



Dental Insurance

Basic Plan			Middle Plan			High Plan		
Annual Maximum Benefit:	In-Network	Out-of-Network	Annual Maximum Benefit:	In-Network	Out-of-Network	Annual Maximum Benefit:	In-Network	Out-of-Network
Per Person	\$1,000	\$1,000	Per Person	\$1,000	\$1,000	Per Person	\$2,000	\$2,000
Deductible: Individual Family	\$50 \$150	\$50 \$150	Deductible: Individual Family	\$50 \$150	\$50 \$150	Deductible: Individual Family	\$50 \$150	\$50 \$150
Coverage Type	PDP In-Network*	Out-of-Network:	Coverage Type	PDP In-Network:	Out-of-Network:	Coverage Type	PDP In-Network:	Out-of-Network:
Type A – cleanings, oral examinations, fluoride, X-Rays	Schedule	Schedule	Type A – cleanings, oral examinations, fluoride, X-Rays	100% of PDP Fee*	100% of PDP Fee*	Type A – cleanings, oral examinations, fluoride, X-Rays	80% of PDP Fee*	80% of R&C Fee**
Type B – fillings, simple extractions, Endodontics, General Anesthesia, Oral Surgery, Periodontal Maintenance, sealants	Schedule	Schedule	Type B – fillings, simple extractions, Endodontics, General Anesthesia, Oral Surgery, Periodontal Maintenance, sealants	80% of PDP Fee*	80% of PDP Fee*	Type B – fillings, simple extractions, Endodontics, General Anesthesia, Oral Surgery, Periodontal Maintenance, sealants	80% of PDP Fee*	80% of R&C Fee**
Type C – bridges, dentures, Crowns, Periodontal surgery	Schedule	Schedule	Type C – bridges, dentures, implants, Crowns, Periodontal surgery	50% of PDP Fee*	50% of PDP Fee*	Type C – bridges, dentures, implants, Crowns, Periodontal surgery	80% of PDP Fee*	80% of R&C Fee**
Orthodontia Lifetime Maximum:	N/A	N/A	Orthodontia Lifetime Maximum:	In-Network	Out-of-Network	Orthodontia Lifetime Maximum:	In-Network	Out-of-Network
N/A	N/A	N/A	Per Person	\$1,000	\$1,000	Per Person	\$1,000	\$1,000
			Type D – orthodontia (Children, up to age 19)	50% of PDP Fee*	50% of PDP Fee*	Type D – orthodontia (Children up to age 19)	50% of PDP Fee*	50% of R&C Fee**

*PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums.

** R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

† Applies to Type B and C Services

LATE ENTRANT RESTRICTION: *If you are not currently enrolled in Dental Insurance and elect to enroll during Open Enrollment, for the first 12 months, your coverage will be limited to Preventive and Basic Covered Services.*

****This information does not guarantee benefits or coverage.** Every effort has been made to report information accurately. However, all information, including the amount of any benefit and employee eligibility for benefits, is subject to and governed by the terms and conditions of the applicable contract, policy or plan document. In all cases where any of the information provided in this guide differs from the amount of benefit actually provided, the terms of the legal documents will control. Employees are encouraged to check their September check to ensure any payroll deductions reflect the enrollment decisions you have made for the 10/01/09-12/31/09 Plan Year. Employees should also check their December check to ensure any payroll deductions reflect the enrollment decisions you have made for the 01/01/10-12/31/10 Plan Year. Please notify Benefits ASAP if anything appears to be incorrect.