

Annual Maximum Benefit \$10,000 *per person*

NY/CT Only

PREVENTATIVE CARE		No Waiting Period
100% Coverage	• Routine Exam (3 per 12 months) • Bitewing X-rays (1 per 12 months)	• Cleaning (3 per 12 months) • Fluoride for children under age 14 (1 per 12 months)
BASIC CARE		No Waiting Period
Year 1 - 80% Coverage Year 2 - 80% Coverage Year 3 - 90% Coverage	• Full Mouth/Panoramic X-rays (1 per 5 years) • Sealants (Child under 14) • Space Maintainers (Child under 14)	• Fillings (Restorative) • Periodontal Maintenance (Deep Cleaning Maintenance) (3 per 12 months)
MAJOR CARE		
Year 1 - 0% Coverage Year 2 - 50% Coverage Year 3 - 60% Coverage	• Oral Surgery (Complex Extractions) • Crowns (1 per tooth, per 10 years) • Crown Repair • Endodontics • Periodontics	• Denture Repair (1 per 12 months) • Dentures (1 appliance per 10 years) • Bridge (1 per 10 years) • Anesthesia • Implants
Deductible	\$100 Lifetime Deductible	
Network	MetLife PDP Plus PPO Network	

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details. L1224045780[exp1226][CT,NY] © 2025 MetLife Services and Solutions, LLC

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Phone #:

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