

# MetLife Preferred Dentist Program (PDP)

## Enhanced Plan

### Benefit Highlights

	In-Network	Out-of-Network
Type A – Preventive	100% of PDP Fee*	100% of R&C Fee**
Type B – Basic	80% of PDP Fee*	80% of R&C Fee**
Type C - Major	50% of PDP Fee*	50% of R&C Fee**
Type D – Orthodontia	50% of PDP Fee*	50% of R&C Fee**
Deductible***	\$50/\$150 (Ind. / Family)	\$50/\$150 (Ind. / Family)
Policy Year Maximum	\$1,250 per person	\$1,250 per person
Orthodontia Lifetime Maximum	\$1,000 per person	\$1,000 per person

\*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 the research of a dentist's usual, actual, & community average charge as determined by MetLife  
 \*\*\* Applies Only to Type B and C Services In-Network and Out-of-Network

### Primary Covered Services

Type	Service
A – Preventive	<ul style="list-style-type: none"> <li>- Oral Examinations</li> <li>- Prophylaxis (cleanings)</li> <li>- Topical Fluoride Applications</li> <li>- Bitewing X-rays</li> <li>- Sealants</li> <li>- Space Maintainers</li> <li>- Harmful Habit Appliance</li> </ul>
B – Basic	<ul style="list-style-type: none"> <li>- X-Rays</li> <li>- Fillings</li> <li>- Simple Extractions</li> <li>- Lab Tests</li> </ul>
C – Major	<ul style="list-style-type: none"> <li>- Endodontics; Periodontics</li> <li>- Complex Oral Surgery</li> <li>- Initial Placement, Replacement and Maintenance of Inlays, Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures; Dental Implants</li> </ul>

- In-network benefits refers to benefits when services are rendered by a participating PDP provider
- Out-of-network benefits refers to benefits when services are rendered by a non-participating PDP provider

Please refer to your benefits booklet for a complete list and description of covered services.

**Let's take a look at a hypothetical example that illustrates how the PDP can save you money!**

	Crown (Type C)
Dentist's Usual Fee:	\$600.00
Reasonable & Customary Fee:	\$500.00
PDP Fee:	\$375.00

**If you receive care from a non-PDP dentist, your out-of-pocket cost is \$350.00:**

Dentist's Usual Fee:	\$600.00
Plan Payment (50% x \$500 R&C Fee):	- \$250.00
Your Out-of-Pocket Cost:	<b>\$350.00</b>

**If you receive care from a participating PDP dentist, your out-of-pocket cost is only \$187.50:**

PDP Fee:	\$375.00
Plan Payment (50% x \$375 PDP Fee):	- \$187.50
Your Out-of-Pocket Cost:	<b>\$187.50</b>

**In this example, you save:  
\$162.50 (\$350.00 - \$187.50)  
by using a participating dentist!**

Note: This assumes your deductible has been met.

#### **Dental Claims Address:**

MetLife Dental Claims  
 PO Box 981282  
 El Paso, TX 79998-1282

Like most group dental insurance policies, MetLife policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your benefits administrator for costs and complete details.

# MetLife®

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