



MetLife preferred dentist plan summary of benefits

| Website: www.metlife.com/mybenefits | | | |
|---|-----------------------------------|--------------------------|---------------------------------------|
| Annual deductible | Benefit limitations | In-network* | Out-of-network** |
| Per covered individual | | None | \$50 (Does not apply to preventative) |
| Annual benefit maximum | | \$2,000 combined maximum | |
| Preventive services | | | |
| Visits and exams | | | |
| Oral exams*** | 3 exams per calendar year | 100% | 100% (no deductible) |
| Prophylaxis*** | 3 prophylaxis per calendar year | 100% | 100% (no deductible) |
| Topical Fluoride application*** | Children under age 19 | 100% | 100% (no deductible) |
| Sealants (permanent molars only)*** | Children under age 19 | 100% | 100% (no deductible) |
| X-rays | | | |
| Bitewing x-rays*** | 2 per calendar year | 100% | 100% (no deductible) |
| Full mouth series*** | 1 every 3 years | 100% | 100% (no deductible) |
| Periapical x-rays | | 100% | 100% (no deductible) |
| Space maintainers*** | | 100% | 100% (no deductible) |
| Basic services | | | |
| Endodontics | | | |
| Pulpotomy | | 80% | 80% |
| Root canal therapy (anterior, bicuspid, or molar)*** | | 80% | 80% |
| Apicoectomy | | 80% | 80% |
| Minor restorations | | | |
| Amalgam (silver) fillings | | 80% | 80% |
| Composite fillings (anterior teeth) | | 80% | 80% |
| Acrylic fillings | | 80% | 80% |
| Porcelain fillings | | 80% | 80% |
| Periodontics | | | |
| Scaling and root planing*** | Once per quadrant every 24 months | 80% | 80% |
| Subgingival curettage*** | | 80% | 80% |
| Gingivectomy*** | | 80% | 80% |
| Osseous surgery*** | | 80% | 80% |

| | | | |
|---|---|--|------|
| Oral surgery | | | |
| Incision and drainage of abscess | | 80% | 80% |
| Uncomplicated extractions | | 80% | 80% |
| Surgical removal of erupted tooth | | 80% | 80% |
| Surgical removal of impacted tooth (soft tissue) | | 80% | 80% |
| Surgical removal of impacted tooth (full or partial bony impacted) | | 80% | 80% |
| Denture, bridge, and crown repair | | 80% | 80% |
| Denture, bridge, and crown recementing | | 80% | 80% |
| General anesthesia | | 80% | 80% |
| Major services | | | |
| Prosthodontics/major restorations*** | | | |
| Implants | 1 in every 5 calendar years frequency per tooth | 50% | 50% |
| Inlays/onlays*** | | 50% | 50% |
| Crowns | | 50% | 50% |
| Full and partial dentures*** | | 50% | 50% |
| Bridges | | 50% | 50% |
| Orthodontics (benefits limited to one full treatment plan per lifetime) | | 50% with no deductible and \$2,000 combined Network and non-network lifetime maximum | |
| Temporo Mandibular Joint | | | |
| Coinsurance | | 50% | 50% |
| TMJ deductible | | None | \$50 |
| Lifetime maximum | | \$1,500 combined maximum | |
| Bruxism | | | |
| Coinsurance | | 50% | 50% |
| Bruxism deductible | | None | \$50 |
| Lifetime maximum | | \$1,500 combined maximum | |

* In-network reimbursement is based on a negotiated fee schedule that participating providers have agreed to accept as payment in full.

** Out-of-network reimbursement is based on reasonable and customary charges.

*** Frequency and age limitations apply to these services. The above summary provides the highlights of your plan. Like most dental policies, MetLife dental policies contain certain exclusions, reductions, limitation and terms for keeping them in force. For a list of covered services and exclusions, visit DeloitteNet or contact the CallCenter at +1 800 DELOITTE (+1 800 335 6488).

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