

Dental

Metropolitan Life Insurance Company

Monthly Premiums

	High Plan	Low Plan
Employee Only	\$45.68	\$18.75
Employee + 1 Dependent	\$86.22	\$36.61
Employee + 2 or more Dependents	\$126.48	\$70.50

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

	In-Network ¹	Out-of-Network ¹
HIGH PLAN		
Coverage Type:	In-Network % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D – Orthodontia	50%	50%
Deductible ³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum	Ortho applies to Child Only Child to age 19	
	\$1000 per Person	\$1000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
LOW PLAN		
Coverage Type:	In-Network % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	80%	80%
Type B - Basic Restorative	70%	70%
Type C - Major Restorative	0%	0%
Type D – Orthodontia	NA	NA
Deductible ³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$750	\$750
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	