

MetLife Network: PDP Plus	PLAN OPTION 1 Low Plan		PLAN OPTION 2 High Plan	
	In-Network % of Negotiated Fee*	Out-of-Network % of R&C Fee**	In-Network % of Negotiated Fee*	Out-of-Network % 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)	Not Covered	Not Covered	50%	50%
Type D: Orthodontia	Not Covered	Not Covered	50%	50%
Deductible†				
Individual	\$0	\$0	\$50	\$50
Family	\$0	\$0	\$150	\$150
Annual Maximum Benefit				
Per Person	\$5,000	\$5,000	\$1,500	\$1,500
Orthodontia Lifetime Maximum				
Per Person	N/A	N/A	\$1,500	\$1,500

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

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**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.