MetLife

Dental

Eligibility:

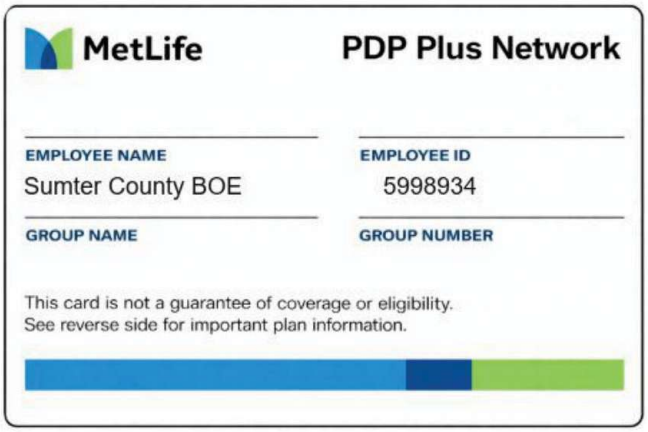
- Full time employees working 20+ hours per week, part-time working 49%
- Spouse and Children (up to age 26) (Marital status does not affect child coverage)
- Claims must be submitted within 90 days of service
- 2 cleanings per year
- Please find in-network providers in the Employee Navigator benefits portal and you must confirm with your provider at each visit as providers can move in and out of network at will

	High Plan		Low Plan	
Class Description	**In-Network**	**Out-of-Network***	**In-Network**	**Out-of-Network***
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	90%	90%	90%	90%
Type C – Major	60%	60%	60%	60%
Calendar Year Deductible applies to: ✦ **Individual** ✦ **Family**	B & C $75 $225 Individual	B & C $75 $225 Individual	B & C $75 $225 Individual	B & C $75 $225 Individual
Calendar Year Maximum	$3,250 ***(applies to A,B,C services)***	$3,250 ***(applies to A,B,C services)***	$2,250 ***(applies to A,B,C services)***	$2,250 ***(applies to A,B,C services)***
Orthodontia	50%	50%	Not Covered	Not Covered
Orthodontia Lifetime Maximum	$1,000	$1,000	Not Covered	Not Covered

***Out-of-network pays at the 90th U&C**

Confirm Provider

Confirm the dentist's network status every time you schedule an appointment, as participation can change as your dentist can change participation throughout the year.



MetLife

Dental

	High Plan	Low Plan
Employee	$44.34	$41.46
Emp + 1	$94.09	$86.92
Family	$134.54	$120.24

Dental Plan Summary*	High	Low
Type A	• Routine exam (2 per benefit year) • Bitewing x-ray (1 per benefit year) • Cleaning (2 per benefit year) • Fluoride for children under 14 (1 per benefit year)	• Routine exam (2 per benefit year) • Bitewing x-ray (1 per benefit year) • Cleaning (2 per benefit year) • Fluoride for children under 14(1 per benefit year)
Type B	• Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical/Full Mouth X-rays • Fillings for Cavities • Restorative Composites • Denture Repair • Simple/Surgical Extractions	• Sealants 14 and under • Full Mouth/Panoramic X-rays (1 in 5 years) • Full Mouth X-Rays • Fillings for Cavities • Resin Composite Fillings • Simple/Surgical Extractions
Type C	• Root Canal (1 in 12 months) • Crowns (1 per tooth in 84 months) • Crown Repair • Periodontics (nonsurgical) • Dentures (1 in 84 months) • Inlays/Onlays/Crowns • Fixed Bridges	• Root Canal (1 in 12 months) • Crowns (1 per tooth in 84 months) • Crown Repair • Periodontics (nonsurgical) • Dentures (1 in 84 months) • Inlays/Onlays/Crowns • Fixed Bridges
Orthodontia Per Person	50% Adult or Child with $1,000 Lifetime Maximum	**NONE**

*This is not an exhaustive list of services