

Dental Insurance Benefits

Network: PDP Plus

	Plan Option 1 Basic Plan		Plan Option 2 Enhanced Plan	
	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ^{**}	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ^{**}
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C: Major Restorative (bridges, dentures)	60%	60%	80%	80%
Type D: Orthodontia	N/A	N/A	50%	50%
Deductible[†]				
Individual	\$100	\$100	\$50	\$50
Family	\$300	\$300	\$150	\$150
Annual Maximum Benefit				
Per Person	\$1,500	\$1,500	\$2,500	\$2,500
Orthodontia Lifetime Maximum				
Per Person ^{***}	N/A	N/A	\$2,000	\$2,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

^{**} 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 only to Type B & C Services.

^{***} Orthodontia included for adults. Available for dependent children up to age 26 (High Plan Only).

List of Primary Covered Services

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Type A — Preventive	Type B — Basic Restorative	Type C — Major Restorative	Type D — Orthodontia
Prophylaxis (cleanings)	Fillings	Crown, Denture and Bridge Repair/Recementations	
Oral Examinations	Simple & Surgical Extractions	Implants	
Topical Fluoride Applications	Oral Surgery	Bridges and Dentures	
X-rays	Endodontics	Crowns, Inlays and Onlays	
Space Maintainers	General Anesthesia		
Sealants	Periodontics		

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Exclusions and Limitations

Please refer to your plan summary.

†Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit a dentist, and the cost of services rendered.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.