Your dental benefits are provided through **MetLife Preferred Dentist Provider (PDP) plan**. Use dentists within the PDP Plus network to receive the highest level of coverage. Remember to request pre-determination of benefits before you receive extensive dental services. This will ensure you know what your actual out-of-pocket cost will be before treatment begins.

**MetLife Preferred Dentist Provider (PDP) plan does not provide identification cards.** In-network providers automatically submit electronic claims on your behalf.

### DENTAL PRICE TAGS

<table>
<thead>
<tr>
<th>EMPLOYEE STATUS</th>
<th>METLIFE PDP BASIC</th>
<th>METLIFE PDP ENHANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual</td>
<td>$219.36</td>
<td>$436.44</td>
</tr>
<tr>
<td>Biweekly</td>
<td>$8.44</td>
<td>$16.79</td>
</tr>
<tr>
<td>EMPLOYEE PLUS CHILDREN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual</td>
<td>$501.96</td>
<td>$981.24</td>
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<tr>
<td>Biweekly</td>
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<td>$37.74</td>
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<tr>
<td>EMPLOYEE PLUS SPOUSE</td>
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<tr>
<td>Annual</td>
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<td>$883.20</td>
</tr>
<tr>
<td>Biweekly</td>
<td>$17.36</td>
<td>$33.97</td>
</tr>
<tr>
<td>FAMILY</td>
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</tr>
<tr>
<td>Annual</td>
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<tr>
<td>Biweekly</td>
<td>$28.42</td>
<td>$55.23</td>
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</tbody>
</table>

### SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>DENTAL PRICE TAGS</th>
<th>BASIC PREFERRED DENTIST PROVIDER (PDP) PLUS PLAN</th>
<th>ENHANCED PREFERRED DENTIST PROVIDER (PDP) PLUS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible Per Plan Year</td>
<td>Deductible Does Not Apply to Preventive Care</td>
<td>Deductible Does Not Apply to Preventive Care</td>
</tr>
<tr>
<td>Employee</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>All Other Tiers</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Plan Year Maximum Benefit</td>
<td>$1,000 person, per plan year</td>
<td>$2,000 person, per plan year</td>
</tr>
</tbody>
</table>

### DIAGNOSTIC AND PREVENTIVE

- **Cleanings and Exams**
  - (Two times per plan year)
- **Fluoride**
  - (One time per plan year for child under age 19)
- **Sealants**
  - (One per molar in 3 years for child under age 14)
- **Full Mouth X-Rays**
  - (One per 3 plan years)
- **Bitewing X-Rays**
  - (Two sets per plan year)
- **Space Maintainers**
  - (Non-orthodontic for child under age 19)
- **Emergency Palliative Treatment**

### BASIC SERVICES

- **Amalgam Fillings**
- **Resin Composite Fillings**
- **Endodontics**
  - (Root Canal)
- **Repairs of ClO, Dentures and Bridges**
- **Simple Extractions**
- **Periodontal Maintenance**
- **Periodontal Surgery**
- **Periodontal Scaling and Root Planing**
- **General Anesthesia**
  - when dentally necessary

### MAJOR SERVICES

- **Implants**
  - (One per tooth in 5 plan years for natural teeth lost while covered by plan)
- **Crowns/Inlays/Onlays**
  - (Replacement once every 5 plan years)
- **Bridges and Dentures**
  - (Initial placement for natural teeth lost while covered by plan)
- **Bridges and Dentures Replacement**
  - (One every 5 plan years)

### ORTHODONTICS: Diagnostic, Active Retention Treatment

- **Adults**
  - Not Covered
- **Children**
  - Not Covered
- **Orthodontic Lifetime Maximum**
  - $2,000

### Benefits Payment Basis

- A participating general dentist or specialist has agreed to accept negotiated fees as payment in full for services provided to plan members.
- A non-participating general dentist or specialist has NOT agreed to accept the negotiated fees as payment in full. You may be responsible for any difference in cost. 

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