

Plan Details and Rates

	MetLife Option 1 (Low)		MetLife Option 2 (High)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Basis of Reimbursement	Negotiated PDP fee	70th percentile of Reasonable and Customary (R&C)	Negotiated PDP fee	70th percentile of Reasonable and Customary (R&C)
Type A – Preventive	70%	70%	90%	90%
Type B – Basic	40%	40%	70%	70%
Type C – Major	30%	30%	40%	40%
Type D – Orthodontia (Child)	Not Covered	Not Covered	50%	50%
Individual Deductible (Annual)	\$50.00	\$50.00	\$50.00	\$50.00
Family Deductible (Annual)	\$150.00	\$150.00	\$150.00	\$150.00
Deductible Applies To	Type A, B & C	Type A, B & C	Type A, B & C	Type A, B & C
Waiting Period	There is no waiting period for Preventive Services (Type A). There is a 6 month waiting period on Basic Services (Type B) and a 12 month waiting period for Major Services (Type C) and Orthodontia Services, if applicable, (Type D). See the Covered Services and Limitations table for more details.			
Calendar Year Maximum (Per covered individual)	\$1,200.00	\$1,200.00	\$2,500.00	\$2,500.00
Orthodontia Limit	Not Covered	Not Covered	\$1,250.00	\$1,250.00
Child	Under age 19/21 if full time student		Under age 19/21 if full time student	

Monthly Premium Rate Schedule

Low Plan

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Member	\$30.87	\$33.81	\$38.22	\$41.17	\$42.63	\$45.57
Member + One	\$66.17	\$73.51	\$84.55	\$91.90	\$95.58	\$101.99
Member + Family	\$108.29	\$122.48	\$134.91	\$145.54	\$154.45	\$166.88

High Plan

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Member	\$61.43	\$69.14	\$81.91	\$88.25	\$92.91	\$100.80
Member + One	\$125.10	\$142.75	\$165.20	\$178.05	\$187.67	\$205.30
Member + Family	\$189.55	\$224.18	\$256.97	\$278.85	\$297.09	\$322.59

1. "In-Network Benefits" means benefits under this plan for covered dental services that are provided by a MetLife PDP Dentist. "Out-of-Network Benefits" means benefits under this plan for covered dental services that are not provided by a MetLife PDP Dentist.
2. PDP Fee refers to the fees that MetLife PDP dentists have agreed to accept as payment in full.
3. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider.

The Reasonable and Customary charge is based on the lowest of:

- The Dentist's actual charge (The 'Actual Charge')
- The Dentist's usual charge for the same or similar services (The 'Usual Charge') or
- The usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary charge'). For your plan the Customary charge is based on the 70th percentile. Services must be necessary in terms of generally accepted dental standards.

AREA SCHEDULE

To determine the appropriate premium rates for the dental plan, look up the members state of residence on this chart, and then look up the members 3-digit zip code, if applicable. Use the Area number that applies to your state/zip to determine the premium rate from the Premium Rate Schedule.

State	Area	First 3 Digits of Zip Code (if applicable)
Alabama	1	350-354, 362-364, 367-369
	2	355-361, 365-366
Alaska	6	995-999
Arizona	2	850-857
	3	859-865
Arkansas	2	716-729
California	2	923-925
	3	900, 905-922, 926-938, 952-953, 955-961
	4	901-904, 939, 945-946, 948, 950-951
	5	940-944, 947, 949, 954
Colorado	3	800-816
Connecticut	4	060-069
Delaware	4	197, 199
	5	198
D.C.	3	200, 202-205
Florida	2	320-322, 325-329, 334-338, 342-349
	3	323-324, 333, 339-341
	4	330-332
Georgia	2	306-310, 312, 319
	3	300-305, 311, 313-318, 398
Hawaii	3	967-968
Idaho	2	832-838
Illinois	1	624, 628-629
	2	609-623, 625-627
	3	600-608
Indiana	1	471, 475
	2	460-462, 465-470, 472-474, 476-479
	3	463-464
Iowa	1	508-510, 512-516
	2	500-507, 520-528
	3	511
Kansas	2	660-662, 664-679
Kentucky	1	400-404, 406-409, 411-419, 425-427
	2	405, 410, 420-424
Louisiana	2	700-701, 703-708, 710-714
Maine	3	042-044, 046-047, 049
	4	039-041, 045, 048
Maryland	1	215
	2	206, 210-214, 216-219
	3	207-209
Massachusetts	3	010, 012-013
	4	011, 014-027

State	Area	First 3 Digits of Zip Code (if applicable)
Michigan	2	486
	3	480-485, 487-499
Minnesota	3	550-551, 553-567
Mississippi	2	386-397
Missouri	1	645
	2	630-644, 646-651, 653-659
	3	652
Montana	3	590-599
Nebraska	1	680-684, 689-690
	2	685-688, 691-693
Nevada	2	889-891
	4	893-898
New Hampshire	4	030, 032, 034-038
	5	031, 033
New Jersey	2	071-072
	3	070, 073, 077, 080-087
	4	074-076, 078-079, 088-089
New Mexico	3	870-875, 877-884
New York	2	104, 124-129, 133-136, 142
	3	103, 109-110, 115, 117-123, 130-132, 137-141, 143-149
	4	063, 105-108, 116
	5	100-102
	6	111-114
	3	270-281, 283-289
North Carolina	4	282
	3	580-588
North Dakota	2	430-435, 437-459
	3	436
Ohio	2	731, 735-749
	3	730, 734
Oregon	3	970-979
Pennsylvania	1	150-156, 159-161, 163-164, 171-172, 185, 187
	2	157-158, 162, 165-168, 170, 173-176, 180-184, 186, 188, 190-192
	3	169, 177-179, 189, 193-196
Puerto Rico	1	006-007, 009
Rhode Island	3	028-029
South Carolina	3	290-299
South Dakota	2	570, 572-577
	3	571
Tennessee	2	370-385
Texas	1	782
	2	754-759, 764-769, 773-774, 776-781, 783-785, 788-789, 794-799
	3	750-753, 760-763, 770-772, 775, 786-787, 790-793, 885
Utah	1	840-847
Vermont	4	050-054, 056-059
Virginia	2	230-246
	3	201, 220-229
Virgin Islands	3	008
Washington	3	990-992, 994
	4	985-989, 993
	5	980-984
West Virginia	2	247-268
Wisconsin	3	530-532, 534-535, 537-549
Wyoming	2	820-831, 834

Type A – Preventative	How Many/How Often
Prophylaxis - Cleaning	<ul style="list-style-type: none"> • 1 cleaning in 6 consecutive months
Oral Examination	<ul style="list-style-type: none"> • 1 oral exam in 6 consecutive months.
Topical Fluoride Applications	<ul style="list-style-type: none"> • High Plan - 1 fluoride treatment in 12 consecutive months, for dependent child age 14. • Low Plan – 1 fluoride treatment in 12 consecutive months, for dependent child age 19.
Bitewing X-Rays (Adult/Child)	<ul style="list-style-type: none"> • Adult/child-Once per calendar year.
Emergency Palliative Treatment (High Plan Only)	
Type B – Basic Restorative	How Many/How Often
Full Mouth X-Rays	<ul style="list-style-type: none"> • Full mouth panorex x-rays: Once per 60 months.
Space Maintainers	<ul style="list-style-type: none"> • One space maintainer per lifetime per area for premature loss of primary teeth for dependent children to age 19.
Sealants	<ul style="list-style-type: none"> • One application of sealant material for each nonrestored permanent 1st and 2nd molar tooth of a dependent child age 16, once every 60 months.
Periodontal Maintenance	<ul style="list-style-type: none"> • Periodontal maintenance when periodontal treatment (including scaling, root planning and periodontal surgery such as gingivectomy, gingivoplasty, gingival curettage and osseous surgery) has been performed. Periodontal maintenance is limited to 2 times in any year less the number of teeth cleanings received during such 12-month period.
Fillings	<ul style="list-style-type: none"> • Initial placement, replacement 24 months.
Emergency Palliative Treatment (Low Plan Only)	
Type C – Major Restorative	How Many/How Often
Repairs	
Endodontic – Root Canal	<ul style="list-style-type: none"> • Root Canal treatment is limited to once per tooth in a 24 month period.
General Anesthesia	<ul style="list-style-type: none"> • When dentally necessary in connections with oral surgery, extractions or other covered dental Services.
Oral Surgery (Including Extractions)	<ul style="list-style-type: none"> • Covered except as listed in the exclusions.
Periodontal Surgery	<ul style="list-style-type: none"> • Once per quadrant every 36 months.
Periodontal Scaling & Root Planning	<ul style="list-style-type: none"> • Once per quadrant every 24 months..
Dentures and Bridges	<ul style="list-style-type: none"> • Initial installation, Replacement once per 10 years.
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> • Initial installation once each 60 consecutive months: Replacement 10 years.
Consultations	<ul style="list-style-type: none"> • 2 per 12 months.
Harmful Habits Appliances	
Type D – Orthodontia (High Option Plan Only)	How Many/How Often
	<ul style="list-style-type: none"> • Dependent children are covered up to 19th birthday. • All dental procedures performed in connections with orthodontic treatment are payable as Orthodontia. • Initial payment due upon installation of the Orthodontic appliance; repetitive payments for the Orthodontic adjustments will be made quarterly at the end of the quarter based on the Orthodontic Lifetime Maximum. • Orthodontic benefits end at cancellation of coverage.

***Alternative Benefits:** Your dental plan provides that where two or more professional acceptable dental treatments for a dental condition exist, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment upon which the plan benefit is based, your actual out-of-pocket expense will be: the procedure charge for that treatment upon which the plan benefit is based, plus the full difference in cost between the schedule PDP fee or, if non PDP, the actual charge, for the service is actually rendered and the schedule PDP fee or R&C fee (if non PDP) for the service upon which the plan benefit is based. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plans reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each play year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. Please contact Metlife for details.