Dental Plan – Administered by MetLife PDP Plus Provider Network

www.metlife.com/myBenefits

	Option 1	Option 2
Annual Deductible	\$50 per member	\$50 per member
Annual Maximum Benefit	\$2,000 per member (does not include orthodontic services)	\$1,500 per member
Preventive Care		
 Checkups and teeth cleaning Prophylaxis (dental cleaning) Oral examination Topical Fluoride applications X-rays Sealants Space maintainers 	100% coverage for services	100% coverage for services
Basic Restorative Care		
 Cavity repair and tooth extractions Contour of bone Emergency treatment General anesthesia/sedation Restoration of decayed/fractured teeth Routine oral surgery 	80% coverage after deductible	80% coverage after deductible
 Root Canals Apicoectomy Direct pulp cap Pulpotomy Root canal therapy 	80% coverage after deductible	80% coverage after deductible
 Gum and Bone Diseases Conservative procedures Complex procedures Maintenance therapy 	80% coverage after deductible	80% coverage after deductible
Major Restorative Care		
 High Cost Restorations Crowns Inlays and Onlays Post and Core 	50% coverage after deductible	50% coverage after deductible
High Cost RestorationsImplants – In-network coverage only	50% coverage after deductible	50% coverage after deductible
Dentures and Bridges	50% coverage after deductible	50% coverage after deductible
Orthodontia		
Straightening of Teeth Lifetime maximum benefit of \$2,000 for dependent children, up to age 19	50% coverage after deductible	No Coverage

MetLife recommends that a predetermination be filed by the provider prior to incurring services that are expected to exceed \$300. For services received from an out-of-network provider, you may be responsible for charges that exceed the reasonable and customary amount, as determined by MetLife.

This summary briefly describes the benefits. If there are any discrepancies between this information and any of the plan documents, the plan documents will govern in all cases.