

**DENTAL – EMPLOYER SPONSORED or VOLUNTARY**

Carrier	MetLife <sup>3</sup>					
Plan Type	PPO					
Plan Name	Silver		Platinum – ER Sponsored Only		Platinum Plus – ER Sponsored Only	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Maximum</b>	\$1,250	\$750	\$2,250	\$1,750	\$2,500	\$2,000
<b>Annual Deductible</b>	\$50	\$75	\$25	\$50	None	\$50
Diagnostic & Preventive Care	Ded. Waived	Ded. Applies	Ded. Waived	Ded. Applies	Ded. Waived	Ded. Waived
Preventive	100% <sup>4</sup>	90% <sup>4</sup>	100% <sup>4</sup>	100% <sup>4</sup>	100% <sup>4</sup>	100% <sup>4</sup>
Basic Services	80%	60%	80%	70%	90%	80%
Major Services	50%	40%	50%	40%	50%	50%
Endodontics & Periodontics	50%	40%	80% / 50% <sup>2</sup>	70% / 40% <sup>2</sup>	90% / 50% <sup>2</sup>	80% / 50% <sup>2</sup>
Restorative	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC
<b>Orthodontic Care<sup>1</sup> (optional)</b>						
Coinurance	50%	50%	50%	50%	50%	50%
Annual Maximum	None	None	None	None	None	None
Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500
<b>Waiting Periods</b>						
Basic	None	None	None	None	None	None
Major	None	None	None	None	None	None
Ortho	None	None	None	None	None	None
<b>Orthodontic Takeover Credit</b>	Does Not Apply					
<b>UCR</b>		Maximum Allowable Charge		70% of U & C		90% of U & C

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

1 Child only.

2 Endodontics and Periodontics can be classified as either Basic or Major services depending on the procedure.

3 In-network reimbursement for MetLife plans is based on the negotiated fee, which is the fee that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Out-of-network reimbursement is based on either the negotiated fee (for the Silver plan) or the Usual and Customary (U&C) Fee (for the Platinum and Platinum-Plus plans). The U&C Fee 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.

4 Benefits paid for Preventive services will not count toward the annual maximum benefit. Only benefits paid for Basic and Major services are applied to the annual benefit maximum. Refer to MetLife plan documents for specific details.