



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)
Cost			
Member Only	\$43.00	\$64.00	\$93.00
Member + Spouse	\$81.00	\$126.00	\$184.50
Member Child	\$84.00	\$127.00	\$187.00
Family	\$131.50	\$201.00	\$295.00

*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 Type B & C Services.