

# MetLife Dental Benefit Summary

10/1/2010 - 9/30/2011

Option 1: Basic Plan		
Benefit Highlights	In-Network (PDP)	Out-of-Network
<b>Policy Year Deductible</b>		
<b>Individual</b>	\$50	\$50
<b>Family</b> (Deductible applies to Basic Services only)	\$150	\$150
<b>Policy Year Maximum</b>	\$1,000	\$1,000
<b>Type A - Preventive Services</b>	100% of PDP Fee*	100% of R&C Fee**
~ Routine Oral Exams ~ Cleanings ~ Fluoride Treatment (to age 14) ~ Bitewing X-Rays ~ Sealants (to age 14) ~ Space Maintainers (to age 19)		
<b>Type B - Basic Services</b>	80% of PDP Fee*	80% of R&C Fee**
~ Full Mouth X-Rays ~ Fillings ~ Simple Extractions ~ Periodontal Scaling & Root Planing ~ Periodontal Maintenance		
<b>Type C - Major Services</b>	NOT COVERED	
<b>Type D - Orthodontic Services</b>	NOT COVERED	

Option 2: Enhanced Plan		
Benefit Highlights	In-Network (PDP)	Out-of-Network
<b>Policy Year Deductible</b>		
<b>Individual</b>	\$50	\$50
<b>Family</b> (Deductible applies to Basic & Major Services only)	\$150	\$150
<b>Policy Year Maximum</b>	\$1,250	\$1,250
<b>Type A - Preventive Services</b>	100% of PDP Fee*	100% of R&C Fee**
~ Routine Oral Exams ~ Cleanings ~ Fluoride Treatment (to age 19) ~ Bitewing X-Rays ~ Sealants (to age 19) ~ Space Maintainers (to age 19)		
<b>Type B - Basic Services</b>	80% of PDP Fee*	80% of R&C Fee**
~ Full Mouth X-Rays ~ Fillings ~ Simple Extractions		
<b>Type C - Major Services</b>	50% of PDP Fee*	50% of R&C Fee**
~ Crowns, Inlays, Onlays ~ Periodontal Services & Surgery ~ Extractions of Impacted Teeth ~ Root Canal Treatment ~ Bridges and Dentures ~ Dental Implants		
<b>Type D - Child Orthodontic Services</b>	50% of PDP Fee*	50% of R&C Fee**
<b>Ortho Lifetime Max</b> (Children Only - to age 19)	\$1,000	\$1,000

**Graduating Dental Benefits:** Effective 10/1/2010, participants who maintain their dental coverage with MetLife will be rewarded with an increase of \$250 to their policy year maximum each year for up to three years. The increase will occur on the 12-month anniversary of the participant's effective date of coverage (with the first increase beginning on or after 10/1/2011). If the participant drops the MetLife dental plan and later re-enrolls, his/her policy year maximum will start over again at the original (lower) benefit level.

*Example (Basic Plan): Participant's effective date of coverage is 12/1/2010. He starts out with a \$1,000 policy year maximum. Effective 12/1/2011, his policy year maximum will increase to \$1,250; effective 12/1/2012, it will increase to \$1,500; effective 12/1/2013 (third & final year), it will cap out at \$1,750. If the participant drops the coverage, his policy year maximum will start over again at the \$1,000 benefit level if he decides to re-enroll.*

\* PDP Fee refers to the negotiated fees that participating PDP dentists have agreed to accept as payment in full.

\*\* Reasonable & Customary charges are based on a dentist's usual, actual, & community average charge as determined by MetLife.

*This summary contains only a partial description of benefits. Please refer to your dental certificate for a complete list of covered services including plan frequencies, limitations, exclusions, and terms of the contract.*