



	MetLife Low Plan	MetLife High Plan
Services	In or Out-of-Network	
Calendar Year Deductible (you pay)	\$50	\$50
Plan Pays...		
Preventive/Diagnostic Services		
Exam Cleaning X-Rays	100% (deductible does NOT apply)	100% (deductible does NOT apply)
Basic Services		
Fillings Oral Surgery Endodontics (root canal)	80% (after deductible)	80% (after deductible)
Major Services		
Crowns Bridges/Dentures Surgical Periodontics (gum disease)	50% (after deductible)	50% (after deductible)
Annual Maximum (per member)	\$1,750	\$2,500
Orthodontics	\$1,000 per lifetime per eligible child (up to age 19)	\$2,000 per lifetime per eligible member (adult and child)
Employee Cost Per Pay Period		
Employee Only	\$3.49	\$5.92
Employee/Spouse	\$16.62	\$21.04
Employee/Child(ren)	\$12.75	\$16.59
Family	\$27.56	\$33.64

IMPORTANT: Although the benefit amount paid by the plan is the same in- and out-of-network, if you choose to see a non-network provider who is not contracted to MetLife's discounted fees, you could be balance billed for any amount charged over the contracted cost for services rendered.

To find a participating provider, visit www.metlife.com go to the dental section and click "Find A Dentist", then click "PDP Plus" and enter your zip code.