

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Enhanced Plan

	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % R&C Fee ^{**}
Coverage Type		
Type A Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures, TMJ)	50%	50%
Type D: Orthodontia	50%	50%
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$2,000	\$2,000
Orthodontia Lifetime Maximum		
Per Person ^{***}	\$2,500	\$2,500

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

^{**} R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.* Orthodontia is available for adults and dependent children up to age 19.

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category but is not a complete description of the Plan.

Plan Type	How Many/How Often
Type A — Preventive	
Prophylaxis (cleanings)	Two per calendar year
Oral Examinations	Two exams per calendar year
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday
X-rays	<ul style="list-style-type: none"> Full mouth X-rays; one per 60 months Bitewings X-rays; two sets per calendar year
Space Maintainers	Space maintainers for dependent children up to his/her 19th birthday
Sealants	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 19th birthday
Type B — Basic Restorative	
Fillings	
Simple Extractions	

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Crown, Denture and Bridge Repair/ Recementations	
Endodontics	Root canal treatment limited to once per tooth per lifetime
Periodontics	<ul style="list-style-type: none"> • Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Type C — Major Restorative	
Oral Surgery	
Implants	Replacement once every 7 calendar years
Bridges and Dentures	<ul style="list-style-type: none"> • Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one every 7 calendar years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 7 calendar years
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Type D — Orthodontia	
	<ul style="list-style-type: none"> • You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • Payments are on a repetitive basis • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary • Orthodontic benefits end at cancellation of coverage