by a licensed dentist and when necessary and customary, as determined by the standards of generally accepted dental practices. This chart identifies the primary covered services.

Please call the phone number listed on the front cover of this booklet for rates and additional information.

CALENDAR YEAR BENEFITS	PREMIER + ORTHO [◀]		PREMIER		STANDARD	
	PREFERRED DENTIST*	ANY DENTIST**	PREFERRED DENTIST*	ANY DENTIST**	PREFERRED DENTIST*	ANY DENTIST**
ANNUAL MAXIMUM (calendar year)	\$2,000	\$1,500	\$2,000	\$1,500	\$1,500	\$1,000
DEDUCTIBLE (calendar year) Basic & Major Services						
Individual	Waived	\$50	Waived	\$50	\$50	\$50
Family	Waived	\$150	Waived	\$150	\$150	\$150
PREVENTIVE CARE Oral evaluations Cleanings & X-Rays (every 6 months) Space maintainers Emergency pain relief treatment Topical fluoride applications (child only)	100%	100%	100%	100%	100%	80%
BASIC CARE Fillings, extractions, anesthesia Endodontics, oral surgery Periodontics Repair of bridges & crowns Injections of antibiotic drugs	90%	80%	90%	80%	80%	80%
MAJOR CARE (Subject to a 12 month wait)¹ Inlays Crowns Bridgework Dentures	60%	50%	60%	50%	50%	50%
ORTHODONTICS Lifetime Maximum Co-Insurance Deductible	\$2,000 50% \$0	\$1,500 50% \$0	Not covered	Not covered	Not covered	Not covered

To find a MetLife provider, visit www.metlife.com or call (800) 942-0854.

[◀] Not available to firms with less than 6 owners/employees enrolling

* Reimbursement based on PDP (Preferred Dentist Program) fees

** Reimbursement based on Reasonable & Customary Charges

¹ Subject to a 12 month waiting period, which may be waived with proof of prior GROUP dental coverage

EXCLUSIONS

- TMJ expenses
- Services not listed and services begun before the enrollee became covered
- Cosmetic treatment or treatment to correct congenital defects
- Initial placement of a denture or fixed bridge which includes the replacement of one or more natural teeth, missing before the enrollee became covered, unless it also replaces a natural tooth extracted while covered
- Replacement of a crown within five years and replacement of bridges or dentures within ten years

This is only a summary and there may be details not included, the MetLife Evidence of Coverage document supersedes any omissions or discrepancies in these plan descriptions. MetLife's Evidence of Coverage for these Plans may be found online (see page 30).