Carrier Name: MetLife

Plan Name: 100-90-60 100-80-50 1500 90th Basic

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: $1,500

Out-of-Network Annual Maximum: $1,500

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: 100%

Out-of-Network Sealants: 100%

In-Network Fillings: 90%

Out-of-Network Fillings: 80%

In-Network Simple Extractions: 90%

Out-of-Network Simple Extractions: 80%

In-Network Root Canal: 90%

Out-of-Network Root Canal: 80%

In-Network Periodontal Gum Disease: 90%

Out-of-Network Periodontal Gum Disease: 80%

In-Network Oral Surgery: 90%

Out-of-Network Oral Surgery: 80%

In-Network Crowns: 60%

Out-of-Network Crowns: 50%

In-Network Dentures: 60%

Out-of-Network Dentures: 50%

In-Network Bridges: 60%

Out-of-Network Bridges: 50%

In-Network Implants: 60%

Out-of-Network Implants: 50%

In-Network Orthodontia:

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age:

Out of Network Explanation: You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

Waiting Period for Major Services: 24 months

Plan Year: 2023

Network Type: PPO

Network Name: PDP Plus

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

Customer Service Phone Number: 1-800-275-4638