

METLIFE DENTAL INSURANCE RATES

	Silver	Gold	Platinum
Coverage Type*			
In-Network			
Type A- Preventive	100% of Negotiated Fee*	100% of Negotiated Fee*	100% of Negotiated Fee*
Type B- Basic	50% of Negotiated Fee*	70% of Negotiated Fee*	80% of Negotiated Fee*
Type C- Major	Not Covered	40% of Negotiated Fee*	50% of Negotiated Fee*
Type D- Orthodontia	Not Covered	Not Covered	50% of Negotiated Fee*
Deductible**			
Individual	\$50**	\$50**	\$25**
Family	\$150**	\$150**	\$75**
Annual Maximum Benefit			
Per Person	\$1,000 (Annual Combined)	\$1,500 (Annual Combined)	\$3,000 (Annual Combined)
Orthodontia Lifetime Maximum			
Per Person	Not Covered	Not Covered	\$2,000 (Annual Combined)
Coverage Type*			
Out of Network			
Type A- Preventive	100% of Negotiated Fee*	100% of Negotiated Fee*	100% of Negotiated Fee*
Type B- Basic	50% of Negotiated Fee*	70% of Negotiated Fee*	80% of Negotiated Fee*
Type C- Major	Not Covered	40% of Negotiated Fee*	50% of Negotiated Fee*
Type D- Orthodontia	Not Covered	Not Covered	50% of Negotiated Fee*
Deductible**			
Individual	\$50**	\$50**	\$25**
Family	\$150**	\$150**	\$75**
Annual Maximum Benefit			
Per Person	\$1,000 (Annual Combined)	\$1,500 (Annual Combined)	\$3,000 (Annual Combined)
Orthodontia Lifetime Maximum			
Per Person	Not Covered	Not Covered	\$2,000 (Annual Combined)
Sample Cost			
Member Only	\$44.29	\$65.92	\$104.55
Member + Spouse	\$83.95	\$129.78	\$207.03
Member Child	\$86.52	\$131.33	\$209.61
Family	\$135.45	\$207.55	\$330.63

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any co-payments, deductibles, cost sharing and benefits maximums.

Negotiated fees are subject to change

**Applies only to B & C Services

Sample Cost is illustrative purposes only