

Dental Insurance with MetLife is available through a benefits referral program sponsored by Houze & Associates, Inc. This plan has no enrollment time limitation (example: Cobra is 18 months). You will setup payments direct with MetLife.

To Enroll online: www.metlifetakealongdental.com

Enter your Zip Code for pricing

"Enroll in Program Now"

enter referral code: **HouzeDental**

or click here: <https://www.metlifetakealongdental.com/Plan/MbrEnroll?PromoCode=HOUZEDENTAL>

To Enroll over the phone: 844-2METDEN (844-263-8336)- **HouzeDental** referral code



referral partner:
Houze & Associates, Inc.
800-523-7135

| Coverage Type | PPO-LOW | PPO-MEDIUM | PPO-HIGH |
|---------------|---------|------------|----------|
|---------------|---------|------------|----------|

| | | | |
|----------------------------------|--|--|--|
| Calendar Year Maximum per person | | | |
|----------------------------------|--|--|--|

| | | | |
|--|-------|---------|---------|
| | \$750 | \$1,500 | \$2,000 |
|--|-------|---------|---------|

| | | | |
|----------------------------|--|--|--|
| Calendar Year Deductibles* | | | |
|----------------------------|--|--|--|

| | | | |
|--|---|---|---|
| | \$75 self \$150 self + 1 \$225 self + 2 or more | \$50 self \$100 self + 1 \$150 self + 2 or more | \$25 self \$50 self + 1 \$75 self + 2 or more |
|--|---|---|---|

* Applies only to Basic Restorative and Major Restorative Services

| Preventive and Diagnostic Services | | | |
|------------------------------------|--|--|--|
|------------------------------------|--|--|--|

| | | | |
|--|------|------|------|
| Cleanings, oral examination and X-rays | 100% | 100% | 100% |
|--|------|------|------|

| | | | |
|---|------|------|------|
| Percentages shown are based on the maximum allowed charge** | 100% | 100% | 100% |
|---|------|------|------|

| Basic Restorative Services | | | |
|----------------------------|--|--|--|
|----------------------------|--|--|--|

| | | | |
|--------------------------------------|-----|-----|-----|
| Fillings and periodontal maintenance | 50% | 70% | 80% |
|--------------------------------------|-----|-----|-----|

| | | | |
|---|-----|-----|-----|
| Percentages shown are based on the maximum allowed charge** | 50% | 70% | 80% |
|---|-----|-----|-----|

| Major Restorative Services | | | 50% |
|----------------------------|--|--|-----|
|----------------------------|--|--|-----|

| | | | |
|--|-------------|-----|-----|
| Crowns, bridges, root canal treatment and dentures | Not Covered | 50% | 50% |
|--|-------------|-----|-----|

| | | | |
|---|-------------|-----|-----|
| Percentages shown are based on the maximum allowed charge** | Not Covered | 50% | 50% |
|---|-------------|-----|-----|

| Covered Orthodontic Services | | | |
|------------------------------|--|--|--|
|------------------------------|--|--|--|

| | | | |
|---|-------------|-------------|---|
| Percentages shown are based on the maximum allowed charge** | Not Covered | Not Covered | Dependent child: 50% up to \$1,000 (Lifetime Max) Adult: Not Covered |
|---|-------------|-------------|---|

| Waiting Periods | | | |
|-----------------|--|--|--|
|-----------------|--|--|--|

| | | | |
|---|-------------------------------|-------------------------------|-------------------------------|
| The waiting periods before certain dental work can be performed for new enrollees *** | 6 months Basic Restorative | 6 months Basic Restorative | 6 months Basic Restorative |
|---|-------------------------------|-------------------------------|-------------------------------|

| | | | |
|---|--|--------------------------------|--|
| *** If you currently have comparable Dental coverage that has been in effect for at least 12 months, you may qualify to have the waiting period waived during enrollment. | | 12 months Major Restorative | 12 months Major Restorative Orthodontics |
|---|--|--------------------------------|--|

| ** Maximum Allowable Charge |
|-----------------------------|
|-----------------------------|

In-Network If a Covered Service is performed by an In-Network Dentist, MetLife will base the benefit on the Covered Percentage of the Maximum Allowed Charge. If an In-Network Dentist performs a Covered Service, You will be responsible for paying: • the Deductible; and • any other part of the Maximum Allowed Charge which MetLife does not pay benefits.

Out-of-Network If a Covered Service is performed by an Out-of-Network Dentist, We will base the benefit on the Covered Percentage of the Maximum Allowed Charge. Out-of-Network Dentists may charge You more than the Maximum Allowed Charge. If an Out-of-Network Dentist performs a Covered Service, You will be responsible for paying: • the Deductible; • any other part of the Maximum Allowed Charge for which MetLife does not pay benefits; and • any amount in excess of the Maximum Allowed Charge charged by the Out-of-Network Dentist.