

MetLife Dental plans are available on a “stand alone” basis. The MetLife Savings Plus plan is designed to provide the features of a PPO at a price comparable to other lower-cost dental benefit programs. The plan covers a full range of services and provides the greatest value when members receive services from a participating PDP dentist.

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

**IMPORTANT: THIS PLAN PROVIDES VERY LIMITED BENEFITS WHEN NOT USING A PREFERRED PROVIDER**

CALENDAR YEAR BENEFITS	SAVINGS PLUS PLAN	
	PREFERRED DENTIST	ANY DENTIST*
<b>ANNUAL MAXIMUM</b> (calendar year)	\$1,000 combined	
<b>DEDUCTIBLE</b> (calendar year) Basic & Major Services		
Individual	\$50	\$50
Family	\$150	\$150
<b>PREVENTIVE CARE</b> Oral evaluations Cleanings & X-Rays (every 6 months) Space maintainers Emergency pain relief treatment Topical fluoride applications (child only)	100%  \$10 co-pay for cleaning	Paid at a set Non-Provider reimbursement schedule*
<b>BASIC CARE</b> Fillings, extractions, anesthesia Oral surgery Repair of bridges & crowns Injections of antibiotic drugs	70%	Paid at a set Non-Provider reimbursement schedule*
<b>MAJOR CARE</b> <b>(Subject to a 12 month wait)<sup>1</sup></b> Inlays, onlays Crowns Periodontics Endodontics Bridgework Dentures	40%	Paid at a set Non-Provider reimbursement schedule*
<b>ORTHODONTICS</b>	Not covered	Not covered

*To find a MetLife provider, visit [www.metlife.com](http://www.metlife.com) or call (800) 942-0854.*

\* Savings Plus is designed to provide significant savings to its members through its extensive network of providers. Any services received by a Non-Provider will be paid at a set reimbursement schedule. Please refer to the MetLife Employee Benefit Plan booklet for this schedule of fees

<sup>1</sup> 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).**