

Dental Plan

Benefits	MetLife Dental	MetLife Dental
	In-Network	Non-Network
Deductible		
Individual	\$25	\$25
Family	\$75	\$75
Waived for Type A	Yes	Yes
Waived for Orthodontics	Yes	Yes
Annual Maximum	\$1,000	\$1,000
Ortho Lifetime Maximum	\$1,000	\$1,000
Type A Preventive Services Cleanings, fluoride treatment, exams, x-rays, sealants	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100% of usual and customary charges
Type B Diagnostic/Basic Services Amalgam fillings, oral surgery, periodontics, endodontics	70%	70% of usual and customary charges
Type C Major Services Cast restorations (inlays, onlays, crowns) partial/full dentures, repair of fixed partial dentures, bridgework, stainless steel crowns, denture relines/repair, recementation of crowns, inlays, onlays, bridges	70%	70% of usual and customary charges
Orthodontics	Deductible waived, reimbursed at 50%	Deductible waived, reimbursed at 50% of usual and customary charges

Note: The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.



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