

DENTAL

MetLife



Employee Semi-Monthly Deductions

	High	Premium
Employee Only	\$3.28	\$5.92
Employee + Spouse	\$8.94	\$14.23
Employee + Child(ren)	\$10.41	\$16.76
Family	\$16.09	\$25.83

To locate a provider visit:

www.metlife.com

	High Plan		Premium Plan	
	IN-NETWORK	OUT OF NETWORK	IN-NETWORK	OUT OF NETWORK
Calendar Year Deductible	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Type I Services—Preventive				
Deductible Applies?	No	No	No	No
Cleaning/Exams	100%	80%	100%	80%
Type II Services— Basic				
Deductible Applies?	Yes	Yes	Yes	Yes
Fillings / Full Mout X-Rays	80%	70%	80%	70%
Extractions	80%	70%	80%	70%
Endodontic/ Periodontics	80%	70%	80%	70%
Type III Services— Major				
Deductible Applies?	Yes	Yes	Yes	Yes
Crowns	50%	40%	50%	40%
Dentures	50%	40%	50%	40%
Sedation	50%	40%	50%	40%
Annual Plan Maximum	\$1,500	\$1,500	\$3,000	\$3,000
Type IV Services— Orthodontia	50% up to \$1,000	50% up to \$1,000	50% up to \$1,500	50% up to \$1,500
Child Age Limit	Up to Age 30	Up to Age 30	Up to Age 30	Up to Age 30
Annual Open Enrollment	Yes	Yes	Yes	Yes
Missing Tooth Exclusion Waived	Yes	Yes	Yes	Yes