

## Dental

Plan	Description		
<p><b>Dental (Preferred Dentist Program - PDP)</b></p> <p><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></p> <p>800 942 0854</p> <p><b>Plan Administrator</b> Metropolitan Life (MetLife)</p> <p><b>Eligibility</b> All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p><b>Waiting Period</b> When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your enrollment within 45 days of becoming eligible.</p>		<p>PDP Service Provider</p> <p>Non-PDP Service Provider</p>	
	Annual Deductible	\$50	\$50
		Deductibles for participating and non-participating dentists apply toward each other.	
	<p>Plan Pays</p> <ul style="list-style-type: none"> <li>Preventive Care</li> </ul>	<ul style="list-style-type: none"> <li>2 checkups/plan year*; no deductible; plan pays 100%</li> <li>max of 2 regular cleanings/plan year</li> <li>up to 4 periodontal cleanings/plan year.</li> </ul> <p><i>Not to exceed 4 cleaning maximum per plan year (regular and periodontal)</i></p>	<ul style="list-style-type: none"> <li>2 checkups/plan year*; no deductible; plan pays 80%</li> <li>max of 2 regular cleanings/plan year</li> <li>up to 4 periodontal cleanings/plan year.</li> </ul> <p><i>Not to exceed 4 cleaning maximum per plan year (regular and periodontal)</i></p>
	<ul style="list-style-type: none"> <li>Basic Services</li> </ul>	Plan pays 80%, after deductible	Plan pays 80%**, after deductible
	<ul style="list-style-type: none"> <li>Periodontics</li> </ul>	Plan pays 80%, after deductible	Plan pays 80%**, after deductible
		<i>Periodontal cleanings are covered as Preventive Care for up to four (4) periodontal cleanings per year. No more than four (4) cleanings total are covered per year (total may include up to two regular cleanings).</i>	
	<ul style="list-style-type: none"> <li>Major Services</li> </ul>	Plan pays 50%, after deductible	Plan pays 50%**, after deductible
	<ul style="list-style-type: none"> <li>Orthodontic Services</li> </ul>	Plan pays 50%, no deductible	Plan pays 50%**, no deductible
		*Limited to one fluoride treatment per year for dependent children under age 19. Sealants covered for dependent children under age 19. **Subject to reasonable and customary fee (R&C) limits. All charges over R&C fees are paid by you	
Annual Plan Maximum	\$2,000		
<p>Lifetime Maximum</p> <ul style="list-style-type: none"> <li>Orthodontia</li> </ul>	\$2,000 per person for dependents under age 19; does not count toward annual limit		