

MetLife Preferred Dentist Program (PDP)

Product Name: Dental PPO Plan

Member Services: 1-888-830-7380, 8:00 a.m. to 11:00 p.m. ET Monday – Friday

Web Address: www.metlife.com/dental



Benefits	Coverage
Annual deductible	\$50 per individual \$150 per family
Preventive/Diagnostic	Covered at 100%, no deductible
Basic	Covered at 80% after deductible
Major	Covered at 50% after deductible
Orthodontia	Covered at 50% after deductible
Annual maximum	\$2,000/person for Basic and Major Services
Lifetime orthodontia maximum	\$2,000/person

- MetLife's Preferred Dentist Program allows you to select from a network of dentists who have agreed to charge discounted fees. You may still elect to receive services from a non-network dentist at the benefit coverage listed above. However, these dentists have not agreed to the discounted fees, so you may have a higher out-of-pocket cost.
- A pretreatment estimate is recommended for expenses over \$300.
- Preventive/Diagnostic services do not apply toward your Annual Maximum

Covered Services

Preventive/Diagnostic Services

- Routine oral exam – up to 2 exams per calendar year
- Routine cleanings – up to 2 cleanings per calendar year; up to 3 cleanings for employees who enroll in a Healthy Pregnancy Program as well as employees who enroll in Citi's Diabetes or Cancer Disease Management programs
- Fluoride treatments – 2 applications per calendar year, through age 14
- Space maintainers – through age 18
- X-rays – 1 full mouth series once every 60 months and one set of bitewing x-rays for adults and two sets per calendar year for children
- Sealants – through age 18 (permanent molars only), once in a 60-month period
- Palliative treatment – emergency treatment only

Basic Services

- Fillings; Amalgam ("silver") & Composite ("white")
- Extractions
- Endodontic treatment
- Oral surgery
- Periodontal surgery – once every 36 month per quad
- Repair or recementing of crowns, inlays, onlays, bridge-work, or dentures – 1 relining or rebasing per 36 months Only covered if 6 months after initial installation of the denture
- Addition of teeth to existing partial or full denture
- Periodontal maintenance treatments, up to 4 per calendar year in combination with routine cleanings

Major Services

- Inlays, onlays, and crowns, 1 per tooth in every 5 calendar years; replacement if at least 5 years old and unserviceable
- Removable dentures – initial installation and any adjustments during first 6 months; replacement of existing removable dentures or fixed bridgework with new denture; to qualify for replacement, dentures must be at least 5 years old and unserviceable
- Fixed bridgework – initial installation; replacement of existing removable dentures or fixed bridgework with new fixed bridgework; or addition of teeth to existing fixed bridgework; to qualify for replacement, bridgework must be at least 5 years old and unserviceable
- Dental implants – medical necessity and consultant review required

Orthodontia Services

- Orthodontic x-rays
- Services or supplies to prevent, diagnose, or correct a misalignment of teeth, bite, jaws, or jaw joint relationship
- Temporomandibular joint (TMJ) disorder appliances

- Periodontal scaling and root planning - once every 24 months (subject to consultant review)
- General anesthesia, when medically necessary

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.