

Dental Insurance  
**Network: PDP Plus**

	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee***
<b>Coverage Type</b>		
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%
<b>Deductible†</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit†</b>		
Per Person	<b>\$1,500</b>	<b>\$1,500</b>
<b>Orthodontia Lifetime Maximum</b>		
Per Person- <b>Adult &amp; Child</b>	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.  
 Late-enrollment waiting period: None

\*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.  
 \*\*\*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.  
 †Applies only to Type B & C Services.

**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
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	<b>One every 6 months</b>
Oral Examinations	<b>One every 6 months</b>
Topical Fluoride Applications	Fluoride treatment for dependent children up to his/her 18th birthday
X-rays	Full mouth X-rays; <b>one every 60 months</b> Bitewings X-rays; <b>one set per calendar year</b> for adults & children
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday
Sealants	One application of sealant material every 36 months for each non-restored, non- decayed 1st molar of a dependent child up to his/her 6 <sup>th</sup> birthday and 2nd molar of a dependent child up to his/her 14th birthday

## Dental Insurance

Type B — Basic Restorative	
Fillings	Once every 24 months
Simple Extractions	
Oral Surgery	
Endodontics	
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	Periodontal scaling and root planing once per quadrant, every 24 mo Periodontal surgery Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Type C — Major Restorative	
Crown, Denture and Bridge Repair/ Recementations	
Implants	Replacement once every 5 years
Bridges and Dentures	Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 5 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 5 years
Type D — Orthodontia	
	You, your spouse and your children, up to age 26, 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

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### Do you need an ID card?

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

### Monthly Cost

The following monthly costs are effective January 1, 2024 through December 31, 2024. The semi-monthly costs shown below for "Employee + Family" include the cost for all eligible children.

Employee Only	\$15.00
Employee + Family	\$43.72