



1-844-2METDEN

1-844-263-8336

Monday - Friday: 8:00 a.m. to 8:00 p.m., ET

Programs Available in Zip Code 20878



Choose your dental program option

PPO Dental Programs

To compare programs, check the appropriate program boxes, then Compare Programs.
If you are ready to enroll, check the desired program box, then Enroll Now.

Enroll Now

Compare Programs

Coverage Type - PPO	<input type="checkbox"/> PPO-LOW Add to Enroll or Compare	<input type="checkbox"/> PPO-MEDIUM Add to Enroll or Compare	<input type="checkbox"/> PPO-HIGH Add to Enroll or Compare
	Download Full Schedule of Benefits (../Content/downloads/FullSOB_Low.pdf)	Download Full Schedule of Benefits (../Content/downloads/FullSOB_Medium.pdf)	Download Full Schedule of Benefits (../Content/downloads/FullSOB_High.pdf)
	QuickView (/Plan/QuickView?PlanID=1&PlanNwtName=PPO)	QuickView (/Plan/QuickView?PlanID=2&PlanNwtName=PPO)	QuickView (/Plan/QuickView?PlanID=3&PlanNwtName=PPO)

Dental Premium Payment Options *Requires setup of electronic funds transfer (EFT) or credit or debit card payment. Quarterly and Semi-Annual payment options also available.	Self \$33.62 Monthly* \$100.86 Quarterly	Self \$37.05 Monthly* \$111.15 Quarterly	Self \$42.36 Monthly* \$127.08 Quarterly
	Self + 1 \$66.80 Monthly* \$200.40 Quarterly Self + 2 or more \$96.17 Monthly* \$288.51 Quarterly	Self + 1 \$73.31 Monthly* \$219.93 Quarterly Self + 2 or more \$103.69 Monthly* \$311.07 Quarterly	Self + 1 \$84.62 Monthly* \$253.86 Quarterly Self + 2 or more \$125.61 Monthly* \$376.83 Quarterly
Calendar Year Maximum per person	\$1000	\$1500	\$2000
Calendar Year Deductibles Applies only to Basic Restorative and Major Restorative Services	\$75 self \$150 self + 1 \$225 self + 2 or more	\$50 self \$100 self + 1 \$150 self + 2 or more	\$25 self \$50 self + 1 \$75 self + 2 or more
Preventive and Diagnostic Services Cleanings, oral examination and X-rays	100%	100%	100%
Basic Restorative Services Fillings and periodontal maintenance	70%	70%	80%
Major Restorative Services Crowns, bridges, root canal treatment and dentures	50%	50%	50%
Covered Orthodontic Services	Not Covered	Not Covered	Child: 50% Adult: Not Covered

Waiting
Period

Some benefit Programs have waiting periods before certain dental work can be performed.

If you currently have comparable Dental coverage that has been in effect for at least 12 months, you may qualify to have the waiting period waived. You will have the opportunity to request a waiver during enrollment.

6 months

Basic Restorative

12 months *

Major Restorative

* Vermont Residents: Any applicable waiting periods are limited to a maximum of 6 months. Once enrolled, this will be reflected in your policy.

6 months

Basic Restorative

12 months *

Major Restorative

* Vermont Residents: Any applicable waiting periods are limited to a maximum of 6 months. Once enrolled, this will be reflected in your policy.

6 months

Basic Restorative

12 months *

Major Restorative
Orthodontics

* Vermont Residents: Any applicable waiting periods are limited to a maximum of 6 months. Once enrolled, this will be reflected in your policy.

Coverage
Type

☐ PPO-LOW

☐ PPO-MEDIUM

☐ PPO-HIGH

Enroll Now

Compare Programs

Disclosure

For Colorado Residents: This policy DOES NOT include coverage of pediatric dental services as required under the Affordable Care Act. Coverage of pediatric dental services is available for purchase in the State of Colorado and can be purchased as a stand-alone plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

Exclusions & Limitations

Certain exclusions and limitations may apply to these programs. Please view the covered services/limitations and exclusions which can be found in the schedule of benefits for each program.

