

MetLife Dental Insurance Plan Summary

Network: PDP Plus

Coverage Type	MetLife Dental Plan	
	In-Network % of Negotiated Fee *	Out-of-Network % of Negotiated Fee *
Type A: Diagnostic & Preventive (cleanings, exams, X-rays)	100%	80%
Type B: Basic Restorative (oral surgery, endodontics)	80%	60%
Type C: Major Restorative (crowns, bridges, dentures)	50%	40%
Type D: Orthodontia	50%	40%
Deductible[†]		
Individual	\$50	\$100
Family	\$150	\$300
Annual Maximum Benefit		
Per Person	\$1,500	\$750
Orthodontia Lifetime Maximum		
Per Person	\$1,000	\$750
Child(ren)'s eligibility for dental coverage is from birth up to age 26.		

* 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.

[†] Applies only to Types B, C & D Services.

Metropolitan Life Insurance Company

L0317491933[exp0418][xNM]

© 2017 Metropolitan Life Insurance Company, New York, NY 10166