#### Product Name: Dental PPO Plan Member Services: 1-888-832-2576, 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	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	\$3,000
Lifetime orthodontia maximum	\$3,000

• 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.

• Orthodontic benefits paid under an alternate Citi dental PPO plan since 2004 will be applied toward the above lifetime orthodontia 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
- Fluoride treatments 1 application 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 (up to 8 films per visit) for adults and two sets per calendar year for children
- Sealants through age 16 (permanent molars only), once in a 36-month period
- Palliative treatment emergency treatment only

### **Basic Services**

- Fillings; Amalgam ("silver") & Composite ("white")
- Extractions
- Endodontic treatment
- Oral surgery
- Periodontal surgery once every 36 months
- Repair or recementing of crowns, inlays, onlays, bridge-work, or dentures 1 relining or rebasing per 36 months
- Addition of teeth to existing partial or full denture
- Periodontal maintenance treatments, up to 4 per calendar year in combination with routine cleanings
- Periodontal scaling and root planing once every 24 months (subject to consultant review)
- · General anesthesia, when medically necessary

## 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