Carrier Name: MetLife

Plan Name: GOLD GCERT ER

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: $150

In-Network Annual Maximum: $1500

Out-of-Network Annual Maximum: $1500

Frequencies Cleaning: 2 in 12 months

Frequencies Exam: 2 in 12 months

In-Network Cleanings: 100%

Out-of-Network Cleanings: 100%

In-Network Exams: 100%

Out-of-Network Exams: 100%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 100%

In-Network Sealants: 80%

Out-of-Network Sealants: 80%

In-Network Fillings: 80%

Out-of-Network Fillings: 80%

In-Network Simple Extractions: 50%

Out-of-Network Simple Extractions: 50%

In-Network Root Canal: 50%

Out-of-Network Root Canal: 50%

In-Network Periodontal Gum Disease: 50%

Out-of-Network Periodontal Gum Disease: 50%

In-Network Oral Surgery: 50%

Out-of-Network Oral Surgery: 50%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures: 50%

Out-of-Network Dentures: 50%

In-Network Bridges: 50%

Out-of-Network Bridges: 50%

In-Network Implants: 50%

Out-of-Network Implants: 50%

In-Network Orthodontia:

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age:

Out of Network Explanation: If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

Waiting Period for Major Services:

Plan Year:

Network Type:

Network Name: PDP Plus

Member Website: [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

Customer Service Phone Number: